

Annual Report

2018

LĀNA'I COMMUNITY HEALTH CENTER

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This report has been prepared as a review of our past year's overall performance, development and accomplishments.

The Community is our Patient -- men, women, children, uninsured, insured!

E Ola nō Lāna'i
LIFE, HEALTH, and WELL-BEING FOR LĀNA'Ī

Date: June 2019

Prepared By: LCHC Leadership

A Message from the President of the Board of Directors

Since our opening of our new facility in May 2016 we have grown tremendously as we continue serving the community of Lānaʻi through patient care and partnerships throughout the island. Our growth is made possible by getting our community involved, and giving great care and education on health to the community we call home.

The Lānaʻi Community Health Center is committed to advocating for our patients – insured, under-insured, and un-insured – and to continue providing the highest quality health care. Lānaʻi Community Health Center is constantly looking for new ways to innovate and stay involved in the community. We continue to Kulia I Ka Nuʻu (strive to reach the summit); we continue to move forward one step at a time.



Signature
Aaron Fernandez

Board of Directors

Incorporated in November 2004, governance rests entirely with its Board of Directors (BOD). LCHC's Board selects its own officers. Delineation of duties and responsibilities are detailed in our By-Laws which are periodically reviewed to ensure compliance with the law. The BOD is comprised of users of our services (at least 51% is required by our Federally Qualified Health Center, FQHC, status), and is representative of our community in regards to ethnicity, sex, and age.

Our 2018 current Board is as follows:

- Aaron Fernandez, President
- Andrew de la Cruz, Vice President
- Deborah dela Cruz, Secretary
- Michele Holsomback, Treasurer
- Max Kincaid
- Ron McOmber
- Matt Mano
- Jennifer Montgomery
- Jackie Woolsey

Vision Statement

The Lānaʻi Community Health Center's vision is to be a leader in innovative health care, with a focused culturally sensitive, holistic, patient-centered approach.

Mission Statement

The Lānaʻi Community Health Center's mission is to take care of the community of Lānaʻi. A 501c3 nonprofit organization, LCHC takes care of the community with a focus on physical, mental, emotional, intellectual and spiritual welfare and by enriching and empowering lives to help build healthy families in a supportive environment.

LCHC carries out its mission:

1. By directly providing comprehensive health and wellness services
2. By working collaboratively with partners to provide needed services for Lānaʻi

LCHC serves individuals of all ages, ethnicity, gender, and residency.

***Reviewed and Approved by the
LCHC Board of Directors on June 11, 2016***

Advisors

- Ms. Laura Anderson, Regulatory Compliance Consulting for the Health Care Industry
- Bank of Hawaii; Banker
- Lānaʻi Federal Credit Union; Banker
- First Hawaiian Bank; Banker
- Carbonaro DeMichele CPAs; Accountant and Auditor
- BKD Consultants; Cost Reports and Fee Schedule Reviews
- Integration Technology; Virtual IT Services
- Essential Learning (Relias); Employee Orientation System
- Altres; Virtual HR Services
- Pacific Growth Associates; NMTC Consultant

From the Executive Director

Aloha Kakou,

Where do we go from here? It seems like we have worked so hard, accomplished so much, and made such a huge difference for our patients and our community. Have we accomplished 'The Impossible Dream'? What is next? Are we pau? Some might say that we have accomplished all that is possible (or even 'impossible' for those who were convinced LCHC would fail!). However, I urge each one of us to fight against that sentiment. Think, instead, of where we want to be tomorrow. Where do we need to be to continue to serve our community, patients, parents, and children? How do we continue with our quest to reach the 'unreachable star'?

What we do today, will create our tomorrow. Don't be afraid to dream; our dreams will become tomorrow's reality. I don't know how many of you are familiar with the Man of La Mancha – it is quite old. Everyone felt the Don Quixote, the Man of La Mancha, was a dreamer and his goal was not achievable. He proved them wrong.

I feel to fulfill our mission and vision, we should consider the words and sentiment of the song (see Sidebar) from this play to be our rallying call. Will you join?

Facts in brief for 2018:

- Active Patient Count represents just under 65% of the island's population (based upon the 1986 census of 3,100 for Lāna'i)
- 6.1% growth in Encounters
- 23% growth in HRSA Grant Revenues due to expansion opportunities, quality awards, and competitive awards – all of which are now rolled into our base
- 16% growth in Patient Service Revenues due to increase in encounters
- Expansion of our School-Based education program – K thru 5th Grade Classes to include physical education
- Provision of 5 scholarships for a total of \$4,000: four to high school students starting a health-related degree program and one college student.



"The Impossible Dream"
From MAN OF LA MANCHA (1972)
Music by Mitch Leigh and lyrics by Joe Darion

To dream the impossible dream
To fight the unbeatable foe
To bear with unbearable sorrow
To run where the brave dare not go

To right the unrightable wrong
To love pure and chaste from afar
To try when your arms are too weary
To reach the unreachable star

This is my quest
To follow that star
No matter how hopeless
No matter how far

To fight for the right
Without question or pause
To be willing to march into Hell
For a heavenly cause

And I know if I'll only be true
To this glorious quest
That my heart will lie peaceful and calm
When I'm laid to my rest

And the world will be better for this
That one man, scorned and covered with scars
Still strove with his last ounce of courage
To reach the unreachable star

Signature
Executive Director

Projects, Programs & Events

LCHC's focus continues to be 'the patient' – this means that we develop and implement our programs and workflows to meet the needs of including Community Health Workers (CHWs), and, also, continued its outreach and screening programs for Medical and Dental. In addition, LCHC continues to leverage technology to increase patient access to care and reduce cost. We are using remote monitoring for blood glucose and blood pressure, fetal monitoring, and routinely using telehealth for psychiatry and ultrasound exams, as well as continuing to maintain our earlier programs in dermatology and retinal imaging. We also now have the capability to provide tele-dentistry and are researching funding for a pilot program. In national recognition of our use of technology, in 2017 LCHC was awarded the prestigious Healthcare Information and Management Systems Society (HIMSS) Nicholas E. Davies Award of Excellence – the highest level of the HIMSS Value Recognition Program – for its outstanding achievement in utilizing health information technology to significantly raise the quality of patient healthcare.

We continue to provide and utilize sophisticated reports with the use of BridgeIT, a data warehouse that generates population based reports, interfaced with eClinicalWorks, our electronic health record (EHR), and CDMP, our chronic disease management software. We have worked with our vendors and the State to computerize the Family Planning Client Visit Record (CVR), and are currently working with eCW, Curas and Estenda to develop a 'single sign on' for eCW and CDMP. Our team approach supported by information technology has provided LCHC with the ability to expand existing programs into the home and community (such as pre-diabetes, pre-hypertension, Self-Managed Blood Pressure Program, and Blue-Tooth Blood Glucose Program) and also continue to identify new opportunities with a telemedicine focus for Pediatrics, OB, and Cardiology.

Clinical Programs: Chronic Disease

In 2018 we saw growth and positive changes in our chronic care program, which remains focused primarily on hypertension, diabetes, and screenings.

Hypertension

As stated by Dr. Thomas Frieden, former Director of CDC: "Blood pressure control, which can save more lives than any other clinical intervention, is successful in only about half of Americans." And in November, 2017, the American Health Association/American College of Cardiology released new guidelines that recommended out-of-office blood pressure be used for both the diagnosis and treatment of hypertension. LCHC has been developing our home blood pressure program since 2014, which is consistent with the recently released recommendations. The new terminology for the home-based blood pressure program is self-measured blood pressure (SMBP).

Projects, Programs & Events (Continued)

The LCHC SMBP continues to mature. We continue to increase the number of patient patients using remote monitoring using Bluetooth technology to transmit data through smart phones or with the assistance of our CHWs, using a tablet. In conjunction with our CHWs, we have improved the patient education material and our patient engagement in the program. We have also added an additional two CHWs. The total number of patients continues to increase; however, the pace of our growth has slowed considerably .

Since receiving the HIMSS Davies award, LCHC has gained national recognition for our SMBP program and has provided presentations at a number of conferences and as a webinar. We also provide technical assistance to other organizations wanting to implement SMBP programs including Molokai Community Health Center. There is increasing national interest in SMBP as a better way to manage hypertension that includes major medical journal articles recognizing the value of SMBP.

LCHC continues to work with our developer Saturn Care to improve the capture and analysis of the BP readings. A major step forward has been the single sign-on in our electronic health record so that we can move between the EHR and our care management software with a push of a button rather than signing on to a separate program. The data analysis has been more of a challenge as we recognize that an average of blood pressures provides a more accurate measure of BP than a single reading at home. We are working with our developer, Saturn Care to develop the analytics. This process is not simple and as more organizations develop programs, the methodology may change.

We are also in our third year of the CMS Million Hearts CVD Risk Reduction Model research. Our numbers are small and we started with a large percentage of our patients well managed. Of note, is that LCHC presented one of the 6 learning sessions this year on our SMBP program as a webinar with approximately 150 study sites participating and the webinar in the CMS library to share with other research sites.

Diabetes

LCHC continues to develop our diabetes and prediabetes programs. We have identified over 130 patients with prediabetes and are completing the first group going through the Pili program focused on life style lifestyle changes to reduce the progress to diabetes. We have been challenged to provide group prediabetes sessions as work or family interfere with attendance. The CHWs are an essential component of our diabetes prevention program and we are developing options to support patients individually and potentially record sessions to assist patients who are not able to attend. With recent published research, we will be increasing the number of patients treated with medication in addition to lifestyle changes.

Projects, Programs & Events (Continued)

We currently have nearly all our patient with diabetes on remote monitoring supported by our community health workers. We are still challenging challenged by a few patients who are hard to reach either who fail appointments or are not willing to consistently check their blood glucose. With our last UDS report, when we removed the patients that do not receive primary care at the health center, we have a total of 11 poorly controlled patients. We continue to work with small populations with good success, but as one patient improves, we often have another that slips out of control for a variety of reasons.

Screenings

We continued to better structure our screening workflow based on the current US Preventive Service Task Force (USPSTF) Guidelines. We are using a modification of the Electronic Preventive Services Selector (ePSS) guidance. As previously mentioned, we have focused on screening for prediabetes and hypertension and continue to improve metrics for PAP testing, mammography, hepatitis B and C and colon cancer.

Clinical Programs: Integrated Behavioral Health

LCHC was able to hire an additional Behavioral Health provider in October 2018, Dr. Jon J. Cisneros, a post-doctoral psychology fellow, for our Integrated Behavioral Health (IBH) Program. He is a contractor through I Ola La Hui. Our current post-doc fellows, Dr. Cori Takesue and Dr. Margaret Mendoza, will continue to manage their current patient needs (with a waitlist for those patients wanting to see them) and other responsibilities, while continuing to study for the licensing exam. Dr. Cisneros is securing supervised clinical hours that are needed, and once obtained he will also sit for the licensing exam.

Looking towards the future goal of employing three BH providers, LCHC is hoping to establish a relationship with a university's post-doctoral program to fill the position of a third BH provider on a rotating basis, annually. The recent closing of Argosy University poses a slight problem as they were the primary resource for post-doctoral fellows. Both Chaminade and Hawaii Pacific University will be developing programs to meet Hawaii's needs and shortage of providers as a result of Argosy's closing so we are hoping to reach out to these programs once they are more established. In the meantime, we are in the process of determining the required training curriculum to be a viable/accredited post-doctoral program site. In addition, the University of Hawaii (UCERA) Department of Psychiatry has continued to provide brief interventions, most often related to medication management, consultation, and curbside consultations. UCERA has added a second psychiatrist, Dr. Sara Haack, to support Dr. Anthony Guerrero with LCHC's BH program.

Projects, Programs & Events (Continued)

We continue to effectively integrate our medical providers as patient co-managers and provide our LCHC staff (i.e., medical, dental, administration, finance, facilities, and outreach staff) with education in effective brief interventions. Other areas our staffs are trained in are motivational interviewing, health coaching, trauma-informed care, and basic tobacco intervention skills. We were able to implement an improved screening tool to identify patients with behavioral health problems including depression, anxiety, trauma, substance use and an expanded role for the team in managing behavioral health issues.

Clinical Programs: OB, Women's Health and Family Planning

LCHC continues to partner with the UH Department of OB (UCERA, OBGYN) to provide services for our prenatal program. Uninsured and insured pregnant women can continue to choose LCHC medical providers to provide their prenatal care, knowing they can trust our providers and can stay on island until 36 weeks gestation, before transferring care to Oahu or Maui. LCHC ultrasounds are continuing to be performed by our certified ultra-sonographer employee Thalia Salazar, RMDS. The scans are read by the certified UCERA Maternal and Fetal Medicine providers with whom we contract, thus continuing to allow our patients to remain on island for their ultrasounds. We have pregnant women who have become accustomed to the ability of LCHC providing ultrasounds; some of them have had multiple pregnancies cared for by LCHC since our program started 4 years ago. In 2018, LCHC saw 31 patients, which is an increase compared to 2017's 23 OB patients and 2016's 22 OB patients. In addition, LCHC has contracted with UCERA and a dedicated OBGYN is available for tele-medicine visits for our pregnant women to help co-manage all pregnant patients who choose to have the OBGYN be their provider along with LCHC medical providers.

The Women's Health Program continues to provide outreach at health fairs and at the school. With increased education and awareness, more women, including teens, are becoming proactive about seeking birth control to prevent unwanted pregnancy, including seeking LARCs (i.e., long acting reversible contraceptives, highly recommended by our State Title X grant, as well as being a best practice). We have also noted increased usage of free condoms provided in our facilities, which we feel is also due to our increased education efforts.

LCHC continues the monthly mammogram trips for LCHC patients in which one of our employees accompanies and transports women scheduled for their mammogram on Maui. This program continues to meet our patient needs and mitigate barriers to care, as well as to continue our relationship with Maui Diagnostic Imaging. The mammogram screening continues to be supported, at least in part, by our Susan G. Komen Grant. In addition, we have established a relationship with Queen's BCCC program. This relationship will allow for provision of free mammogram screening and cervical cancer screening for our uninsured patients who meet the federal poverty guidelines.

Projects, Programs & Events (Continued)

Vision

LCHC's vision program continued to expand and provide needed services on our island. Maui Optix was able to expand their service to LCHC by coming to our island 2-3 times a month. Our goal is still to have them come once a week; however, we realize that they are very busy and understaffed at this time for such an expansion.

Clinical Programs: Dental

We are excited to report that in November 2018 the LCHC Dental Program added Dr. Sean Benson as a full-time provider. Dr. Benson came to us from the Oregon Health and Science University where he served as the Associate Dean for the Dental School. He is also a former President of the Oregon Dental Association, and brings with him a wide array of clinical skills as well as significant administrative experience. Most importantly, Dr. Benson is the first LCHC dentist to live and work on Lānaʻi *full time*. As Dr. Benson and his wife Amy become more embedded and invested in the community, we expect that the impact on dental health for Lānaʻi residents will be significant.

Concurrently, Dr. Alex Matsumoto has relocated to Portland, Oregon, and Dr. Kenneth Zenker took a position at the Molokai Community Health Center. Dr. Richard Tesoro and Dr. Scott Hiramoto will continue to provide locum tenens coverage as their other commitments and LCHC needs allow. Dr. Randall Kam continues as the Dental Director and provider and Melorie Yuen, RDH, continues as our dental hygienist and outreach coordinator.

Staff changes include the promotion of Ms. Chanda Schutte to the Supervisor position in the Dental Clinic. It is a well-deserved promotion for the youngest member of our team and an attestation to our commitment to workforce development.

Another significant staff change is the addition of Ms. Kathleen Costales to our team of Dental Assistants. Kathleen was born and raised on Lānaʻi and has returned to the island after having worked in dental offices on Oahu for a number of years. Her knowledge of insurance plans, coding, and financial arrangements are a valuable addition to the team.

As a relatively new dental clinic, the staff has worked hard this year to improve the patient experience. Our systems for the patient intake procedure have greatly improved and the office manual updated to reflect the changes. All patients coming in to the dental clinic should now receive the behavioral health questionnaire, PSQ, tobacco and diabetes screenings once per year. At each appointment their medical history, medications and allergies are reviewed, and their blood pressure and weight recorded. They are then informed of the risks and benefits of the scheduled procedure and given an estimate of their out-of-pocket cost for the procedure.

Projects, Programs & Events (Continued)

Our 2018 figures show patient visits at 3,081, which is a 17.6% increase from our 2017 total of patient visits. Oral screenings have also increased, with 351 Oral Screenings based on our visit report. The lifeblood of any dental practice are new patients, and our records indicate that a healthy 331 new patient exams were performed in 2018.

Wellness Programs

This year, 2018, has been another year of growth for the Wellness Program: From offering 19 different classes in 2017, the program has grown to having 25 classes in 2018, all free of charge. The request for having more classes by community members was granted and the total amount of participant attendance has greatly increased from approximately 8,600 in 2017 to over 9,600 in 2018. The program still continues to offer Zumba; six different types of Yoga classes, including Chair Yoga at the Senior Center; low impact aerobics and balance improvement classes at the Senior Center; Beginning, Advanced, and Senior Tai Chi, Lion Dance Team, Keiki Lion Dance and Keiki Taichi; Youth and Adult Boxing; Total Body Conditioning and Cardio Circuit; Whole Body Stretch; Pilates; Gymnastics (Beginning, Intermediate and Advanced) held at the LHES Gymnasium, and Soccer held at Dole Park. Our Silver Sneakers certification, allows us to offer a total of 70 Silver Sneakers qualifying classes per month, with more classes to come in 2019.

The program has and will continue to grow, advance and develop throughout the year. With the holistic approach of treating our patients in mind, we plan to implement LIFTS (Lana'i Integrated Functional Training Series). LIFTS implements our recently added Functional Movement Screenings (FMS) with provider referrals to Wellness Coaches for prescribed, personalized fitness training to LCHC patients. FMS is geared towards understanding an individual's mobility and movement. With the data obtained we will be able to provide more specific information for rehabilitation, physical education, fitness, and performance options to our patients, as well as fitness class participants.

Multiple changes have occurred in 2018, especially in the Wellness Team. Two of three previous employees have moved on and we have replaced them with what will ultimately be a team of six: three Wellness Coaches onsite and two Wellness Coach Assistants, with one Wellness Coach working from Maui. This added manpower has afforded us the capabilities to expand on our Health Coaching goals. We now have a full Wellness team ready to accept referrals from LCHC Providers to be an added support that enables patients to fill their fitness prescriptions. The fitness prescriptions can be filled through: LIFTS, sending patients to 1:1 coaching, attendance at one of our many existing fitness classes, and/or the supervised use of our newly purchased BowFlex Fitness equipment.

The Wellness Team has also been instrumental in our outreach program to the Lanai High and Elementary School. This program consists of LCHC employees providing Health Education and Physical

Projects, Programs & Events (Continued)

Education classes on a weekly basis, alternating one week of physical activity with one week of health-related classroom activities. As part of this HE/PE partnership, LCHC has funded, designed and built multiple raised garden beds for multiple classes at LHES. The classes have begun growing their own fruits, vegetables and flowers from LCHC provided seed starter kits, with the goal of the kids to enjoy the fruits of their labor at the end of the school year. Our contracted Registered Dietician has agreed to attend one of the final health classes of the year to prepare nutrient dense snacks for the students using the fruits and/or vegetables they have grown.

This past year's outreach events included: Lunar New Year presentation for LHES, a community-wide Chinese New Year presentation, a seventeen event obstacle course for National Healthcare week, a Susan G. Komen Walk for the Cure with multiple side events, a Tai Chi and Gymnastics presentation during the Lanai community Thanksgiving Turkey giveaway, a presentation during the Christmas Tree Lighting Ceremony, and a Christmas cookie decoration workshop just to name a few during the busy year.

The upcoming year's goals include fostering our current fitness program as well as adding new classes and events. With one of our Wellness Coaches now sitting on the Lanai Sports Board, we have the opportunity to reach all ages of students community wide. Our gymnastics program is expanding to a gymnastics team with the intent of travelling to other islands to represent Lanai in gymnastics competitions. We are also deepening our relationship with the Lanai Senior Center by having classes every weekday to include a holistic wellness day on Wednesdays. This day will complement the physical activity days with a non-physical class in conjunction with their blood pressure checks.

Telemedicine

We are entering the 5th year of our integrated behavioral health program with the UH Department of Psychiatry and, routinely, use telehealth for Psychiatry consults, as well as surgical follow ups. In conjunction with the University Of Hawaii Department Of Psychiatry, we presented our primary care integrated behavioral health model at the Healthcare Association of Hawaii statewide conference in Sept. 2018. As mentioned in the development of the OB program, we are now providing video conferencing for the patient to visit with the obstetrician. We have also expanded our ultrasound capabilities to include a vascular probe allowing examination of the circulation, the thyroid gland and abnormal masses found on mammography. We continue to attempt to get Queen's to provide echocardiology support, but progress has been slow. We have purchased equipment to provide tele-dentistry but have not yet initiated a program.

Our other programs continue – including tele-derm, tele-ophthalmology and video conferencing with willing specialist avoiding the patient having to travel off island. We are expanding the scope of specialists who provide support to LCHC modeled after our behavioral health integration.

Projects, Programs & Events (Continued)

Outreach, Community Health Worker, and Educational Programs

Our outreach and education programs continue to expand the support services that are being provided, as well as increasing our eligibility, translation and transportation services. Ms. Wilma Koep, our first and longest serving employee, continues to provide culturally sensitive translation services during appointments, as well as providing transportation services. As an important part of our clinical team, Ms. Koep adds value that is not found elsewhere on our island. She continues to provide timely assistance to our patients and the community with regard to eligibility.

Ms. Koep also provides assistance to the families of our patients during the end-stage of their illness and subsequent death. The support, information, coordination, and advice she has provided is deeply appreciated by the families and certainly contributed to broaden the depth of our patient care services.

LCHC continues to expand its home-based programs and hired additional include Community Health Workers to support our outreach and screening programs for Medical and Dental. For example, our CHWs are assigned to patients to assist with their use of remote monitoring for blood glucose and blood pressure. The partnership created with patients and our CHWs provides a supportive environment for patients to achieve wellness goals, as well as providing enhanced communication between patients and our providers.

Quality Initiatives

LCHC leadership annually identifies quality initiatives (based upon LCHC performance on UDS metrics) and meets monthly to review performance on selected Plan-Do-Study-Act (PDSA) projects. In addition, a review of ongoing performance of Uniform Data System (UDS) metrics is conducted quarterly. Lastly, monthly reports are made to the Board of Directors at routine monthly Board meetings, and two Board members are members of the Quality Improvement (QI) committee, and meet quarterly with the QI committee.

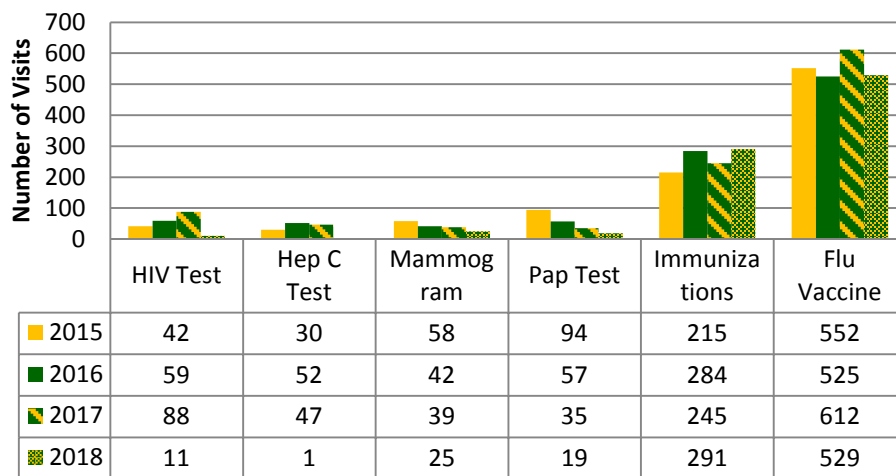
We have improved, remained consistent and/or improved our performance measures with the exception of the cervical cancer screening, child weight assessment, child immunizations, and dental sealants. See chart on the following page.

In our effort for continuous improvement, and to address issues we have identified from this past year, we continue to improve our workflow (medical, dental and front desk reps) through additional trainings,

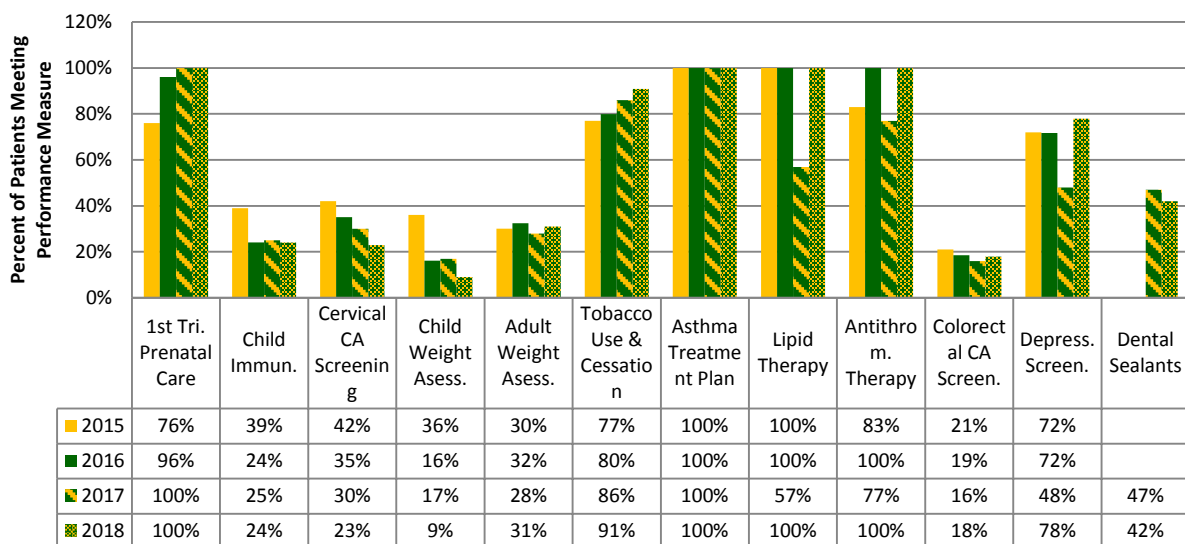
Projects, Programs & Events (Continued)

meetings/huddles, and proper communication among our staff. We have made concerted effort to increase our performance measures and these areas are being documented with PDSA's. Our chronic disease programs (Hypertension and Diabetes) participants continue to increase in number as the community continues to become aware of our programs.

Selected Diagnosis - Number of Visits



Quality of Care Indicators



Projects, Programs & Events (Continued)

Compliance and Risk Management

LCHC continuously strives for quality improvement and minimizing risks for our patients as well as our staff members. Through Leadership's monthly Quality Improvement (QI) meetings and monthly QI BOD reports, incidents and "near miss" events are documented and discussed with the goal of preventing future similar occurrences from happening. In addition, we have placed a large degree of focus on education. With the assistance of Ms. Laura Anderson, Esq., Regulatory Compliance Consultant, LCHC staff receives quarterly HIPAA trainings focusing on the content of protecting patient privacy via question and answer format as well as providing case scenarios. This approach has proven to be quite effective and in fact, staff has requested one-on-one discussion with the consultant after HIPAA training has been completed. To assist our Board in understanding Risk Management, HIPAA and their role, the Board receives an annual HIPAA and Risk Management trainings from Laura.

In our efforts to minimize unfortunate events from reoccurring, LCHC leadership ensures that staff members receive continuous training on protection of patient information and maintaining patient safety. LCHC continues to seek learning opportunities and discuss innovative ways to deliver quality care to our beloved community, with the intention of always obtaining optimal patient outcomes. Furthermore, our HIPAA/Safety Officer, Olivia Pascual, is required to complete a more intense HIPAA training to ensure that LCHC is up to date with current HIPAA laws.

Community Development

LCHC continues to invest in the Community in a number of ways.

- **Scholarship Program**
 - LCHC awarded two \$1,000 scholarships and three \$500 scholarships for the 2017-2018 school year. Four out of five scholarships were awarded to high school graduating seniors pursuing a college health degree and one was provided to a freshman currently attending a university. Please see Workforce Development and Internships for full list of scholarship recipients.
 - We have just recently awarded three \$1,000 scholarships for the 2018-2019 school year. Two were high school students and the other is a second year recipient who just completed her freshman year in college. She is also a return student intern of LCHC.
- **Internship Program**

For the third year, we participated in the STEMworks Internship Program, a six-week statewide high school internship program held in June through July. The flier and our certificate are attached for your

Projects, Programs & Events (Continued)

reference. Geori-Ann Ornellas was the graduated senior assigned to LCHC. She is from Lānaʻi and was boarding at Kamehameha Schools Kapalama since her freshman year in high school. We were

- fortunate that she decided to spend her summer on Lānaʻi interning with us. During her six weeks with LCHC, she oriented with the medical and dental departments. In the medical department she learned about our telemedicine program, medical assistant and community health worker roles and responsibilities, and observed blood draws and medication preparation. In the dental department, she learned how to take x-rays and also learned the basics on chair siding.
- We needed assistance in the administrative and finance department, so we hired Abigail Sandi as our year-round student intern. She was present during her spring and summer breaks. During her time at LCHC, she provided valuable support to our Administrative Assistant and Accounting Assistant in many various ways. She scanned and shredded documents, checked mail, and helped with other clerical assignments. She also learned how to post invoices into our QuickBooks accounting system.
- During the summer of 2018, we hired short-term student interns Xenia Urpanil and Kristin Elan. Xenia shadowed our community health workers as she is currently a student at the University of Hawaii at Manoa majoring in Public Health. Kristin Elan worked closely with the medical assistants as she is pursuing an Associates Degree in Medical Assisting. Both students remained with us only during the summer while they were back home for the summer break.
- We are also in the process of formulating an MOU with the Lānaʻi High and Elementary School (LHES) Work Study program. We received interest in this work study program from Millena Calilao who is interested in becoming a dentist. She was also a recipient of one of our scholarships. Unfortunately, due to administrative paperwork with the Department of Education (DOE), this student was not able to start her program with LCHC. We are still working with the DOE to finalize this agreement. We were able, though, to hire Millena directly as a student intern for the summer (i.e., not going thru the LHES Work Study Program). She was such a pleasure to work with and we plan to foster her growth; therefore, we have kept her on as a student intern anticipating her return to LCHC this coming summer. We would like to see her grow while she is pursuing her post-high school education; we are able to provide her with hands on experience in our dental office so that she may become familiar with the electronic health record, workflows and processes.
- We have increased our program for student providers and have had a few APRN's rotate through our facility in addition to our ongoing Pediatric Dental Residency program. Towards the end of 2018, we also contracted with I Ola La Hui for a Behavioral Health Post-Doc fellow: Jon Cisneros will be with LCHC for the school year 2019-2020 providing services at our facility every week for two days a week. We are already in the process of recruiting our next post-doc fellow for the next 2020-2021 year.

Projects, Programs & Events (Continued)

- **Health Education in the School**

- We have provided oral health education and screenings and flu shot clinics at the school
- We also focused mainly on the kids during our National Health Center Week, creating our first annual Pineapple Warrior Challenge which attracted a lot of kids to our Spartan Race like obstacle course.
- We are proud to announce our extended health education in the school. For the 2018-2019 school year, we have eight staff assigned to grades K through 5 for the entire school year. Most classes have two LCHC staff teaching each class. We have incorporated physical activity into our curriculum; classroom lessons and physical activity alternate each week. The students and teachers love how it's been going; LCHC is also pleased with its results.

- **Health Education in the Community**

- We have participated in a number of community events providing health education and free screenings. The full list of community events is attached.
- Our Behavioral Health providers have been providing presentations and discussions at the Lāna'i Youth Center on a quarterly basis. Our providers continue to learn a lot about the children and build relationships with them. Through this outreach, we have learned that these students have been exposed to and/or are interested in the following topics: sex ed, pregnancy, tobacco, vaping, other illicit drugs, self-esteem, cleanliness, healthy eating, etc. LCHC will address these topics on an on-going basis.

- **LHES Foundation/Kakou (PTSA)**

- LCHC created a Consortium Group with LHES Foundation one of our partners. Its role in this consortium group is to partner with LCHC and Hawaii Public Health Institute to provide health education programs in the school, community and the homes of the students, with the ultimate aim at reducing and preventing childhood obesity and increasing health and wellness. We have identified a number of unique methods to reach all age groups in our community.

- **Health and Wellness – Free Fitness Program**

- Our free fitness program continues to grow each year. In 2017, our total class attendance was 8,625 with an unduplicated participant count of 328. In 2018, our participant growth has grown to 9,606 encounters and unduplicated participant count of 351. The booklet with information on each instructor and classes is attached, as well as the December Fitness schedule as a sample of our offerings.

- **Awards and Recognitions Received**

- Executive Director, Diana Shaw was awarded Pacific Business News 2018 Women Who Mean Business Award
- Jared Medeiros awarded AANP Nurse Practitioner Hawaii State Award for Excellence
- Cades Foundation Non-Profit Leadership Award Finalist

Projects, Programs & Events (Continued)

Workforce Development & Internships

In one of our Strategic Planning meetings a few years back, one of the board's goals was to become the employer of choice, next to the larger employers such as Four Seasons and Pulama Lanai. As of 2018, our LCHC employee count is up to 42 employees: 32 full-time and 10 part-time, and only three of them are traveling employees, and two are our student interns. There is a total of 16 employees that are LHES alumni which represent 38% of our employee population. In addition, our LIP (Low Income Persons) ratio for 2018 is 58.07%. This doesn't include the dozen plus contractors that we work with for clinical services and our wellness program. Based on our growth within the past five years, we believe that we have achieved that goal of becoming the employer of choice for the residents of Lanai.

We believe in the importance of workforce development and training, therefore we current goal is to have in place a student rotation program for all services: Medical, Dental, and Behavioral Health. This includes student interns that are in high school, rotating student providers, and well as development for those working adults who are looking to find a career rather than just a job.

The list below is our workforce development efforts and the list of students who have interned and rotated at LCHC in 2018.

- **Student Providers:**

- | | |
|--------------------------------|----------------------------------|
| ○ January 6 – February 2 | Kayla Horton, APRN – USUHS |
| ○ April 9 – May 4 | David Arteaga, APRN – UH Hilo |
| ○ May 21 – June 22 | Keone Young, APRN – UH Manoa |
| ○ August 10 – September 7 | Margaret Martin, APRN – USHUS |
| ○ September 2018- October 2019 | Jon Cisneros, BH Post-Doc Fellow |

- **NYU Langone Pediatric Dental Residents:**

- | | |
|-----------------------------|----------------------|
| ○ January 15 – February 09 | Dr. Kira Lee |
| ○ February 12 – March 09 | Dr. Demi Pham |
| ○ March 12 – April 06 | Dr. Erica Coe |
| ○ April 09 – May 04 | Dr. Michelle Yang |
| ○ May 07 – June 01 | Dr. Peter Lee |
| ○ June 04 – June 29 | Dr. Demi Pham |
| ○ July 2 – July 27 | Dr. Christopher Yim |
| ○ July 30 – August 24 | Dr. Demi Pham |
| ○ August 27 – September 21 | Dr. Rich Nehring |
| ○ September 24 – October 19 | Dr. Kira Lee |
| ○ October 22 – November 16 | Dr. Christopher Yim |
| ○ November 19 – December 14 | Dr. Koirala, Supriya |

Projects, Programs & Events (Continued)

○ December 17 – January 11

Dr. Tuan Pham

- **Student Interns:**

- Year around Abigail Sandi – Student employee for Admin and Finance
- Year around Millena Calillao – Student employee for Dental
- May 28 – June 1 Xenia Urpanil – Shadow our Community Health Workers
- June 6 – July 31 Kristin Elan – Student employee for Medical Assisting
- June 19 – July 26 Geori-Ann Ornellas – STEM Internship focused on Medical

- **Scholarships for 2017-2018 provided to:**

- Absydee Molina, \$500
- Lady Bechelle Elaydo, \$500
- Millena Calilao, \$1000
- Samuel Dunwell, \$500
- Sadie Schilling, \$1000

- **Employees furthering their education:**

- Monique Bolo, Education degree, UH Manoa
- Denise Ropa, Social work degree, UH Maui
- Chanda Schutte, Pre-requisites for UH Maui College Dental Hygiene Program
- Jessica Heisler, Pre-requisites, UH Maui
- Thessalonica Sandi, Community Health Worker Certification, UH Maui
- Mairine George, Community Health Worker Certification, UH Maui
- Cindy Figuerres, Masters in Public Health, Argosy University

- **Community Partnerships for Student Programs:**

- LHES Foundation
- UH Maui College – Lanai Campus
- AHEC
- HOSA
- John A. Burns School of Medicine
- Maui County Healthcare Partnership

Community Events and Awards:

The list below is a sampling of the various community events/awards that we sponsored, participated in, held, or received:

Projects, Programs & Events (Continued)

- Diana Shaw, Executive Director, Women Who Mean Business Honoree – January 26, 2018
<https://www.bizjournals.com/pacific/news/2018/01/26/introducing-pbns-2018-women-who-mean-business.html>
- Dr. Joseph Humphry, Keynote speaker focused on LCHC telehealth programs at the Hawaii-Alaska Chapter of HIMSS Annual Lunch – February 9, 2018
- Chinese New Year – February 17, 2018
- Lānaʻi Community Health Initiative Health Fair, Richard's Market – February 19, 2018
- Pulama Lanai Biometric Screenings – February 26, 2018
- Matter of Balance Classes at LCHC Multipurpose Room – March-April 2018
- Oral Health Screening at LHES – April 22-27, 2018
- Hawaii Positive Engagement Projects (H-PEP), Parenting Classes – April-May 2018
- Congresswoman Colleen Hanabusa Community Meeting at LCHC Multipurpose Room – May 2, 2018
- LHES Teacher Appreciation Day - Provided gifts for teachers – May 8, 2018
- LHES Awards Assembly – Awarded 5 Scholarship – May 25, 2018
- World No Tobacco Day, Tables outside of Blue Ginger and Richards – May 31, 2018
- Jared Medeiros and Anne Leake awarded AANP Nurse Practitioner Hawaii State Award for Excellence – June 2017 and June 2018
- Dementia Training w/ Dorothy Colby – June 15, 2018
- Coordinated outreach event for Senior Citizens at the Senior Center
- Cassandra Ford from National Kidney Foundation of Hawaii educated on KIDNEY HEALTH & DISEASE
- Pacific Indigenous Doctor's Conference, Hilo, Hawaii—July 12, 2018 (Presented SMBP program)
- STEMworks Summer Internship Program Host Site – June 18-July 27, 2018
- CHWS did outreach at MEO Senior Club → BP Screening on July 19, 2018
- Nutrition Workshop for all Community with Kelly McDaniel – June 28, 2018
- CHWs did Sign-Waving w/ Summer PALS kids for NO SMOKING IN CARS CAMPAIGN
 - July 6, 2018
 - 12 kids and 5 adults participated
- Pineapple Festival – July 7, 2018
- Rim Pack Exercise – 1 LCHC Participant, July 12, 2018
- Advanced Care Planning Workshop from Kokua Mau – July 12, 2018
- WIC Breastfeeding Week – August 1-7, 2018
- Leadership in Disabilities and Achievement of Hawai'i Traveling Mini-Conference
 - August 9, 2018
- Maui County Tropic Care for Lanai – August 11-19, 2018
- National Health Center Week – August 12-18, 2018

Projects, Programs & Events (Continued)

- LHES Student Athletes Nutrition Workshop w/ Kelly McDaniel – August 20, 2018
 - Approximately 85 student athletes and 3 coaches attended
- Lānaʻi Youth Center – August 28, 2018 (CHWs educate on Tobacco Education and Vaping)
- PILI PROGRAM -- September 26, 2018 (evening Session at Lauhala Place)
 - 4 patients attended
 - 3 staff attended
- Four Seasons Flu Shots: September 14, 2018 (Administered 25 Flu shots at FS)
- LHES Flu Shot Clinic – September 21, 2018 (150 Flu shots administered)
- Healthcare Association of Hawaii Inaugural Healthcare Conference—September 21, 2018 (Presented: The Integration of Psychiatric and Behavioral Health Services in Primary Care: An example for Providers from a Local Implementation)
- Lānaʻi Youth Center – September 25, 2018 (CHWs educated on hand hygiene)
 - 13 kids participated in the outreach event
- Festivals of Aloha – September 29, 2018
- Susan G. Komen Ohana Wellness Day – October 13, 2018
- Lānaʻi Youth Center Health Ed – October 23, 2018
 - Dr. Cisneros and Dr. Mendoza educated on cyberbullying
 - 18 students participated in health ed
- Career Day at LHS – October 23, 2018
 - Cori, Cindy, Jennifer, Melorie, & Dr. Yim went to school and educated on their career path.
- Cades Foundation Non-Profit Leadership Award Finalist – November 1, 2018
- LHES Oral Health Screening – October 29 through November 2, 2018
- Richard's Market Flu Clinic – November 14, 2018
 - 6 Flu shots administered
- Great American Smokeout—November 15, 2018
 - Partnering with LHES National Coalition for Tobacco Free Hawaii for this event. LCHC (CHWs and BH Provider) focusing on 24-hr quit pledge and cigarette use. LHES National Coalition (2 youth) focused on vaping and obtaining signatures for petition requesting ban on flavored tobacco products in Hawaii. 5 community members accepted 24-hour quit pledge, 0 requesting tobacco cessation services. 83 signatures were obtained for petition.
- Lānaʻi City Service Turkey Day – November 17, 2018
- MEO Senior Club Meeting at Senior Center – November 19, 2018
 - BP Screening done by CHWs: 12 Seniors screened
 - Flu Shot Clinic: 2 Flu shots administered
- MEO Senior Club Flu Clinic – November 21, 2018
 - No Flu Shots Administered

Projects, Programs & Events (Continued)

- LHES 12th Grade Mock Interviews – November 15, 21, 29 and December 6, 2018
- Christmas Tree Lighting – December 1, 2018
- Jingle Bell Dash – December 8, 2018
- Hale Kupuna Christmas Luncheon LCHC Presentation - December 17, 2018
 - Jennifer Hashimoto, Dr. Cori Takesue and Dr. Margaret Mendoza, Dr. Benson, Monique Bolo & Brent Mansfield to present at the Hale Kupuna Christmas Luncheon

Scenes from our various events during 2018...

Health Education at LHES



Projects, Programs & Events (Continued)



**Pineapple Warrior Challenge
At Dole Park**



Projects, Programs & Events (Continued)



Hands on training with
Lānaʻi Community Health Initiative Students

#LanaiHealth
#HealthyLanai
Fun, Education,
Screening...

Projects, Programs & Events (Continued)

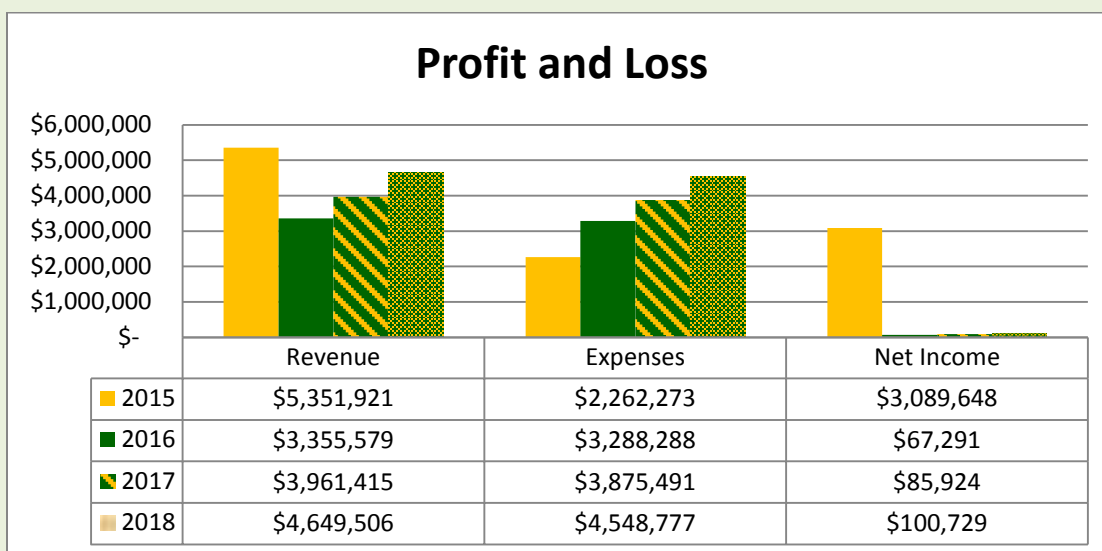
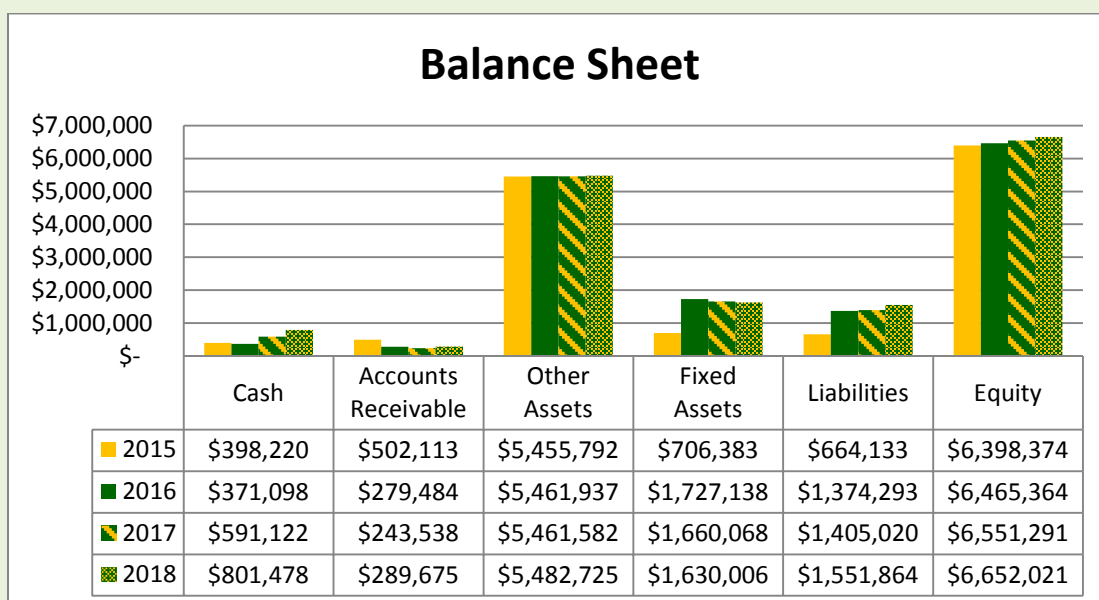
Press Releases

The list below is a sampling of the press releases in 2018:

- HSCN's August 2018 Newsletter - Hawai'i APRNs Recognized by AANP, Jared Medeiros
- Hawaii Journal of Medicine and Public Health – September 2018: Community Food Assessment
- Healthcare Association of Hawaii 2018 Inaugural Healthcare Conference, Honolulu, HI on September 21, 2018. The Integration of Psychiatric and Behavioral Health Services in Primary Care: An Example for Providers From a Local Implementation. By Medeiros, J., Haack, S., Takesue, C., Humphry, J., Guerrero, A.

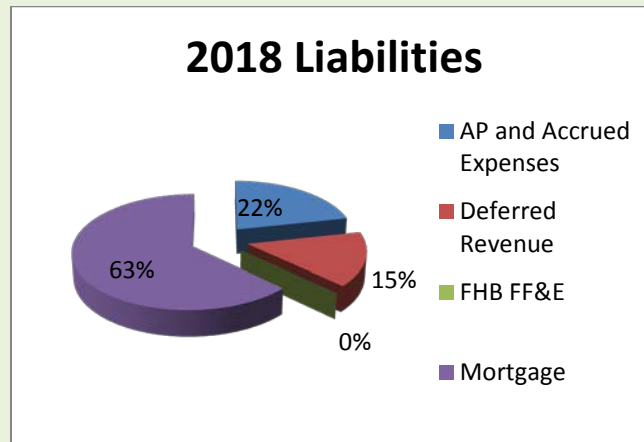
Financial Analysis & Reporting

Assets were \$8,203,885 in 2018 versus \$7,956,311 in 2017; liabilities slightly increased to \$1,551,864 in 2018 versus \$1,405,020 in 2017; equity was \$6,652,021 in 2018 versus \$6,551,291 in 2017. In 2018 we have finally completed our UDSA Loan transaction and consolidated the FHB FFE and Native Capital Access mortgage loans into it. We continue to see a growth in program and operating funds, including patient revenue. Patient Services Revenue increased by 16% and Grant and Other Revenue increased by 18%.

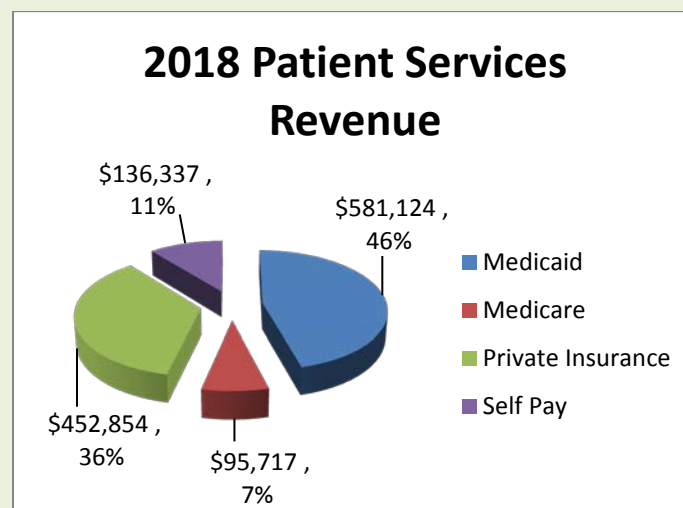


Financial Analysis & Reporting (Continued)

In 2018, our liabilities increased by 10%. We have consolidated the FF&E loan from FHB and the mortgage from Native Capital Access, into our USDA loan which we finally received in early 2018. We have contracted with Hawaii Energy Connection and have completed this project with the use of USDA funds. While our long term debt still remains, we will save a significant amount of money on interest with the USDA's low interest rate.



The graphs below represents insurance and patient collections, which have increased from an average of \$90k per month to \$100k per month by the end of 2018, with the help of RCM360, whom was added to our Billing department in October. We look forward to an increase in our patient revenue in the upcoming year.

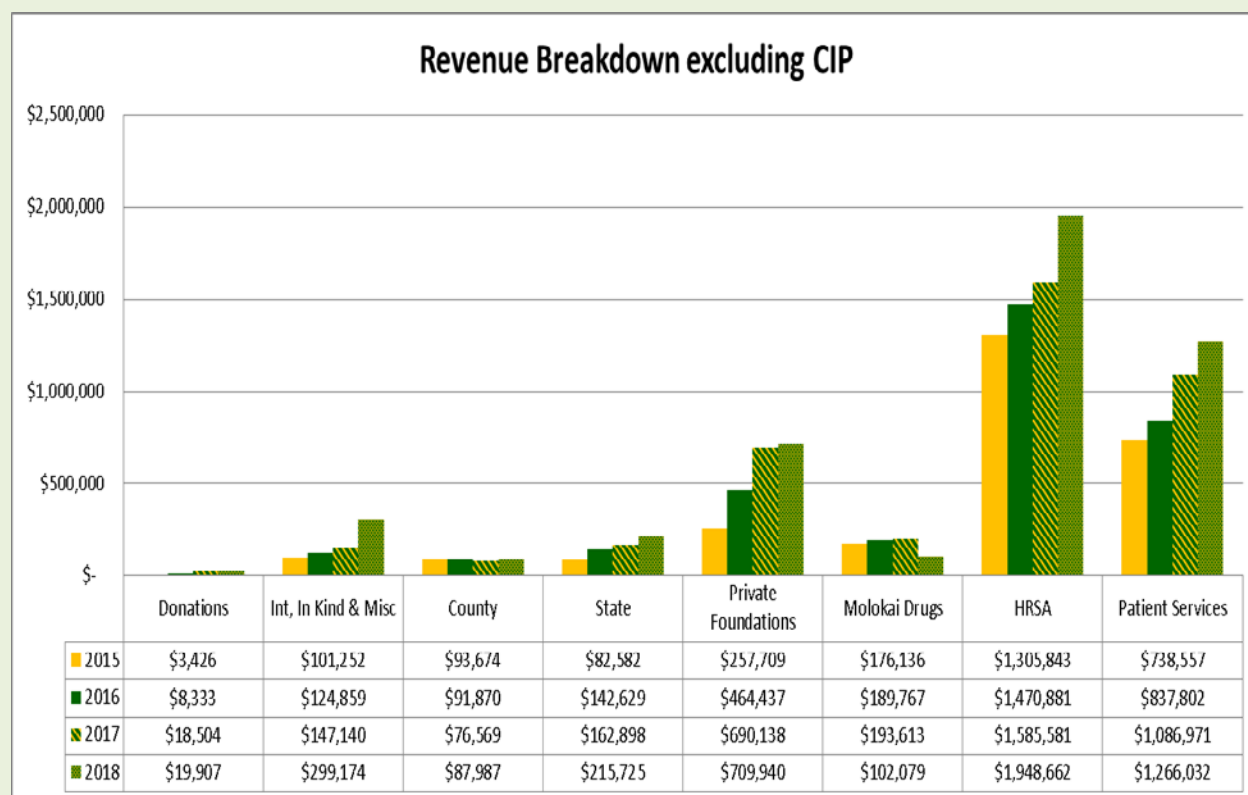


Financial Analysis & Reporting (Continued)

We have continued to work on our Medicaid PPS rate review and in 2018 we have been awarded a tentative settlement amount which increases our dental PPS significantly. We have received wrap around payments for our dental visits which have provided an increase to our Patient Service Revenue. We will be receiving our final PPS rate in 2019.

The chart below provides a glimpse of our revenues excluding CIP. The data shows that our largest increase came from Interest, In Kind, and Miscellaneous donations which increased by 103% and the next largest increase was seen in our state grants, which increased by 32%. Federal grants increased by 23% and Patient Services increased by 16%.

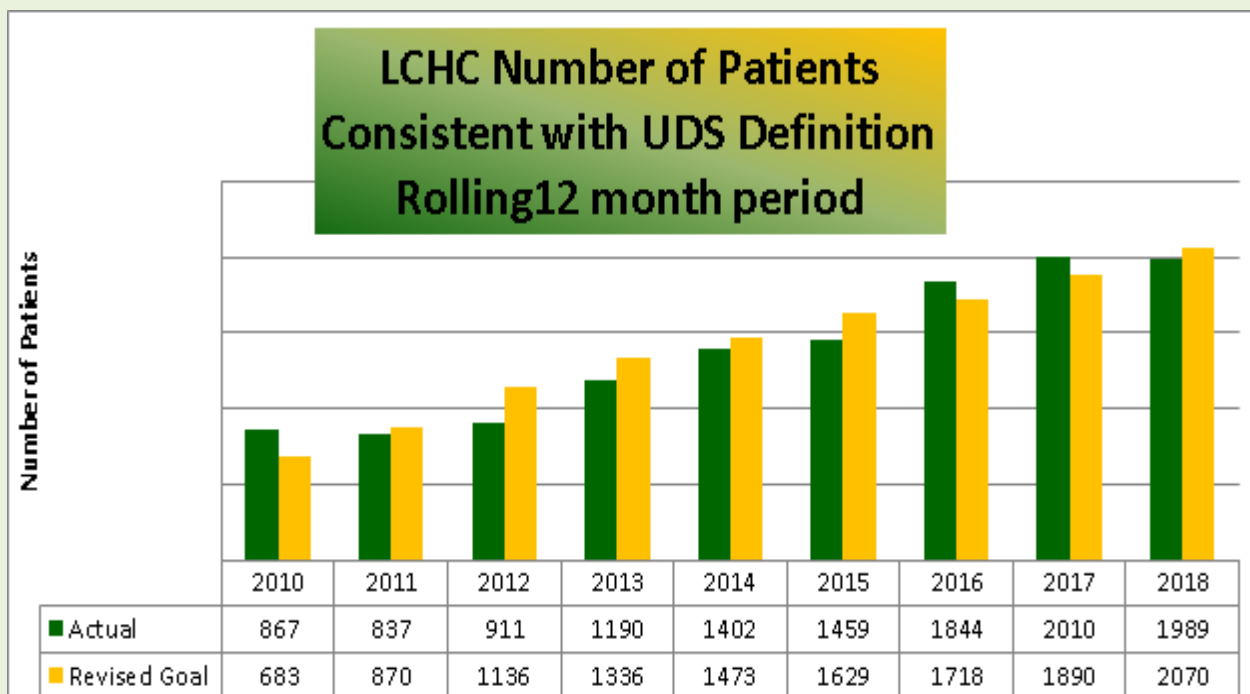
We didn't have any CIP revenue in 2018. But we are gearing up and saving up on our reserves as we have a need for additional expansion. We are looking for property to purchase to build more room for our growing services and staff, as well as explore options on how to utilize our current land.



Statistics

Active Patients

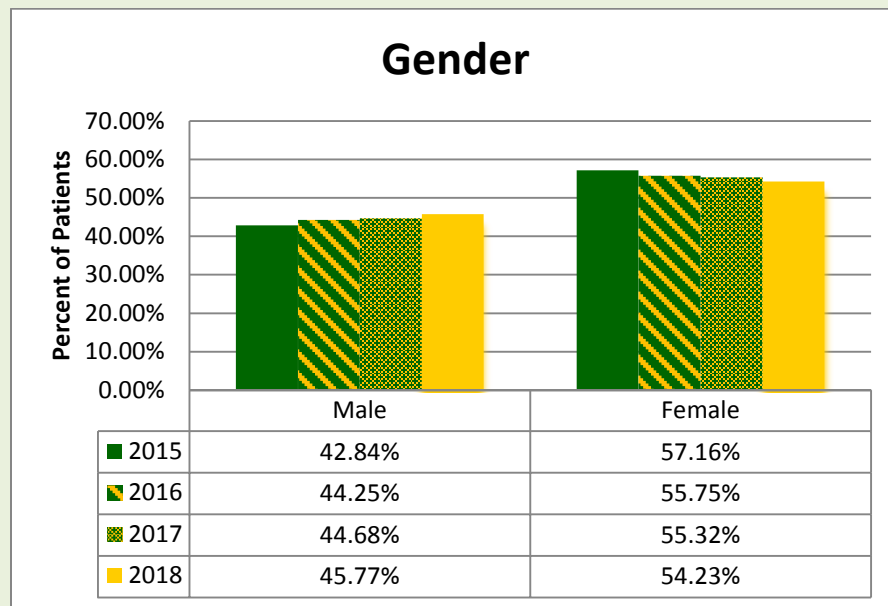
In 2018, there was a 1% decline of patients, 1,986 compared to 2017's 2010 patients. We did investigate why this has happened and we have noticed that there were a number of families that have relocated to the mainland. Despite the decrease, we have still exceeded our goal. We are monitoring our patient and encounter trends more closely and we anticipate an increase in the upcoming year as we continue to expand our programs and continue to provide health education in the school and community.



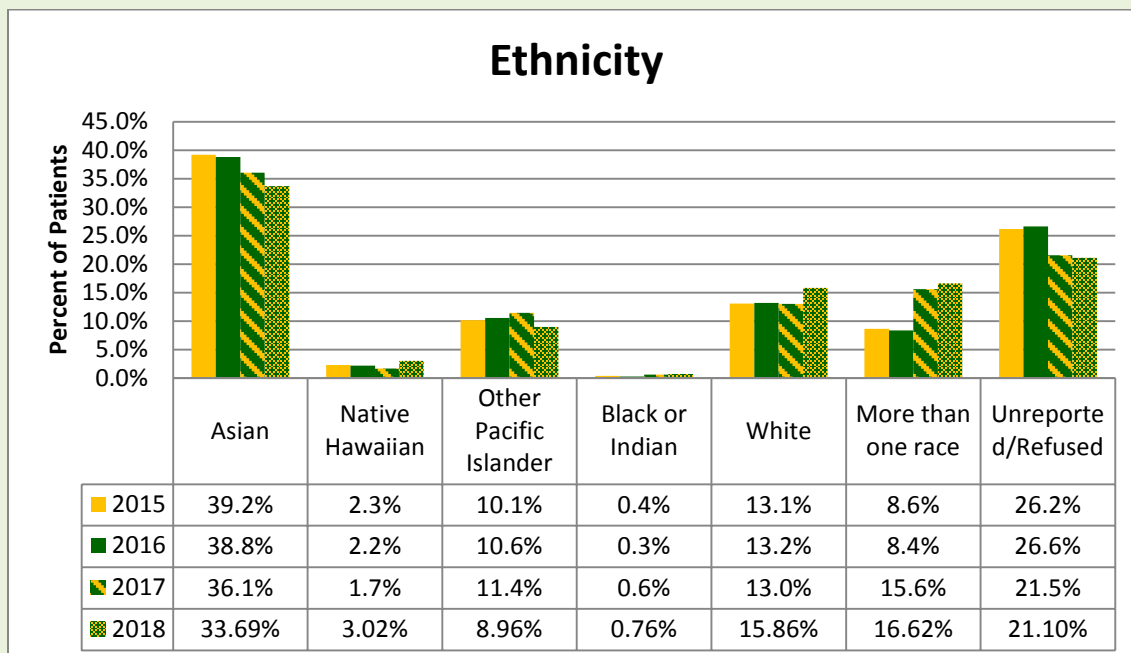
Who Are Our Patients?

Who do we serve? What do we know about these individuals? (See graphs on following page.) We continue to serve more women than men – this is common in health care as women are more likely than men to seek preventive and routine care. The slight increase we have seen in men, though, is most likely due to our full-time male provider and development of wellness-based programs that are attracting men to our facility. Our chronic disease programs are also attracting men. We plan to increase both our female and male focused activities in 2019, through outreach, education, and targeted screenings.

Statistics (Continued)

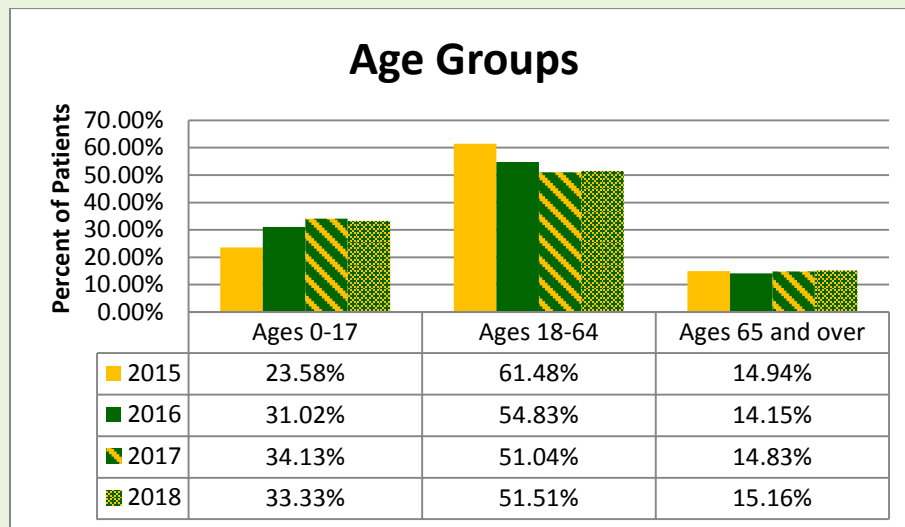


We also know that the majority of our patients are Asian, Native Hawaiian and Other Pacific Islander. We want to recognize the hard work of our staff in obtaining ethnicity data as our patients are often reluctant to share this information. Their efforts can be seen by the percent of ‘unreported/refused’ continuing to decrease each year. The staff received education on the need for this information which produced results, and gave them the tools to be more effective in informing our patients of the data’s importance. Our education efforts will continue.



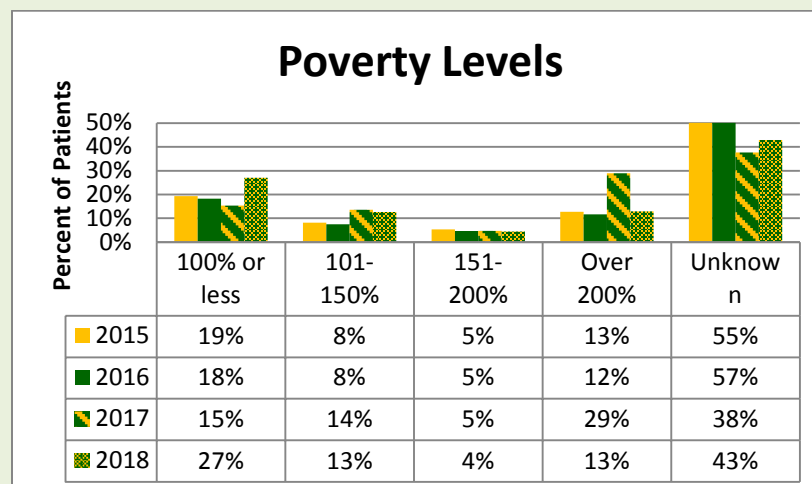
Statistics (Continued)

There was less than a 1% increase in the aged 18-64 and 65 and older patients. Our efforts to outreach to the elderly continue with our increased Community Health Workers services and elderly programs. We also have a significant presence at the school with our health and physical education program, which we hope will continue our growth as we reach out to students and families.



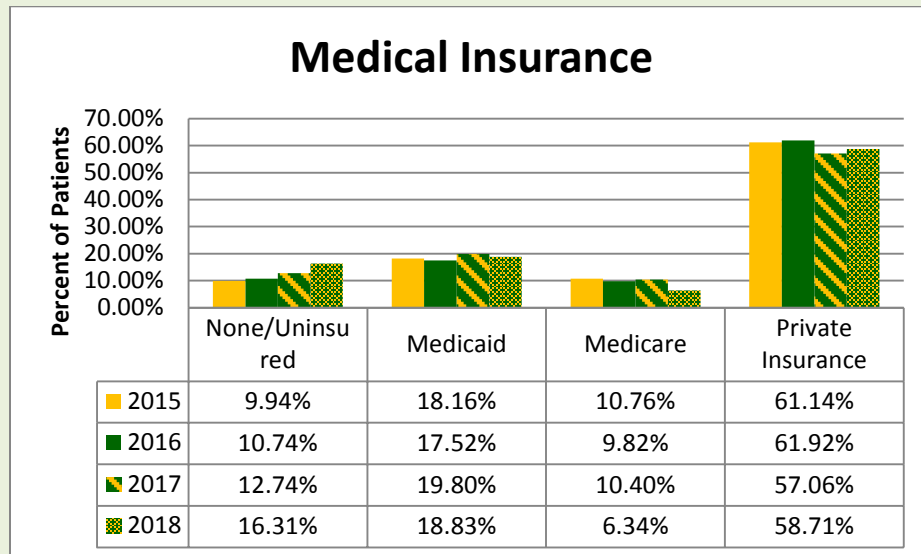
Federal Poverty Levels (FPL) are a measure of income issued every year by the Department of Health and Human Services (HHS). FPL is used to determine individual eligibility for certain programs and benefits, for example savings on Marketplace health insurance, and Medicaid. The FPL of our patients is also data that LCHC must report annually to the federal government.

We see a shift from the over 200% to the 100% or less as we have corrected the way we analyzed our income question on our registration form. And the unknown income category has increased. We continue to educate the patients on the importance of gathering this information.



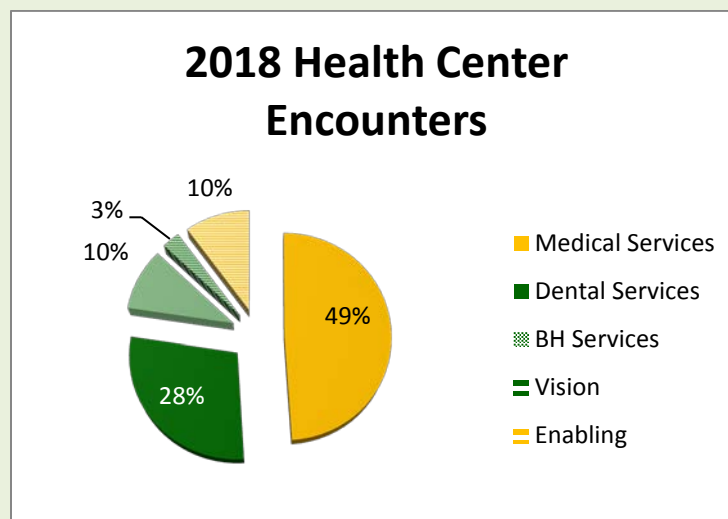
Statistics (Continued)

More of our patients are uninsured in 2018 than in the past few years; there was a slight decrease in Medicaid and Medicare. There was an increase in private insurance which is related to the increase in employer sponsored insurance. This makes sense as we have a very low unemployment rate. We have also seen an increase of adult patients for dental services and they could possibly be a primary driver of the increase in uninsured.



Encounters

Our encounters have slightly increased in by 6% in 2018. Behavioral Health had the largest increase of encounters at 64%. This is due to an additional FT provider as well as a PT provider.



Statistics (Continued)

Reserve

Our reserve balance at the end of 2018 was \$375,785, which was higher than the required New Market Tax Credit (NMTC) reserve of \$100,000. According to HRSA, an FQHC should have a reserve sufficient to cover 6 months of expenses; however, LCHC would prefer to have a reserve equal to one year's worth of expenses – knowing that it would be difficult to recover quickly from a significant loss of funds due to the remote nature of our island and number of low-to-middle income patients. To have \$3M as a reserve is a long shot but it is possible, it will just take time. We have set a SMART goal in 2017 Strategic Plan: By December 31, 2020, LCHC will have a reserve equal to or greater than 2 months of expense, or approximately \$600,000.

Ratios

Each of our financial measures tells a story of our financial status. The Days Cash in Hand shows how many days we can continue business with the cash we have on hand. Our financial health remains in good condition based on our ratios when compared to industry standards and goals. We continue to strive to bring our Days Net Patient A/R down to our goal of less than 45 days. We switched out billing contractor to RCM360 in the last quarter of this past year. We hope to see a great improvement in our aging and payment collections in 2019.

Our Financial Operations measures have increased slightly in the past year which is consistent with our continued growth. There is a direct correlation between our revenue and expenses and our patient encounters – as our encounters increase, our revenues and expenses will increase as well. Hence, these factors will affect our Costs Per Visit measures. As we continue to expand and provide quality support services and other free services that benefit our patients, we will continue to see an increase in operating expense per patient. We will be able to offset these additional costs with the increase to our PPS rates. We have been awarded a tentative settlement for our medical and dental PPS rates and have received wrap around payments, which have attributed to our increase in Patient Service Revenues. We will be receiving our final PPS rate in 2019.

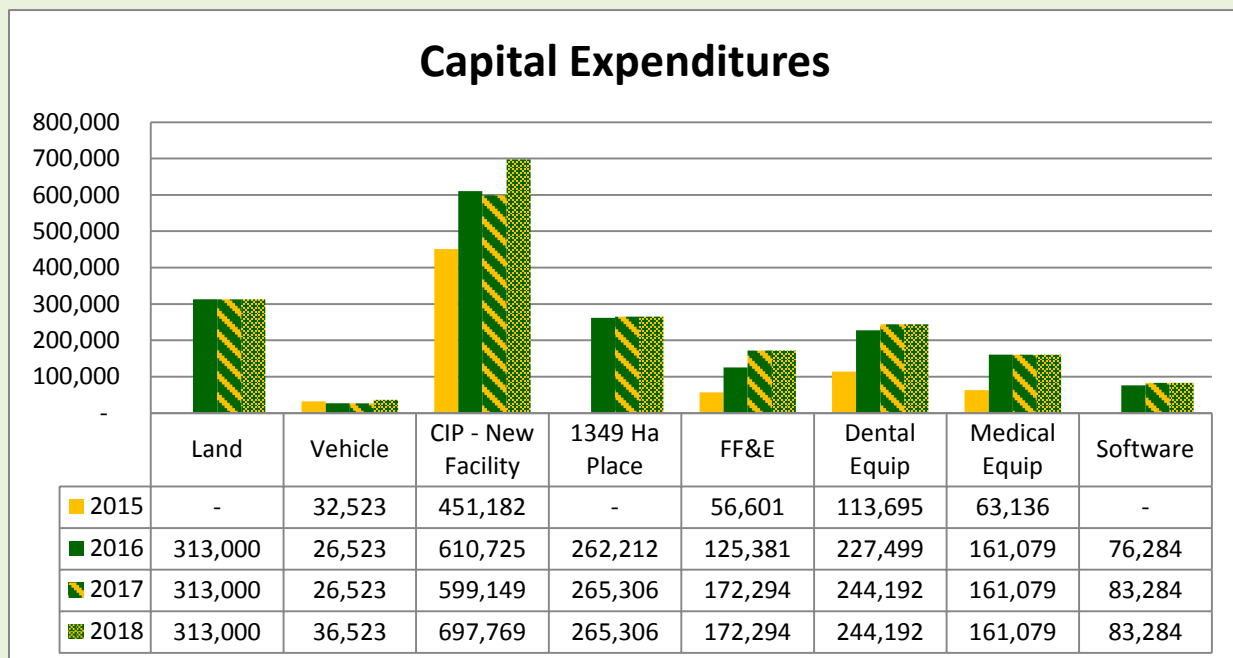
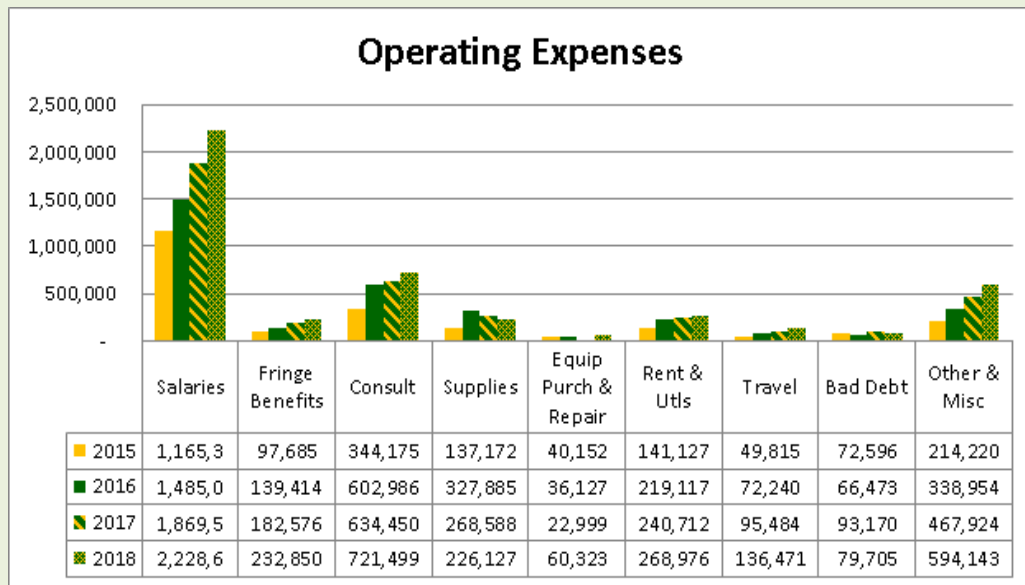
Statistics (Continued)

Financial Measures		Target	Dec-18	Dec-17	Dec-16
Financial Health					
1	Days Cash in Hand	>30-45 Days	67.02	59.67	42.10
2	Days in All Receivables	<60 Days	22.74	25.71	30.40
3	Days Net Patient A/R	<60 Days	106.77	103.22	70.20
4	Current Ratio	>1.25	2.07	1.51	1.40
Financial Operations					
5	Net Patient Rev per Patient	\$500	\$ 637.48	\$ 504.33	\$ 501.38
6	Operating Rev per Patient	\$1,800	\$ 2,341.14	\$ 1,911.65	\$ 1,817.76
7	Operating Exp per Patient	\$1,750	\$ 2,290.42	\$ 1,870.35	\$ 1,781.30
8	Net Patient Rev per Visit	\$120	\$ 127.82	\$ 108.59	\$ 116.45
9	Operating Rev per Visit	\$400	\$ 469.41	\$ 411.61	\$ 422.19
10	Operating Exp per Visit	\$400	\$ 459.24	\$ 402.72	\$ 413.73
Cost Per Visit per Department					
11	Medical Cost per Visit	\$350	\$ 398.92	\$ 350.11	\$ 338.49
12	Dental Cost per Visit	\$400	\$ 404.53	\$ 424.72	\$ 480.39
13	BH Cost per Visit	\$400	\$ 527.41	\$ 603.41	\$ 497.47
14	Vision Cost per Visit	\$150	\$ 194.30	\$ 193.33	\$ 153.43
Patient & Encounters					
	Number of Patients	1,890	1,986	2,010	1,846
	Number of Visits	6,230	9,905	9,335	7,948

Operating and Capital Expenditures

The following two charts provide detail regarding operating and capital expenditures for the past four years. As true for most health centers, our primary operating expenditure is salary and benefits, with consultants (most of whom are providing direct services to our patients) the next largest single expenditure category. Consultants include contractors such as Maui Optix, contracted dentists, UCERA (contracted psychiatrists and OB ultrasound), Integration Technology, as well as Legal, Audit, and Revenue Cycle consultants. We continue to review our expenses, always looking for ways to increase cost effectiveness.

Statistics (Continued)



Value and Impact

Lastly, following is a graphic depiction of the value and impact LCHC has upon our community.

The Value and Impact of Lānaʻi Community Health Center

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 Lānaʻi Community Health Center's **2018 contributions and savings**.

SAVINGS TO THE SYSTEM

22%
LOWER COSTS
FOR HEALTH CENTER
MEDICAID PATIENTS

\$ 1 Million
SAVINGS TO
MEDICAID

\$ 3 Million
SAVINGS TO THE
OVERALL HEALTH
SYSTEM

ECONOMIC STIMULUS



61
TOTAL JOBS

35
HEALTH CENTER JOBS

26
OTHER JOBS in the
community



\$ 8.6 Million
TOTAL ECONOMIC
IMPACT of current
operations

\$ 4.5 Million
DIRECT HEALTH
CENTER SPENDING

\$ 4.1 Million
COMMUNITY
SPENDING



\$ 1.3
Million
ANNUAL TAX
REVENUES

\$ 0.4 Million
STATE & LOCAL TAX
REVENUES

\$ 0.9 Million
FEDERAL TAX
REVENUES

CARE FOR VULNERABLE POPULATIONS



1,986
PATIENTS
SERVED

9,905
PATIENT
VISITS

41.7%
4-YEAR PATIENT
GROWTH

77.3% of patients
are **LOW INCOME**

662 of patients are
**CHILDREN &
ADOLESCENTS**

81.1% of patients
identify as an **ETHNIC OR
RACIAL MINORITY**

3.7% of patients
are **VETERANS**

0.0% of patients
are **AGRICULTURAL
WORKERS**

0.7% 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.

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CAPITAL LINK

www.caplink.org

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.IMPPLAN.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).

SUMMARY OF 2018 ECONOMIC STIMULUS

		Economic Impact	Employment (# of FTEs*)
Community Impact	Direct	\$4,535,308	35
	Indirect	\$1,250,025	8
	Induced	\$2,825,462	18
	Total	\$8,610,795	61

SUMMARY OF 2018 TAX REVENUE

		Federal	State
Community Impact	Direct	\$574,541	\$162,334
	Indirect	\$93,457	\$67,645
	Induced	\$196,170	\$219,382
	Total	\$864,168	\$449,361
Total Tax Impact		\$1,313,529	

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.

Conclusion

This past year was filled with many great accomplishments, and 2019 promises to be another eventful year, including expansion of our physical footprint along with new and expanded programs. We continue to face uncertainties, of course – in Washington and locally. However, we have a strong staff, volunteers, and leadership who will continue to remain focused on patient needs, as well as keeping an eye on external factors.

As in the past, we will continue to forge forward, being a voice for our patients and the community, and continuing to increase the skills of our workforce, the education and wellness of our patients, and awareness of policymakers. We continue to fulfill our vision and mission, set forth so eloquently by Phyllis McOmber and Jackie Woolsey, and continuously reinforced by our Board and Staff. We will not fail them, our patients, or the community.

***... And the world will be better for this
That one man, scorned and covered with scars
Still strove with his last ounce of courage
To reach the unreachable star***

Excerpts from "The Impossible Dream"
From MAN OF LA MANCHA (1972)
Music by Mitch Leigh and lyrics by Joe Darion



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