

Community Investments Vol 16, Issue 1 Supporting Community Health Centers

May 2004



Although they serve a predominantly low-income population, community health center facilities do not have to look like it. This California facility pictured above, completed in 2000, is one of seven service delivery sites managed by a community health center with a \$14 million annual operating budget. The health center is co-located with low-income senior housing as part of a campus that allows seniors to remain in their community. This state-of-the-art facility also includes an adult day health center that accommodates approximately 20,000 patient visits annually. Virtually all of the health center's patients live at or below 100 percent of the federal poverty level, which is less than \$9,000 in annual income for an individual or about \$18,000 for a family of four.

The campus occupies space in a predominantly residential neighborhood with a handful of small service businesses in the immediate area. It replaced decaying housing, which provided a notable improvement to the neighborhood. For every job created by the health center, it is estimated that another 1.5 jobs are created in the community to provide support services to the facility and its users.

Like many health centers, this facility was constructed with a combination of fundraising and debt. A strong capital campaign allowed the health center to raise more than 30 percent of the construction budget, which is above average for many capital campaigns. The balance of the project was financed with a combination of conventional loans and tax-exempt debt. In Supporting Community Health Centers: [Strengthening the Health Care Safety Net through Financing and Technical Assistance](#) Scott Spote of the NCB Development Corporation (www.ncbdc.org) and Mark Lurtz of Capital Link (www.caplink.org) discuss their organization's efforts to increase the availability of health clinics throughout this country.