

2015 IOWA'S COMMUNITY HEALTH CENTERS PROFILE & LEGISLATIVE AGENDA

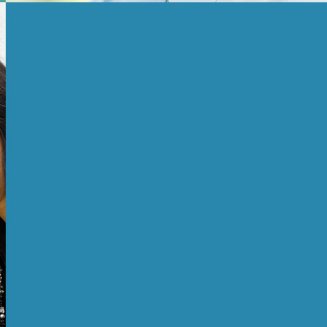
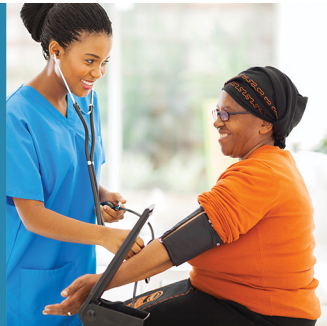


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A Message From Our CEO



Dear Friends,

In 2014, Iowa's Community Health Centers (CHCs) continued their mission of providing quality, affordable primary and preventive health care services to the uninsured and underserved. Through their dedication, Iowa's 14 health centers continue to increase the number of individuals served each year. Last year alone, more than 179,000 individuals (through more than 600,000 visits) chose CHCs as their health home, through which they can access affordable medical, dental, and behavioral health services.

Iowa's CHCs provide care to more than 117,000 Iowans living in poverty, which is one-third of the state's total population living in poverty, and more than 63,000 uninsured patients. Taken together, uninsured, Medicaid, and Medicare patients make up more than 80 percent of CHC patients in Iowa.

This book provides a snapshot of each of the state's CHCs, along with our legislative priorities for 2015. As our health centers look to develop creative solutions to provide care for underserved individuals, we welcome opportunities to partner with other public and private entities at the state, local, and regional levels.

We hope you find this book to be a valuable resource and look forward to working collaboratively to meet our shared goals in 2015 and beyond.

Theodore J. Boesen, Jr.
Chief Executive Officer



2015 Iowa Legislative Priorities

REMOVE BARRIERS TO ENSURE FULL ACCESS TO HEALTH CARE SERVICES

Iowa's decision to expand Medicaid coverage in 2014 ensured comprehensive health care for thousands of Iowa adults. As of November 2014, more than 110,000 Iowans were enrolled in the two Iowa Health and Wellness Plan (IHWP) programs – Wellness Plan and Marketplace Choice Plan.

The first year of the program demonstrated the need for coordinated efforts among Iowa Medicaid, providers, and patients to ensure the ongoing success of the program. The Healthy Behaviors Program requiring IHWP enrollees to complete a wellness exam and a health risk assessment has been a challenge for providers and patients alike. For many IHWP enrollees, this is the first time they have ever had health care coverage and, therefore, have little experience with access to, and appropriate usage of, preventive and primary care services.

Many enrollees also face non-medical challenges that impact their health, such as lack of safe and affordable housing, insufficient transportation, and limited availability of healthy foods. These social determinants of health can have a significant impact on an individual's physical and mental well-being.

Ensuring the success of the IHWP relies to a great extent on addressing social determinants so enrollees can take full advantage of their new health care coverage. To help achieve the desired outcomes of the Iowa Health and Wellness Plan, we ask the Legislature to address the following barriers.

ALLOW MEDICAID REIMBURSEMENT FOR SAME DAY MEDICAL, ORAL HEALTH, AND BEHAVIORAL HEALTH SERVICES

As the State of Iowa explores opportunities to change how health care is delivered and paid for, the community health centers (CHCs) welcome the opportunity to have fully-informed, collaborative discussions with IME that achieve a new, fair payment methodology that does not jeopardize the financial stability of CHCs and that allows sufficient time to develop, test, implement, and measure the impact of a new methodology.

As we work with IME on this new payment methodology, we ask the Legislature to allow IME to reimburse CHCs for patients who seek more than one type of service on the same day. By offering medical, oral health, and behavioral health services in one location, CHCs have the ability to schedule patients for more than one type of visit on the same day (for example, a patient could schedule an annual medical exam and a dental cleaning on the same day). Doing so increases patients' access to primary and preventive care by reducing barriers to care that multiple visits spread over several days can present, such as finding transportation to the health center, arranging for child care, and requesting time off from work.

Unfortunately, current Iowa Medicaid policy does not allow CHCs to be reimbursed for more than one visit if they occur on the same day. Changing this reimbursement policy is fundamental to achieving the patient centered medical home (PCMH) goal of providing patients necessary care when and where they need and want it. Reimbursing for each of these visits also will ensure CHCs can cover the costs of providing care and help maintain their financial viability.

Allowing reimbursement for same day visits will also facilitate the implementation of an integrated primary and behavioral health model at CHCs. This model, which is both clinically and cost effective, utilizes close collaboration between a CHC's medical and behavioral health staff to provide a seamless continuum of care for patients. Visits ideally occur for both on the same day, reducing the high failure rate of referrals to behavioral health and allowing for better coordination of medical and behavioral health problems.

Allowing same day reimbursement can also have a positive effect on the state Medicaid budget. A 2012 report by the Pew Center on the States noted that visits to Iowa hospital emergency rooms for dental reasons cost Medicaid nearly \$5 million in 2007. Providing Medicaid enrollees with access to routine preventive dental care and emergency care services in a dental office can alleviate unnecessary ER visits and reduce Medicaid expenses. Same day reimbursement can help by making dental care more accessible and convenient for patients.

The majority of other states already recognize the value of providing Medicaid same-day reimbursements: 27 states pay for substance abuse visits on the same day as medical visits; 32 states pay for mental health visits on the same day as medical visits; and 35 states pay for oral health visits on the same day as medical visits.

NON-EMERGENCY MEDICAL TRANSPORTATION

The Iowa Health and Wellness Plan approved by the Iowa Legislature and CMS in 2013 included a one-year waiver of the Medicaid requirement to provide non-emergency medical transportation services (NEMT). In late 2014, Iowa Medicaid requested an extension of that waiver.

The Iowa Primary Care Association continues to oppose the exclusion of NEMT for Iowa Health and Wellness Plan enrollees. Low-income Iowans often do not have access to transportation that allows them to get to their appointments. Research has consistently shown that transportation is one of the most common barriers faced by low-income populations in accessing timely and necessary medical care. Having access to health coverage means very little if patients have no means of getting to their provider for care.

A survey by the University of Iowa Public Policy Center showed that during a six-month period, 30 percent of Medicaid beneficiaries with incomes below 138% FPL could not get transportation to or from a health care visit. Compared to the national need for NEMT

services by the Medicaid population at 10 percent, Iowa Health and Wellness Plan enrollees actually need these services MORE than the average patient nationwide.

Because there is significant churning between various Medicaid programs, including the Iowa Health and Wellness Plan, it is imperative that Iowans are assured of having a consistent benefit package as they move between programs. Providing NEMT in some, but not all, programs creates confusion among enrollees.

We ask the Legislature to direct the Department of Human Services to include non-emergency medical transportation services for Iowa Health and Wellness Plan enrollees.

INCREASE SUPPORT FOR HEALTH CARE WORKFORCE IN UNDERSERVED AREAS

To strengthen the primary health care infrastructure in Iowa, the Legislature established the Primary Care Recruitment and Retention Endeavor (PRIMECARRE) in 1994. PRIMECARRE provides two-year grants to primary care medical, dental, and mental health practitioners for use in repayment of educational loans. PRIMECARRE requires a two-year practice commitment in a public or non-profit site located in a Health Professional Shortage Area (HPSA), and provides up to \$50,000 per year for full-time and \$25,000 per year for part-time primary care practitioners.

Recruiting primary care providers, especially in underserved and rural areas, is becoming increasingly difficult. PRIMECARRE, along with the National Health Service Corps loan repayment program, is a valuable recruitment tool for CHCs and other primary care providers located in HPSAs. Unfortunately, very limited funding (\$140,000 in State funding, plus \$140,000 in Federal matching funds) is available for PRIMECARRE and interest in the program continues to grow.

Each year, PRIMECARRE applications far exceed the number of awards the State is able to make. In 2012, of 26 eligible applicants, only eight were funded. And in 2013, of 21 applications, only four were funded. In 2014, 31 applications were received and only five to eight will be funded in January 2015.

We ask the Legislature to appropriate \$2 million dollars for the PRIMECARRE program.

MAINTAIN FUNDING FOR SAFETY NET NETWORK

Since 2005 the Iowa Collaborative Safety Net Provider Network has provided a forum for the state's Community Health Centers, Free Clinics, Rural Health Clinics, Family Planning Agencies, Maternal and Child Health clinics, local boards of health, and other stakeholders to address common challenges.

The Network has remained a vital conduit of information, best practices, and support for local efforts as safety net providers strive to fully understand the complexities and implications of the Affordable Care Act. With more than 230,000 lowans still without insurance and thousands more whose insurance includes high deductibles and co-pays, safety net providers continue to fill an important role to ensure underserved lowans have access to comprehensive health care.

The Network has positively impacted underserved populations by supporting direct services to safety net patients; providing funding to grantees across the state to expand medical home, specialty care referral, and pharmacy initiatives; and sustaining the Iowa Prescription Drug Corporation's pharmacy programs that are making high-cost drugs available to safety net patients.

In recent years the Network has been an innovation leader by supporting local community care teams to coordinate services. These teams support primary care providers and link their highest need patients with the community resources necessary to empower patients in addressing biomedical and determinants of health to improve health outcomes and dramatically reduce costs. Services include, but are not limited to, targeted disease management and care interventions, addressing gaps in care, education, self-management support, transitions of care, connection to community resources, pharmacy management, and behavioral health management.

It is imperative the State not lose sight of the unique needs of the underserved and the essential role of safety net organizations in serving this population. We ask the Legislature to maintain funding for the Iowa Collaborative Safety Net Provider Network.

DEVELOP OPTIONS TO ESTABLISH STATE-BASED HEALTH INSURANCE MARKETPLACE

The U.S. Supreme Court will hear arguments this year on King v. Burwell, which argues that the Affordable Care Act only allows for subsidies on State-run health insurance marketplaces, not Federal or State partnership marketplaces. If the court rules in favor, an estimated 78,000 lowans covered through our State Partnership Marketplace will not have access to subsidies, making health insurance unaffordable for them.

Although a ruling is not expected until June 2015, we strongly encourage the Legislature to have a plan ready to implement, if necessary, once a decision is handed down by the court.

2015 Federal Legislative Priorities

FIX THE CLIFF: ENSURE HEALTH CENTER SUSTAINABILITY

America's Community Health Centers play an important role in delivering care to many Americans and could be the health care home for many more, yet unless Congress and the Administration act within the next two years, funding for the Health Center program will be cut by 70%. A cut of this size would force Health Centers to close their doors, lay off staff, and reduce the services they provide, leaving millions of Americans without access to the health care services they need.

America's Community Health Centers currently serve as the health care home for more than 22 million Americans, providing comprehensive primary and preventive care services. Not only are Community Health Centers affordable, they are also cost effective, saving the healthcare system \$24 billion each year. Health Centers provide care to all patients regardless of ability to pay. In more than 9,000 rural and urban communities nationwide, locally-controlled Community Health Centers are responsive to the individual needs of their communities, providing coordinated care, reducing health disparities and improving patient outcomes. Today, one in every 15 people living in the United States depends on Community Health Center services.

We ask that Congress act immediately to stop these funding cuts and ensure that Health Centers can continue to meet the health care needs of millions of Americans including nearly 180,000 in Iowa.

PRESERVE THE NATIONAL HEALTH SERVICES CORPS

Since its inception in 1972, the National Health Service Corps (NHSC) has been building healthy communities by connecting primary health care providers to areas of the United States with limited access to care. By supporting scholars and loan repayment recipients, the NHSC plays an important role in supporting the mission of Community Health Centers throughout the country. In 2012, NHSC clinicians provided primary, oral, mental and behavioral health care to 10.4 million underserved people. The program is a tremendous success story, and has been since 1972.

Today, the NHSC is solely funded through a Federal Trust Fund that is set to expire on October 1, 2015. Without an extension new clinicians in the Loan Repayment Program won't be assured of any extensions being available beyond their two-year agreement. The cliff is already impacting the ability to retain clinicians beyond their two year service requirement.

NHSC loan repayment and scholar programs are essential recruitment tools for Community Health Centers and must be sustained. In Iowa, more than 50 providers working in CHCs are current recipients of NHSC support or have completed their obligations and chose to continue practicing at CHCs.

We ask that Congress act to ensure the future of the National Health Service Corps beyond October 2015.

SUSTAIN FUNDING FOR TEACHING HEALTH CENTERS

The Teaching Health Center Graduate Medical Education Program (THCGME) is a five-year initiative that began in 2011 as a provision of the Affordable Care Act (ACA). The program provides funding directly to community based clinics to recruit and train primary care physicians and dentists. By moving primary care training into the community, Teaching Health Centers (THCs) are on the leading edge of innovative educational programming dedicated to ensuring a relevant and sufficient supply of health professionals for the US population. There are more than 550 primary care residents in 61 funded THCs in the United States across 24 states.

In Iowa, Primary Health Care, Inc. is the recipient of THC funding and is partnering with Mercy Medical Center to train primary care physicians. Since receiving funding in 2013, PHC and Mercy are training 20 residents and will be training 30 by 2015.

Without Congressional action funding for THCs will end after FY2015. If additional funding is not allocated to this program, many current primary care residents will not be able to complete their training and new residents will be prevented from entering the training program.

We ask that Congress act to ensure the future of the Teaching Health Centers Program beyond October 2015.



Accomplishments in 2014

HEALTH INSURANCE MARKETPLACE AND IOWA HEALTH AND WELLNESS PLAN ENROLLMENT

Iowa's Health Centers are playing a key role in educating and enrolling Iowans into coverage through the Health Insurance Marketplace and the Iowa Health and Wellness Plan.

- More than 100 Certified Application Counselors (CACs) at Iowa's Health Centers provided education to 30,588 Iowans and enrolled 9,551 into insurance coverage.

MATCHING PROVIDERS WITH UNDERSERVED AREAS

The Iowa PCA Recruitment Center provides candidate sourcing and screening services to match providers with open clinical positions in health centers.

- Last year, the Recruitment Center placed nine providers in Health Centers, including four dentists, two family physicians, two family nurse practitioners, and one pediatric nurse practitioner.
- Since the Recruitment Center began in 2009, we have placed 30 providers in Iowa's health centers.

SUPPORTING THE STATE'S SAFETY NET

Established by the Iowa Legislature in 2005 and managed by the Iowa Primary Care Association, the Iowa Collaborative Safety Net Provider Network issues funding to support safety net provider capacity and to promote innovations in community care coordination, medical home development, access to specialty care, and affordable pharmaceuticals for safety net patients.

- In SFY14, the Network achieved the following outcomes:
 - The Network provided funding to 118 clinics or grantees.
 - 19,671 patients received direct services from 10 grantees (local boards of health, maternal child health agencies, specialty care networks, pharmacy grantee).
 - Two projects were able to track the financial value of health services provided at over \$6.88 million indicating a return on investment of almost \$11 for every \$1 funded through the Network.
 - Since 2007, the Iowa Prescription Drug Corporation's Drug Donation Repository Program has served almost 43,000 Iowans and received approximately \$11.5 million in free medication and supplies.

- Data is collected annually by the Network and based on the findings from calendar year 2013, the clinics that submit data to the Network (Community Health Centers, Family Planning Agencies, Free Clinics, Rural Health Clinics) are serving their intended population: low income, uninsured, underinsured, and racial and ethnic minorities.
 - The clinics, combined, provided care for 420,260 people in Iowa accounting for a total of 1,414,820 patient visits.
 - When looking at the Network as a whole, 14% of the patient population belong to a racial or ethnic minority.
 - Compared to Iowa's 2013 overall population of 8% uninsured and 15% Medicaid, 26% of the Network's patients were uninsured with 29% receiving Medicaid benefits.
 - Children and young adults, ages 0 to 34, make up 56% of the safety net patient population.
 - Treatment of chronic diseases is the most common visit type for Network patients according to the ICD-9 code data provided.
- Six Iowa regions received funding to improve patient care coordination for underserved populations. This approach empowers patients by building local partnerships and connecting patients with community resources to address obstacles faced in accessing care, including barriers such as transportation, housing, literacy, access to food, lack of a primary care provider and the inability to access medications.
 - **Implementation grants** were awarded to Mercy Medical Center-North Iowa (Cerro Gordo County), Methodist Jennie Edmundson Hospital (Cass, Mills, and Pottawattamie counties), Seasons Center (Clay and Sioux counties), and Webster County Health Department (Buena Vista, Calhoun, Hamilton, Humboldt, Pocahontas, Sac, Webster, and Wright counties).
 - **Development grants** were awarded to Allen Memorial Hospital (Black Hawk County) and Dallas County Nursing Services (Dallas County).
 - **Learning Collaborative.** The Network offers all grantees the opportunity to participate in a learning collaborative. In addition to the six implementation and development grantees, three regions were awarded funds to participate in the collaborative: Shenandoah Medical Center; Healthy Henry County Community; and Des Moines YMCA Healthy Living.

30,588 EDUCATED ABOUT HEALTH INSURANCE AT CHCs

19,671 PATIENTS RECEIVED SERVICES FROM SAFETY NET GRANTEEES

9,551 ENROLLED IN INSURANCE COVERAGE AT CHCs

118 CLINICS/GRANTEES RECEIVED SAFETY NET FUNDS

30 PROVIDERS PLACED IN CHCs SINCE 2009

10 HEALTH CENTERS NCQA PCMH RECOGNIZED

6 SAFETY NET CARE COORDINATION TEAMS



PATIENT CENTERED MEDICAL HOME

Last year, the PCA completed a three-year Patient Centered Medical Home (PCMH) Learning Collaborative to assist Health Centers through the practice transformation and survey preparation process required to seek PCMH recognition through the National Committee for Quality Assurance (NCQA).

- Ten of Iowa's 14 Health Centers have received NCQA PCMH recognition. This compares with half of Health Centers nationally.

ORAL HEALTH

The PCA continues to expand its support to Health Centers' oral health efforts.

- In 2014, the PCA was awarded second year funding through DentaQuest's Strengthening Oral Health Safety Net (SOHSN) initiative. This funding will allow the PCA to continue to support Health Center dental programs, encourage efforts to integrate care, work with other partners on oral health issues of regional and statewide impact, and facilitate the provision of training and technical assistance to Health Center dental programs.

SAFETY NET ACO – IOWAHEALTH+

In July 2014, eight Iowa Health Centers formed IowaHealth+, a safety net primary care-led Accountable Care Organization (ACO). The ACO contracts with Iowa Medicaid Enterprise to serve Wellness Plan enrollees. Administrative support for IowaHealth+ is provided by OptumInsight.

2015 Underserved Champion of the Year



SENATOR JOE BOLCOM

In recognition of his dedication to ensuring access to quality, affordable health care for all, the Iowa Primary Care Association is pleased to honor Senator Joe Bolcom with the 2015 Underserved Champion of the Year Award.

Throughout his career in the Iowa Senate, as a county supervisor, and in local public health, Senator Bolcom has been a leader in championing issues that directly impact the lives of the medically underserved and those who live in poverty, such as mental health access, affordable housing, earned income tax, and expansion of Medicaid through the Iowa Health and Wellness Plan.

Health Center patients often face non-medical obstacles that affect both their health and their ability to access health care services. Senator Bolcom's work has made a significant impact in reducing these obstacles and addressing these social determinants of health.

We applaud Senator Bolcom's dedication to meeting the needs of low-income Iowans and are pleased to recognize him as the Iowa PCA's 2015 Underserved Champion.

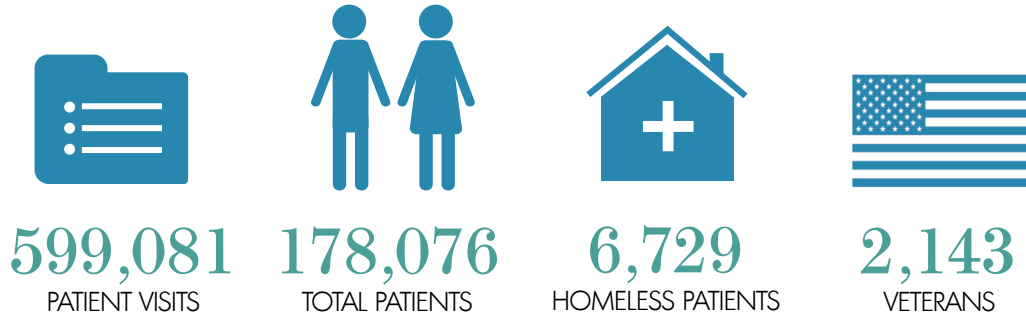


PREVIOUS WINNERS

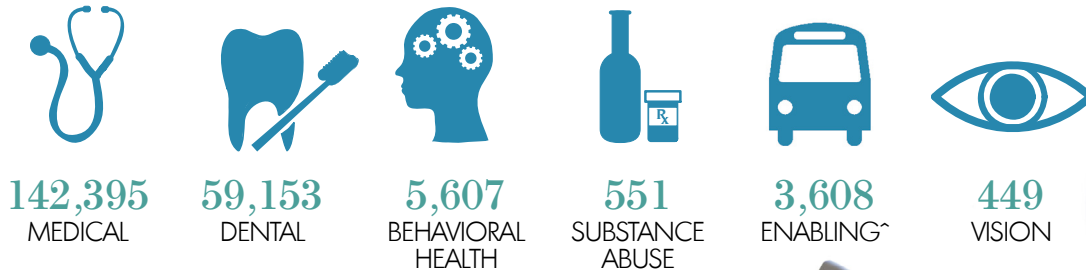
- 2014 **Amanda Ragan, State Senator**
Linda Upmeyer, State Representative
- 2013 **Iowa Prescription Drug Corporation**
- 2012 **Delta Dental of Iowa Foundation**
- 2011 **Jennifer Vermeer, Director, Iowa Medicaid Enterprise**
- 2010 **Bruce Braley, U.S. Congressman**
- 2009 **Chris Atchison, University of Iowa**
- 2008 **Ro Foege, State Representative**
- 2007 **Dave Heaton, State Representative**
Jim Leach, U.S. Congressman
- 2006 **Jack Hatch, State Senator**
- 2005 **Dr. Bery Engebretsen, Executive Director, Primary Health Care, Inc.**
- 2004 **Tom Harkin, U.S. Senator**

Statewide Summary: Who Do We Serve?

PATIENT PROFILE



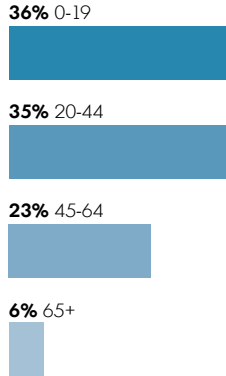
PATIENT VISITS BY TYPE OF SERVICE RECEIVED




Enabling Services are those such as outreach, transportation, and language interpretation that enable individuals to access the services of a health center

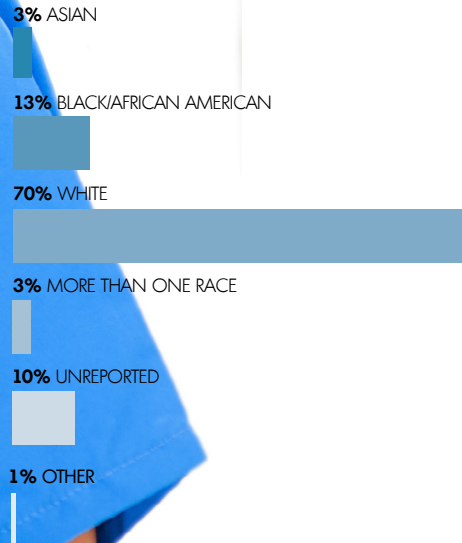
AGE OF PATIENTS

% OF PATIENTS IN AGE GROUPS



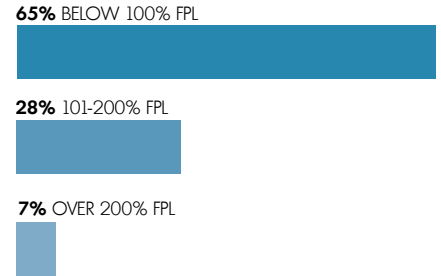
RACE & ETHNICITY

21% INDICATE THEY'RE OF HISPANIC/LATINO ORIGIN



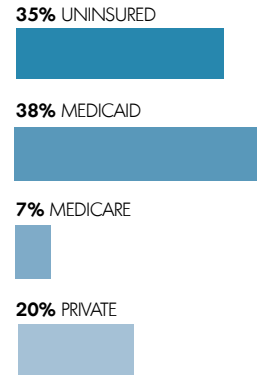
PATIENT INCOME

AS % OF FEDERAL POVERTY LEVEL BASED ON # OF PATIENTS



INSURANCE SOURCE

BASED ON # OF PATIENTS



All Care Health Center

CECELIA CREIGHTON
Executive Director

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PATIENTS & SERVICES RECEIVED

79% MEDICAL



18% DENTAL



3% BEHAVIORAL



25,119

PATIENT VISITS

6,324

TOTAL PATIENTS*

- Medical: 4,860
- Dental: 2,090
- Behavioral Health: 395



201

HOMELESS PATIENTS

LEGISLATIVE DISTRICTS

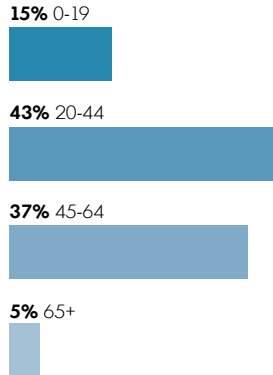
CONGRESSIONAL DISTRICT: 3

STATE SENATE DISTRICTS: 8, 11

STATE HOUSE DISTRICTS: 15, 16, 21, 22

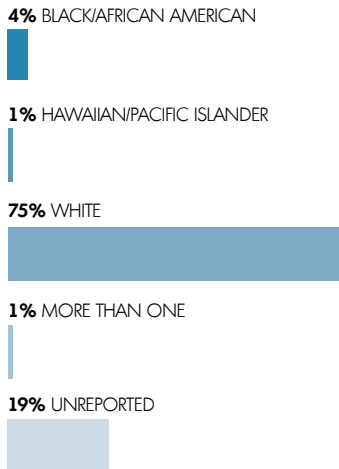
AGE OF PATIENTS

% OF PATIENTS IN AGE GROUPS



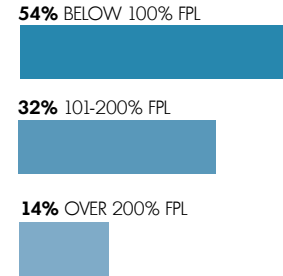
RACE & ETHNICITY

15% INDICATE THEY'RE OF HISPANIC/LATINO ORIGIN



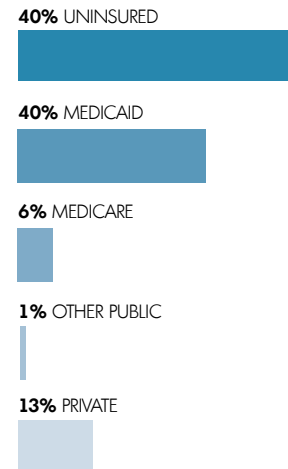
PATIENT INCOME

AS % OF FEDERAL POVERTY LEVEL BASED ON # OF PATIENTS



INSURANCE SOURCE

BASED ON # OF PATIENTS



Community Health Care, Inc.

TOM BOWMAN
Chief Executive Officer

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Davenport, IA 52801

CHC HOMELESS CLINIC
303 West 6th Street
Davenport, IA 52803

MOLINE CLINIC
1106 4th Avenue
Moline, IL 61265

EAST MOLINE CLINIC
708 15th Avenue
East Moline, IL 61244

ROCK ISLAND CLINIC
2750 11th Street
Rock Island, IL 61201

ROBERT YOUNG CENTER
2200 3rd Avenue
Rock Island, IL 61201

ADULT REHABILITATION CENTER
4001 North Brady Street
Davenport, IA 52806

PATIENTS & SERVICES RECEIVED

66% MEDICAL



34% DENTAL



106,404

PATIENT VISITS

37,171

TOTAL PATIENTS*

- Medical: 28,904
- Dental: 14,580



1,149

HOMELESS PATIENTS

LEGISLATIVE DISTRICTS

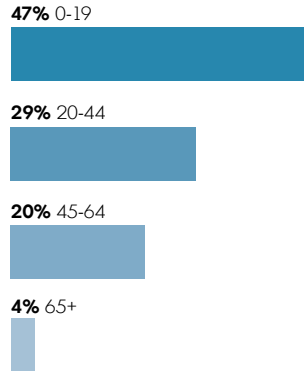
CONGRESSIONAL DISTRICT: 2

STATE SENATE DISTRICTS: 45, 46, 47, 49

STATE HOUSE DISTRICTS: 89, 90, 92, 93, 94, 97

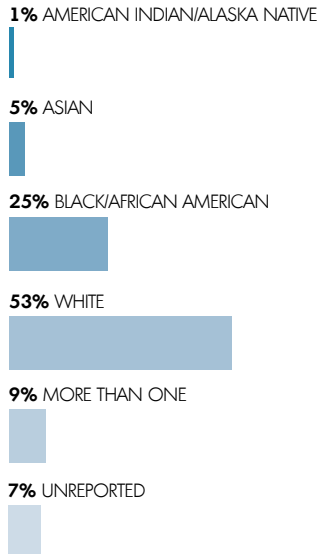
AGE OF PATIENTS

% OF PATIENTS IN AGE GROUPS



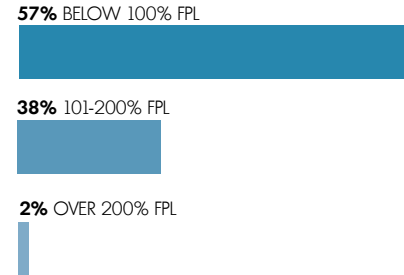
RACE & ETHNICITY

18% INDICATE THEY'RE OF HISPANIC/LATINO ORIGIN



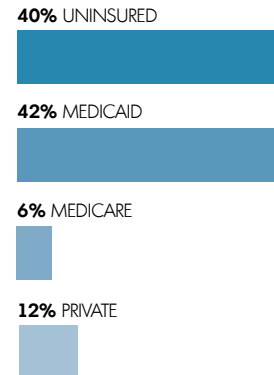
PATIENT INCOME

AS % OF FEDERAL POVERTY LEVEL BASED ON # OF PATIENTS



INSURANCE SOURCE

BASED ON # OF PATIENTS



Community Health Center of Fort Dodge

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PATIENTS & SERVICES RECEIVED

72% MEDICAL



28% DENTAL



17,164

PATIENT VISITS

5,886

TOTAL PATIENTS*

- Medical: 4,345
- Dental: 1,680



LEGISLATIVE DISTRICTS

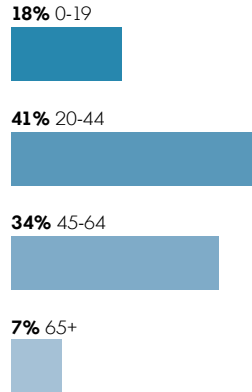
CONGRESSIONAL DISTRICT: 4

STATE SENATE DISTRICTS: 5, 24

STATE HOUSE DISTRICTS: 9, 10, 48

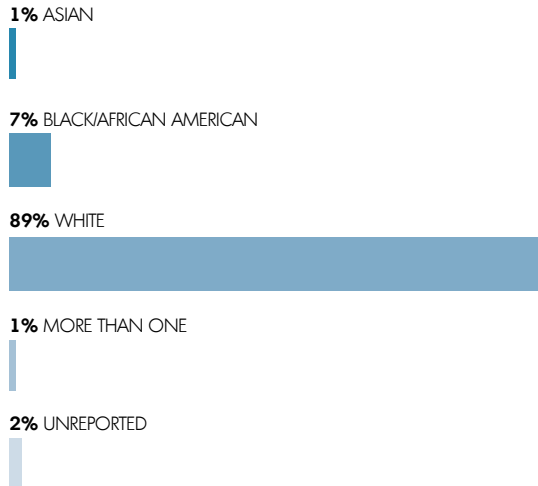
AGE OF PATIENTS

% OF PATIENTS IN AGE GROUPS



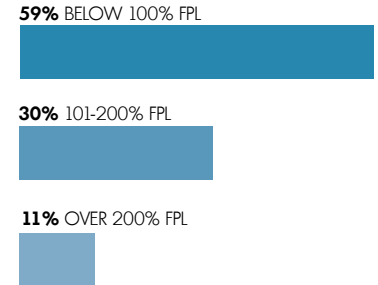
RACE & ETHNICITY

9% INDICATE THEY'RE OF HISPANIC/LATINO ORIGIN



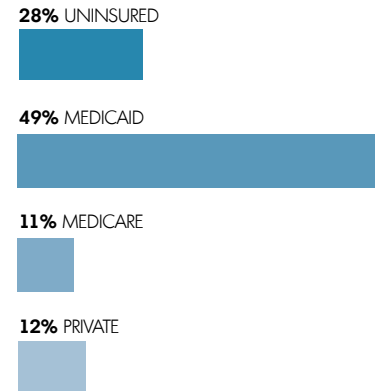
PATIENT INCOME

AS % OF FEDERAL POVERTY LEVEL BASED ON # OF PATIENTS



INSURANCE SOURCE

BASED ON # OF PATIENTS



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www.chcseia.com

KEOKUK CLINIC
400 North 17th Street
Keokuk, IA 52632

LOUISA COUNTY CLINIC
2409 Spring Street
Columbus City, IA 52737

HAMILTON CLINIC
951 Broadway Street
Hamilton, IL 62341

WEST BURLINGTON CLINIC
1706 West Agency Road
West Burlington, IA 52655

PATIENTS & SERVICES RECEIVED

75% MEDICAL



25% DENTAL



50,386

PATIENT VISITS

17,115

TOTAL PATIENTS*

- Medical: 13,724
- Dental: 4,608

141

HOMELESS PATIENTS



LEGISLATIVE DISTRICTS

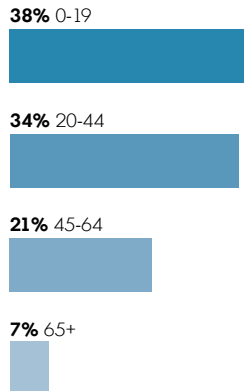
CONGRESSIONAL DISTRICT: 2

STATE SENATE DISTRICTS: 42, 44

STATE HOUSE DISTRICTS: 83, 84, 87, 88

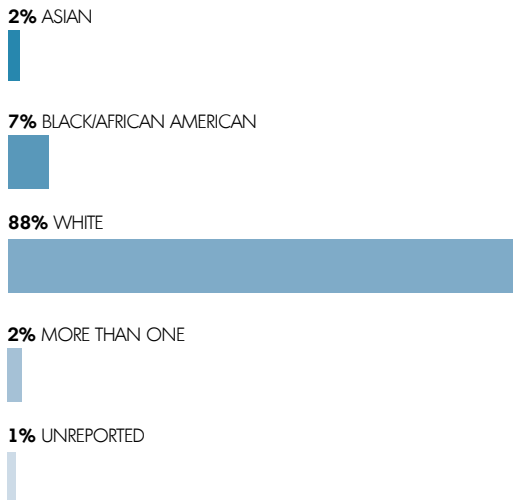
AGE OF PATIENTS

% OF PATIENTS IN AGE GROUPS



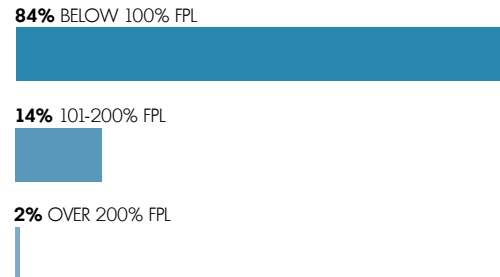
RACE & ETHNICITY

12% INDICATE THEY'RE OF HISPANIC/LATINO ORIGIN



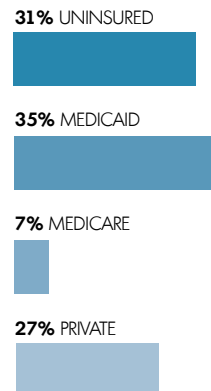
PATIENT INCOME

AS % OF FEDERAL POVERTY LEVEL BASED ON # OF PATIENTS



INSURANCE SOURCE

BASED ON # OF PATIENTS



Community Health Centers of Southern Iowa

SAMANTHA CANNON
Chief Executive Officer

scannon@chcsi.org
302 NE 14th Street
Leon, IA 50144
Phone: (641) 446-2383
Fax: (641) 446-2382
www.chcsi.org

LEON FACILITY
302 NE 14th Street
Leon, IA 50144

LAMONI FACILITY
802 East Ackerley
Lamoni, IA 50140

ALBIA FACILITY
12 West Washington Avenue
Albia, IA 52531

CENTERVILLE FACILITY
221 East State Street
Centerville, IA 52544

CHARITON FACILITY
125 South Grand
Chariton, IA 50049

CORYDON FACILITY
204 South Franklin
Corydon, IA 50060

PATIENTS & SERVICES RECEIVED

67% MEDICAL



11% DENTAL



22% BEHAVIORAL HEALTH



36,919

PATIENT VISITS



Some patients receive multiple services

7,426

TOTAL PATIENTS*

- Medical: 6,555
- Dental: 1,020
- Behavioral Health: 2,179
- Enabling: 29^



Enabling Services are those such as outreach, transportation, and language interpretation that enable individuals to access the services of a health center

LEGISLATIVE DISTRICTS

CONGRESSIONAL DISTRICT: 2, 3

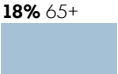
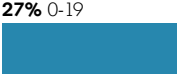
STATE SENATE DISTRICTS: 11, 12, 14, 40

STATE HOUSE DISTRICTS: 21, 24, 27, 28, 80



AGE OF PATIENTS

% OF PATIENTS IN AGE GROUPS



PATIENT INCOME

AS % OF FEDERAL POVERTY LEVEL BASED ON # OF PATIENTS



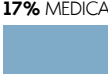
RACE & ETHNICITY

18% INDICATE THEY'RE OF HISPANIC/LATINO ORIGIN



INSURANCE SOURCE

BASED ON # OF PATIENTS



Crescent Community Health Center

JULIE WOODYARD
Executive Director

jwoodyard@crescentchc.org
1789 Elm Street, Suite A
Dubuque, IA 52001
Phone: (563) 690-2860
Fax: (563) 582-5335
www.crescentchc.org

PATIENTS & SERVICES RECEIVED

51% MEDICAL



49% DENTAL



14,245

PATIENT VISITS

5,711

TOTAL PATIENTS*

- Medical: 3,331
- Dental: 3,139
- Vision: 15



208

HOMELESS PATIENTS

LEGISLATIVE DISTRICTS

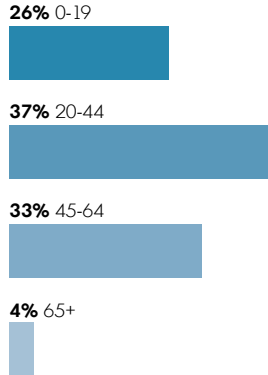
CONGRESSIONAL DISTRICT: 1

STATE SENATE DISTRICTS: 29, 50

STATE HOUSE DISTRICTS: 57, 58, 99, 100

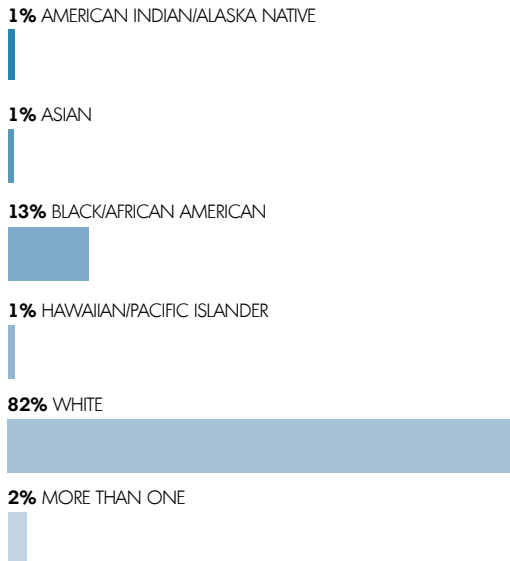
AGE OF PATIENTS

% OF PATIENTS IN AGE GROUPS



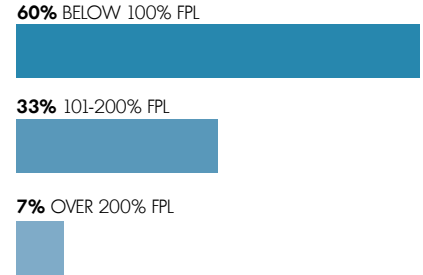
RACE & ETHNICITY

9% INDICATE THEY'RE OF HISPANIC/LATINO ORIGIN



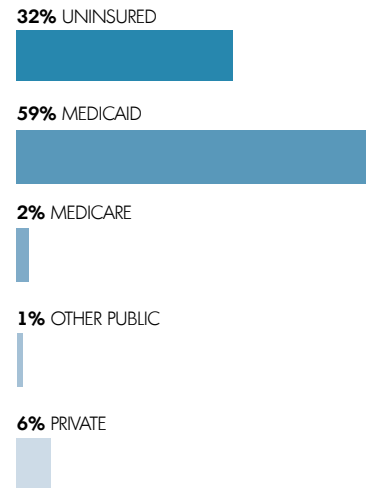
PATIENT INCOME

AS % OF FEDERAL POVERTY LEVEL BASED ON # OF PATIENTS



INSURANCE SOURCE

BASED ON # OF PATIENTS



Eastern Iowa Health Center

JOE LOCK
Chief Executive Officer

1201 3rd Avenue, SE
P.O. Box 2205
Cedar Rapids, IA 52406-2205
Phone: (319) 730-7300
Fax: (319) 730-7368
www.easterniowahealthcenter.com

PATIENTS & SERVICES RECEIVED

99% MEDICAL



1% DENTAL



23,669

PATIENT VISITS

6,009

TOTAL PATIENTS*

- Medical: 6,009
- Dental: 88



211

HOMELESS PATIENTS

LEGISLATIVE DISTRICTS

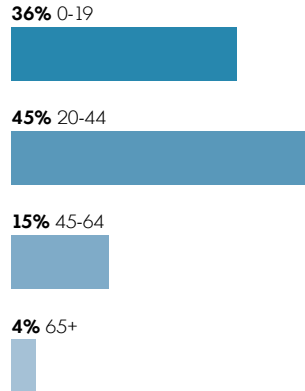
CONGRESSIONAL DISTRICT: 1

STATE SENATE DISTRICTS: 33, 34, 35, 48

STATE HOUSE DISTRICTS: 65, 66, 67, 68, 69, 70, 95

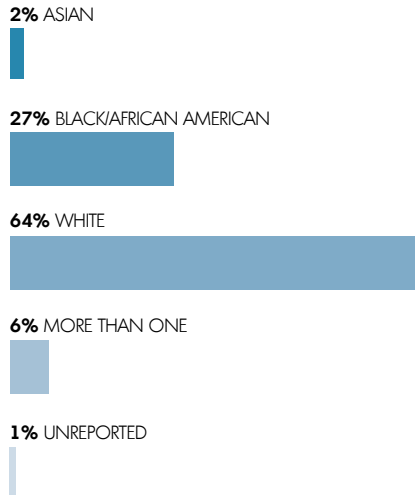
AGE OF PATIENTS

% OF PATIENTS IN AGE GROUPS



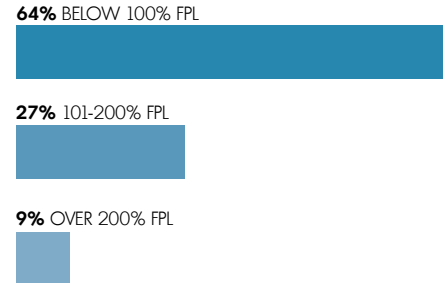
RACE & ETHNICITY

7% INDICATE THEY'RE OF HISPANIC/LATINO ORIGIN



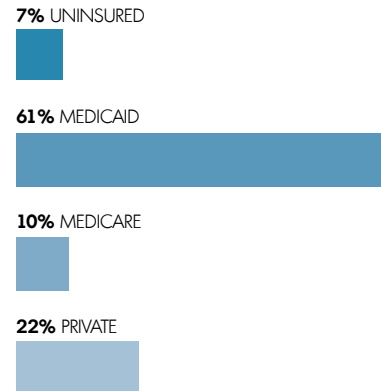
PATIENT INCOME

AS % OF FEDERAL POVERTY LEVEL BASED ON # OF PATIENTS



INSURANCE SOURCE

BASED ON # OF PATIENTS



Peoples Community Health Clinic, Inc.

JENNIFER LIGHTBODY
Chief Executive Officer

jlightbody@peoples-clinic.com
905 Franklin Street
Waterloo, IA 50703-4407
Phone: (319) 272-4300
Fax: (319) 272-4321
www.peoples-clinic.com

PEOPLES CLINIC
905 Franklin Street
Waterloo, IA 50703

PEOPLES CLINIC BUTLER COUNTY
118 South Main Street
Clarksville, IA 50619

PATIENTS & SERVICES RECEIVED

73% MEDICAL



20% DENTAL



5% ENABLING SERVICES



1% BEHAVIORAL HEALTH



1% OTHER



64,412

PATIENT VISITS

17,288


TOTAL PATIENTS*

- Medical: 15,368
- Dental: 5,103
- Enabling: 840
- Behavioral Health: 753
- Other: 444

784

HOMELESS PATIENTS


Some patients receive multiple services

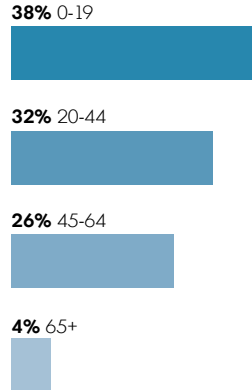

Enabling Services are those such as outreach, transportation, and language interpretation that enable individuals to access the services of a health center

LEGISLATIVE DISTRICTS

CONGRESSIONAL DISTRICT: 1, 4
STATE SENATE DISTRICTS: 25, 27, 30, 31, 32, 36
STATE HOUSE DISTRICTS: 50, 54, 59, 60, 61, 62, 72

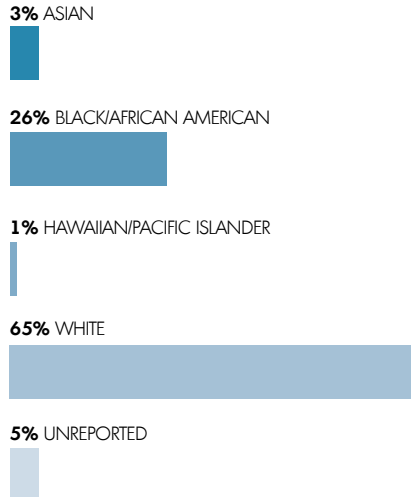
AGE OF PATIENTS

% OF PATIENTS IN AGE GROUPS



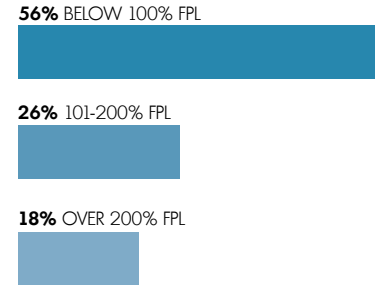
RACE & ETHNICITY

10% INDICATE THEY'RE OF HISPANIC/LATINO ORIGIN



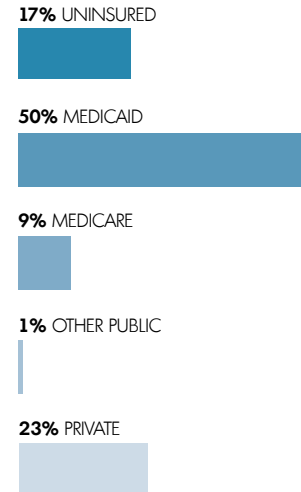
PATIENT INCOME

AS % OF FEDERAL POVERTY LEVEL BASED ON # OF PATIENTS



INSURANCE SOURCE

BASED ON # OF PATIENTS



Primary Health Care, Inc.

KELLY HUNTSMAN Executive Director

khuntsman@phcinc.net
9943 Hickman Road, Suite 105
Urbandale, IA 50322
Phone: (515) 333-5024
Fax: (515) 248-1440
www.phcinc.net

ENGBRETSSEN CLINIC
2353 SE 14th Street
Des Moines, IA 50320

EAST SIDE CLINIC
3509 East 29th Street
Des Moines, IA 50317

UNIVERSITY CLINIC
1200 University Avenue, Suite 120
Des Moines, IA 50314

MARSHALLTOWN CLINIC
412 East Church Street
Marshalltown, IA 50158

PRIMARY HEALTH CARE PHARMACY
1200 University Avenue, Suite 105
Des Moines, IA 50314

HIV SERVICES
1200 University Avenue, Suite 210
Des Moines, Iowa 50314

STORY COUNTY CLINIC
3510 Lincoln Way
Ames, IA 50010

PATIENTS & SERVICES RECEIVED

71% MEDICAL



25% DENTAL



3% ENABLING SERVICES



1% BEHAVIORAL HEALTH

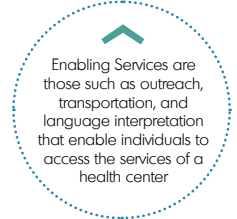


94,362
PATIENT VISITS

28,026

TOTAL PATIENTS*
· Medical: 24,350
· Dental: 8,481
· Enabling: 1,094
· Behavioral Health: 91
· Vision: 149

3,857
HOMELESS PATIENTS

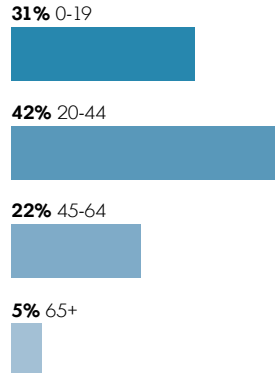


LEGISLATIVE DISTRICTS

CONGRESSIONAL DISTRICT: 1, 3, 4
STATE SENATE DISTRICTS: 5, 10, 15, 16, 17, 18, 19, 20, 21, 22, 23, 36
STATE HOUSE DISTRICTS: 10, 19, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 45, 46, 71, 72

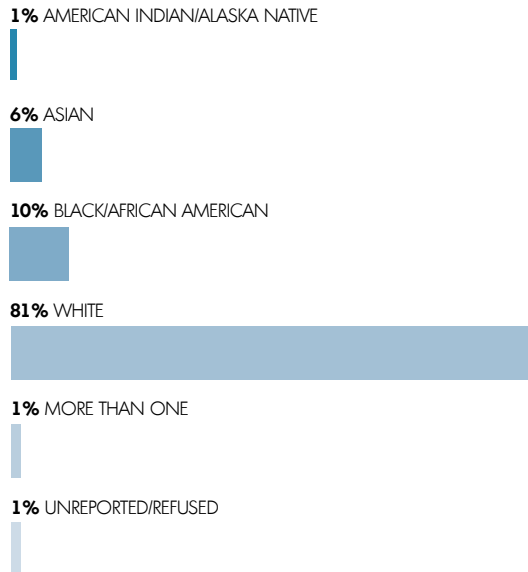
AGE OF PATIENTS

% OF PATIENTS IN AGE GROUPS



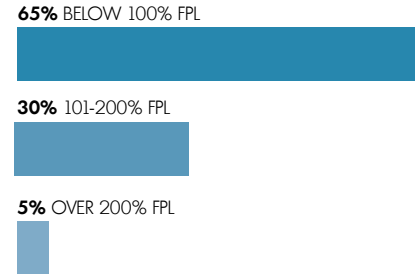
RACE & ETHNICITY

38% INDICATE THEY'RE OF HISPANIC/LATINO ORIGIN



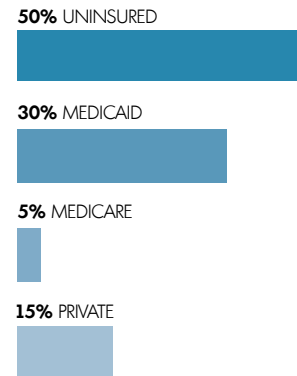
PATIENT INCOME

AS % OF FEDERAL POVERTY LEVEL BASED ON # OF PATIENTS



INSURANCE SOURCE

BASED ON # OF PATIENTS



Promise Community Health Center

NANCY DYKSTRA
Executive Director

ndykstra@promisechc.org
338 1st Avenue, NW
Sioux Center, IA 51250
Phone: (712) 722-1700
Fax: (712) 722-1770
www.promisechc.org

PATIENTS & SERVICES RECEIVED

72% MEDICAL



28% DENTAL



8,293

PATIENT VISITS

2,420

TOTAL PATIENTS*

- Medical: 2,069
- Dental: 814

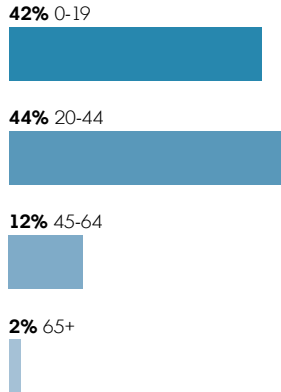


LEGISLATIVE DISTRICTS

CONGRESSIONAL DISTRICT: 4
STATE SENATE DISTRICTS: 2
STATE HOUSE DISTRICTS: 3, 4

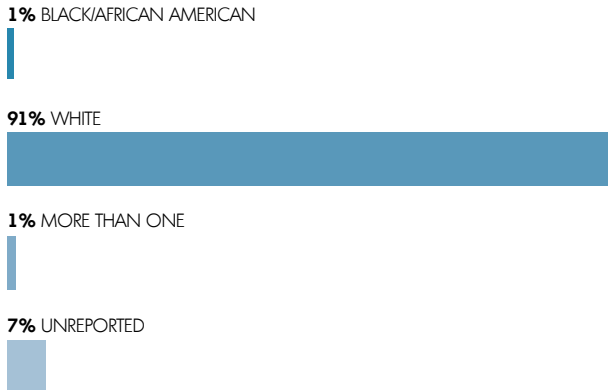
AGE OF PATIENTS

% OF PATIENTS IN AGE GROUPS



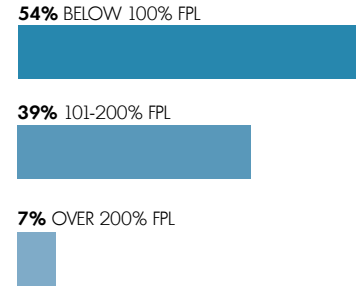
RACE & ETHNICITY

66% INDICATE THEY'RE OF HISPANIC/LATINO ORIGIN



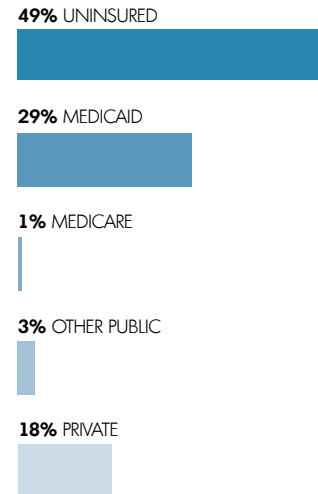
PATIENT INCOME

AS % OF FEDERAL POVERTY LEVEL BASED ON # OF PATIENTS



INSURANCE SOURCE

BASED ON # OF PATIENTS



Proteus, Inc.

JESUS SOTO
Chief Executive Officer

jesuss@proteusinc.net
3850 Merle Hay Road, Suite 100
Des Moines, IA 50310
Phone: (515) 271-5303
Fax: (515) 271-5309
www.proteusinc.net

CENTRAL OFFICE
3850 Merle Hay Road, Suite 100
Des Moines, IA 50310

FORT DODGE OFFICE
107 North 7th Street
Fort Dodge, IA 50501

IOWA CITY OFFICE
1548 South Gilbert Street
Iowa City, IA 52240

PATIENTS & SERVICES RECEIVED

63% MEDICAL



4% DENTAL



31% ENABLING SERVICES



1% VISION



2,471
PATIENT VISITS

1,523

TOTAL PATIENTS*
· Medical: 1,501
· Dental: 54
· Enabling: 338
· Vision: 18



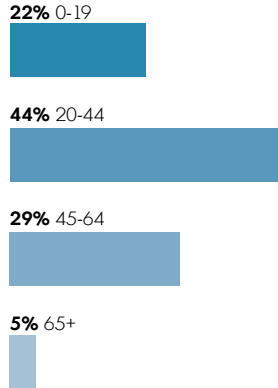
Some patients receive multiple services



Enabling Services are those such as outreach, transportation, and language interpretation that enable individuals to access the services of a health center

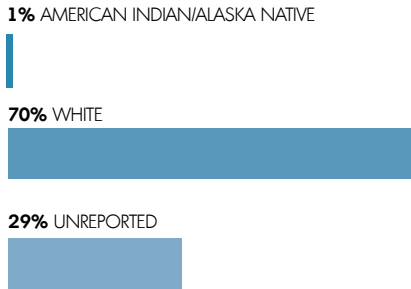
AGE OF PATIENTS

% OF PATIENTS IN AGE GROUPS



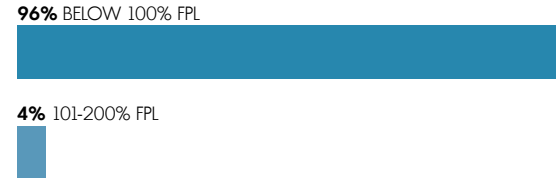
RACE & ETHNICITY

98% INDICATE THEY'RE OF HISPANIC/LATINO ORIGIN



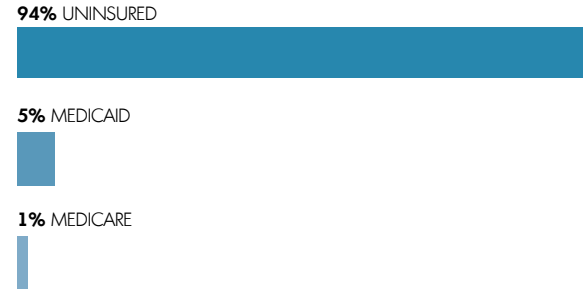
PATIENT INCOME

AS % OF FEDERAL POVERTY LEVEL BASED ON # OF PATIENTS



INSURANCE SOURCE

BASED ON # OF PATIENTS



River Hills Community Health Center

RICK JOHNSON
Chief Executive Officer

rjohnson@riverhillshealth.org
1301 North Elm
P.O. Box 458
Ottumwa, IA 52501
Phone: (641) 684-6896 Ext. 115
Fax: (641) 226-5759
www.riverhillshealth.org

ADMINISTRATIVE OFFICE
1301 North Elm
P.O. Box 458
Ottumwa, IA 52501

WAPELLO COUNTY CLINIC
201 South Market Street
P.O. Box 458
Ottumwa, IA 52501

PEDIATRIC CLINIC
931 Pennsylvania Avenue
P.O. Box 458
Ottumwa, IA 52501

KEOKUK COUNTY CLINIC
100 West Main Street
Richland, IA 52585

APPANOOSE COUNTY CLINIC
1015 North 18th Street, Suite C
Centerville, IA 52544

PATIENTS & SERVICES RECEIVED

65% MEDICAL



28% DENTAL



7% BEHAVIORAL HEALTH



56,233

PATIENT VISITS

16,806

TOTAL PATIENTS*

- Medical: 11,210
- Dental: 7,170
- Behavioral Health: 849

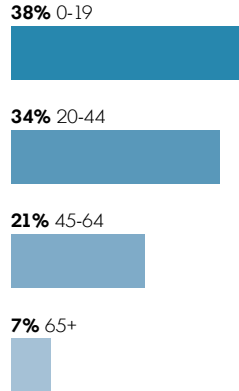


LEGISLATIVE DISTRICTS

CONGRESSIONAL DISTRICT: 2
STATE SENATE DISTRICTS: 39, 40, 41, 42
STATE HOUSE DISTRICTS: 78, 79, 80, 81, 82, 84

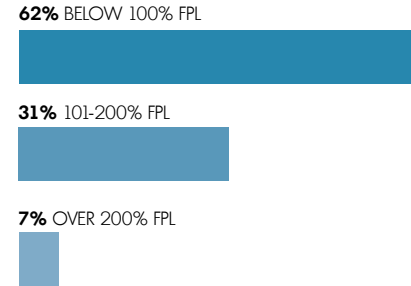
AGE OF PATIENTS

% OF PATIENTS IN AGE GROUPS



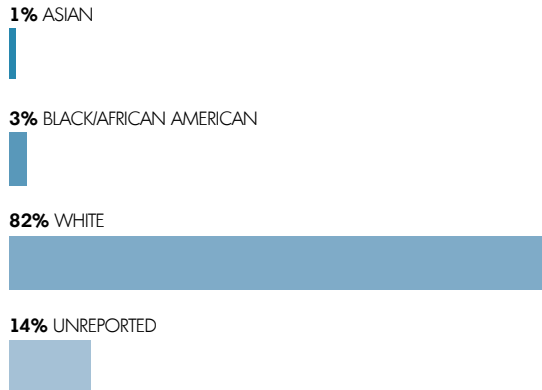
PATIENT INCOME

AS % OF FEDERAL POVERTY LEVEL BASED ON # OF PATIENTS



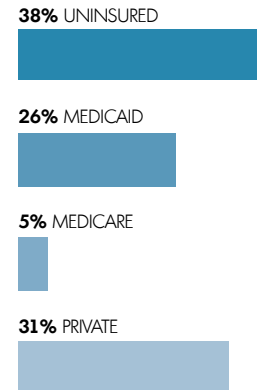
RACE & ETHNICITY

12% INDICATE THEY'RE OF HISPANIC/LATINO ORIGIN



INSURANCE SOURCE

BASED ON # OF PATIENTS

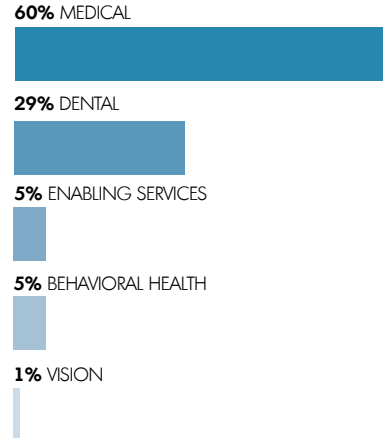


Siouxland Community Health Center

MARI KAPTAIN-DAHLEN
Chief Executive Officer

mkaptaindahlen@slandchc.com
1021 Nebraska Street
Sioux City, IA 51102
Phone: (712) 252-2477
Fax: (712) 255-5516
www.slandchc.com

PATIENTS & SERVICES RECEIVED



92,565

PATIENT VISITS

24,536

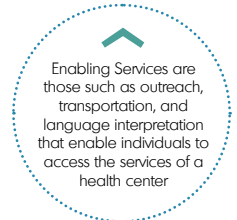
TOTAL PATIENTS*

- Medical: 19,070
- Dental: 9,078
- Enabling: 1,645
- Behavioral Health: 1,447
- Vision: 285

91

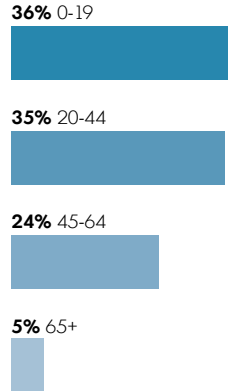
HOMELESS PATIENTS

CONGRESSIONAL DISTRICT: 4
STATE SENATE DISTRICTS: 3, 7, 9
STATE HOUSE DISTRICTS: 5, 6, 13, 14, 17



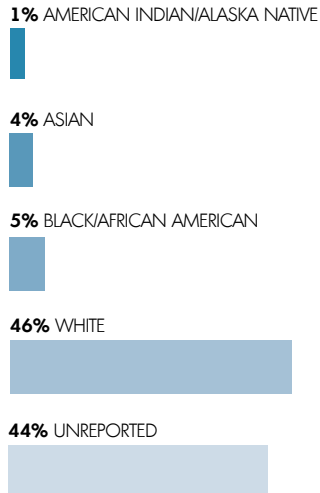
AGE OF PATIENTS

% OF PATIENTS IN AGE GROUPS



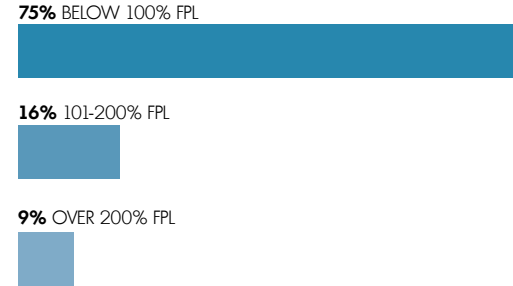
RACE & ETHNICITY

37% INDICATE THEY'RE OF HISPANIC/LATINO ORIGIN



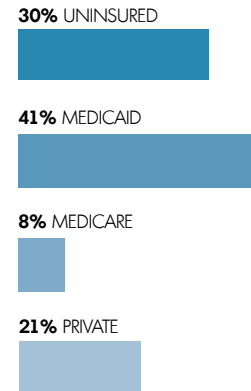
PATIENT INCOME

AS % OF FEDERAL POVERTY LEVEL BASED ON # OF PATIENTS



INSURANCE SOURCE

BASED ON # OF PATIENTS



United Community Health Center

RICH GEHRIG
Interim Executive Director

rich@uchcsl.com
715 West Milwaukee
Storm Lake, IA 50588
Phone: (712) 213-0109
Fax: (712) 213-0186
www.uchcsl.com

PATIENTS & SERVICES RECEIVED

67% MEDICAL



33% DENTAL



9,310

PATIENT VISITS

3,358

TOTAL PATIENTS*

- Medical: 2,600
- Dental: 1,302

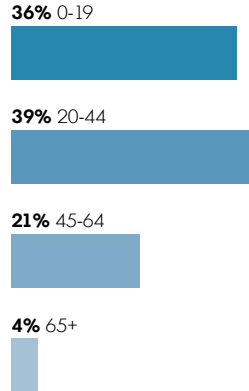


LEGISLATIVE DISTRICTS

CONGRESSIONAL DISTRICT: 4
STATE SENATE DISTRICTS: 6
STATE HOUSE DISTRICTS: 11

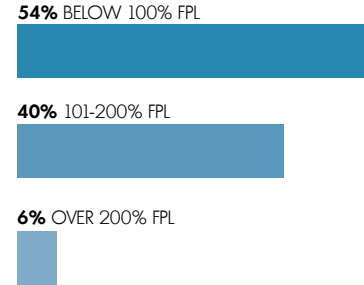
AGE OF PATIENTS

% OF PATIENTS IN AGE GROUPS



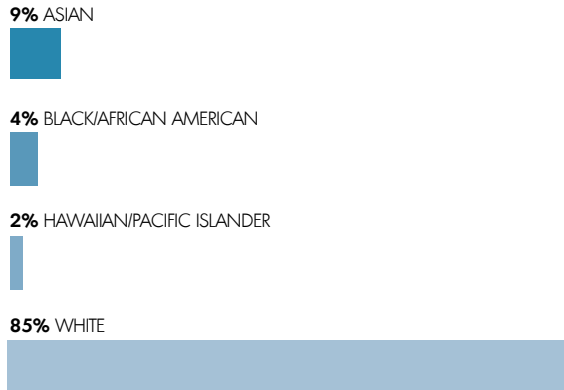
PATIENT INCOME

AS % OF FEDERAL POVERTY LEVEL BASED ON # OF PATIENTS



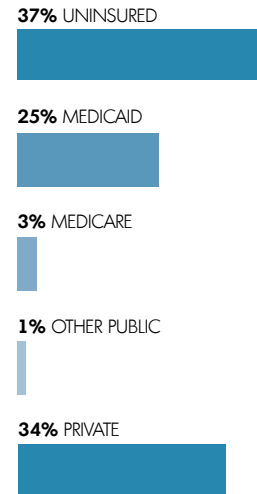
RACE & ETHNICITY

54% INDICATE THEY'RE OF HISPANIC/LATINO ORIGIN



INSURANCE SOURCE

BASED ON # OF PATIENTS



Staff Members

CHIEF EXECUTIVE OFFICER

Theodore J. Boesen, Jr.
tboesen@iowapca.org, (515) 333-5010

9943 Hickman Road, Suite 103
Urbandale, IA 50322
Phone: (515) 244-9610
Fax: (515) 243-3566

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What is a Community Health Center?

WHAT ARE COMMUNITY HEALTH CENTERS (CHCS)?

- Local, non-profit, community-owned health care providers serving low income and medically underserved communities.
- CHCs are located in areas where care is needed but scarce, and work to improve access to care for millions of Americans regardless of their insurance status or ability to pay. Their costs of care rank among the lowest, and they reduce the need for more expensive hospital-based and specialty care, saving billions of dollars for taxpayers.
- CHCs provide quality, affordable, comprehensive primary care and preventive services, including dental, mental health, and substance abuse services, as well as affordable pharmaceuticals. CHCs are recognized leaders in treating chronic diseases and reducing health disparities.

WHO DO COMMUNITY HEALTH CENTERS SERVE?

- 20 million people across the country, including more than 180,000 individuals in Iowa.
- 93% of health center patients in Iowa have family incomes at or below 200% of the federal poverty level.
- 35% of Health Center patients in Iowa are uninsured.

HOW DO COMMUNITY HEALTH CENTERS OVERCOME BARRIERS TO CARE?

- Located in high-need areas identified as having elevated poverty, higher than average infant mortality, and where few physicians practice.
- Open to all, regardless of income and insurance status, and provide free or reduced cost care based on ability to pay.
- Services are tailored to fit the special needs and priorities of the community, and provide services in a linguistically and culturally appropriate setting.
- Offer services that help patients access health care, such as transportation, interpretation, case management, health education, and home visitation.

HOW DO COMMUNITY HEALTH CENTERS MAKE A DIFFERENCE?

- **Improve access to primary and preventive care.** Uninsured people living within close proximity to a Health Center are less likely to have an unmet medical need, less likely to visit the emergency room or have a hospital stay, and more likely to have had a general medical visit compared to other uninsured.
- **Effective management of chronic illness.** Health Centers meet or exceed nationally accepted practice standards for treatment of chronic conditions. In fact, the Institute of Medicine and the Government Accountability Office have recognized Health Centers as models for screening, diagnosing, and managing chronic conditions such as diabetes, cardiovascular disease, asthma, depression, cancer, and HIV. Health Centers' efforts have led to improved health outcomes for their patients, as well as lowered the cost of treating patients with chronic illness.
- **Reduction of health disparities.** Because of their success in removing barriers to care, the Institute of Medicine and U.S. General Accounting Office recognized Health Centers for reducing or even eliminating the health gaps for racial and ethnic minorities, as well as for the poor in the U.S.
- **Cost-effective care.** Care received at Health Centers is ranked among the most cost-effective. Several studies have found that Health Centers save the Medicaid program around 30% in annual spending for Health Center Medicaid beneficiaries. Furthermore, Health Centers generate savings for the entire health care system of up \$17.6 billion per year. These savings are the result of less reliance on costly specialty, inpatient, and emergency room care. Furthermore, if avoidable visits to emergency rooms were redirected to Health Centers, over \$18 billion in annual health care costs could be saved nationally.
- **High quality care.** Studies have found that the quality of care provided at Health Centers is equal to or greater than the quality of care provided elsewhere. Moreover, 99% of surveyed patients report that they were satisfied with the care they receive at Health Centers.



PROMISE COMMUNITY HEALTH CENTER



SIoux CENTER

UNITED COMMUNITY HEALTH CENTER



STORM LAKE

SIouxLAND COMMUNITY HEALTH CENTER



SIoux CITY

COMMUNITY HEALTH CENTER OF FORT DODGE



FORT DODGE

DAYTON



AMES



PRIMARY HEALTH CARE, INC.



DES MOINES

ALL CARE HEALTH CENTER



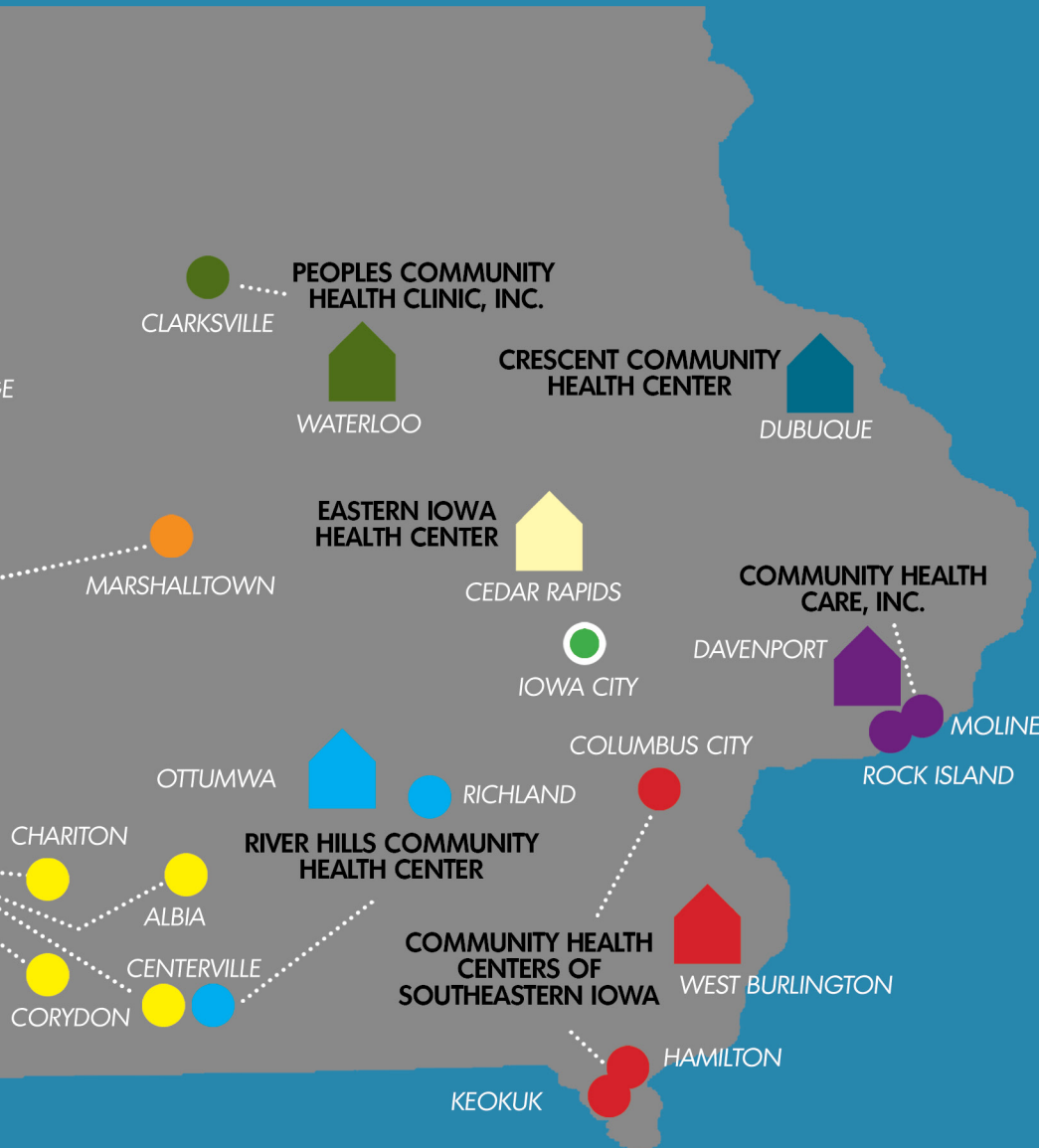
COUNCIL BLUFFS


COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA

LAMONI



LEON



-  MAIN SITE CLINICS
-  SATELLITE LOCATIONS
-  PROTEUS, INC. SITES



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