Our Vision
Health equity for all.

Our Mission
Enhancing community health centers’ capacity to care.

Our Values
- Accountable
- Collaborative
- Deliberate
- Proactive
- Respectful
- Transformative
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Dear Colleagues,

The past year was a time of change and growth for our three organizations and our 14 member community health centers. We set out under new leadership to redefine our work and deepen our commitment to providing quality, affordable healthcare services to vulnerable and underserved communities.

As we continue our work in 2020, it will be with a renewed sense of purpose after adopting a new vision statement, mission, and values. We have rallied around our vision of health equity for all, a concept that has always been important to us and that we now pursue with new vigor. While some aspects of our organizational alignment have changed, we remain committed to supporting community health centers and their work to enact meaningful changes throughout the state of Iowa.

The impact of Iowa’s community health centers continues to grow. In 2019, we served over 226,000 patients through over 800,000 visits that included medical, oral health, behavioral health, pharmacy, and enabling services. We are proud to serve all persons who seek our care. Our hallmark has been and will continue to be providing care in a dignified, safe, and culturally responsive environment. Our services are tailored to fit the special needs and priorities of the 86 communities we serve, both rural and urban.

Our nation faces significant challenges impacting the healthcare delivery system and our patients’ lives – from the fight to address racial inequities to the response to a global public health pandemic to deteriorating economic conditions. The disparities our patients face, particularly within this context, have amplified the importance of our work. Since our inception, community health centers have been dedicated to providing quality healthcare access to underserved and vulnerable populations and the current discourse of the country has highlighted that there is still much work to do to accomplish our vision of health equity for all.

Community health centers are up for the challenge, and our collective effort as a network is more important than ever. We have and will continue to step up for the communities we serve.

Together, we create community health.

Gratefully,

Aaron Todd
Chief Executive Officer
Iowa Primary Care Association

Ronald W. Kemp
Chief Executive Officer, Community Health Centers of Southeastern Iowa
Board Chair, Iowa Primary Care Association
WE CREATE: ECONOMIC ACTIVITY & COST SAVINGS

STATE IMPACT
Iowa’s community health centers have a $328 million economic impact in Iowa. This is felt most strongly in rural and underserved areas, bolstering quality of life. In total, community health centers employ over 1,800 individuals, often serving as the largest employer in rural areas.

ECONOMIC ENGINES
For every $1 invested solely in federal Health Center Program 330 funding, Iowa’s community health centers collectively generate $4.40 in total economic activity across the state.

NATIONAL IMPACT
Community health centers serve 30 million patients – or 1 in every 12 people – in every state, territory, and the District of Columbia. Community health centers save the U.S. healthcare system over $28 billion annually while creating more than $54.6 billion in economic activity.

LOWER COST OF CARE
A University of Chicago study of 13 states found community health centers each year save Medicaid, on average, $2,371 (or 24%) per person in total cost of care when compared to other providers. In Iowa, the cost of care at community health centers is 27% lower than other providers.

COST-EFFECTIVE MEDICAID PROVIDERS
Community health centers are cost-effective Medicaid providers, serving 16% of all Medicaid beneficiaries in Iowa, but representing only 2% of the state of Iowa’s total Medicaid expenditures.

CAPITAL INVESTMENTS AND EXPANSION
The growth of community health centers, both with physical space and number of patients served, has significant impact on their communities. Capital investments to pay for expansion or renovations to existing community health centers stimulate economic activity in construction and associated professions while increasing the patient population. Patient growth requires a commensurate increase in community health center staff to provide care to this growing population, creating more healthy and productive citizens and ever larger economic impacts on the local community.
WE CREATE: COMMUNITY IMPACT

806,017 TOTAL CLINICAL VISITS
226,041 TOTAL PATIENTS*

DENTAL
183,134 visits 84,077 patients

MEDICAL
507,949 visits 165,592 patients

BEHAVIORAL HEALTH
87,977 visits 23,531 patients

ENABLING^ 25,106 visits 10,243 patients

OTHER
960 visits 361 patients

VISION
891 visits 743 patients

OTHER
960 visits 361 patients

VISION
891 visits 743 patients

PATIENT TRENDS
Patients Served 2015-2019

2015 2016 2017 2018 2019

BEHAVIORAL HEALTH TRENDS
Patients Served 2015-2019

2015 2016 2017 2018 2019

* Patients can receive multiple services
^ Enabling services reduce barriers to care through: outreach, transportation, interpretation, housing, health management, eligibility, food insecurity, etc.
93% of patients are 200% or below the Federal Poverty Level.

55% of patients identify as an ethnic or racial minority.

46% of patients are covered by Medicaid; 16% of Iowa’s Medicaid population is served by community health centers.

22% of patients are best served in a language other than English.

148,225 Adult Patients

68,513 Children or Adolescents

10,507 Homeless Patients

3,650+ Veterans Served

PATIENT RACE/ETHNICITY
% of patients by race and ethnicity

- 69% White
- 15% Black/African American
- 7% Unreported/Refused to Report
- 4% Asian
- 3% More Than One Race
- 1% Native Hawaiian/Pacific Islander
- 1% American Indian/Alaska Native

*23% indicate they’re of Hispanic/Latino origin

PATIENT INCOME
% of federal poverty level based on # of patients

- 64% 100% and Below FPL
- 29% 101-200% FPL
- 7% Over 200% FPL

PATIENT INSURANCE STATUS
% based on # of patients

- 46% Medicaid
- 23% Uninsured
- 22% Private
- 8% Medicare
- 1% Public
WE CREATE:

ECHO CONNECTIONS FOR PROVIDERS

No provider can succeed alone, no matter how talented they are or how well-equipped their facility might be. Providers in rural areas often must contend with a shortage of nearby professionals they can learn from and facilities where capacity might not accommodate rare conditions. Thankfully, new tools like Project ECHO (Extension for Community Health Outcomes) are arriving to fill these gaps and improve care in communities with vulnerable populations. The model links expert specialists and their teams at academic or medical “hubs” with primary care clinicians in local communities. Together, they participate in regular teleECHO™ clinics, long-distance video calls to discuss a particular medical topic, provide mentoring in the discussed specialty, and present case demonstrations to discuss possible treatment routes.

Since 2019, the Iowa PCA has been a leader in ECHO development in Iowa. The Iowa PCA has been hosting medication-assisted treatment (MAT) and Hepatitis C (HCV) ECHOs for our member community health centers and other providers. The MAT ECHO was founded by Primary Health Care, Inc., later partnering with the Iowa PCA and the Iowa Department of Public Health to expand the program. Siouxland Community Health Center also hosts a monthly ECHO focusing on endocrinology. The post-session evaluations we collect from attending clinicians demonstrate that our use of ECHO increases their confidence in treating the complex conditions they encounter and decreases their sense of professional isolation. This translates into higher quality care for Iowa patients and more satisfied clinicians. As we enhance our capacity to care in our local communities, we are also reducing costs for patients and public and private insurance programs. Timely, informed care can resolve conditions before they become life threatening and require costly emergency services outside of the community. We are proud to implement and promote Project ECHO and other forms of telehealth to strengthen local systems of care, reduce overall costs, and ensure access to care for all Iowans.

INTEGRATED CARE

The integrated care model used by community health centers provides whole-person care that coordinates the delivery of medical, oral health, and behavioral health services, often under one roof. Research has shown that an integrated model can reduce costs for the system as a whole and produce better outcomes for the patient. In 2019, Iowa’s community health centers worked to further integrate oral health and behavioral health services with primary and preventative medical services.

Oral Health

Oral health is about more than a winning smile. The risk factors for poor physical health and poor oral health often overlap, so treating one can often produce outsized benefits. Iowa’s community health centers are experiencing explosive growth in the demand for oral health services and their ability to provide these services. Between 2018 and 2019, patients across Iowa visited their local community health center for more than 10,000 collective new oral health visits. This increase follows the receipt of federal Oral Health Infrastructure Awards to increase facility operating space, improve equipment, develop teledentistry capabilities, and outfit mobile units to provide oral health care within the community. The Iowa Primary Care Association is also convening oral health and medical staff to improve care integration to treat the entire patient.

Behavioral Health

Behavioral health is essential to a full and fulfilling life. Iowa is experiencing a severe shortage of in-patient psychiatric beds and mental healthcare providers and our children’s mental healthcare system is only a few years old. Community health centers fill a vital gap in this state; the number of patients they served in 2019 compared to 2014 has doubled. And this is only the beginning of meeting the need and demand for integrated services in the communities we serve.

In 2019, Iowa’s community health centers convened strategy sessions focused on how to further integrate behavioral health. Our vision developed during our spring session includes:

> Iowa’s community health centers will: see and care for the whole health of our community and patients throughout their life-course – preventing, addressing, and remembering the social, cultural, and behavioral determinants of patients’ wellness – by integrating behavioral health services, addressing our own staff and provider’s wellness, and by strengthening our collaboration with our community allies. We believe that behavioral healthcare is core to our patients’ wellbeing and the financial soundness of our health system, and we are prepared to measure our efficacy – primarily for our patients’ sake, and also for our payors’.

HIV VIRAL SUPPRESSION

Iowa’s community health centers excel in providing high quality care to their patients, so it’s no surprise that Iowa ranks first in the nation for HIV viral suppression (79.6% of those diagnosed with HIV) and fourth in the nation for the proportion of those with PrEP coverage (pre-exposure prophylaxis). In addition to traditional care, some community health centers participate in the Ryan White HIV/AIDS Program. The grants available to our member community health centers through this program have increased access to early intervention services, support services, diagnostics, access to medications, and outreach to uninsured and hard-to-reach populations. Combined with their other comprehensive services, community health centers improve the health and well-being of Iowans across the state, regardless of their insurance status or ability to pay.
INCLUSIVE COMMUNITY SOLUTIONS

Some might be surprised to learn that Dubuque is home to around 800 Pacific Islanders, many of whom relocated to the United States after their homes were destroyed by nuclear testing several decades ago. With many facing difficulties obtaining healthcare due to language and cultural barriers, Crescent Community Health Center and other community stakeholders established the Dubuque Pacific Islander Health Project (DPIHP). This program assists with the cost of medications and co-pays and helps participants renew their passports in the Pacific Islands.

The program also provides Pacific Islanders in Dubuque a variety of services to improve access to care. In addition to connecting patients to primary medical, oral health, and behavioral health services, the program uses translators/interpreters to provide education about diseases, help patients navigate the healthcare system, provide transportation assistance to and from clinic visits, and housing advocacy to ensure patients have a safe and healthy place to sleep every night.

When the community faces public health emergencies, DPIHP collaborates with a number of community organizations, city departments, and agencies along with Pacific Islander community members to discuss and create solutions to the issues occurring because of the disproportionate number of Pacific Islanders affected by the crisis.

This program is an exemplary demonstration of how Iowa’s community health centers are partnering with their community to meet the needs of vulnerable populations inside and outside the clinic.

TOMORROW’S HEALTHCARE WORKFORCE

As the demand for healthcare continues to increase in the United States, concerns of a provider shortage loom on the horizon. By 2025, there will be an estimated shortage of 52,000 primary care doctors across the United States, including a shortage of 2,250 in Iowa.

The Teaching Health Center Graduate Medical Education (THCGME) Program is crucial to ensuring a viable primary care workforce is available for underserved communities. This is the only THCGME residency program in Iowa, one of only 56 in the nation. Originally established between MercyOne and Primary Health Care, Inc. under the name Iowa Medical Education Collaborative (IMEC) in 2013, the program offers 30 residency positions each year.

The community healthcare setting is a rich learning environment as residents care for a variety of patients, many from vulnerable communities. Residents have the opportunity to see patients with medical conditions that are often further complicated by social determinants of health.

Graduates of THCGME are 15% more likely to serve in a rural area, 30% more likely to serve in an underserved area, and 60% more likely to fill a primary care shortage. Since the program’s inception, Iowa has seen 30 residents remain in the state to practice.

This is the only federal program dedicated to training medical and oral health residents to go into primary care in medically underserved areas. The success of Teaching Health Centers is critical to ensuring there is a sufficient healthcare workforce in the years to come.

SOCIAL SUPPORTS

Community health centers are about more than traditional care. In addition to the myriad of medical, behavioral health, oral health, and pharmacy services they provide, Iowa’s community health centers also provide enabling services that reduce barriers to care. Consider how difficult it would be to avoid sickness if you weren’t able to drive or find transportation to the clinic across town, or if your job didn’t provide enough money for you to buy healthy food for you and your family. If you don’t speak English and can’t understand your doctor or you don’t have a safe and healthy home, it is much harder to maintain a healthy lifestyle.

Iowa’s community health centers provide services to treat the social determinants of health. Mobile clinics make care more accessible and treat patients where they are located. Community gardens create a steady source of fresh, healthy food for low-income Iowans. Services in languages other than English and clinics dedicated to treating homeless patients all go beyond traditional care. They support our patients inside and outside the clinic setting, making personal and community health more accessible.

REDUCING BARRIERS THROUGH:

- Outreach
- Case Management
- Transportation
- Health Education
- Interpretation
- Eligibility Assistance
- Housing
- Food Insecurity
178,609 patients served
92% of patients fall under 200% of FPL

53,000+ attributed Medicaid lives
43% of patients are eligible for Medicaid

25% of patients are uninsured

**IowaHealth+ Model of Care**

- Integration of Care
- Ensure Patients' Timely Access to Care
- Manage Patient Care Transitions
- Improve High Risk Care Coordination
- Provide High Quality Care
- Social Determinants of Health

Supported by Health Information Data and Analytics
Maximizing the Benefits of Healthcare Applications, VBC Analytics, & Enli Population Health

Supported by Patient Engagement Strategies
Motivational Interviewing, Teach-Back, & Health Coaching
WE CREATE: SYSTEMS OF CARE

IowaHealth+ is an integrated primary care network owned and managed by eleven Iowa community health centers and the Iowa Primary Care Association. IowaHealth+ is focused on empowering change and meeting the Quintuple Aim as our network actively works to embrace and thrive in a healthcare environment increasingly evolving toward value-based care. We are intentionally building a primary care-led system of care that ensures access and strives for health equity for all.

By contracting with Iowa’s Medicaid Managed Care Organizations (MCOs) and establishing patient-driven goals, common benchmarks, and utilizing evidence-based resources, this voluntary, mission-driven system of care works to improve the quality of care offered at Iowa’s community health centers while lowering the cost of providing services.

“Integrated” is the operative principle of IowaHealth+. Integrated care requires providers and care teams to coordinate services with the aim of improving patients’ health. It means that no health condition exists in isolation and the patient’s whole health must be considered and treated comprehensively. Treating a patient’s medical, behavioral, oral, and social determinants of health are all required to achieve optimum health, and an integrated care model is one of the best ways to reach that goal. Primary care is the foundation for better quality outcomes.

Integrated primary care providers, like community health centers, provide medical, behavioral health, and oral health services in the same location, and often in the same building. This facilitates greater communication between providers to learn from each other about the patient’s health record, and it reduces barriers to care for the patient. One location simplifies care delivery so patients can easily access the services they need. Community health centers are also uniquely focused on healthcare access and equity as they work to ensure vulnerable and underserved populations receive care.

THE VALUE OF IOWAHEALTH+
Within the context of an ever-changing healthcare environment and accelerating pressure to move to value-based care/payment, IowaHealth+ facilitates:
• Our mission to enhance our community health centers’ capacity to care
• Partnerships with all healthcare and social service providers in the communities we serve by relieving pressure for community health centers to align with one partner over another
• Building and better leveraging capacity and economies of scale, sharing investment and risk (i.e. analytics and performance improvement)
• Proactively defining our path forward and holding each other accountable to shared standards
• Developing a statewide primary care-focused system of care that more fully leverages our integrated model and reinvests in it
• Ensuring vulnerable patients’ access to care within a larger system that is able to have a greater collective impact
• Empowering practice transformation and value-based payment reform

PARTNERING WITH MANAGED CARE ORGANIZATIONS
Working together with Iowa’s two MCOs – Amerigroup Iowa and Iowa Total Care – IowaHealth+ community health centers are engaged in population health and shared savings partnerships, covering over 53,000 attributed Medicaid lives.

Amerigroup Iowa – 2019 was the third year of value-based care partnerships between IowaHealth+ and Amerigroup Iowa. In 2019, this partnership expanded to include a more intentional focus on reducing the total cost of care as well as several quality initiatives. Specific initiatives within this partnership allowed us to test and evaluate efforts to further engage patients in primary care and to build more robust processes for data exchanges and analyses. This powered shared work to better understand challenges facing our patients in health access and outcomes as well as opportunities to drive down the cost of care.

Iowa Total Care – Given Iowa Total Care’s more recent entry into the Iowa Medicaid market, our partnership focused on standing up critical infrastructure such as data exchange and clinical quality action planning to support success in our value-based partnership. Within this partnership, IowaHealth+ is focused on care coordination supports for patients as well as several HEDIS quality and cost initiatives.

NETWORK ANALYTICS
IowaHealth+ recognizes that data is destiny. IowaHealth+ and member community health centers are mutually investing in a shared data analytics platform that will:
• Empower timely, data-driven, patient-centered care at the community health center level
• Facilitate efficient data reporting and effective resource deployment at the network level
• Set community health centers and the network up for success in risk-based contracting arrangements in the future

Our new analytics capability supports population health and decision-making systems and is electronic health record vendoragnostic, allowing us to provide cost effective, high quality care regardless of the patients’ payor or lack of one.

2019 ACCOMPLISHMENTS
• Significantly reduced the total cost of care for one payor, resulting in millions of dollars in savings for the Medicaid program
• Accessing and utilizing more sophisticated data sets through our analytics implementation to help our network meet the Quintuple Aim
• Deployed enhanced population health tools to support value-based care coordination through standardized and evidence-based protocols and easier identification of care gaps
• Continued work to systematically define our care coordination approach, including working to standardize activities that reinforce our operation as a network
• Collected social determinants of health data on over 32,000 unique patients captured via the PRAPARE tool, a nationally recognized screening tool, and used this data to connect patients with additional non-medical supports
INConcertCare (INCC) – a sister company of the Iowa Primary Care Association and IowaHealth+ – is a Health Center Controlled Network (HCCN) that engages with and assists community health centers by providing clinical quality improvement and technology-enabled services. By using data analytics and population health management solutions, community health centers are coordinating resources and analyzing data to build stronger partnerships with payors and other organizations to help eliminate fragmented care.

Health information technology (HIT) is the backbone of the community health center delivery model; primary care integration would not be possible without HIT. Easy-to-use patient data helps individual providers offer personalized care that addresses the social determinants of health and barriers to care. Clear information about a community health center’s patient population encourages larger scale strategic thinking to address the community’s needs and build mutually beneficial partnerships.

As a leader in the healthcare community, we are developing innovative approaches to ensure high quality care is delivered in a cost-effective manner that embraces the use of technology, such as telehealth and virtual visits.

2019 KEY ACCOMPLISHMENTS:

- Accessing and utilizing more sophisticated data sets through implementing a network-wide analytics solution. Data analytics collected from 12 community health centers represents 175,729 patients served in Iowa and Nebraska.
- Simplified the prescription process and increased safety for our patients through the implementation of Electronic Prescribing of Controlled Substances (EPCS). This also resulted in reduced administrative burden for medical and oral health providers and care teams.
- Through our partnership with HRSA, INCC designed a three-year workplan for our members that supports the federal HIT strategic plan through improving patients’ access to their information, reducing burden on care teams, and health information exchange.
- Connected our revenue cycle systems to Iowa Total Care as they entered the managed care market.
- Improved efficiencies through automated communication tools such as electronic payments, appointment reminders, and telemedicine instruction.
ANNUAL CONFERENCE AWARDS
During the 2019 Annual Conference, the Iowa PCA recognized three recipients for their dedication to the community health center mission. These individuals were nominated by their peers for their extraordinary work on behalf of Iowa’s community health centers.

Carl A. Kulczyk Memorial Award
Frank LaMere, Board Member, Siouxland Community Health Center

From the nomination statement: As a community health center board member and chair of the Board Development Committee, Frank devoted his efforts to transforming the board into a culturally diverse board that courageously tackled healthcare and public policy issues confronting our patients. His efforts in the last months of his life were focused on tackling the issues of mental illness, addiction, and homelessness in the Siouxland community both at the community health center and in the larger community, raising money for a half-way house for homeless people graduating from treatment.

Outstanding Provider Award
Muhammad Pathan, MD, Internal Medicine Physician, Peoples Community Health Clinic

From the nomination statement: Dr. Pathan is caring and compassionate. He is always helpful in any way he can be and is an excellent preceptor for students, sharing his wisdom well beyond the walls of Peoples Clinic. His commitment to the underserved is unsurpassed. He continues to be Peoples Clinic’s guiding light and my inspiration to be a better person, doctor, and medical director.

Unsung Hero Award
Maria Ramos, Human Resources Director, United Community Health Center

From the nomination statement: Someone once said, “a hero is someone who has given his or her life to something bigger than oneself.” The “something bigger” for Maria Ramos is service to the community... Maria is always finding ways to help our patients who are struggling, such as looking for solutions to the high cost of medications and access to transportation to appointments. Maria is a hero who has given her life to the service of others.

GRASSROOTS MVP AWARD

The Grassroots MVP Award is named in honor of the late Elizabeth K. (Betsey) Cooke, whose constant effort and unflagging persistence as an advocate for America’s community health centers and patients set an example for all community health center advocates to follow. Aaron Todd was honored with this award in 2019 by the National Association of Community Health Centers in recognition of his outstanding efforts to ensure that our Members of Congress actively support community health centers and for his tireless work to establish and expand grassroots advocacy efforts at our community health centers in Iowa.

2019 UNDERSERVED CHAMPION

Last year, the Iowa Primary Care Association honored Dr. Mariannette Miller-Meeks with the 2019 Underserved Champion of the Year Award in recognition of her commitment to ensuring vulnerable Iowans have access to healthcare services.

Through her work, Dr. Miller-Meeks has demonstrated a collaborative, open approach when working with Iowa’s community health centers on contraceptive coverage, workforce challenges, Medication Assisted Treatment (MAT), and Medicaid access for legally protected residents. These areas have a positive impact on the lives of community health center patients by increasing access to a wide range of healthcare services. We appreciate Dr. Miller-Meeks’ support of Iowa’s community health centers and the underserved communities we serve.
**AllCare Health Center**

**COUNCIL BLUFFS**

**BILL WYPYSKI**
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(712) 325-1990
www.allcarehealthcenter.org
@allcarehc
@allcarehealth
@allcarehealthcenter

**LOCATIONS**

**All Care Health Center**
902 South 6th Street
Council Bluffs, IA 51501

**Lakin Campus**
1415 Avenue J, Suite 2
Council Bluffs, IA 51501

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**29,022**
PATIENT VISITS

**6,129**
PATIENTS SERVED

**805**
HOMELESS PATIENTS SERVED

**59+**
VETERANS SERVED

**15,029**
MEDICAL VISITS

**7,748**
DENTAL VISITS

**3,665**
BEHAVIORAL HEALTH VISITS

**2,580**
ENABLING SERVICES VISITS

**AGE OF PATIENTS**

<table>
<thead>
<tr>
<th>% of patients in each age group</th>
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<tr>
<td>17% 0-19</td>
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<tr>
<td>41% 20-44</td>
</tr>
<tr>
<td>33% 45-64</td>
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<tr>
<td>9% 65+</td>
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**PATIENT INCOME**

<table>
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<tr>
<th>% of federal poverty level based on # of patients</th>
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<tr>
<td>50% Below 100% FPL</td>
</tr>
<tr>
<td>43% 101-200% FPL</td>
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<tr>
<td>7% Over 200% FPL</td>
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**RACE & ETHNICITY**

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<th>% of patients by race and ethnicity</th>
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<tr>
<td>1% Asian</td>
</tr>
<tr>
<td>5% Black/African American</td>
</tr>
<tr>
<td>1% American Indian/Alaska Native</td>
</tr>
<tr>
<td>74% White*</td>
</tr>
<tr>
<td>2% More Than One</td>
</tr>
<tr>
<td>17% Unreported</td>
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*18% indicate they’re of Hispanic/Latino origin

**INSURANCE SOURCE**

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<th>based on # of patients</th>
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<tr>
<td>23% Uninsured</td>
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<tr>
<td>48% Medicaid</td>
</tr>
<tr>
<td>11% Medicare</td>
</tr>
<tr>
<td>18% Private</td>
</tr>
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**COUNTY SERVICE AREA**

Pottawattamie
COMMUNITY HEALTH CARE, INC.
DAVENPORT | CLINTON | MUSCATINE | MOLINE, IL | EAST MOLINE, IL | ROCK ISLAND, IL

TOM BOWMAN
Chief Executive Officer
tbowman@chcqca.org
563-336-3000
www.chcqca.org
communityhealthcareinc
@commhealthqc

LOCATIONS
CHC Davenport Medical Clinic
500 West River Drive
Davenport, IA 52801

CHC Davenport Dental Clinic
125 Scott Street
Davenport, IA 52801

CHC Homeless Clinic
500 West River Drive
Davenport, IA 52801

Moline Medical Clinic
1106 4th Avenue
Moline, IL 61265

East Moline Medical Clinic
708 15th Avenue
East Moline, IL 61244

Rock Island Medical and Dental Clinic
2750 11th Street
Rock Island, IL 61201

CHC at Robert Young Center
2200 3rd Avenue
Rock Island, IL 61201

Clinton Medical & Dental Clinic
925 South 4th Street
Clinton, IA 52732

Muscatine Medical Clinic
1616 Cedar Street
Muscatine, IA 52761

Muscatine Dental Clinic
312 Iowa Avenue
Muscatine, IA 52761

128,752
PATIENT VISITS

41,162
PATIENTS SERVED

876
HOMELESS PATIENTS SERVED

373+
VETERANS SERVED

90,710
MEDICAL VISITS

30,064
DENTAL VISITS

7,978
BEHAVIORAL HEALTH VISITS

AGE OF PATIENTS
% of patients in each age group

42% 0-19
32% 20-44
20% 45-64
6% 65+

PATIENT INCOME
as % of federal poverty level based on # of patients

70% Below 100% fpl
25% 101-200% fpl
5% over 200% FPL

RACE & ETHNICITY
% of patients by race and ethnicity

5% Asian
25% Black/African American
51% White*
9% More Than One
10% Unreported

*17% indicate they’re of Hispanic/Latino origin

INSURANCE SOURCE
based on # of patients

11% Uninsured
62% Medicaid
8% Medicare
19% Private

COUNTY SERVICE AREA
Clinton | Muscatine | Scott | Rock Island, IL
Age of Patients

- 23% 0-19
- 41% 20-44
- 27% 45-64
- 9% 65+

Patient Income

- 19% Below 100% FPL
- 77% 101-200% FPL
- 4% Over 200% FPL

Race & Ethnicity

- 8% Black/African American
- 78% White*
- 3% More Than One
- 11% Unreported

*13% indicate they’re of Hispanic/Latino origin

Insurance Source

- 11% Uninsured
- 67% Medicaid
- 9% Medicare
- 13% Private

County Service Area

Webster | Cerro Gordo
COMMUNITY HEALTH CENTERS OF SOUTHEASTERN IOWA

WEST BURLINGTON | KEOKUK | COLUMBUS CITY | HAMILTON, IL

RONALD W. KEMP
Chief Executive Officer
rkemp@chcsei.com

(319) 753-2300
www.chcsei.com

LOCATIONS
West Burlington Clinic
1706 West Agency Road
West Burlington, IA 52655

Keokuk Clinic
400 North 17th Street
Keokuk, IA 52632

Keokuk Dental Clinic
1618 Main Street
Keokuk, IA 52632

Louisa County Clinic
2409 Spring Street
Columbus City, IA 52737

Hamilton Clinic
951 Broadway Street
Hamilton, IL 62341

PATIENT VISITS
63,866

PATIENTS SERVED
17,641

HOMELESS PATIENTS SERVED
1,112

VETERANS SERVED
555+

PATIENT VISITS
36,716

DENTAL VISITS
18,642

BEHAVIORAL HEALTH VISITS
4,350

AGE OF PATIENTS % of patients in each age group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19</td>
<td>36%</td>
</tr>
<tr>
<td>20-44</td>
<td>32%</td>
</tr>
<tr>
<td>45-64</td>
<td>22%</td>
</tr>
<tr>
<td>65+</td>
<td>9%</td>
</tr>
</tbody>
</table>

PATIENT INCOME as % of federal poverty level based on # of patients

<table>
<thead>
<tr>
<th>Income Bracket</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 100% FPL</td>
<td>49%</td>
</tr>
<tr>
<td>101-200% FPL</td>
<td>37%</td>
</tr>
<tr>
<td>Over 200% FPL</td>
<td>14%</td>
</tr>
</tbody>
</table>

RACE & ETHNICITY % of patients by race and ethnicity

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>2%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>7%</td>
</tr>
<tr>
<td>White*</td>
<td>78%</td>
</tr>
<tr>
<td>More Than One</td>
<td>3%</td>
</tr>
<tr>
<td>Unreported</td>
<td>10%</td>
</tr>
</tbody>
</table>

INSURANCE SOURCE based on # of patients

<table>
<thead>
<tr>
<th>Insurance Source</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>7%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>53%</td>
</tr>
<tr>
<td>Medicare</td>
<td>10%</td>
</tr>
<tr>
<td>Private</td>
<td>30%</td>
</tr>
</tbody>
</table>

*13% indicate they’re of Hispanic/Latino origin

COUNTY SERVICE AREA
Des Moines | Henry | Lee | Louisa | Hancock, IL
COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA

SAMANTHA CANNON
Chief Executive Officer
scannon@chcsi.org
(641) 446-2383
www.chcsi.org
@CHCofSouthernIA

LOCATIONS
Leon Facility
302 NE 14th Street
Leon, IA 50144

Lamoni
802 E. Ackerly
Lamoni, IA 50140

Albia
117 S. Main Street
Albia, IA 52531

Centerville
221 E. State Street
Centerville, IA 52544

Chariton Behavioral Health
1711 Osceola Avenue
Chariton, IA 50049

Corydon
102-104 N. Franklin
Corydon, IA 50060

Mt. Ayr
119 S. Fillmore Street,
Mount Ayr, IA 50854

Access Center
219 W. Washington Street
Osceola, IA 50213

Princeton, MO
606 W. Main Street
Princeton, MO 64673

PATIENTS VISITS

54,245
54,245

PATIENTS SERVED

9,898
9,898

VETERANS SERVED

275
275

HOMELESS PATIENTS SERVED

281
281

AGE OF PATIENTS

% of patients in each age group

28% 0-19

31% 20-44

23% 45-64

18% 65+

RACE & ETHNICITY

% of patients by race and ethnicity

1% Black/African American

86% White*

3% More Than One

10% Unreported

PATIENT INCOME

as % of federal poverty level based on # of patients

56% Below 100% FPL

32% 101-200% FPL

12% Over 200% FPL

INSURANCE SOURCE

based on # of patients

19% Uninsured

29% Medicaid

16% Medicare

36% Private

COUNTY SERVICE AREA
Appanoose | Clarke | Decatur | Lucas | Monroe | Ringgold | Union | Wayne | Harrison, MO | Mercer, MO
LOCATIONS
Crescent Community Health Center
1789 Elm Street, Suite A
Dubuque, IA 52001

GARY COLLINS
Chief Executive Officer
gcollins@crescentchc.org
(563) 690-2860
www.crescentchc.org
@Crescent_CHC
@crescentchc

CRESCENT COMMUNITY HEALTH CENTER
DUBUQUE

GAFFY COLLINS
Chief Executive Officer
gcollins@crescentchc.org
(563) 690-2860
www.crescentchc.org
@Crescent_CHC
@crescentchc

PATIENT VISITS
18,794

PATENTS SERVED
6,465

VETERANS SERVED
214

MEDICAL VISITS
8,104

DENTAL VISITS
10,205

BEHAVIORAL HEALTH VISITS
485

AGE OF PATIENTS
% of patients in each age group

- 27% 0-19
- 37% 20-44
- 29% 45-64
- 7% 65+

PATIENT INCOME
as % of federal poverty level based on # of patients

- 58% Below 100% FPL
- 26% 101-200% FPL
- 16% Over 200% FPL

RACE & ETHNICITY
% of patients by race and ethnicity

- 1% Asian
- 1% American Indian/Alaska Native
- 4% Hawaiian/Pacific Islander
- 17% Black/African American
- 71% White*
- 3% More Than One
- 3% Unreported

*10% indicate they’re of Hispanic/Latino origin

INSURANCE SOURCE
based on # of patients

- 49% Uninsured
- 35% Medicaid
- 8% Medicare
- 8% Private

COUNTY SERVICE AREA
Dubuque | Allamakee | Clayton | Delaware | Jackson
EASTERN IOWA HEALTH CENTER
CEDAR RAPIDS

JOE LOCK
President & Chief Executive Officer
jlock@eihc.co
(319) 730-7300
www.easterniowahealthcenter.com
easterniowahealthcenter
ElHealthCenter
easterniowahealthcenter

LOCATIONS
Family Medicine
Pediatrics
Behavioral Health
1201 3rd Avenue SE
Cedar Rapids, IA 52403

Women’s Health
Behavioral Health
4251 River Center Court NE
Cedar Rapids, IA 52402

Dental Health
1225 3rd Avenue SE
Cedar Rapids, IA 52403

Administrative Headquarters
1030 5th Avenue SE, Suite 2400
Cedar Rapids, IA 52403

PATIENT VISITS
56,095

PATIENTS SERVED
13,517

HOMELESS PATIENTS SERVED
3,042

VETERANS SERVED
93+

MEDICAL VISITS
42,993

DENTAL VISITS
9,929

BEHAVIORAL HEALTH VISITS
3,173

AGE OF PATIENTS

<table>
<thead>
<tr>
<th>% of patients in each age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>34% 0-19</td>
</tr>
<tr>
<td>45% 20-44</td>
</tr>
<tr>
<td>17% 45-64</td>
</tr>
<tr>
<td>4% 65+</td>
</tr>
</tbody>
</table>

PATIENT INCOME

<table>
<thead>
<tr>
<th>% as % of federal poverty level based on # of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% Below 100% FPL</td>
</tr>
<tr>
<td>15% 101-200% FPL</td>
</tr>
<tr>
<td>5% Over 200% FPL</td>
</tr>
</tbody>
</table>

RACE & ETHNICITY

<table>
<thead>
<tr>
<th>% of patients by race and ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1% Asian</td>
</tr>
<tr>
<td>1% Native Hawaiian/Pacific Islander</td>
</tr>
<tr>
<td>1% American Indian/Alaska Native</td>
</tr>
<tr>
<td>35% Black/African American</td>
</tr>
<tr>
<td>52% White*</td>
</tr>
<tr>
<td>4% More Than One</td>
</tr>
<tr>
<td>6% Unreported</td>
</tr>
</tbody>
</table>

*7% indicate they’re of Hispanic/Latino origin

INSURANCE SOURCE

<table>
<thead>
<tr>
<th>based on # of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>14% Uninsured</td>
</tr>
<tr>
<td>66% Medicaid</td>
</tr>
<tr>
<td>6% Medicare</td>
</tr>
<tr>
<td>14% Private</td>
</tr>
</tbody>
</table>

COUNTY SERVICE AREA
Benton | Iowa | Johnson | Jones | Linn
PEOPLES COMMUNITY HEALTH CLINIC
WATERLOO | CLARKSVILLE

CHRISTINE KEMP
Chief Executive Officer
ckemp@peoples-clinic.com
(319) 874-3000
www.peoples-clinic.com
peoplesclinic
@peopleswloo

LOCATIONS
Peoples Community Health Clinic
905 Franklin Street
Waterloo, IA 50703

Peoples Clinic Butler County
118 South Main Street
Clarksville, IA 50619

64,095
PATIENT VISITS

18,886
PATIENTS SERVED

931
HOMELESS PATIENTS
SERVED

314+
VETERANS SERVED

45,557
MEDICAL VISITS

10,646
DENTAL VISITS

5,586
BEHAVIORAL
HEALTH VISITS

1,701
ENABLING
SERVICES VISITS

605
OTHER VISITS

AGE OF PATIENTS  % of patients in each age group

37% 0-19
32% 20-44
23% 45-64
8% 65+

PATIENT INCOME  as % of federal poverty level based on # of patients

62% Below 100% FPL
28% 101-200% FPL
10% Over 200% FPL

RACE & ETHNICITY  % of patients by race and ethnicity

5% Asian
2% Hawaiian/Pacific Islander
31% Black/African American
61% White*
1% More Than One

*11% indicate they’re of Hispanic/Latino origin

INSURANCE SOURCE  based on # of patients

19% Uninsured
45% Medicaid
11% Medicare
2% Other Public
23% Private

COUNTY SERVICE AREA
Black Hawk | Butler
PRIMARY HEALTH CARE, INC.

DES MOINES | AMES | MARSHALLTOWN | URBANDALE

KELLY HUNSTMAN
Chief Executive Officer
khuntsman@phcinc.net
(515) 248-1447
www.phcinc.org
primaryhealthcareiowa
@PHCiowa
@PHCiowa

LOCATIONS

- Administrative Office
  1200 University Ave., #200
  Des Moines, IA 50314

- University Medical
  1200 University Ave., #120
  Des Moines, IA 50314

- University Dental
  1200 University Ave., #100
  Des Moines, IA 50314

- The Project of PHC
  1200 University Ave., #120
  Des Moines, IA 50314

- Pharmacy
  1200 University Ave., #105
  Des Moines, IA 50314

- Homeless Support Services
  1200 University Ave., #110A
  Des Moines, IA 50314

- Engebretsen Medical
  2333 SE 14th Street
  Des Moines, IA 50320

- Engebretsen Dental
  2333 SE 14th Street
  Des Moines, IA 50320

- East Side Campus
  3509 East 29th Street
  Des Moines, IA 50317

- PCH at Mercy
  250 Laurel Street
  Des Moines, IA 50314

- West Side Medical
  7555 Hickman Road
  Urbandale, IA 50322

- Marshalltown Medical
  412 East Church Street
  Marshalltown, IA 50158

- Marshalltown Dental
  112 East Linn Street
  Marshalltown, IA 50158

- Marshalltown Specialty Health
  704 May Street
  Marshalltown, IA 50158

- Ames Medical
  3510 Lincoln Way
  Ames, IA 50010

- PCH at Scavo
  1800 Grand Avenue
  Des Moines, IA 50309

- PCH at Hoover/Meredith
  4800 Aurora Avenue
  Des Moines, IA 50310

- PCH at YESS
  918 SE 11th Street
  Des Moines, IA 50309

- PCH at CISS
  1420 Mulberry Street
  Des Moines, IA 50309

- Mobile Health Unit
  Various Locations
  Around Central Iowa

141,801
PATIENT VISITS

38,867
PATIENTS SERVED

2,824
HOMELESS PATIENTS SERVED

719+
VETERANS SERVED

100,940
MEDICAL VISITS

24,430
DENTAL VISITS

9,053
BEHAVIORAL HEALTH VISITS

7,378
ENABLING SERVICES VISITS

AGE OF PATIENTS % of patients in each age group

- 30% 0-19
- 39% 20-44
- 23% 45-64
- 8% 65+

PATIENT INCOME as % of federal poverty level based on # of patients

- 60% Below 100% FPL
- 33% 101-200% FPL
- 7% Over 200% FPL

RACE & ETHNICITY % of patients by race and ethnicity

- 7% Asian
- 12% Black/African American
- 75% White*
- 2% More Than One
- 4% Unreported

*40% indicate they’re of Hispanic/Latino origin

INSURANCE SOURCE based on # of patients

- 36% Uninsured
- 36% Medicaid
- 7% Medicare
- 2% Other Public
- 19% Private

COUNTY SERVICE AREA

Marshall | Polk | Story
PROMISE COMMUNITY HEALTH CENTER

AMY KLEINHESSELINK
Chief Executive Officer/
Chief Financial Officer
amyk@promisechc.org

EMILY TUSCHEN
Chief Executive Officer/
Chief Operating Officer
etuschen@promisechc.org

LOCATIONS
Promise Community Health Center
338 1st Avenue NW
Sioux Center, IA 51250

PATIENT VISITS
16,538

PATIENTS SERVED
4,546

HOMELESS PATIENTS SERVED
103

VETERANS SERVED
27+

MEDICAL VISITS
8,109

DENTAL VISITS
5,243

BEHAVIORAL HEALTH VISITS
649

ENABLING SERVICES VISITS
2,139

VISION VISITS
398

AGE OF PATIENTS
% of patients in each age group

- 48% 0-19
- 37% 20-44
- 12% 45-64
- 3% 65+

PATIENT INCOME
% of federal poverty level based on # of patients

- 48% Below 100% FPL
- 39% 101-200% FPL
- 13% Over 200% FPL

RACE & ETHNICITY
% of patients by race and ethnicity

- 1% Asian
- 1% Hawaiian/Pacific Islander
- 1% Black/African American
- 6% American Indian/Alaska Native
- 58% White*
- 2% More Than One
- 31% Unreported

INSURANCE SOURCE
Based on # of patients

- 35% Uninsured
- 45% Medicaid
- 1% Medicare
- 19% Private

COUNTY SERVICE AREA
Sioux
AGE OF PATIENTS

14% 0-19
48% 20-44
33% 45-64
5% 65+

RACE & ETHNICITY

1% Asian
1% American Indian/Alaska Native
17% White*
1% More Than One
80% Unreported
*96% indicate they’re of Hispanic/Latino origin

PATIENT INCOME

87% Below 100% FPL
12% 101-200% FPL
1% Over 200% FPL

INSURANCE SOURCE

100% Uninsured

770 migrant workers & seasonal workers

Migrant workers are individuals whose principal employment is in agriculture, who have been so employed within the last 24 months, and who establishes for the purposes of such employment a temporary abode. Seasonal workers are individuals whose principal employment is in agriculture on a seasonal basis and who is not a migratory agricultural worker.

COUNTY SERVICE AREA

Proteus, Inc. provides services throughout the state of Iowa.
RIVER HILLS COMMUNITY HEALTH CENTER
OTTUMWA | RICHLAND | CENTERVILLE | SIGOURNEY | OSKALOOSA

RICK JOHNSON
Chief Executive Officer
rjohnson@riverhillshealth.org
(641) 954-9971
www.riverhillshealth.org
@RiverHillsCommunityHealthCenter

LOCATIONS
Administrative Office
216 South Market Street
Ottumwa, IA 52501

Wapello County Clinic
201 South Market Street
Ottumwa, IA 52501

Keokuk County Clinic – Richland
100 West Main Street
Richland, IA 52585

Appanoose County Clinic – Centerville
1015 North 18th Street, Suite C
Centerville, IA 52544

Keokuk County Clinic – Sigourney
300 West Kelly Street
Sigourney, IA 52591

Mahaska County Clinic – Oskaloosa
1417 A Ave East Suite 100
Oskaloosa, IA 52577

Patient Accounts & Medical Records Office
207 West 2nd Street
Ottumwa, IA 52501

PATIENT VISITS
62,978

PATIENTS SERVED
19,672

HOMELESS PATIENTS SERVED
57

VETERANS SERVED
543+

MEDICAL VISITS
28,791

DENTAL VISITS
22,116

BEHAVIORAL HEALTH VISITS
12,071

AGE OF PATIENTS

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>% OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19</td>
<td>38%</td>
</tr>
<tr>
<td>20-44</td>
<td>34%</td>
</tr>
<tr>
<td>45-64</td>
<td>19%</td>
</tr>
<tr>
<td>65+</td>
<td>9%</td>
</tr>
</tbody>
</table>

PATIENT INCOME

<table>
<thead>
<tr>
<th>INCOME LEVEL</th>
<th>% OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 100% FPL</td>
<td>43%</td>
</tr>
<tr>
<td>101-200% FPL</td>
<td>47%</td>
</tr>
<tr>
<td>Over 200% FPL</td>
<td>10%</td>
</tr>
</tbody>
</table>

RACE & ETHNICITY

<table>
<thead>
<tr>
<th>RACE/ETHNICITY</th>
<th>% OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>1%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>5%</td>
</tr>
<tr>
<td>White*</td>
<td>88%</td>
</tr>
<tr>
<td>More Than One</td>
<td>1%</td>
</tr>
<tr>
<td>Unreported</td>
<td>5%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>12%</td>
</tr>
</tbody>
</table>

INSURANCE SOURCE

<table>
<thead>
<tr>
<th>INSURANCE</th>
<th>% OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>29%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>38%</td>
</tr>
<tr>
<td>Medicare</td>
<td>6%</td>
</tr>
<tr>
<td>Private</td>
<td>27%</td>
</tr>
</tbody>
</table>

COUNTY SERVICE AREA
Appanoose | Davis | Jefferson | Keokuk | Mahaska | Monroe | Van Buren | Wapello
SIouxland Community Health Center
Sioux City | South Sioux City, NE

Mari Kaptain-Dahlen
Chief Executive Officer
mkaptaindahlen@slandchc.com
(712) 252-2477
www.slandchc.com
Siouxland Community Health Center
@slandchc
@slandchc

Locations
Siouxland Community Health Center
1021 Nebraska Street
Sioux City, IA 51105

Siouxland Community Health of Nebraska
3410 Futures Drive
South Sioux City, NE 68776

Patient Visits: 119,459
Patient Visits: 31,501
Patients Served: 399
Veterans Served: 319+

Medical Visits: 82,353
Dental Visits: 18,229
Behavioral Health Visits: 8,391
Vision Visits: 126
Enabling Services Visits: 10,360

Age of Patients
- 36% 0-19
- 36% 20-44
- 22% 45-64
- 6% 65+

Patient Income
- 82% Below 100% FPL
- 14% 101-200% FPL
- 4% Over 200% FPL

Race & Ethnicity
- 4% Asian
- 13% Black/African American
- 3% American Indian/Alaska Native
- 70% White*
- 1% More Than One
- 9% Unreported

*39% indicate they’re of Hispanic/Latino origin

Insurance Source
- 22% Uninsured
- 41% Medicaid
- 8% Medicare
- 2% Other Public
- 27% Private

County Service Area
Plymouth | Woodbury | Dakota, NE

Siouxland Community Health
an iowAhealth+center
RICH GEHRIG
Executive Director
rich@uchcsl.com
(712) 213-0109
www.uchcsl.com
UCHC SL

LOCATIONS
United Community Health Center
715 West Milwaukee
Storm Lake, IA 50588

AGE OF PATIENTS
% of patients in each age group
- 38% 0-19
- 35% 20-44
- 22% 45-64
- 5% 65+

PATIENT INCOME
as % of federal poverty level based on # of patients
- 51% Below 100% FPL
- 44% 101-200% FPL
- 5% Over 200% FPL

RACE & ETHNICITY
% of patients by race and ethnicity
- 8% Asian
- 4% Hawaiian/Pacific Islander
- 5% Black/African American
- 81% White*

INSURANCE SOURCE
based on # of patients
- 22% Uninsured
- 39% Medicaid
- 3% Medicare
- 36% Other Public

*51% indicate they’re of Hispanic/Latino origin

COUNTY SERVICE AREA
Buena Vista | Sac
IOWA’S COMMUNITY

MAIN SITE CLINICS

SATELLITE LOCATIONS

PROTEUS, INC. SITES
Community health centers provide primary and preventive healthcare services at 48 full-service sites and an additional 38 sites that include schools, nursing homes, homeless shelters, and other locations where special populations are served. In total, Iowans can access healthcare services at 86 sites statewide.