



**Association for
Utah Community Health**
Supporting Health Care for the Underserved

Statement of Lisa Nichols
Executive Director
Midtown Community Health Center
Ogden, Utah

before the

Senate Committee on Health, Education, Labor and Pensions
Hearing on Primary Care Access Reform:
Community Health Centers and the National Health Service Corps
Washington, D.C.

April 30, 2009

Mr. Chairman and Members of the Committee, my name is Lisa Nichols . I am the Executive Director of the Midtown Community Health Center in Ogden, Utah and a Board Member of the Association for Utah Community Health (AUCH). On behalf of Utah's eleven not-for-profit community health center corporations (CHCs), we appreciate the opportunity to demonstrate the cost-effective provision of comprehensive primary and preventive medical, dental, and mental health services being offered at 29 health care home delivery sites in Utah. While the National Association of Community Health Centers (NACHC) speaks to the contribution of the nation's CHCs providing service in more than 7,000 communities nationwide, AUCH will present information on Utah CHCs. The CHC response to Utah health care reform efforts is also included.

Community Health Centers in Utah

The first health center established in Utah was the Wayne Community Health Center in the rural town of Bicknell (January 1978), followed by the Salt Lake Community Health Center in 1979. The contrast in the two locations is striking - one a relatively isolated rural setting and the other within the large metropolitan area of the state. Fourteen of Utah's counties are classified as "Sparsely Populated/Frontier", with less than six persons per square mile. There are 14 health center delivery sites within these counties. Approximately 89% of Utah residents live in

metropolitan areas where fifteen health center delivery sites are located. ***The diverse nature of the populations/locations served by CHCs in Utah is a testimony to the versatility and suitability of the model to successfully provide comprehensive, high quality primary care in a reformed health care system.*** Appended to this document are profiles of Utah's CHCs together with 2008 data as reported to the Federal Bureau of Primary Health Care (BPHC). Important in describing CHCs in Utah is the comprehensive nature of the services provided to over 100,000 individuals , which include the following:

- Pediatric, adult and family medicine, inc. chronic disease management
- Obstetrics/gynecology
- Dental care
- Supporting social services
- Specialty referrals
- Immunizations
- School-based health locations
- Laboratory services
- Mental health/substance abuse counseling
- In-patient care
- Pharmacy (inc. access to 340B pricing)
- Smoking cessation and prevention
- Public health programs

Additionally, CHCs in Utah are connected through video technology, helping to mitigate the considerable geographic distances between the 29 sites. This capacity allows for educational/informational presentations for both CHC providers and patients from a variety of sources, e.g., Moran Eye Center and other University of Utah departments, the Utah Department of Health, Utah Women's Information Center, private providers. Teleophthalmology services for diabetic retinopathy screenings are provided collaboratively between all Utah CHCs and contracted screening providers. Teleradiology services are in place for most Utah CHCs, as well.

Utah CHCs have quantified the economic impact on the communities they serve. A 2006 report by Capital Link and AUCH found that the CHCs had an overall impact of \$71.1M and supported more than 846 jobs during the 2005 study period. The impact included \$42.6M in operational expenditures injected into local economies and \$28.5M in indirect and induced economic activity. Additionally, the report estimated that the economic output on Utah's CHCs included \$39.2M in aggregate gain of household incomes within the communities that CHCs served.

Staffing of CHCs with adequate numbers of primary care providers remains a challenge, however. Currently, there are ten CHC-posted vacancies in Utah with the National Health Service Corps, a primary recruitment source.

Community Health Center Role in a reformed Health Care Delivery System

Utah's CHC presented the following response to a United Way's Financial Stability Council Straw Man Reform Proposal in 2008. The response includes a number of cost-effective CHC practices that highlight the appropriateness of community health centers as centerpieces within health care reform efforts.

Guiding Principles	Health Center Alignment
<p>Contain Costs</p> <p>We must make difficult choices that will make health care more affordable and equitable, stem rapidly rising health care costs, simplify administration and encourage the implementation of health information technology. Incentives in the system must be realigned to focus on quality, value, best practices, and personal responsibility.</p>	<p>An emphasis on preventive care, such as immunizations, disease screenings, and health education provides for screening and early identification of conditions that are considerably more expensive to treat if not addressed early.</p> <p>Evidence-based chronic disease maintenance and monitoring slow the progression of conditions such as diabetes and heart disease, and minimize the need for costly hospitalization for these conditions. For example, if everyone with diabetes were screened for eye disease and received the recommended care and treatment, a savings of \$470 million could be created for the health care system nationally.¹¹ Utah's health centers currently provide retinal screenings for their diabetic patients.</p> <p>Many of Utah's health centers provide primary care services using Nurse Practitioners or Physician Assistants, which is a cost effective method of care delivery that has proven results.</p> <p>The total medical care services cost per medical encounter in Utah health centers averages \$110. This compares with the average encounter charge in an emergency department for a medical condition which could more appropriately have been treated in a primary care setting of \$347-\$572¹², depending on the degree of delay by the patient and subsequent severity.</p> <p>Following Federal health information technology best practice guidelines, health centers in Utah monitor health outcomes and track key measures. CHCs are adopting integrated electronic medical records technology, and many sites have also implemented telehealth technology.</p>

¹¹ National Association of Chronic Disease Directors, An Urgent Reality: The Need to Prevent and Control Chronic Diseases, undated.

¹² Utah Office of Health Care Statistics, Utah Department of Health. Primary Care Sensitive Emergency Department Visits in Utah, 2001. April, 2004. http://health.utah.gov/hda/Reports/Primary_Care_ERvisits_Utah2001.pdf

<p>Shared Responsibility</p> <p>Individuals, employers, providers, insurers, state government and the federal government share responsibility to make high-quality, cost-effective health care available to everyone. Within this framework, Utahns should decide what health care solutions work best for them.</p>	<p>The model of health centers has always been based on shared responsibility. The clinics do not provide charity or free care, but provide a reasonable fee schedule that is based on an individual's ability to pay for the services. In 2006, \$4.4 million was collected directly from health center patients for care rendered¹³.</p> <p>In addition to patient revenue, the health center model leverages a combination of contract and grant funding from federal, state, local, and private sources to ensure adequate access to high-quality care for all health center patients. Shared responsibility is inherent in the diverse funding sources that are brought together to serve each community in which health centers operate.</p>
<p>Support For Market Based Solutions</p> <p>Effective and fair competition in a responsibly regulated free market system will deliver greater value for both employers and individuals. Competition should be focused on effectiveness, outcomes, efficiency, and overall quality and value. Consumers should have the information and incentive to choose health care options based on value.</p>	<p>CHCs are full participants in the existing health care market. Patients are rigorously screened for insurance eligibility. Health centers participate in all available health plans. Insurers, including Medicare and Medicaid, are billed according to established methodologies.</p> <p>The quality of care at CHCs is assured by the rigorous standards required to annually maintain their Federal designation and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) ambulatory care accreditation.</p>
<p>Endorse Wellness and Prevention</p> <p>Healthy lifestyles and preventive care form the cornerstone of good health. Individuals must take responsibility for their health and be provided with incentives that reward responsible behavior.</p>	<p>Health centers receive significant UDOH funding (\$348,000) to engage in preventive care activities, including funding from Heart Disease and Stroke Prevention, Immunization, and Tobacco Control to implement programs in their patient base.</p> <p>Health centers adhere to national quality measures in the treatment of individuals with chronic conditions such as diabetes and heart disease.</p>

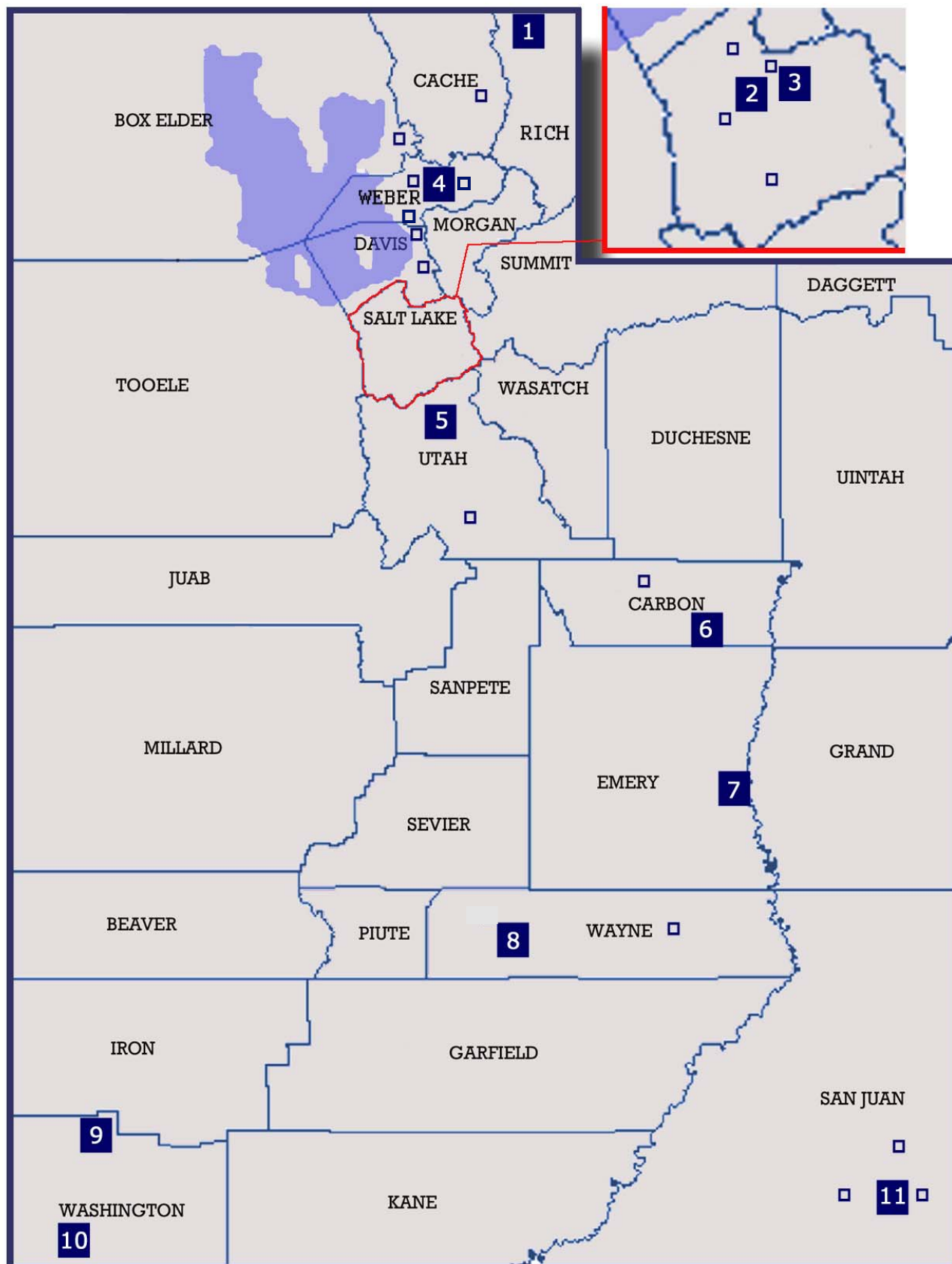
¹³ US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System Calendar Year 2006 Utah Rollup Report, available on request. AUCH Health Care Reform Action Plan - April 2008

	<p>Health centers leverage funding sources to improve access for preventive screening technology, such as the use of a shared retinal camera for diabetic screenings.</p> <p>Health centers continue to emphasize wellness practices as an essential component of good health care. Services offered may include health education, parenting education, and lifestyle change practices.</p> <p>Through the services offered by health centers, patients gain an understanding of the impact that current decisions have on their subsequent health status.</p>
<p>Be Compassionate</p> <p>Society must devote appropriate resources to care for the most needy in our community. In addition, population-specific differences in the presence of disease, health outcomes and access to health care should be eliminated.</p>	<p>Health centers in Utah and nationally have continued to follow a vision that places the patient first, regardless of their economic, insurance, or geographic situations.</p> <p>As an example, Utah's health centers provided care to over 53,000 uninsured Utahns in 2006 (61% of the total patient base, and 17.6% of the total uninsured in the state). Utah's health centers also provided care to over 83,000 individuals living at or below 200% of the poverty level. (94.4% of total patient base)¹⁴</p> <p>Access to health center services is designed to accommodate any person in need of health care services. The use of a sliding fee scale based on income provides one indication of the commitment to access that health centers share. Significant resources are expended in health centers to assist patients.</p>

The following information includes a brief profile of each health center organization in Utah.

¹⁴ US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System Calendar Year 2006 Utah Rollup Report, available on request.

Utah's Community Health Centers 2008



~ Utah's Community Health Centers ~

The following list includes Community Health Center sites that were supported by HRSA Bureau of Primary Health Care grants in 2008. For more details about each community health center organization, visit www.auch.org.

- 1. Bear Lake Community Health Center, Inc.**
Clinics: Bear Lake CHC (Garden City)
Cache Valley CHC (Logan)
LaVal Jensen, Executive Director
DJ Ballingham PA-C, Medical Director
435-946-3660

- 2. Community Health Centers, Inc.**
Clinics: Copperview CHC (Midvale)
Oquirrh View CHC (Taylorsville)
Central City CHC (Downtown SLC)
Stephen D. Ratcliffe CHC (Rose Park)
Clinica de Buena Salud/Utah Farm Worker Health Program (Brigham City/mobile services statewide)
Dexter Pearce, Executive Director
Keith Horwood MD, Medical Director
801-412-6920

- 3. Wasatch Homeless Health Care, Inc.**
Clinic: Fourth Street Clinic (Downtown SLC)
Open Door and Outreach Services (SLC)
Allan D. Ainsworth PhD, Executive Director
Christina Gallop MD, Medical Director
801-364-0058

- 4. Midtown Community Health Center**
Clinics: Midtown CHC (Ogden)
Weber Midtown Dental Clinic (Ogden)
Davis County Medical Clinic (Farmington)
Davis County Dental Clinic (Layton)
Children's Clinic (Ogden)
James Madison Elementary Health Center (Ogden)
Lisa Nichols, Executive Director
Richard Gregoire MD, Medical Director
801-393-5355

- 5. Mountainlands Community Health Center**
Clinics: Mountainlands CHC (Provo)
Payson Family Health Center (Payson)
Todd Bailey, Executive Director
Bruce Grover MD, Medical Director
801-374-9660

- 6. Carbon Medical Services Association, Inc.**
Clinics: Carbon Medical SA (East Carbon)
The Helper Clinic (Helper)
Yvonne Jensen, Executive Director
Virginia Wheeler FNP-C, Medical Director
435-888-4411

- 7. Green River Medical Center**
Clinic: Green River MC (Green River)
Mary Winters, Executive Director
Kim McFarlane PA-C, Medical Director
435-564-3434

- 8. Wayne Community Health Centers, Inc.**
Clinics: Wayne CHC (Bicknell)
Wayne CHC (Hanksville)
Gina Flanagan, Executive Director
Jeffrey Chappell MD, Medical Director
435-425-3744

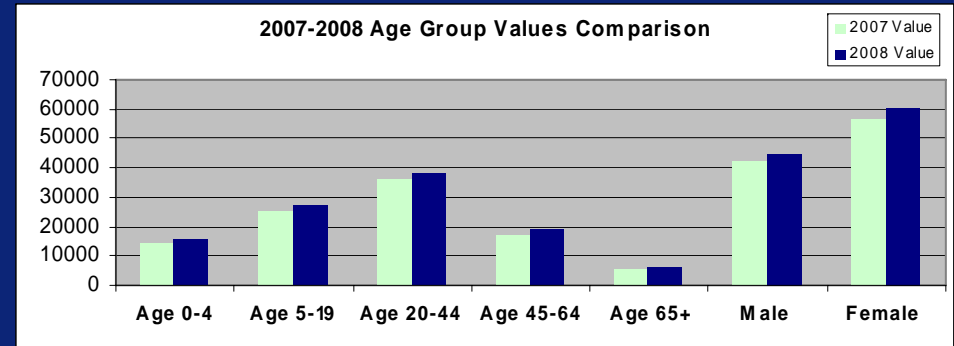
- 9. Enterprise Valley Medical Clinic**
Clinic: Enterprise Valley MC (Enterprise)
Rydel Reber, Executive Director
Curt Niederhauser PA-C, Medical Director
435-878-2281

- 10. Southwest Utah Community Health Center**
Clinic: Southwest Utah CHC (St. George)
Nancy Neff, Executive Director
David Grygla DO, Medical Director
435-986-2565

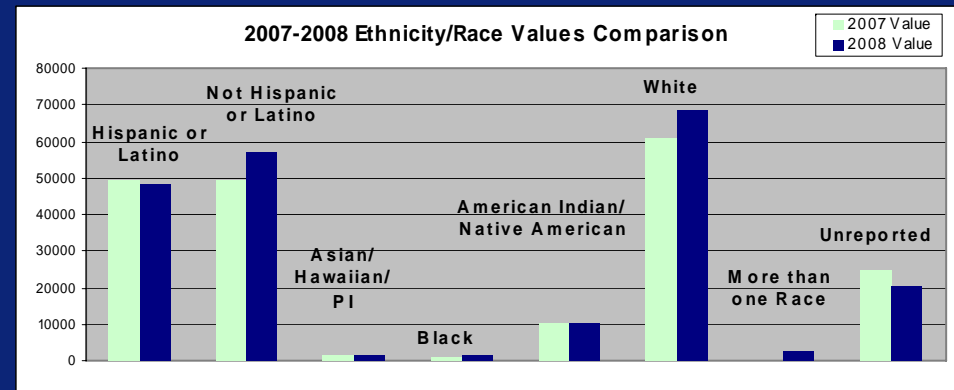
- 11. Utah Navajo Health System, Inc.**
Clinics: Monument Valley CHC (Mon. Valley)
Blanding Family Practice (Blanding)
Montezuma Creek CHC (Montezuma Creek)
Navajo Mountain CHC (Tonalea, AZ)
Donna Singer, Executive Director
L. Val Jones MD, Medical Director
435-651-3291

2008 Utah Community Health Centers Preliminary Demographic Rollup

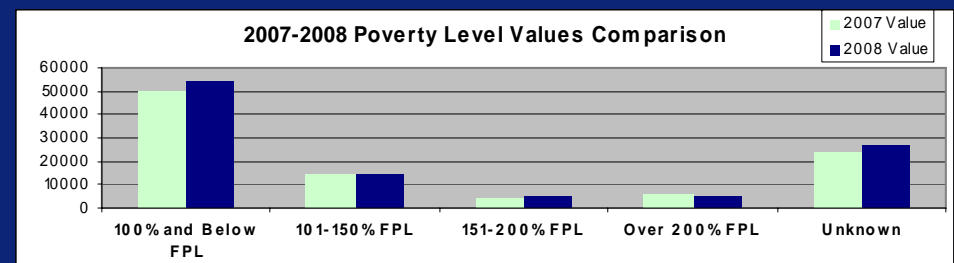
Age Groups	2007 Value	2007 %	2008 Value	2008 %
Age 0-4	14,463	14.7%	15,559	14.7%
Age 5-19	25,075	25.5%	27,005	25.6%
Age 20-44	36,342	37.0%	38,077	36.1%
Age 45-64	16,855	17.1%	18,997	18.0%
Age 65+	5,596	5.7%	5,913	5.6%
Total	98,331		105,551	
Male	42,112	42.8%	44,974	42.6%
Female	56,219	57.2%	60,577	57.4%



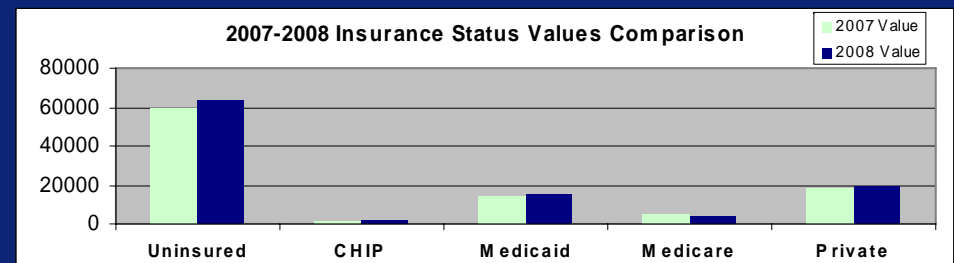
Ethnicity/Race	2007 Value	2007 %	2008 Value	2008 %
Hispanic or Latino	49,215	50.1%	48,400	45.9%
Not Hispanic or Latino	49,116	49.9%	57,151	54.1%
Asian/Hawaiian/PI	1,511	1.5%	1,528	1.4%
Black	932	0.9%	1,471	1.4%
American Indian/AN	10,270	10.4%	10,647	10.1%
White	60,872	61.9%	68,630	65.0%
More than one Race	136	0.1%	2,940	2.8%
Unreported	24,610	25.0%	20,335	19.3%
Total Patients	98,331		105,551	
Language Other than English	39,429	40.1%	40,188	38.1%



Poverty Levels	2007 Value	2007 %	2008 Value	2008 %
100% and Below FPL	49,389	50.2%	54,251	51.4%
101-150% FPL	14,484	14.7%	14,622	13.9%
151-200% FPL	4,419	4.5%	5,248	5.0%
Over 200% FPL	6,091	6.2%	4,800	4.5%
Unknown	23,948	24.4%	26,630	25.2%



	2007 Value	2007 %	2008 Value	2008 %
Uninsured	59,708	60.7%	63,419	60.1%
CHIP	1,208	1.2%	1,968	1.9%
Medicaid	14,620	14.9%	15,661	14.8%
Medicare	4,648	4.7%	4,569	4.3%
PCN/Other Public	20	0.0%	23	0.0%
Private	18,127	18.4%	19,911	18.9%
Total	98,331		105,551	



Bear Lake Community Health Center, Inc.

The mission of BLCHC is to provide access to quality primary and urgent health care for the residents and visitors of the Bear Lake Valley and surrounding communities on an ability-to-pay basis. The center takes a holistic approach to maintaining a healthy community through education, prevention, and a community networking system.

In 2008, the clinics of BLCHC served 5,138 individual patients, and provided 15,819 patient visits during the year while supporting 28 full time equivalent positions in its clinic communities.

2008 Key Demographics

Insurance	Poverty Level	Age Groups	Ethnicity/Race
Uninsured 33%	100% or < FPL 10%	Age 0-4 11%	Hispanic/Latino 7%
CHIP 0%	101-150% FPL 2%	Age 5-19 25%	Not Hisp/Latino 93%
Medicaid 9%	151-200% FPL 1%	Age 20-44 38%	Asian/PI <1%
Medicare 6%	>200% FPL <1%	Age 45-64 19%	Black <1%
PCN/Other 0%	Unknown 87%	Age 65+ 7%	NA/AI <1%
Private 52%			White 92%
			> One Race 7%
			Unreported <1%

FPL=Federal Poverty Level

Bear Lake Community Health Center, Inc.

325 West Logan Highway Suite 3
PO Box 328
Garden City, UT 84028
435-946-3660

Cache Valley Community Health Center

550 East 1400 North Suite K
Logan, UT 84341
435-755-6061

LaVal Jensen
Executive Director

DJ Ballingham, PA-C
Medical Director

Congressional District One

Carbon Medical Services Association, Inc.

Carbon Medical Services Association, Inc. (CMSA) was originally founded in 1952 to serve the needs of the local coal miners and their families. Since 1992, CMSA has been operating as a Federally Qualified Health Center. CMSA operates two clinic sites, and serves Carbon County and the northeast region of Emery County.

In 2008, the clinics of CMSA served 3,058 individual patients, and provided 9,651 patient visits during the year while supporting over 19 full time equivalent positions in its clinic communities.

2008 Key Demographics

Insurance	Poverty Level	Age Groups	Ethnicity/Race
Uninsured 33%	100% or < FPL 33%	Age 0-4 5%	Hispanic/Latino 15%
CHIP 1%	101-150% FPL 11%	Age 5-19 14%	Not Hisp/Latino 85%
Medicaid 12%	151-200% FPL 3%	Age 20-44 37%	Asian/PI <1%
Medicare 18%	>200% FPL 2%	Age 45-64 30%	Black <1%
PCN/Other 0%	Unknown 51%	Age 65+ 14%	NA/AI <1%
Private 36%			White 92%
			> One Race 0%
			Unreported 7%

FPL=Federal Poverty Level

Carbon Medical Services Association, Inc.

305 Center Street
PO Box 930
East Carbon, UT 84520
435-888-4411

Helper Clinic
125 South Main Street
Helper, UT 84526
435-472-7000

Yvonne Jensen
Executive Director

Virginia Wheeler, FNP-C
Medical Director

Congressional District Two

Community Health Centers, Inc.

Community Health Centers, Inc.
 1798 S West Temple Suite A-100
 Salt Lake City, UT 84115
 801-412-6920

Central City CHC

461 S 400 East
 SLC, UT 84111
 801-539-8634

Congressional District One

Stephen D. Ratcliffe CHC

1365 West 1000 North
 Salt Lake City, UT 84116
 801-328-5750

Congressional District One

Copperview CHC

8446 S Harrison St.
 Midvale, UT 84047
 801-566-5494

Congressional District Two

Oquirrh View CHC

4745 South 3200 West
 Salt Lake City, UT 84118
 801-964-6214

Congressional District Three

Dexter Pearce
 Executive Director

Keith Horwood, MD
 Medical Director

The mission of CHC, Inc. is to provide quality patient centered primary health care services to individuals regardless of their ability to pay. It is CHC's vision that culturally relevant primary health care is available, affordable, appropriate, adequate and acceptable to all community members, particularly for individuals, families and groups who are vulnerable and underserved.

In 2008, the clinics of CHC, Inc. served 31,096 individual patients, and provided 99,432 visits during the year while supporting 152 full time equivalent positions in its clinic communities.

2008 Key Demographics

Insurance	Poverty Level	Age Groups	Ethnicity/Race
Uninsured 63%	100% or < FPL 61%	Age 0-4 20%	Hispanic/Latino 73%
CHIP 2%	101-150% FPL 18%	Age 5-19 32%	Not Hisp/Latino 27%
Medicaid 18%	151-200% FPL 5%	Age 20-44 33%	Asian/PI 3%
Medicare 2%	>200% FPL 1%	Age 45-64 12%	Black <1%
PCN/Other 0%	Unknown 15%	Age 65+ 3%	NA/AI 3%
Private 15%			> One Race <1%
			Unreported 5%

FPL=Federal Poverty Level

Utah Farm Worker Health Program

In 1990, Community Health Centers, Inc. (CHC) received Federal funding to provide health services to Utah's migrant and seasonal farm workers and their families. CHC provides medical, dental, health education, and outreach services through the Utah Farm Worker Health Program (UFWH). UFWH also refers patients to other existing health care providers and resources.

In 2008, UFWH served 5,531 individual patients, and provided 7,088 patient visits during the year through the Brigham City clinic site (Clinica de Buena Salud) and mobile van services.

2008 Key Demographics

Insurance	Poverty Level	Age Groups	Ethnicity/Race
Uninsured 92%	100% or < FPL 92%	Age 0-4 13%	Hispanic/Latino 98%
CHIP 1%	101-150% FPL 5%	Age 5-19 78%	Not Hisp/Latino 2%
Medicaid 4%	151-200% FPL 1%	Age 20-44 6%	Asian/PI 2%
Medicare <1%	>200% FPL <1%	Age 45-64 2%	Black 1%
PCN/Other 0%	Unknown 2%	Age 65+ <1%	NA/AI 1%
Private 3%			> One Race 0%
			Unreported 11%

FPL=Federal Poverty Level

Main Office
 461 South 400 East
 SLC, UT 84111
 801-325-9580

Clinica de Buena Salud
 14 North 100 East #2
 Brigham City, UT 84302
 435-723-8276

Jorge Rodriguez
 Program Director

Jeff Coursey, PA-C
 Medical Director

Clinic Congressional District One

Enterprise Valley Medical Clinic

The Enterprise Valley Medical Clinic (EVMC), established in 1983, provides primary and preventive care to a service area spanning a forty-mile radius in rural southwest Utah. EVMC serves individuals living in the Washington County towns of Enterprise, Central, Brookside, and Veyo and the Iron County towns of Beryl, New Castle, Modena, and Lund.

In 2008, the EVMC served 2,465 individual patients, and provided 6,619 visits during the year while supporting over 9 full time equivalent positions in its clinic community.

Enterprise Valley Medical Clinic

223 South 200 West
PO Box 370
Enterprise, UT 84725
435-878-2281

Rydel Reber
Executive Director

Curt Niederhauser, PA-C
Medical Director

Congressional District Two



2008 Key Demographics

Insurance	Poverty Level	Age Groups	Ethnicity/Race
Uninsured 45%	100% or < FPL 29%	Age 0-4 11%	Hispanic/Latino 14%
CHIP 2%	101-150% FPL 17%	Age 5-19 29%	Not Hisp/Latino 86%
Medicaid 10%	151-200% FPL 10%	Age 20-44 29%	Asian/PI <1%
Medicare 9%	>200% FPL 37%	Age 45-64 19%	Black <1%
PCN/Other 1%	Unknown 7%	Age 65+ 12%	NA/AI 1%
Private 33%			White 89%
			> One Race 0%
			Unreported 9%

FPL=Federal Poverty Level

Green River Medical Center

The Green River Medical Center (GRMC) provides a full range of healthcare services to eastern Emery and northern Grand counties in southeastern Utah. GRMC not only provides care to the local residents but also provides the bulk of emergency medical services for those individuals traveling on the isolated stretch of Interstate 70 running through central Utah.

In 2008, GRMC served 1,527 individual patients, and provided 4,804 patient visits during the year while supporting almost 7 full time equivalent positions in its clinic community.

2008 Key Demographics

Insurance	Poverty Level	Age Groups	Ethnicity/Race
Uninsured 38%	100% or < FPL 41%	Age 0-4 6%	Hispanic/Latino 17%
CHIP 2%	101-150% FPL 11%	Age 5-19 26%	Not Hisp/Latino 83%
Medicaid 14%	151-200% FPL 3%	Age 20-44 33%	Asian/PI <1%
Medicare 13%	>200% FPL 3%	Age 45-64 22%	Black <1%
PCN/Other 0%	Unknown 42%	Age 65+ 14%	NA/AI 22%
Private 33%			White 75%
			> One Race 0%
			Unreported 1%

FPL=Federal Poverty Level

Green River Medical Center

585 West Main St.
PO Box 417
Green River, UT 84525
435-564-3434

Mary Winters
Executive Director

Kim McFarlane, PA-C
Medical Director

Congressional District Two



Midtown Community Health Center

Midtown Community Health Center's (MTCHC) mission is to provide excellent and safe health care to the residents of Northern Utah, especially those with economic, geographic, cultural, and language barriers. MTCHC is recognized for its high level of cultural competency and ability to provide affordable, quality health care.

In 2008, the clinics of MTCHC served 25,969 individual patients, and provided 60,060 visits during the year while supporting over 76 full time equivalent positions in its clinic communities.

2008 Key Demographics

Insurance	Poverty Level	Age Groups	Ethnicity/Race (2007)
Uninsured 68%	100% or < FPL 36%	Age 0-4 16%	Hispanic/Latino 60%
CHIP 2%	101-150% FPL 12%	Age 5-19 26%	Not Hisp/Latino 40%
Medicaid 13%	151-200% FPL 3%	Age 20-44 38%	Asian/PI <1%
Medicare 3%	>200% FPL <1%	Age 45-64 16%	Black 1%
PCN/Other 0%	Unknown 48%	Age 65+ 4%	NA/AI <1%
Private 15%			White 35%
			> One Race <1%
			Unreported 62%

FPL=Federal Poverty Level

Midtown Community Health Center
2240 Adams Ave.
Ogden, UT 84401
801-393-5355

Weber Dental Clinic
3920 University Circle
Ogden, UT 84408
801-626-7169

Children's Clinic
425 East 5350 South Suite 355
Ogden, UT 84405
801-475-7007

Davis Medical Clinic
50 East State St.
PO Box 1148
Farmington, UT 84025
801-451-3711

Davis Dental Clinic
360 South Fort Lane, 3-A
Layton, UT 84041
801-543-3327

James Madison Elementary Health Center
781 25th Street
Ogden, UT 84401
Opening April 6th

Lisa Nichols
Executive Director

Richard Gregoire, MD
Medical Director

Congressional District One

Mountainlands Community Health Center

The mission of MCHC is "Health professionals providing and collaborating with other partners to assure high-quality health care for everyone in our community". MCHC is the only provider in Utah County that offers comprehensive primary medical, dental, and mental health services on a sliding fee scale.

In 2008, MCHC served 10,111 individual patients, and provided 32,397 patient visits during the year while supporting almost 51 full time equivalent positions in its clinic communities.

2008 Key Demographics

Insurance	Poverty Level	Age Groups	Ethnicity/Race
Uninsured 75%	100% or < FPL 64%	Age 0-4 14%	Hispanic/Latino 78%
CHIP 2%	101-150% FPL 20%	Age 5-19 19%	Not Hisp/Latino 22%
Medicaid 11%	151-200% FPL 3%	Age 20-44 46%	Asian/PI 1%
Medicare 3%	>200% FPL 1%	Age 45-64 16%	Black 3%
PCN/Other 0%	Unknown 11%	Age 65+ 5%	NA/AI <1%
Private 9%			> One Race 0%
			Unreported <1%

FPL=Federal Poverty Level

Mountainlands CHC
215 West 100 North
Provo, UT 84601
801-374-9660

Payson Family Health Center
910 East 100 North
Suite 155
Payson, UT 84651
801-465-1890

Todd Bailey
Executive Director

Bruce Grover, MD
Medical Director

Congressional District Three

Southwest Utah Community Health Center

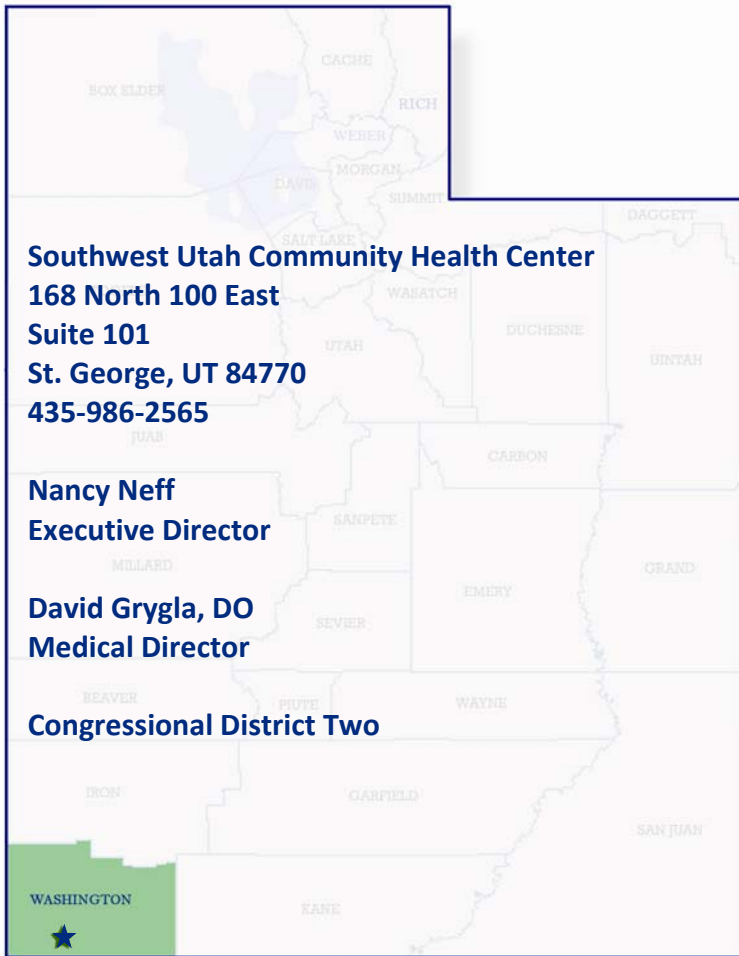
The mission of the SWUCHC is to make lives better in Southwest Utah by providing accessible, quality health care, regardless of financial, language, or cultural barriers. SWUCHC serves a five-county area in southwestern Utah, and is the only provider of care in the St. George area that offers medical, dental, and mental health services on a sliding fee scale.

In 2008, the SWUCHC served 4,805 individual patients, and provided 13,585 visits during the year while supporting over 18 full time equivalent positions in its clinic community.

2008 Key Demographics

Insurance	Poverty Level	Age Groups	Ethnicity/Race
Uninsured 57%	100% or < FPL 64%	Age 0-4 17%	Hispanic/Latino 66%
CHIP 2%	101-150% FPL 18%	Age 5-19 17%	Not Hisp/Latino 34%
Medicaid 24%	151-200% FPL 5%	Age 20-44 44%	Asian/PI 1%
Medicare 4%	>200% FPL 3%	Age 45-64 18%	Black 1%
PCN/Other 0%	Unknown 11%	Age 65+ 5%	NA/AI 2%
Private 13%			White 48%
			> One Race 51%
			Unreported <1%

FPL=Federal Poverty Level



Wayne Community Health Centers, Inc.

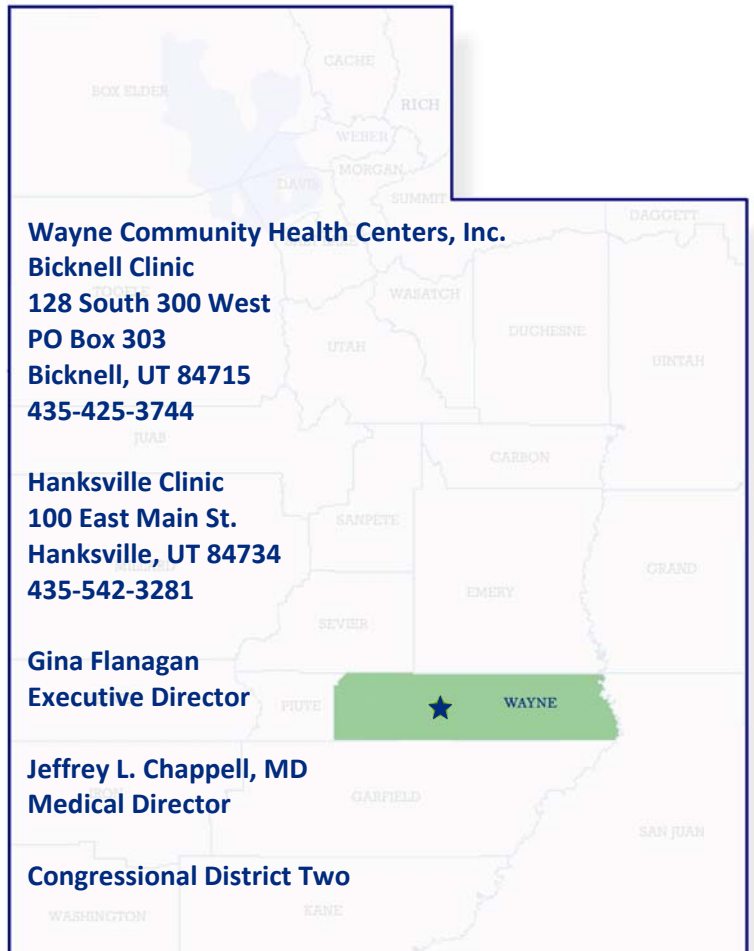
WCHC has been offering full-time primary health care services in Wayne County since 1978. Deep canyons and high mountains separate this service area from any other primary or emergency care provider for 60 to 120 miles. WCHC has built a strong reputation for delivery of high quality services to this economically depressed and isolated area.

In 2008, WCHC served 3,899 individual patients, and provided 15,068 patient visits during the year while supporting almost 26 full time equivalent positions in its clinic communities.

2008 Key Demographics

Insurance	Poverty Level	Age Groups	Ethnicity/Race
Uninsured 42%	100% or < FPL 29%	Age 0-4 8%	Hispanic/Latino 2%
CHIP 7%	101-150% FPL 13%	Age 5-19 29%	Not Hisp/Latino 98%
Medicaid 5%	151-200% FPL 10%	Age 20-44 27%	Asian/PI <1%
Medicare 7%	>200% FPL 39%	Age 45-64 22%	Black <1%
PCN/Other 0%	Unknown 9%	Age 65+ 14%	NA/AI <1%
Private 39%			White 96%
			> One Race 0%
			Unreported 2%

FPL=Federal Poverty Level



Wasatch Homeless Health Care, Inc.

Fourth Street Clinic

The Fourth Street Clinic helps homeless Utahns improve their health and quality of life by providing high-quality health care and support services. WHHC principles include the fact that good health is necessary for maintaining a job and stable housing; that affordable health care and housing are basic human rights; that compassionate and respectful health care is delivered to all Fourth Street Clinic patients; and that ensuring affordable health care, housing and other basic life necessities will break and prevent the cycle of homelessness.

In 2008, the Fourth Street Clinic provided health care to 5,723 individuals.

2008 Key Demographics			
Insurance	Poverty Level	Age Groups	Ethnicity/Race
Uninsured 84%	100% or < FPL 93%	Age 0-4 4%	Hispanic/Latino 19%
CHIP <1%	101-150% FPL 1%	Age 5-19 6%	Not Hisp/Latino 81%
Medicaid 13%	151-200% FPL <1%	Age 20-44 50%	Asian/PI 1%
Medicare 3%	>200% FPL <1%	Age 45-64 39%	Black 8%
PCN/Other 0%	Unknown 5%	Age 65+ 2%	NA/AI 4%
Private <1%			White 70%
			> One Race 0%
			Unreported 17%

FPL=Federal Poverty Level



Wasatch Homeless Health Care, Inc.
Fourth Street Clinic
404 South 400 West
Salt Lake City, UT 84101
801-364-0058

Allan D. Ainsworth, PhD
Executive Director

Christina Gallop, MD
Medical Director

Congressional District One

Utah Navajo Health System, Inc.

The mission of UNHS is to make a difference in the quality of life for all community members by providing high quality, comprehensive primary and preventive health care in a culturally and linguistically competent manner while maintaining fiscal viability. UNHS operates clinics in San Juan County, Utah and Tonalea, AZ, and is a major provider of health care to Navajo Tribal members living in southeast Utah and adjacent "Four Corners" locations.

In 2008, UNHS served 11,760 individual patients, and provided 53,660 visits during the year while supporting over 129 full time equivalent positions in its clinic communities.

2008 Key Demographics			
Insurance	Poverty Level	Age Groups	Ethnicity/Race
Uninsured 44%	100% or < FPL 62%	Age 0-4 12%	Hispanic/Latino <1%
CHIP 1%	101-150% FPL 11%	Age 5-19 28%	Not Hisp/Latino 99%
Medicaid 20%	151-200% FPL 12%	Age 20-44 26%	Asian/PI <1%
Medicare 8%	>200% FPL 13%	Age 45-64 24%	Black <1%
PCN/Other 0%	Unknown 2%	Age 65+ 9%	NA/AI 76%
Private 28%			White 24%
			> One Race 0%
			Unreported <1%

FPL=Federal Poverty Level



Utah Navajo Health System, Inc.
Montezuma Creek CHC
PO Box 130
Montezuma Creek, UT 84534
435-651-3291

Donna Singer
Executive Director

L. Val Jones, MD
Medical Director

Congressional District Two

Blanding Family Practice
799 South 200 West
Blanding, UT 84511
435-678-3601

Monument Valley CHC
PO Box 360-005
Monument Valley, UT 84536
435-727-3241

Navajo Mountain CHC
PO Box 10255
Tonalea, AZ 86044
928-672-2498