



Association for Utah Community Health

National Advisory Council for Nursing Research

Tracey Siaperas - Research Liaison

May 19, 2026

What is the Association for Utah Community Health?

- Utah Primary Care Association (PCA) for 41 years
- Health Center Controlled Network (HCCN) since 2019
- Members: FQHCs and partners
- 15,000+ hours of technical assistance yearly
- Tracks and responds to healthcare changes
- Uses health IT to improve access, quality, and cost

Research Liaison

- Established in 2018 to connect the Huntsman Center for HOPE and health centers
- Existing relationship with health centers
- Key liaison across centers, PIs, teams
- Close collaboration and research coordination

Strong, Reliable Partnerships with Members

- Long-standing partnerships with member health centers
- Deep understanding of health center operations and needs
- Ongoing, consistent engagement and support
- Built on trust, credibility, and shared goals
- Proven track record of collaboration and results



What is a Community Health Center?

Health Center History and Mission

- 1965: First Neighborhood Health Centers launched
- Initiated by the Office of Economic Opportunity
- Led by Drs. Jack Geiger, Count Gibson
- Rooted in Civil Rights, War on Poverty
- Improve health in underserved communities



Health Center History and Mission

- Break the poverty - health cycle
- Address root causes beyond clinical care
- Expand health support beyond medical services
- Improve access to food, housing, and sanitation
- Empower communities and use solutions like prescribed food programs



Health Center History and Mission

- 1975–1977: Program permanently authorized
- Authorized under Section 330, PHSA
- Transitioned from pilot to national program
- Administered by HRSA, BPHC
- Now among the largest U.S. healthcare programs



Health Center Program Requirements

- Private or public nonprofit organizations
- Serve medically underserved communities/populations
- Provide comprehensive primary, preventive care
- Sliding fee scale; regardless of ability
- Patient-majority governing boards required



Health Center Program Benefits

- Receive HRSA Health Center Program Funding
- FQHC reimbursement rates for service
- Access discounted medications through 340B
- VFC vaccines for uninsured children
- NHSC support for provider loan repayment



2024

1 in 10 Americans depend on a **health center**
for affordable, trusted care



1,512

Health Centers
17,076 Clinics
Every State & Territory



10 Million
Children



428,000
Veterans



428,000
Veterans



1.5 Million
Homelessness

Utah Health Center Program Grantees



Utah Health Centers in 2024

175k+ Patients Served
1 in 23 Utahns

1 in 23 Utahns

1 in 5 Uninsured Utahns

1 in 4 Living in Poverty



40k+
Children



42k+
Rural Utahns



2k+
Veterans



9k+
Farm Workers

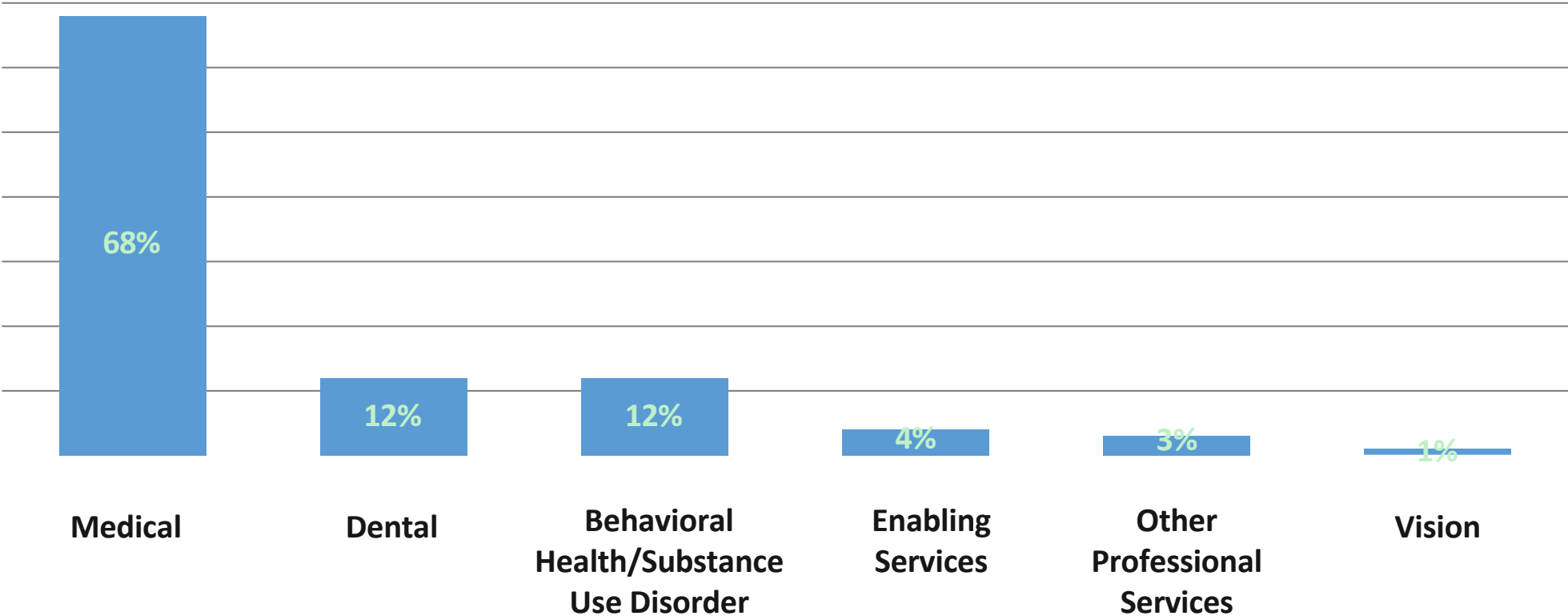


9k+
Homeless
Individuals

86% Below 200% of Poverty Line

Whole Person Care

653,000+
Patient Visits





Health Center Needs, & Research

Clinical Delivery Priorities

- Strengthen chronic care management
- Coordinate care to improve outcomes
- Enhance chronic disease prevention
- Promote healthy behaviors



Clinical Delivery Priorities

- Patient outreach to close care gaps
- Embed continuous quality improvement in training
- Identify and support high-risk patients



Service Gaps

- Community Outreach
- Patient Navigation
- Supportive Housing
- Transportation
- Oral Health
- Oral Health Integration- Peds
- Substance Use Treatment
- Suicide Prevention
- Mental Health
- Workforce Recruitment & Retention

Special Populations

- Older Adults Aged 65+
- Pediatric Patients
- Persons Experiencing Homelessness and/or Living in Public Housing



Research Priorities for Utah Health Centers

- Colorectal Cancer Screening
- Cervical Cancer Screening (self-collection)
- Breast Cancer Screening
- Chronic Disease Care and Prevention
- Workforce Efficiency and/or Capacity
- Behavioral Health and/or Integration

Research Priorities for Utah Health Centers

- EHR Optimization
- Data Infrastructure
- Data Analytics
- AI/Chat Bots
- Value Based Care Delivery
- Maternal and Child Health



The Start of a Strategic Partnership

Trusted Partnerships Enable Collaborative Research

Established relationships among:

- University of Utah
- Huntsman Center for HOPE
- AUCH leadership

Opportunity to collaborate on Beat Pain Utah research study

Focus: Reducing opioid use in patients with chronic lower back pain

Intervention: Physical therapy

Challenges

- Covid-19
- New partnership with the University of Utah
- Three research studies already in progress
- Hesitancy to add patient text messaging alongside existing testing outreach
- Operating on limited staff due to the pandemic

Successes

- 1063 patients referred across nine health centers
- Azara APO tool and provider referrals drove enrollment
- Automated texts to patients with chronic lower back pain
- Reduced staff burden through automation
- Study launched successfully despite pandemic constraints

A wide-angle landscape photograph capturing a sunset over a rocky terrain. The sky is filled with soft, wispy clouds in shades of blue and white, with the sun low on the horizon, creating a warm glow and lens flare. In the foreground, a large, gnarled tree with sparse foliage stands on a light-colored, layered rock formation. To the right, a person is silhouetted against the sunset, standing on a distant rock peak. The overall mood is serene and majestic.

AUCH: Partnership Impact

Driving Innovation & Impact in Utah Health Centers: Partnerships, Funding, and Population Health Transformation

The Challenge in Utah:

Utah health centers serve:

- **43% uninsured patients** vs. 18% nationally (+138%)
- **20% Medicaid patients** vs. 49% nationally (-59%)

Financial pressure:

- Must generate **\$3.09 per \$1** of federal funding (vs. \$0.72 nationally)

Result:

Limited ability to invest in staffing, technology, and innovation
Increasing difficulty competing for funding

Why Funding Matters

Funding → enables innovation

Innovation → attracts additional funding

National comparison:

- Utah centers must “break even”
- Other states retain **\$0.28 per \$1** to invest in new care models

Impact:

- Resource constraints limit scalability and performance improvement

Power of Partnerships

Key collaborators:

- University of Utah
- Utah Dept. of Health & Human Services
- Huntsman Cancer Institute Center for HOPE

Benefits:

- Access to expertise (EHR + informatics)
- Shared resources across centers
- Increased funding opportunities

Azara Implementation Across 13 Health Centers

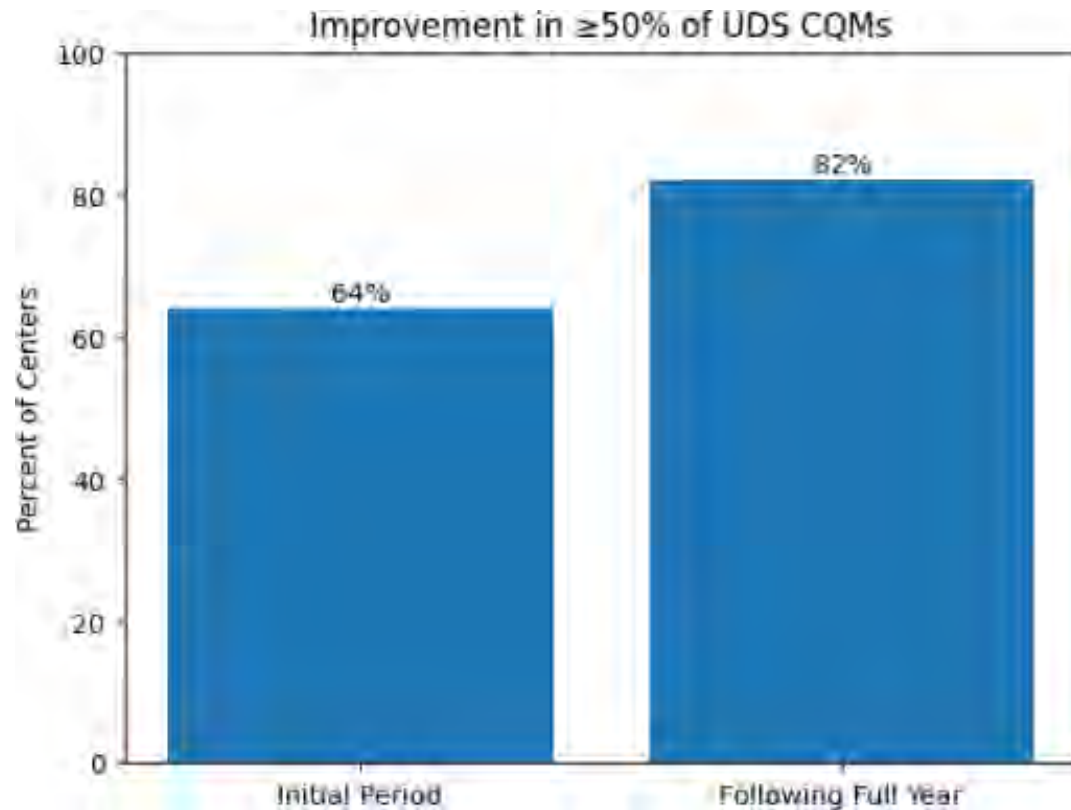
Partnership enabled:

- Investment in **Azara** at all 13 health centers
- Access to data + informatics experts otherwise unaffordable

Outcomes:

- Stronger data-driven decision-making
- Increased efficiency across systems
- Easier reporting

Measurable Impact on Quality



Result:

Significant advancement in performance improvement and greater engagement in quality initiatives

Real-World Impact

Improved ability to:

- Close care gaps
- Increase preventive screenings
- Better manage chronic conditions

Bottom line:

- Better patient outcomes despite limited resources

Key Takeaway

Partnerships + funding + shared technology = transformation

Even in a resource-constrained environment:

- Innovation is possible
- Outcomes can improve

Sustained investment is critical for long-term success



Thank you!

Tracey Siaperas | tracey@auch.org | 801-232-5917