



## PRIMECARRE: Addressing Iowa's Health Workforce Shortages

Iowa, like much of the nation, faces a shortage of critical health care workers in a variety of disciplines. Moreover, this problem is anticipated to increase in the coming years due to our aging population. One of the strategies Iowa uses to help recruit and retain qualified health care professionals is the Primary Care Recruitment and Retention Endeavor or PRIMECARRE loan repayment program.

PRIMECARRE is one strategy among several used to encourage health professionals to work in Iowa and in particular underserved areas of the state. The Iowa College Student Aid Commission provides loan forgiveness or scholarships for health professions students and graduates. There is a wide variety of programs available through state, federal and [private sources](#). These important programs found at <http://www.iowacollegeaid.gov/ScholarshipsGrants/scholarshipgrants.html> are available to assist Iowa students in paying educational expenses and some cover students who graduate from other states.

The National Health Service Corps, a program of the Health Resources and Services Administration at <https://nhsc.hrsa.gov> addresses recruitment and retention through a scholarship program and a loan repayment program enabling underserved communities to attract health care providers. This requires providers to work at prequalified sites for a commitment of two years. Awards are based in part on a scoring of the community's need in relation to the needs of communities across the country.

While these programs serve many, they do not fill all of Iowa's needs. The PRIMECARRE program helps to fill the gap by providing an alternative loan repayment program to providers seeking to return to or begin practice in Iowa. For communities who cannot find an Iowa graduate and have the opportunity to recruit someone from out of state, this is critical. PRIMECARRE also provides loan repayment to more varied professions than the National Health Service Corps enabling Iowa health care providers to increase primary care services by a broader array of professionals.

The need for loan repayment options is increasing, as is the amount of loan debt health professionals' face when obtaining a degree. In 2011, thirteen eligible applicants applied for the program and funding was stretched to award eight health professionals at varying levels. In 2012, eligible applicants jumped to twenty-six. In 2013, there were twenty-one eligible applicants with higher levels of outstanding debt and four awards were made. The program faced a decrease in federal funding due to sequestration and some of the required matching funds were not available.

Every year in the fall PRIMECARRE releases a request for proposal seeking applicants for the program. Successful applicants agree to serve for two years in a primary care underserved area in Iowa. Candidate selection is based on a ranking of community need (e.g. HPSA score, metropolitan vs. rural designation, poverty rate); the applicant's history of debt assistance; and the applicant's evidence of community commitment and personal experience in rural and underserved settings.

For more information about PRIMECARRE, visit <http://www.idph.state.ia.us/OHDS/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=PRIMECARRE>.





## Reflection—2013 National Rural Health Day in Iowa and Across the Nation

National Rural Health Day was observed in every state by hundreds of health organizations and communities. At the national level there were community success stories that typified how people successfully work together. At the local, state and national level, officials spoke out about rural health including at a national release in Washington, D.C.

On November 14, while signing an Iowa proclamation, the governor stated rural health is one of his key initiatives. On November 21, attendees at the Celebrating Living in Iowa- Rural Health Fall Meeting enjoyed a rural slide show and six individuals were recognized as rural health champions. The champions below are dedicated to making life safer, healthier and happier in rural Iowa.

Marilyn Adams, child safety advocate is a pioneer in the farm-related child injury prevention field, not only in Iowa but also on a national level.

Bill Baer, Lucas County leader and vice president for the Iowa Pharmacy Foundation Board of Directors, and past president of the Iowa Pharmacy Association and a recognized community leader.

Russ Currier, DVM, Iowa public health figure and veterinarian who has an exemplary community service record, and is well-known for his humor, strong advocacy and ability to deliver a health care message.

Rich Gassman, safety director at Amana Farms initiated a safety and health program that has shown significant results. His commitment to avoid farm injury and death extends beyond the workplace.

Doris Hott, rural health clinic leadership has been involved in establishing rural ambulatory medicine practices since 2006 and had a key role in the Pioneer Accountable Care Organization development in the U.S.

Peg O'Connor's hospital leadership role included working with network administrators and clinicians to ensure hospital operations and seamless quality care for residents in rural areas.

## Carl Kulczyk Award

Lorna Hines, clinical director at Primary Health Care, Inc. was the 2013 recipient of the Carl Kulczyk award. Lorna is known for her exceptional ability to balance leadership, vision and compassion. Since Lorna began her tenure at Primary Health Care more than 20 years ago, she has approached health care with tenacity and tenderness every day. Even though she now finds herself bogged down in high-level meetings about electronic medical records and the Affordable Care Act, she is never far from everyday interactions with staff or clients. She is always the first to voice concern about how a plan or policy might affect the patients we serve.



*2013 recipient of the Carl Kulczyk award Lorna Hines, clinical director at Primary Health Care, Inc.*

This award was established in recognition of Carl Kulczyk's outstanding contributions to the Iowa PCA and community health field prior to his death in 2008. This award is presented to an individual who has made outstanding contributions to his/her organization over the course of his/her tenure at the health center. Carl was the director of the Iowa Primary Care Office at the Iowa Department of Public Health. He was well-known at the state and national level among primary care colleagues and advocates. A [video](#) sharing Carl's story was shown at the Iowa Primary Care Association Annual Conference.

## "State of the Re: Union"

The National Rural Health Association newsletter *NRHA Today* highlighted a new and interesting opportunity to acknowledge rural areas in a National Public Radio campaign.

[NPR: What's the 1 big thing about your small town? - State of the Re: Union](#)

The new program on NPR is interested in hearing real stories from rural people about rural places. The "State of the Re: Union" will profile small towns and communities by attempting to get to the heart of what it means to live in rural America. NRHA says "Help target the national spotlight on rural health needs and solutions". To find out more go to <http://stateofthereunion.com/the-one-thing/>.

## Access Update Changes

We are happy to announce that the Access Update is moving to an email-based service in the first quarter of 2014. You will no longer be required to visit our website and download the Access Update. The Access Update will be delivered straight to your inbox. This move requires that our subscribers be migrated to the new service. During this migration, subscriber may be required to verify their subscription. So keep an eye on your email and be sure to verify your subscription.

Not getting our newsletter?

To subscribe to the Access Update send a blank e-mail message to:

[join-HCA@lists.ia.gov](mailto:join-HCA@lists.ia.gov)

# Resources

## **Health Assessments in Primary Care: A How-to Guide for Clinicians and Staff**

The Agency for Healthcare Research and Quality has **announced** an evidence-based guide to help primary care doctors, nurses and other staff select, adopt and implement health assessments. The Affordable Care Act authorized annual wellness visits for Medicare beneficiaries and specifies that a health risk assessment be included as part of those visits. The [Health Assessments in Primary Care: A How-to Guide for Clinicians and Staff](#) combines the best evidence for successful implementation of the assessments in the primary care setting. The guide can be used by practices that maintain electronic health records and those that continue to use paper charts.

## **2013 Medicare Rural Health Clinic Information**

This resource with 11 pages of information, data and links highlights development and operations for a Rural Health Clinic. The information is specific to CMS Medicare guidelines, policies and functions. This is a good resource for new staff and provider orientation. Click here <http://www.idph.state.ia.us/ohds/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=SORH>.

## **Iowa Health Fact Book 2013**

The 2013 edition of the Iowa Health Fact Book is available online here: <http://www.public-health.uiowa.edu/factbook/>. The Iowa Health Fact Book provides a wealth of information pertinent to the health of Iowans. Much of this information is presented for each of Iowa's 99 counties and includes such knowledge as data on disease incidence and mortality, health and social behaviors, health resources, and environmental factors.

## **The US Health Workforce Chartbook**

The Chartbook presents extensive data on 35 U.S. health occupations. Data in the Chartbook includes estimates on the number of individuals working in each occupation, demographic data on these workers, their work setting, the distribution of each occupation across states, and information on the number of graduates in 2010 when applicable. The Chartbook can be found on the national center's website at <http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/chartbook/index.html>.

## **Critical Access Hospital Finance 101**

This manual was developed for use by state Medicare Rural Hospital Flexibility Program personnel as well as staff and boards of critical access hospitals. The content is designed to be as non-technical as possible and to provide answers to frequently asked questions regarding CAH finance and financial performance. The manual can be found at [http://www.ruralcenter.org/tasc/resources/critical-access-hospital-finance-101-manual?utm\\_source=Rural+Route+December+18%2C+2013&utm\\_campaign=rural+route&utm\\_medium=email](http://www.ruralcenter.org/tasc/resources/critical-access-hospital-finance-101-manual?utm_source=Rural+Route+December+18%2C+2013&utm_campaign=rural+route&utm_medium=email).

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