

Iowa Association of Rural Health Clinic Needs Assessment



State Fiscal Year 2024

Introduction

The Iowa Association of Rural Health Clinics (IARHC) conducted the 2024 Iowa Rural Health Needs Assessment in August and September 2023. The information presented below is based on 20 responses received from both non-members and members of IARHC. Of those who responded:

- Eight represented a single RHC, while nine represented two-five RHCs, and three responses represented six RHCs; and
 - Two respondents represented independent RHCs, while the remaining 18 responses represented provider based RHCs.
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Demographic Data

Number of employees at your RHC

0 – 10: (3)	41 – 50: (1)
11 – 20: (1)	51 – 75: (3)
21 – 30: (7)	More than: 75 (1)
31 – 40: (4)	

Number of patient visits at your RHC in 2022

0 – 5,000: (3)	15,001 – 20,000: (3)
5,001 – 10,000: (4)	20,001 – 25,000: (4)
10,001 – 15,000: (3)	More than 25,000: (3)

Percentage of patients receiving Medicare at your RHC

0 – 10%: (1)	31 – 40%: (5)
11 – 20%: (2)	41 – 50%: (4)
21 – 30%: (4)	More than 50%: (4)

Percentage of patients receiving Medicaid at your RHC

0 – 10%: (1)	31 – 40%: (3)
11 – 20%: (7)	41 – 50%: (0)
21 – 30%: (8)	More than 50%: (1)

RHC Services

How likely are you to integrate dental services into your RHC? *Two respondents did not complete.*

Extremely likely	(0)
Likely	(0)
Neutral	(4)
Unlikely	(0)
Very unlikely	(14)

How likely are you to integrate behavioral health services into your RHC?

Extremely likely	(12)
Likely	(2)
Neutral	(5)
Unlikely	(1)
Very unlikely	(0)

How likely are you to integrate non-medical services into your RHC? *One respondent did not complete.*

Extremely likely	(1)
Likely	(2)
Neutral	(5)
Unlikely	(3)
Very unlikely	(8)

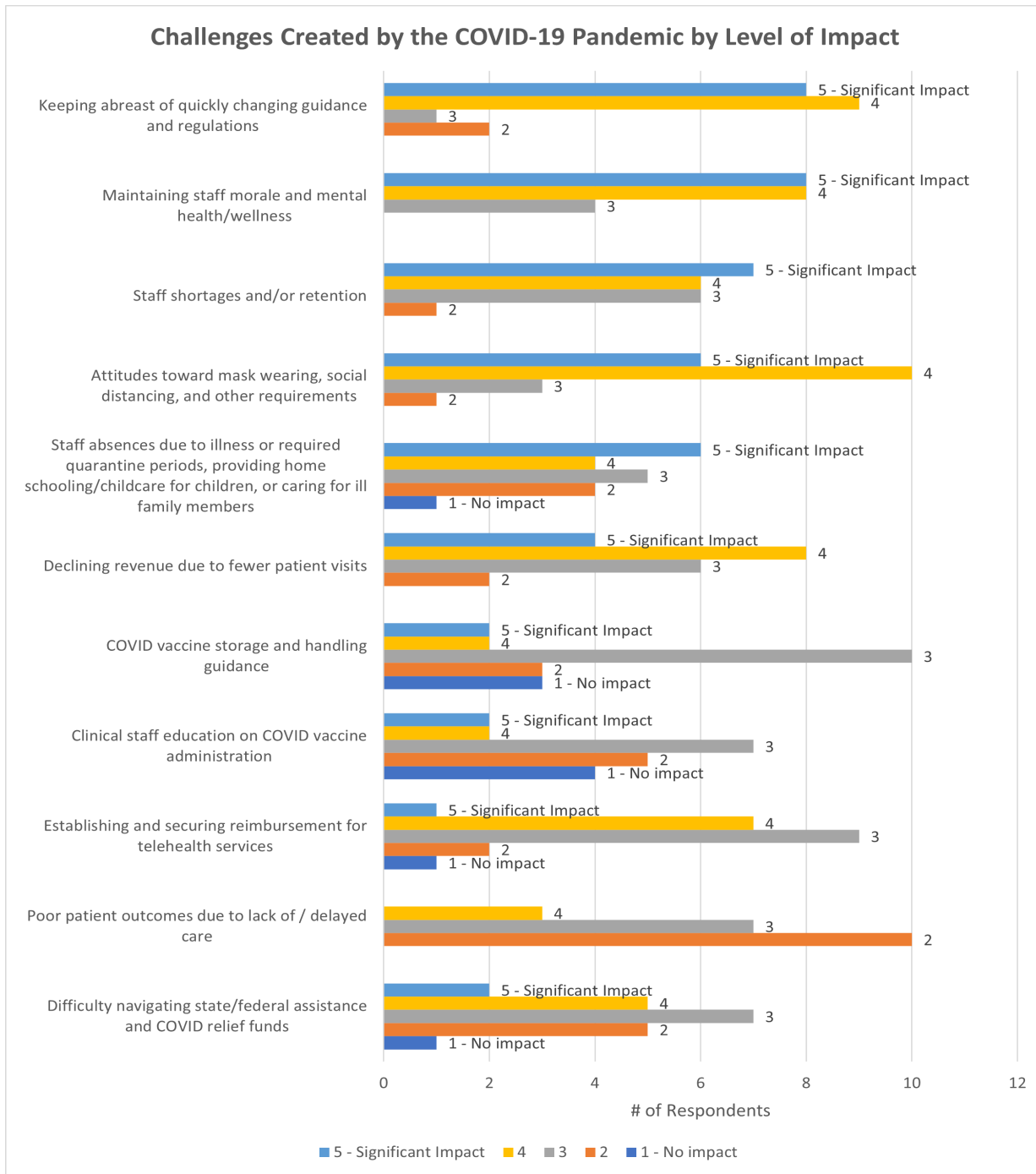
How likely are you to integrate an additional service (other than dental, behavioral health, non-medical) into your RHC? *Eleven respondents did not complete.*

Extremely likely	(0)
Likely	(1)
Neutral	(1)
Unlikely	(1)
Very unlikely	(6)

If you are unlikely to integrate dental, behavioral, and non-medical services, what are the reasons why you do not anticipate adding those services? *Respondents were able to check all that applied.*

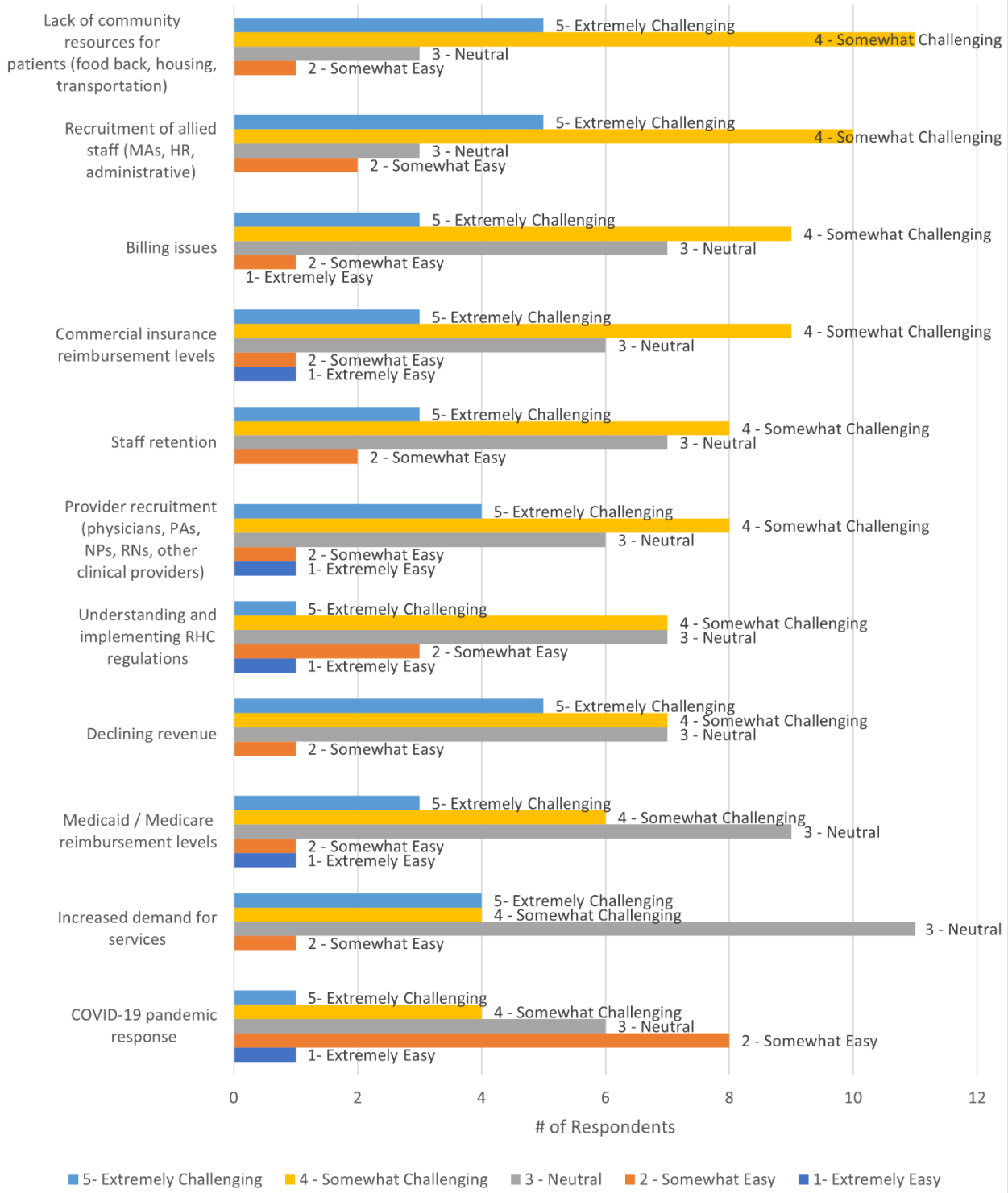
- Staff capacity (11)
- Funding (11)
- Limited interest (7)
- Other (6)
 - Clinic space restraints (3)
 - Services already available in community
 - Patient volume
 - Service already available in building

RHC Challenges



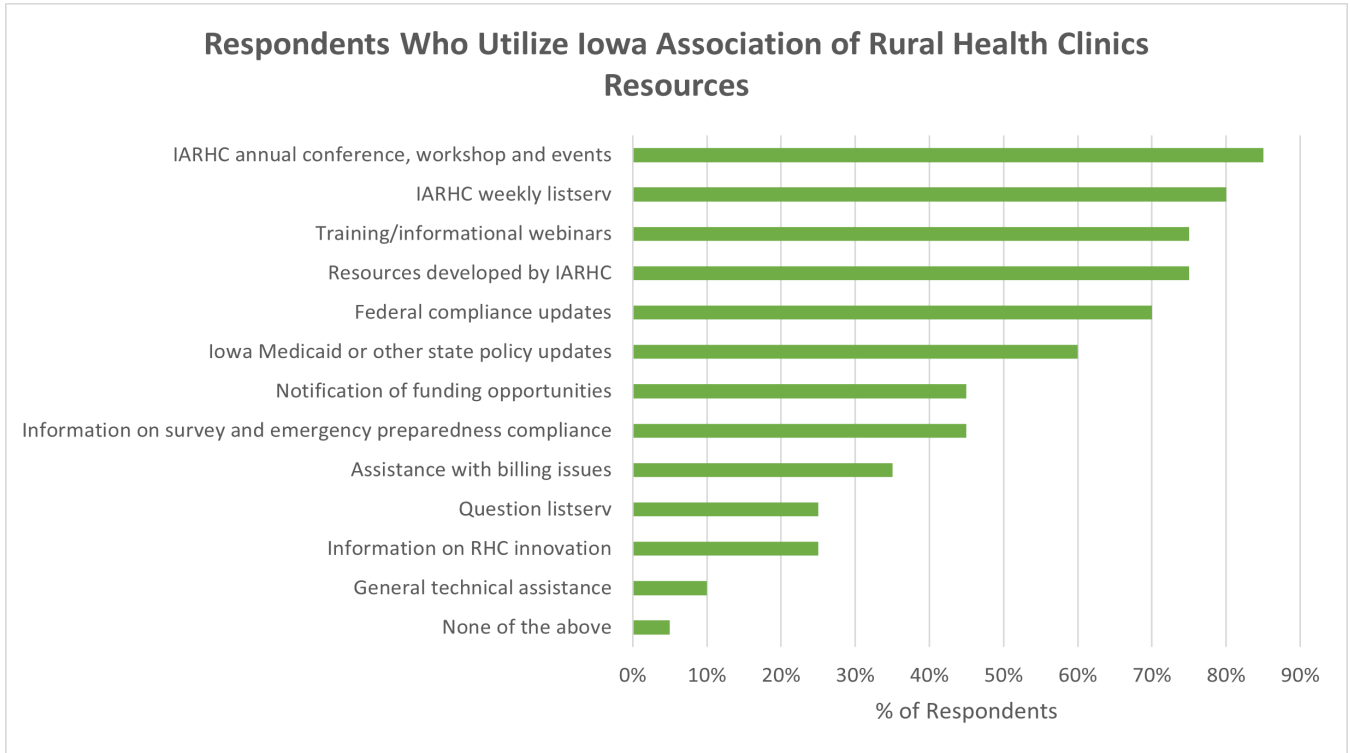
Respondents selected all that applied. The categories with significant impacts to RHCs created by COVID-19 included keeping up with quickly changing guidance and regulations, attitudes towards COVID-19 mitigations, and staff morale and wellness.

Current Challenges Facing RHCs by Level of Impact



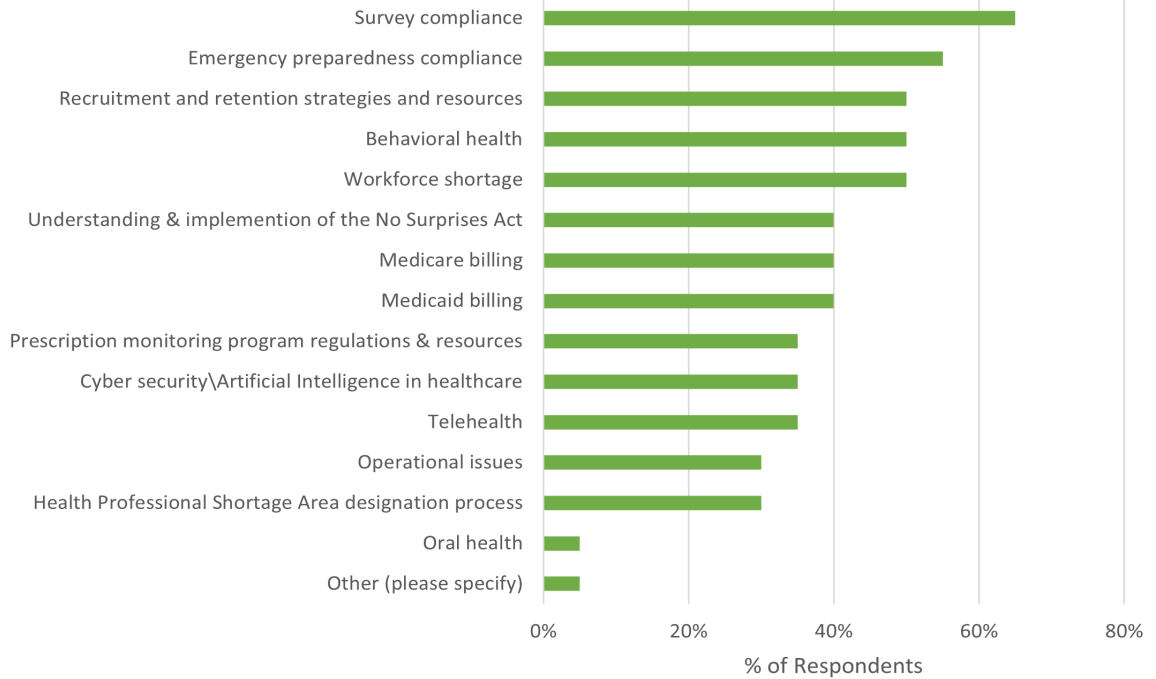
Respondents selected all that applied. Several respondents selected the following categories as challenging or somewhat challenging, staff retention, recruitment of providers and allied staff, and lack of community resources.

IARHC Resources



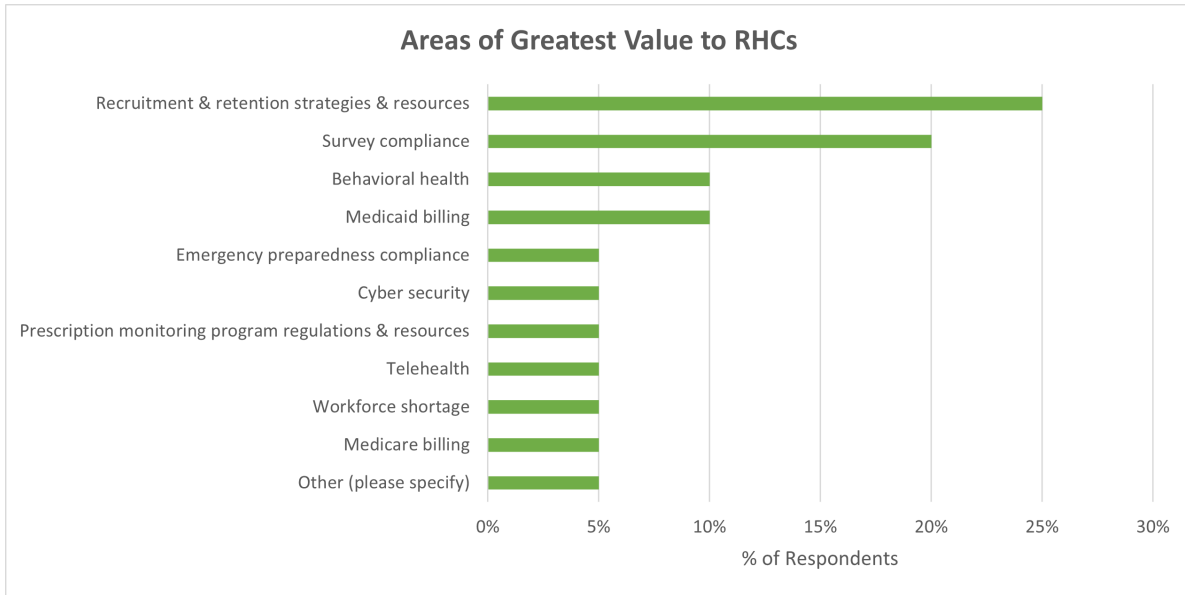
Respondents selected all that applied. The top IARHC resources utilized by RHCs were annual conferences and events, weekly listserv communications, training webinars, developed resources, and federal compliance updates.

Additional Resources, Education, and/or Technical Assistance That Would Be Beneficial to RHCs

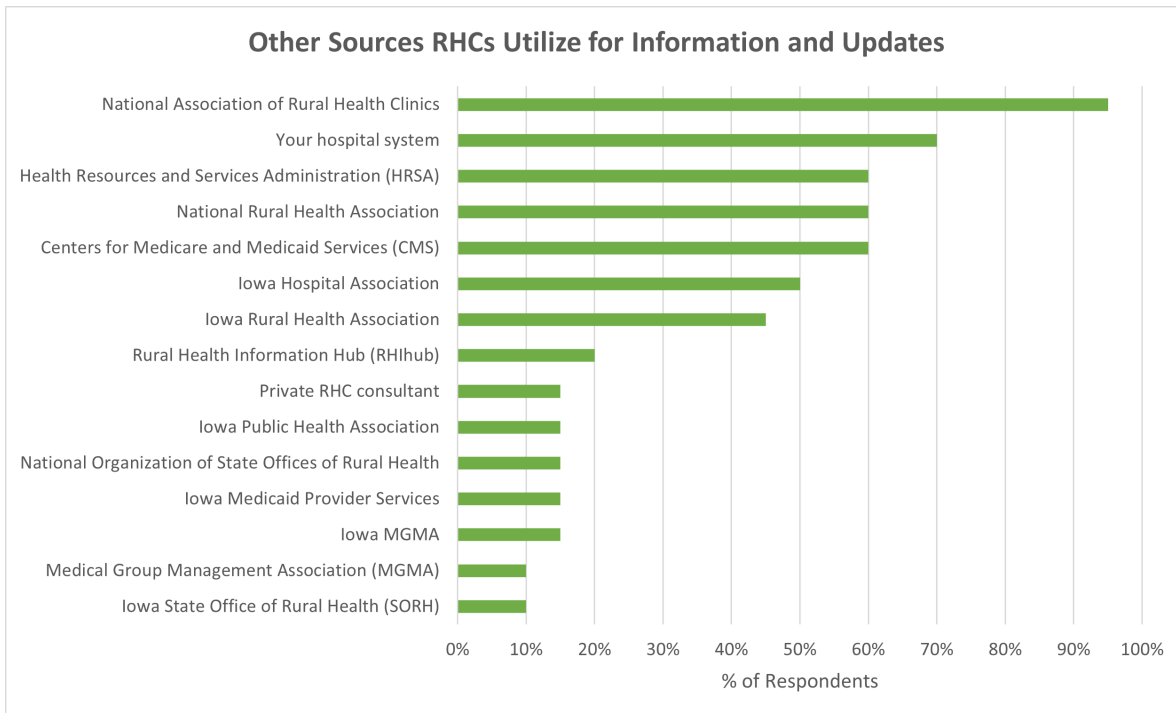


Respondents selected all that applied. Five categories of additional resources or technical assistance that would be beneficial to RHCs were selected by at least fifty percent of respondents. These included Survey compliance, Emergency preparedness compliance, Recruitment and retention strategies and resources, Behavioral health, and Workforce shortage.

Additional Resources

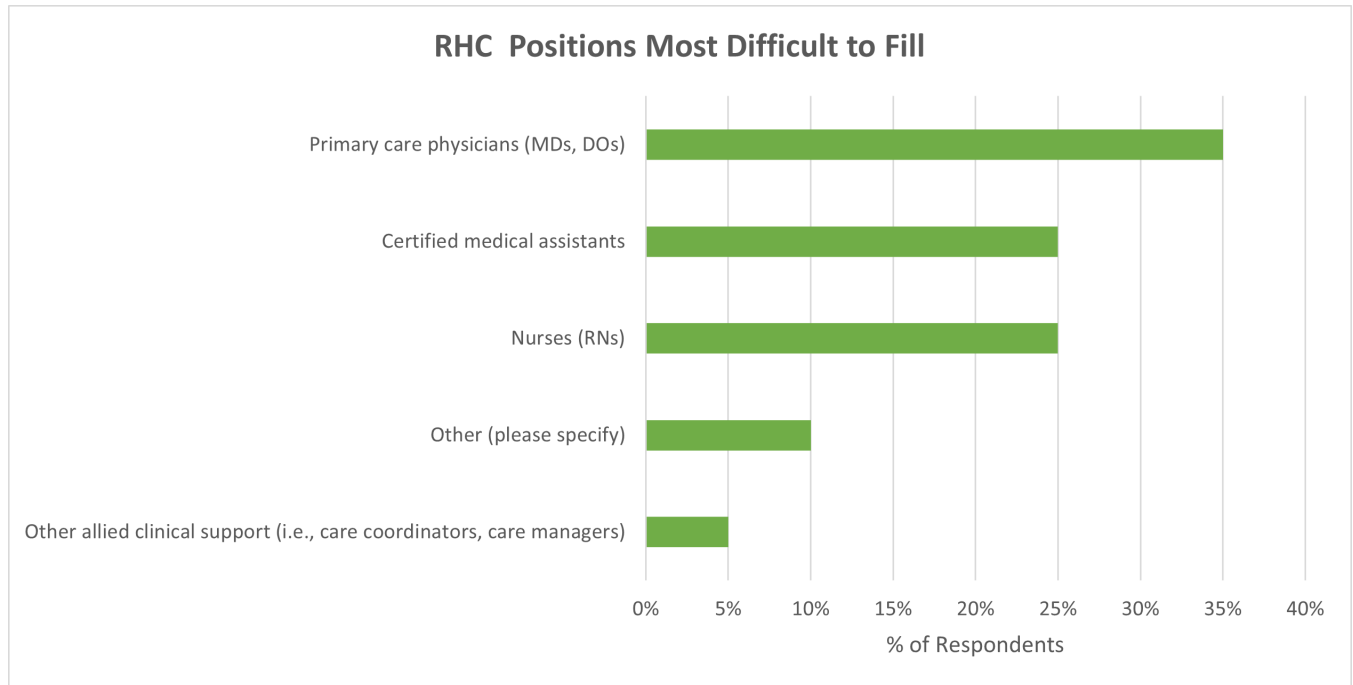


Respondents selected one area of greatest value. The categories, Health Professional Shortage Area designation process and Oral health, were not selected by any respondent. One respondent specified in the other category regulatory changes as an area of greatest value. A quarter of the respondents selected recruitment and retention strategies and resources as the greatest value to their RHC.



Respondents selected all that applied. Overwhelmingly, respondents selected the National Association of Rural Health Clinics as a main source of information for their RHC.

RHC Workforce



Respondents selected one position most difficult to fill. The categories, Specialty care providers, Physician Assistants, NPs, Billing office, Administration, and Interpreters, were not selected by any respondent. Two respondents chose the other category and specified two positions difficult to fill. This included CMA, specialists, Physicians, and nurses.

Do you utilize loan repayment programs to recruit and retain providers (National Health Service Corps, Primary Care Provider Loan Repayment Program)?

Yes (12)
No (6)
Unsure (2)

State Office of Rural Health Technical Assistance

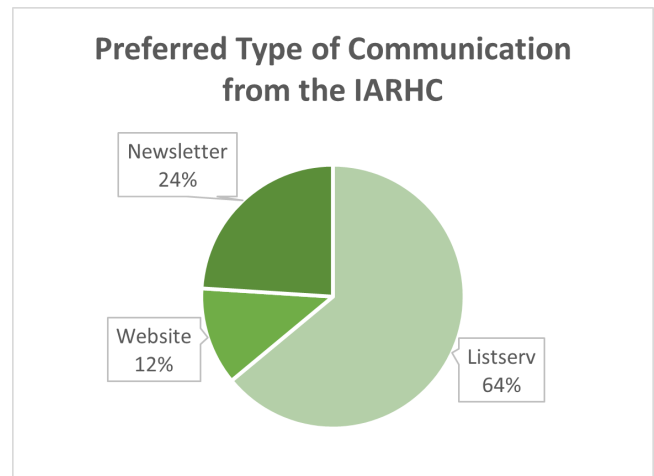
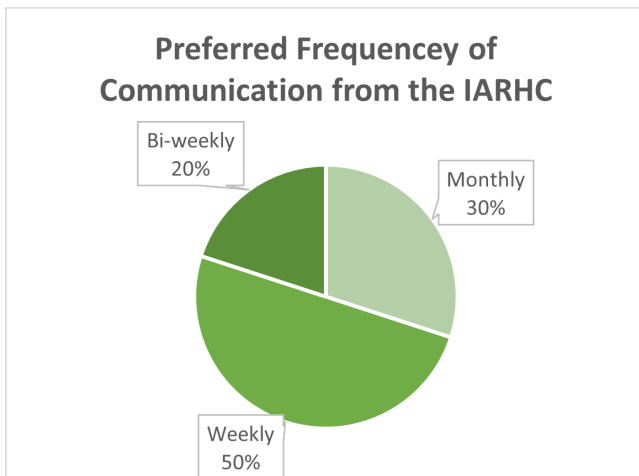
What services would you like to see from the State Office of Rural Health (SORH)?

Responses below are comprised of RHCs answers to an open-ended question regarding helpful services the SORH could provide in the future. All 20 respondents' answers are represented below.

- More information about the SORH
- Anything that is of value and opportunity to participate in for rural health
- Good Faith Estimates
- Telehealth
- Survey preparedness support
- Starting and keeping clinics open in small towns
- Revisit the proposed to withdraw
- Listserv with information
- Lobbying for reimbursement for the services provided
- Identify resources in rural areas
- RHC Burden Reduction Act
- Not sure (4)
- Not applicable (6)

Communicating with Rural Health Clinics

Several clinics indicated they want to receive updates from IARHC on a weekly basis. IARHC staff send regular weekly communication to our membership every Tuesday using a listserv. In addition to the IARHC weekly listservs, a newsletter is published every other month. Archived issues of IARHC's newsletters are located on our website. Communication to all RHCs in Iowa happens on an as needed basis.



Overwhelmingly, respondents indicated they currently receive information from the IARHC listserv. Other responses included the IARHC website and newsletter. When asked the preferred method of communication, over half of the respondents stated they preferred the IARHC listserv and on a weekly basis. Our listserv communications include information about IARHC events, RHC resources and webinars, and updates on state and federal regulations.

Summary

This annual survey of Iowa's rural health clinics is conducted as a deliverable of the Iowa Association of Rural Health Clinics (IARHC) to the State Office of Rural Health (SORH) at the Iowa Department of Health and Human Services (HHS). Survey findings help inform planning at the state level as rural health resources and services are planned and provided. IARHC utilizes survey findings as well to provide feedback on member services, educational and training resources, and technical assistance for member organizations.

The survey was created using the online survey tool, SurveyMonkey. The research division of SPPG, IARHC's managing company, assisted in the development of the survey instrument to ensure the questions were reliable and valid. The research team provided consultation on eliminating bias in the questionnaire design, content validation, measurement evaluation, sequencing, and piloting. The needs assessment link was live on August 8, 2023. Weekly reminders to complete the survey were sent via the IARHC member listserv and by email to all Iowa RHCs in our database. The August 16, 2023, IARHC Newsletter also featured a reminder for the needs assessment. During IARHC's Fall Conference, participants were encouraged to complete the assessment before it closed on September 22, 2023.

Our response rate was greater than the previous year and the assessment was open for almost three additional weeks to encourage participation. Our sample size is not statistically significant and it's difficult to draw conclusions from such a small sample size. We still find value in the needs assessment responses as it indicates consistent issues of importance for RHCs across Iowa. We have significant room for improvement regarding our response rate and hope to engage more RHCs in the future.

Over the last year, IARHC has developed resources for member and non-member RHCs to utilize in their clinics. These resources are offered on IARHC's website and disseminated in the bi-monthly newsletters. The further development of resources and education for RHCs is one part of IARHC's strategic plan that is focused on strengthening the organization and services provided to member and non-member clinics. Additionally, IARHC will prioritize advocacy, networking, outreach, and partnerships over the next two years. IARHC continues to be passionate about rural health and support RHCs work, staff, patients, and community.