

# Iowa AHEC: An Overview and Outline to Move Forward

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Iowa is currently facing a large healthcare workforce shortage at all levels. This shortage, is particularly impactful to rural areas. The state of Iowa is covered in large part by rural healthcare. 78 of our 99 counties are considered rural, and Iowa boasts 82 critical access hospitals and 170 rural health centers. The healthcare workforce shortage restricts access to care for many Iowans. This workforce shortage was exposed and exasperated by the COVID-19 pandemic. The pandemic has shown us both how important and how vulnerable our healthcare system is to Iowa communities. Now is the time to learn from experience and take the next steps to strengthen our healthcare workforce before the next disaster. The Iowa Rural Healthcare Workforce Initiative, led in cooperation with the Iowa Department of Public Health, Iowa Medical Society, the Iowa Hospital Association, the Iowa Pharmacy Association, and the Iowa Primary Care Association, is committed to addressing this shortage. This initiative sought input from workforce stakeholders across the state, including state legislators, healthcare providers, major hospitals, and academic institutions. The initiative is currently completing their strategic plan, which includes proposed solutions to healthcare workforce shortage in Iowa. The revitalization of an Iowa Area Healthcare Education Center (AHEC) was a consensus recommendation from all stakeholders.



## Iowa Rural Healthcare Workforce Initiative



In order to investigate the possibility of bringing an AHEC back to Iowa, an in-depth content and literature review was conducted. This review included an analysis of the locations, funding, and offered programs in surrounding AHEC programs as well as on the national level. These states included Wisconsin, Illinois, Missouri, Nebraska, and North and South Dakota. States were selected based on their proximity to Iowa, similar rural demographics, the quality of their AHEC programs, and their potential to provide replicable model insights. In addition to the literature review, email and Zoom correspondence was conducted with the directors of AHEC programs in each of these states. Email and Zoom correspondence were also made with the membership specialist, CEO, and President of the National AHEC Organization (NAO).

## What is an AHEC?

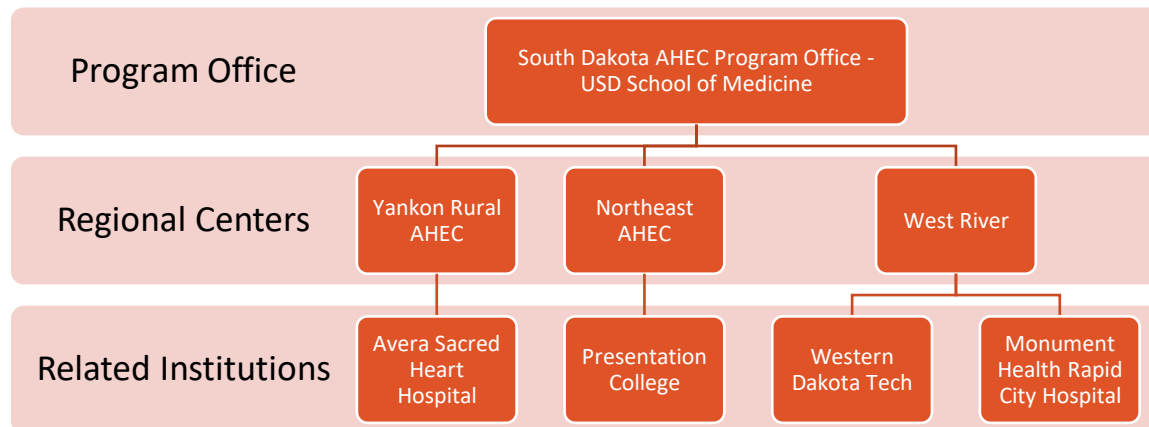
Today, there are more than 55 program offices and more than 250 regional centers across the United States, covering 85% of US counties. The mission for Area Health Education Centers (AHECs) is to enhance access to quality health care, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals via strategic partnerships with academic programs, communities and professional organizations. These organizations specialize in connecting academic healthcare institutions with rural and underserved communities. They are all at least 50% funded through the federal Health Resources and Services Administration through grants from the Bureau of Health Workforce. Forty-four states currently have AHECs. Minnesota is in the process of becoming state number forty-five, which would leave Iowa, Wyoming, Kansas, Mississippi, and Delaware as the only states without an AHEC. Iowa hosted an AHEC program briefly from 2007 to 2013.



AHECs are organized into program offices and regional centers. Program offices must be located within schools of osteopathic or allopathic medicine, or a college of nursing. In all surrounding states, program centers are located in schools of medicine. There is typically one program office per state, although Missouri has three. These offices maintain federal grants and act as large hubs to coordinate the regional centers. Regional centers are designed to make connections within the local community. They must receive 1:1 funding from the federal Health Resources and Services Administration (HRSA) AHEC grant and state or local investment. Twenty-five percent of the match must be cash, while the remaining seventy-five percent may be in kind contributions, such as staff salaries, offices, utilities,

software access, etc. These centers are instrumental in building rural relationships that lead to preceptorship and education opportunities within their region. Program offices typically do not act as the regional center for their immediate area. For example, if Iowa had a program office in Iowa City, there would still be a need for a regional center in Iowa City or nearby in eastern Iowa.

Region centers can be hosted by other academic institutions, hospitals, or non-profit organizations or can exist as independent 501(c)(3). The number and location of regions varies greatly from state to state. Nebraska has five regions, North and South Dakota each have three, Wisconsin and Missouri each have seven, and Illinois has nine. Regional center locations are decided through a combination of population density, geographic location, partnerships with local healthcare organizations, and community support/funding. For example, Illinois has three regions in Chicago, with one region dedicated to Chicago’s underserved south side, because that is one of their locations of greatest need. After communicating with program office and regional center directors from each of these states, we have found that some states requested the host communities to write proposals in order to be selected as a new regional center in order to ensure community commitment to the goals and financial support of the AHEC center. The hierarchy below uses the South Dakota AHEC to illustrate the organizational structure of a statewide AHEC program. The vision of the current AHEC legislation is that each AHEC regional center would have the support of at least \$250,000 from all sources to serve its communities. This allows each center to have multiple staff members and provide the community with impactful programs.

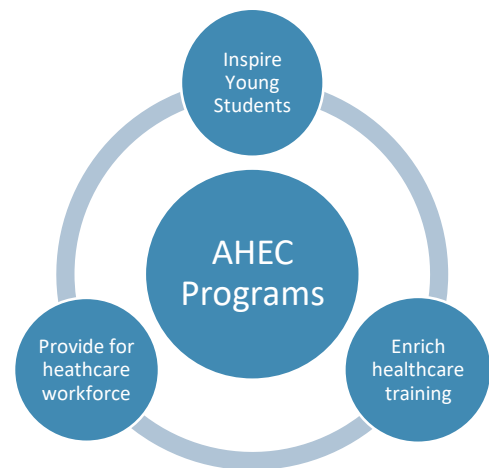


The National AHEC Organization (NAO) provides organization and support to AHECs nationwide. Their mission is to help its members achieve the AHEC mission through advocacy, education, and

research. To quote NAO CEO Dwain Harris, “It is important that prospective AHEC locations know that there is a very strong national association of AHECs working consistently for them. This national organization leads the AHEC advocacy at the national level, and provides research and continuing medical education to AHEC centers across the country.” The NAO was instrumental in the implementation of the AHEC Scholars program in 2018. The NAO also recently began a training program for new directors and continue to host nationwide conferences, giving AHECs the opportunity to share best practices and learn from each other.

## Programs Offered

Each AHEC is different, and every region employs programs tailored to their location and circumstance. However, their programs generally fall into three basic categories: Inspiring students to pursue healthcare careers, exposing healthcare students to community needs, and providing for healthcare workers where they are needed most. Each of these categories is used to bolster the healthcare workforce with talented and experienced local professionals.



## Inspiring Students to Enter Healthcare

AHECs attempt to educate students about careers in the healthcare field as early as possible. Many states design their own curriculum for K-12 students to expose them to anatomy and healthcare careers. AHECs present at career fairs and often partner with local organizations to provide a variety of healthcare related summer camps for high school students. Camp Scrubs is a popular, free, one day camp for high school students, where they get to learn how to set and remove casts, learn what it’s like to arrive at an emergency as an EMT, and perform surgery on a pig’s foot. AHECs in South Dakota and Missouri provide this camp free of charge. AHECs have developed strong partnerships with HOSA: Future Health Professionals and other career clubs. Many AHECs use their preceptor network to connect students with job shadowing opportunities. Finally, AHECs also equip educators and counselors with training and materials to introduce kids to the healthcare field.

## Exposing Healthcare Students to Community Needs

AHECs make their biggest impact on students who are currently receiving their health profession education. The AHEC Scholars program, which started in 2018, is one of the only programs offered by every AHEC center nationwide. AHEC Scholars is a two-year educational program designed to be taken concurrently with the last two years of a student's education before they enter the healthcare workforce. Participants can be in school for medicine, nursing, mental health, dentistry, physical and occupational therapy, pharmacy, and more. The program consists of 40 hours of classroom work and 40 hours of hands-on learning and experience each year. AHEC Scholar Core Topics, which inform most AHEC educational programs, are:



- Interprofessional Education (also known as interdisciplinary training)
- Behavioral Health Integration
- Social Determinants of Health
- Cultural Competency
- Practice Transformation
- Current and Emerging Health Issues

AHEC provides much more than just the AHEC Scholars program. AHECs, using their connections with academic institutions and the underserved workforce, are uniquely positioned to facilitate clinical rotations and mentorship in rural and underserved areas. These rotations have been shown to drastically improve student retention rates in these communities. The retention of these students is critical in Iowa. For example, Iowa ranks 10th in the nation in medical students per capita, but 43rd in practicing physicians per capita. AHECs help organize and fund rural training tracks for medical schools. For example, the University of Missouri-Columbia School of Medicine and the Missouri AHEC partner to provide a Rural Scholars Program. This program includes pre-admittance to medical school and rural internships, clinical rotations, and electives for students in their second, third, and fourth years of medical school.

## Providing for the Healthcare Workforce

AHECs continue to support the healthcare workforce after they have begun their careers in a variety of ways. Many AHECs provide recruiting support for local communities. They can act like a job board to connect local healthcare professionals with local jobs. Some AHECs like Nebraska partner organizations to perform state-wide healthcare workforce analysis. These analyses provide data which can guide the state's strategic planning and funding efforts. In addition, AHECs offer continuing

education to the local healthcare workforce. This CME typically aligns with the core topics of AHEC scholars. However, training programs are often tailored to fit the area's needs. For example, St. Louis University's AHEC program office provides a geriatric workforce enhancement program which trains students and staff to better care for their aging population. Training on important topics to the local community is often opened to the public as free community education. The goal of much of the AHEC's work for the healthcare workforce is to reduce professional isolation and enhance the practice environment in underserved communities.

This seems to be an area of weakness for the AHEC model. As seen above, some states find ways to positively impact the workforce directly, but many are heavily focused on students. Most healthcare professionals can access adequate CME without difficulty, so this offering would be underutilized unless it was very specific to the region. However, this is the primary area the old Iowa AHEC promotional material focused on. A new Iowa AHEC that focused on their strengths of student education and engagement would theoretically see better results.

## Prior Iowa AHEC Experience

Iowa hosted an AHEC from 2007 to 2013. In an effort to better understand Iowa's history with AHEC and the decision to dissolve the program, research on the prior Iowa AHEC was conducted. There is no active website where data on Iowa's original AHEC is readily available. This information was gathered by reaching out to AHEC directors across the Midwest. Many current AHEC staff have no recollection or documentation pertaining to the Iowa AHEC. However, a few were involved with its creation and management, and sent the Iowa AHEC's old needs assessment, advertising material, and closure letter.

Iowa's original AHEC started because of AHEC success in surrounding states. Wendy Gray, who was previously a center director in Missouri, acted as founder and program director in Iowa for the duration of the program. The program office was originally located within the University of Iowa College of Medicine, but moved to the College of Nursing. The NAO strongly prefers program offices in MD or DO schools because those programs traditionally see better results. This is because schools of medicine are highly respected within academic centers, and their leadership and involvement improve communication and functional operation. Iowa was split by county into 5 regions with similar populations (NE, NW, SW, SE, and Central). The program offices were all located in local hospitals. Broadlawns in Des Moines was chosen as the Central Iowa host because of its affiliation with Des

Moines University. The locations and host institutions of all of the old regional centers, as well as the program office, can be seen in the image on the previous page.

Iowa's AHEC program ended in 2013 due to a lack of state/local funding. According to their closure letter, they were unable to fill open positions without sustainable financial support. Details about the loss of the required match funds are unclear at this time. Leadership did not believe the program could grow over time without substantial additional interest and confirmed investment, so they were forced to close. They still felt that their programs and the primary healthcare workforce shortage in Iowa were critically important. Based on the information in Iowa AHEC's needs assessment, we can see that those needs have only increased since 2013. In light of the recent pandemic and the momentum created by the Iowa Rural Healthcare Workforce Initiative, the time is right to reexplore AHEC's potential to supported Iowa's amplified interest into action and formally address healthcare workforce shortages.

## SWOT Analysis

A SWOT analysis was performed in order to further analyze the position of the Iowa Rural Healthcare Workforce Initiative and their ability to successfully revitalize an Iowa AHEC program. A SWOT analysis is a brainstorming tool used to assess an organization's position before undertaking a new project or strategy. The SWOT analysis matrix consists of four sections: Strengths, Weaknesses, Opportunities, and Threats. Each section is filled out based on the subject's (in this case, the Iowa Rural Healthcare Workforce Initiative's) current standing and potential next steps. The analysis can be used to better assess the viability of future choices. The Iowa Rural Healthcare Workforce Initiative matrix in relation to the possibility of revitalizing the Iowa AHEC can be seen on the next page.



### Program Office

University of Iowa  
College of Nursing  
Iowa City, IA 52242  
[www.iowaahec.org](http://www.iowaahec.org)  
[www.iowahealthcareers.com](http://www.iowahealthcareers.com)  
319-384-4701

### Central Iowa AHEC

Broadlawns Medical Center  
1801 Hickman Rd  
Des Moines, IA 50314  
515-282-5721  
[www.centraliowaahec.org](http://www.centraliowaahec.org)

### Northeast Iowa AHEC

Allen Hospital  
1825 Logan Ave  
Waterloo, IA 50703  
319-235-3760  
[www.neiowaahec.org](http://www.neiowaahec.org)

### Northwest Iowa AHEC

St. Anthony Regional Hospital  
311 S Clark St  
Carroll, IA 51401  
712-794-5960  
[www.nwiowaahec.org](http://www.nwiowaahec.org)

### Southeast Iowa AHEC

Trinity Regional Health System  
4500 Utica Ridge Rd  
Bettendorf, IA 52722

### Southwest Iowa AHEC

Knoxville Hospital & Clinics  
1000 21st St  
Council Bluffs, IA 52825

Image 1: Previous locations of Iowa's program office and regional centers. Taken from old Iowa AHEC brochure.

## Strengths

- Alignment with HCW initiative - shared priorities and committed partners
- Existing professional workforce committees - efforts to build from and identified workforce leaders
- Interested education and economic sectors - convened through workforce initiative
- Active and broadspread critical access hospital network
- Iowa community college network of programs
- Strong hospital and healthcare-based district relationships
- National support available from the National AHEC Organization

## Opportunities

- Current attention and priority
- AHEC addresses number of HCW statewide strategy needs, including social determinant considerations
- Formalized model for HCW statewide strategy activities deployment
- Models to build from nationwide
- Mutual investment by economic sector for community vitality
- Potential for COVID-related HCW relief funding support/alignment
- Add rural internships and experiences
- Connect with students from grade school to graduate education
- Turn focus from academic centers to rural networks
- Increase leadership roles of participating hospitals and academic centers

## Weaknesses

- Lack of defined in-kind dollars
- Uncertain interest and commitment from necessary leaders
- Previous Iowa AHEC history - perceived low ROI, reluctance to re-engage
- Competition among medical education institutions - need partnership
- Shift to global vs grassroots focus at some institutions
- No defined, outright leader
- AHEC staff retention is vital but difficult
- Blind multi-year investment
- Funding subject to the continued investment of host institution or state legislature (as applicable)

## Threats

- Ownership: Academic Center vs Rural Community Hospitals
- Competing HCW priorities - prioritization of limited resources
- Perceived low ROI - significant expense & effort involved, longer-term outcomes achievement
- HRSA AHEC RFP timeline occurs between Iowa legislative sessions - limits ability to seek legislative funding support for in-kind dollars
- Federal budget uncertainty for AHEC program expansion
- Uncertain discretionary budgets among health partners after COVID-19
- Difficulty retaining student participants after they enter the workforce
- Turnover for allies and AHEC staff

This SWOT analysis shows a large number of positive variables. Many of these are related to the timely introduction of this proposal as well as the strength of existing partnerships. The Iowa Rural Healthcare Workforce Initiative has already brought many of the primary stakeholders necessary for an AHEC into the conversation. These partners have already committed to the priorities outlined in the Healthcare Workforce's Statewide Strategy. An AHEC would provide an opportunity to formalize many of those priorities. Existing partnerships with Des Moines University, the University of Iowa, and the Iowa Community College Board of Trustees are valuable connections that will assist in establishing locations and connecting with students. In addition, the interest of community providers as well as the education and economic sectors will give support as funding is discussed. The opportunities opened by AHEC revitalization enforce the idea that now is the right time to start make it happen. The healthcare workforce has been a priority for Iowans for years. This attention and priority have increased due to the global pandemic. COVID-19 also provides a unique opportunity to secure startup funding from legislative COVID relief efforts, which include money directed to the healthcare workforce. The HRSA grant cycle which opens every five years opens at the end of the 2021. The AHEC, in turn, would provide the ability to connect with students of any age and provide them with increased internships and experiences throughout Iowa.

The challenges facing the revitalization of an Iowa AHEC, while lesser in number, are significant and substantial. Most of these challenges involve funding uncertainty and a lack of present leadership. Federally, the NAO is advocating for twenty million dollars of additional funding to support AHEC expansion, but if this is not secured, Iowa would have to compete with existing AHECs across the nation. The Iowa AHEC would need to match any HRSA funding 1:1 with other sources. It is still unclear where that match would come from. The match would need to be sustainable in the face of a blind multiple-year investment. One of our greatest weaknesses is the competition between medical schools as well as other stakeholders with different workforce priorities. Finally, Iowa's history with AHEC must be sufficiently addressed to prevent repeated failures before earning support.

## Work Plan

An AHEC center in Iowa would be a great step towards addressing the healthcare workforce shortage in Iowa. An AHEC would start by inspiring students to pursue a career in healthcare. Then, during their education, AHECs provide opportunities for students to gain hands-on experience in rural and underserved communities. These experiences have been shown to be very effective in retaining students who participate. When they graduate and become providers, AHECs continue their relationship

by providing technical support, CME, and job board resources. These programs all aid in the recruitment and retention of talented medical professionals from Iowa.

There are many connections that need to be made and steps to be taken in order to begin revitalizing the Iowa AHEC. The following work plan and Gantt chart were created to identify what steps need to be taken as well as the timeframe constraints on those steps in order to apply for the HRSA AHEC grant at the end of the year.

1. Assess the viability of either Iowa medical schools to host the program center
  - a. Explore the ability of either school to physically host the center
  - b. Discuss their willingness to provide the financial match required to sustain a program office
  - c. Host strategic conversations about which potential programs they would both utilize
  - d. Establish a collaborative ROI for the revitalization of Iowa's AHEC
2. Determine local match funding
  - a. Explore local funding options with host institutions
  - b. Consider additional external grants at the state and federal level
  - c. Apply for COVID relief money to assist with startup funding
  - d. Proposition the state legislature for funding
3. Establish partnerships for statewide and regional programming
  - a. All health science schools in the state
    - i. Medicine, Nursing, Pharmacy, Dentistry, Health Sciences, and Public Health
  - b. Hospital networks, both large and rural
  - c. Coordinate with the NAO to establish national support
  - d. Enthusiastic partners in the Iowa Rural Healthcare Workforce Initiative
  - e. Local K-12 school administrators, teachers, and counselors
  - f. Pre-health Profession clubs like Iowa HOSA – Future Health Professionals
4. Select regional centers
  - a. Housed within local hospitals or academic healthcare programs
  - b. Must cover the state geographically while addressing populous areas
5. Outline which AHEC programs best assist Iowa's workforce long term
  - a. Use the Iowa Rural Healthcare Workforce Initiative's Statewide Strategy as a guide
  - b. Meet with local stakeholders at regional centers to discuss their needs

6. Consider recruiting staff
  - a. Start with program office director
  - b. Select center directors
7. Secure federal funding by applying for the HRSA AHEC grant in the beginning of 2022

### AHEC Gantt Chart

