

Utah Department of Health and Human Services

Primary Care and Rural Health

2022-2023 annual report

Funded by the State Office of Rural Health

Letter from the director

The Utah Department of Health and Human Services (DHHS) is committed to helping Utahns have fair and equitable opportunities to live safe and healthy lives. The Office of Primary Care and Rural Health (PCRH) within DHHS is dedicated to serving the health needs of rural and underserved Utah. We work with local healthcare providers, employers, and other partners to support access to quality healthcare for rural Utahns. PCRH works to support rural health providers by providing technical assistance with finance, operations, and quality through a variety of grant programs, workshops, and one-on-one assistance. Additional resources include educational awards that are available to individual clinicians and healthcare institutions, information, referrals, funding resources, and assistance with medical license applications.

We would like to thank Utah's legislators, governor, and DHHS leadership for supporting our important work. This support is seen through an additional \$1.7 million in funding allocated to loan repayment programs in FY23-24. We are grateful to the Rural Health Association of Utah (RHAU), the Utah Hospital Association, and the Association of Utah Community Health Centers for their partnership. The National Organization of State Offices of Rural Health provides capacity for PCRH to create and facilitate state, regional, and national partnerships. Through our State Office of Rural Health (SORH) grant, PCRH is able to foster information sharing and spur rural health-related activities. This is a key piece of our work to enhance access to quality healthcare services in rural communities.

It is my pleasure to present the 2022-2023 annual report from PCRH.



In gratitude,

Ashley Moretz
Director, Office of Primary Care and Rural Health
Utah Department of Health and Human Services

Table of contents

1 Executive summary

2 Utah at a glance

Figure 1: Map of Utah

Figure 2: Rural vs. urban counties

3-4 Finances

3. Finances: Federal programs

Figure 3: Federal funding

4. Finances: State programs

Figure 4: State funding

5-7 About us

5. Our team

5. AmeriCorps VISTA

6. State Office of Rural Health

7. Primary Care Office

8-10 Oral Health

8. Meet the Oral Health Team

9. Oral Health Program

10. Dental Lifeline Network

Figure 5: Donated care

Figure 6: Practitioner Ratio

11 Health Workforce Advisory Council

12-21 Grants

12. Graduate Medical Education grants program

13. Medicare Rural Hospital Flexibility Program

14. Small Hospital Improvement Program

15. Small Hospital Improvement Program American
Rescue Plan Act

16. Health equity program

17. Health equity success story

18. Rural Veterans Health Access Project

19. Utah Primary Care Grants Program

20. Utah Primary Care Grants Program success story

21. Assistance For People With Bleeding Disorders

22-26 Provider programs

22. State Loan Repayment Program

23. Health Care Workforce Financial Assistance Program

24. Rural Physicians Loan Repayment Program

25. Provider success story- HCWFAP

26. Loan repayment comparison chart

27 Contact us

Executive summary

DHHS PCRH is pleased to report our progress in achieving an accountability based approach. The results statement guiding PCRH's activities is to ensure that Utah's healthcare facilities provide fair and equitable access to quality clinical services in underserved and rural areas.

Below are a few of our accomplishments over the past year:

- Launched the Health Care Workforce Advisory Council (HWAC), chaired by Executive Director Tracey Gruber, to provide information and recommendations that strengthen Utah's health workforce.
- Managed a \$2.6 million Centers for Disease Control (CDC) grant to assess analytic and outcomes improvement capabilities.
- Awarded \$1.7 million for loan repayment programs by the Utah state legislature during the 2023 legislative session.
- Updated Utah's Health Professional Shortage Areas (HPSAs) to better represent varying needs across the state.
- Hosted DHHS's second cohort of AmeriCorps VISTA members from October 2022 - October 2023.
- Celebrated the "Power of Rural" with partners on National Rural Health Day, and recognized "community stars" like Utah's Doug Caylor, executive director of Moab Free Health Clinic.
- Merged teams with the Oral Health Program (OHP) to advance the general health and well-being of all Utahns by promoting oral health and preventing oral disease.
- Worked with the Utah Medical Education Council to establish a Graduate Medical Education grant program to create or expand graduate medical education programs in Utah.

Utah at a glance



Total population
3,404,760



Total counties
29



Rural counties
24



Critical Access Hospitals (CAHs)
13



Other rural hospitals
8



Rural Health Clinics
16

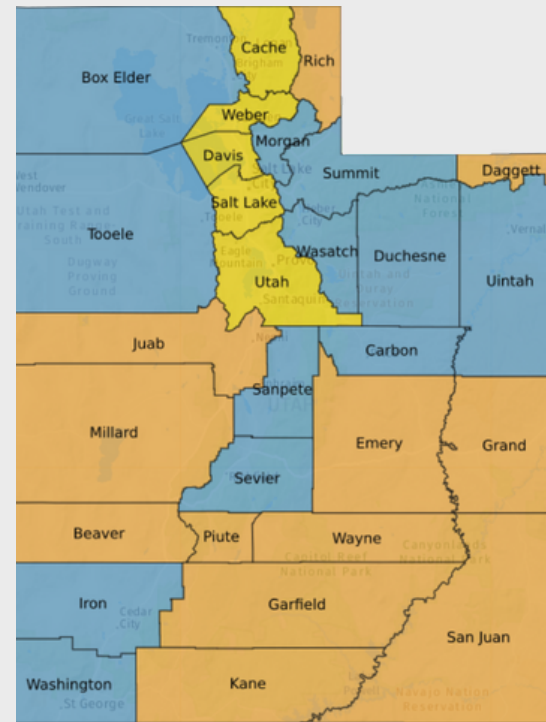
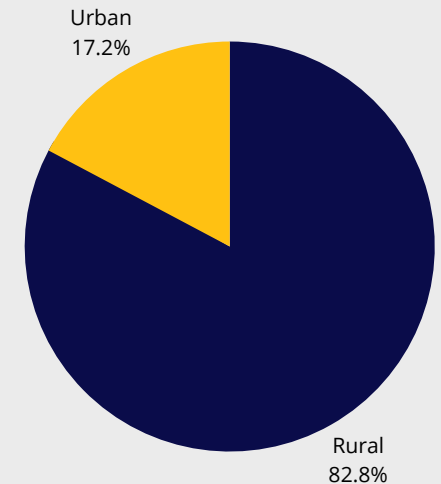


Figure 1:
Map of Utah

Figure 2:
Rural vs. urban counties



Urban counties have a population density of 100 or more people per square mile. Rural counties have a population density of fewer than 99, but greater than 6 people per square mile.

*Frontier and rural counties are grouped together in this report.

Finances:

Federal programs



SORH:
\$223,410

Funding for 7/1/22 - 6/30/23



PCO:
\$204,533

Funding for 4/1/22 - 3/31/23



Flex:
\$417,289

Funding for 9/1/22 - 8/31/23



SHIP ARPA:
\$4,392,392

Funding for 7/1/21 - 12/31/22



SHIP:
\$231,048

Funding for 6/1/22 - 5/31/23



Health Equity:
\$4,000,000

Funding for 6/1/21 - 5/31/24



OHIP:
\$400,000

Funding for 9/1/22 - 8/31/23



SLRP:
\$352,143

Funding for 9/1/22 - 8/31/23



Finances

2022-2023 annual report

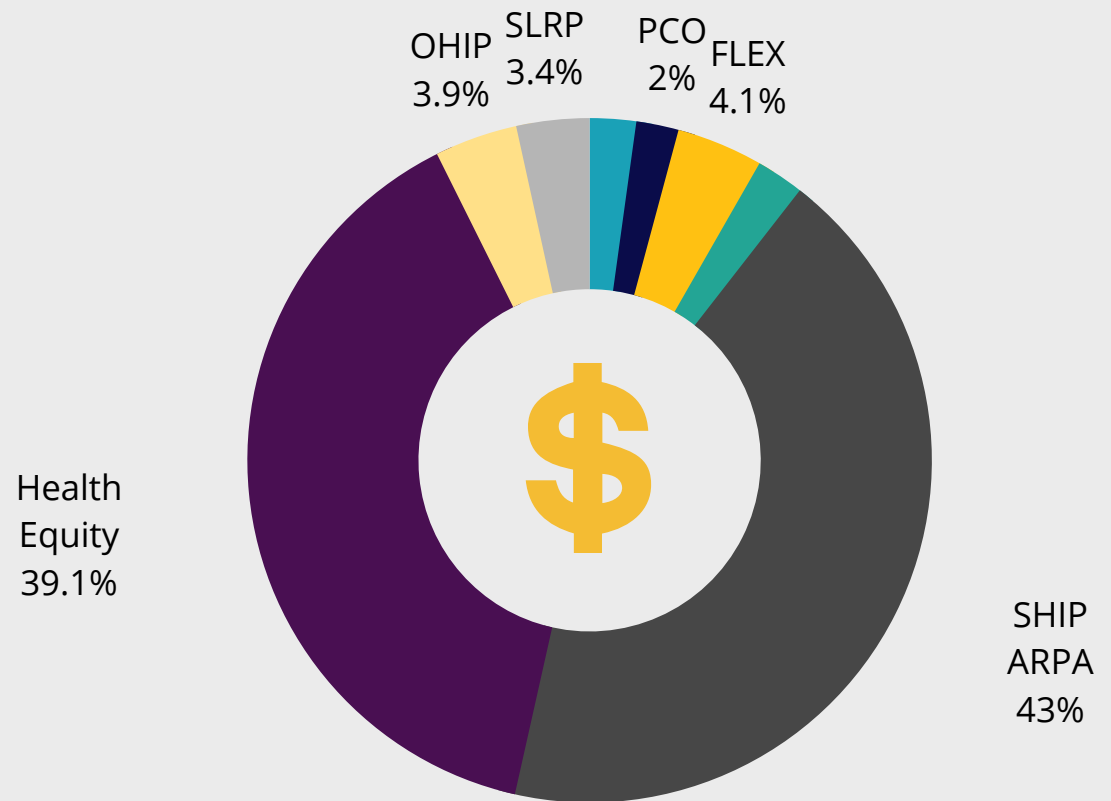


Figure 3: Federal funding

Finances:

State programs



UPCGP:
\$2,806,400



HCWFAP:
\$300,000



BD:
\$110,000



RPLRP:
\$300,000



UMEC:
\$2,038,183.26



RVHAP:
\$255,000



DLN:
\$55,000

*Funding for 7/1/22 - 6/30/23

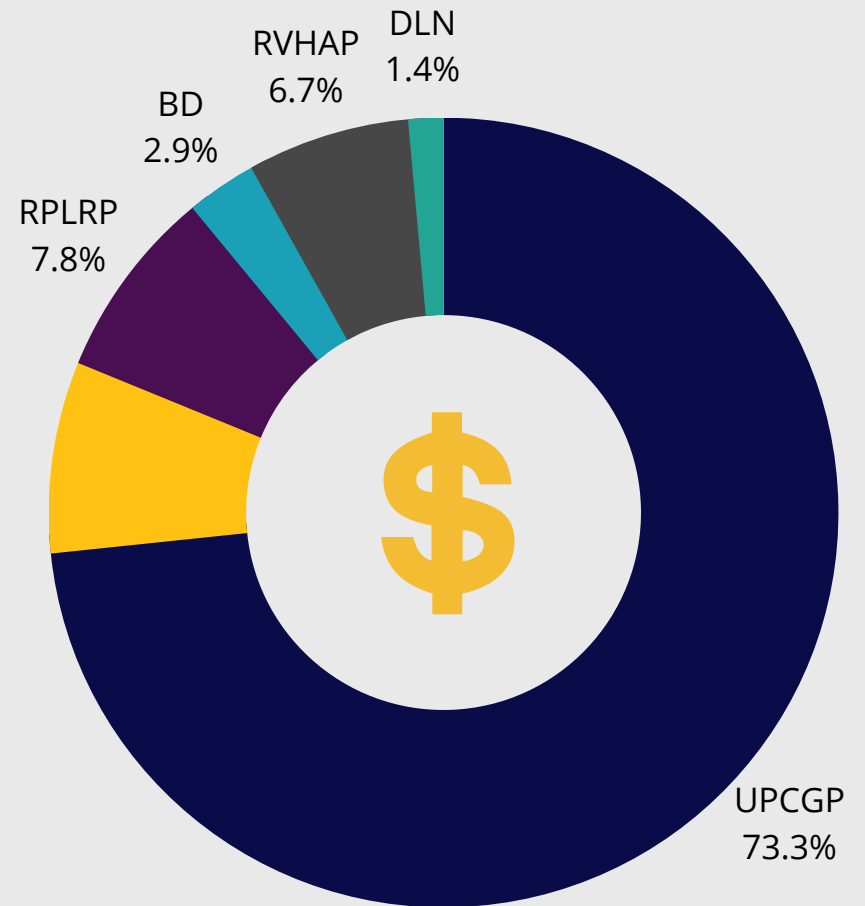


Figure 4: State funding



Office of Primary Care and Rural Health

Dedicated to serving the health needs of rural and underserved Utah, PCRH works with local healthcare providers, employers, and other partners to support access to quality healthcare for rural Utahns. In efforts to become more accountable, PCRH, as well as DHHS as a whole has moved toward Results Based Accountability. This model has been implemented to think, take action strategically and better meet our performance measures as an operating unit.



(Left to right)
Back row: Kendyl Brockman, Kara Taylor, Chloe Hoff, Mason Payne, Ashley Moretz
Front row: Robbin Williams, Abby Adams, Liz Craker, Stacey Swilling, Rachel Devine
Not pictured: Amanda De Lucia, Anna West, Lauren Neufeld



In October 2022, PCRH onboarded DHHS's second cohort of AmeriCorps VISTA members to participate in this prestigious national service program. The PCRH VISTA program has elevated the capacity of rural and underserved communities to deliver quality healthcare by supporting office programs.

State Office of Rural Health

SORH is housed within the Office of Primary Care and Rural Health. SORH works to increase awareness of rural health challenges and programs, and strengthens Utah's rural healthcare delivery systems. This office assists clinics in rural counties in becoming certified Rural Health Clinics to ensure all Utahns have access to sustainable primary care and laboratory services. PCRH also champions National Rural Health Day on the third Thursday of November each year to celebrate rural communities.

To commemorate National Rural Health Day and Utah Rural Health Week, PCRH organized a photo contest aimed at depicting the "Power of Rural". PCRH also recognized Douglas E. Caylor, Executive Director of Moab Free Health Clinic, as Utah's 2022 National Organization of State Offices of Rural Health's community star. Douglas was recognized for his efforts to expand the capacity of Moab Free Health Clinic, including services such as women's health, dermatology, and STI testing.

Accomplishments

In FY23 PCRH managed the third year of a 5-year funding period for the SORH program through the Federal Office of Rural Health Policy.

Additionally, The HWAC completed their first year as a council with quarterly meetings to discuss health workforce related issues across the state.

Using carryover funds from FY22, PCRH is working with SiriS Consulting, LLC to update the Utah Rural Health Strategy, which was last published in 2013. The State Rural Health Plan is a requirement of the federal State Office of Rural Health and Rural Hospital Flexibility Program (Flex) funded through the Federal Office of Rural Health Policy.

SORH also provided funding to RHAU to support its work as Utah's member organization of 3RNet, a national recruitment and retention platform for physicians and other health professionals. PCRH sponsored RHAU's annual conference, which is the largest leading conference on rural health issues in the state.



Primary Care Office

The purpose of the Primary Care Office (PCO) is to assess and address the primary care needs throughout the state with regard to access to primary care services. PCRH provides technical and non-financial assistance to vulnerable populations identified through our assessments and to the primary care, dental, and mental health care providers who serve them.

This is achieved through coordination with partners to address the needs we find, processing National Health Service Corps and J-1 Visa Waiver applications to increase provider recruitment and retention for those areas, and responding to program inquiries. The PCO strives to allocate federal resources to vulnerable areas by designating HPSAs and medically underserved areas and populations.



Accomplishments

In FY23, the PCO program processed 11 J-1 visa waiver applications, up from 7 the previous year. In 2022, PCRH initiated an administrative rule change in attempts to reduce barriers for uptake of providers by sites outside of HPSAs. This change in rule is intended to increase overall efficiency and effectiveness of recruiting and retention efforts.

As a result of updated HPSA designations, Davis and Weber counties lost their primary care, dental care, and mental health shortage area designations. This indicates increased access to care, but in turn reduces provider incentive opportunities (i.e. loan repayment) for sites looking to recruit help.

Over the course of FY23, PCRH submitted 8 applications for youth detention centers across the state to be considered as facility-based HPSAs. By adding these sites, PCO is increasing the number of opportunities for NHSC participants to practice in underserved areas across the state.

PCO has worked with a contractor to update the Statewide Rational Service Area plan to outline service area designations in Utah. This has enabled PCO to better support work in neighboring states.



Meet the Oral Health Team!

With the merger of the Utah Department of Health and Utah Department of Human Services in 2022, OHP was added to PCRH in the Clinical Services Division. PCRH's mission aligns directly with OHP's mission to advance the health of all Utahns by promoting oral health and preventing oral disease.

Kara Taylor joined the team in January 2023 as a Program Coordinator and Dr. Stacey Swilling joined in 2022 as the State Dental Director. Funding for the State Dental Director position was increased to allow for 20 hours per week rather than 8.



Kara Taylor
Program Coordinator



Stacey Swilling
State Dental Director



Lauren Neufeld
Program Coordinator



Oral Health program

The oral health team manages the following programs including, but not limited to:

- **Utah Oral Health Innovation program:** In August 2022, the OHP and Mountainlands Community Health Center (MCHC) started an emergency room diversion program in Vernal with funds received from a Health Resources and Services Administration (HRSA) workforce grant. This first year has been focused on forming partnerships with MCHC and the two hospitals in the Uintah Basin, Ashley Regional Medical Center and Uintah Basin Hospital. PCRH is training these hospitals' emergency department staff on how to refer dental emergencies to MCHC.
- **Adolescent Oral Health Campaign:** The Adolescent Oral Health Campaign is an intervention designed to educate middle school students about oral health. The vision of the campaign is to encourage positive oral health behaviors, and increase use and participation in preventive dental services.
- **Opioid collaborations:** Opioids are highly addictive narcotics commonly prescribed to treat pain. Bodies build a tolerance for opioids, meaning more is needed to get the same effect. DHHS OHP encourages dentists to **utilize this toolkit** to learn more about opioids.



Accomplishments

Since OHPs addition to PCRH in FY23, some significant accomplishments are:

- Baby Your Baby segments on KUTV Utah
 - Dr. Swilling provided tips for a child's first visit to the dentist which should occur before the age of 1.
 - Lauren Neufeld spoke about the importance of regular dental care during pregnancy.
- Updated dental resource guide
 - OHP updated their dental directory to refer the public to low cost dental resources.
- School based interventions
 - During the 22'-23' school year, 1,702 middle school students were taught about oral health education.
- Cultivated state and national partnerships through participation in the Utah Dental Hygiene Association, the Utah Dental Association and the Utah Oral Health Coalition.



Lauren Neufeld, RDH, BSDH



Stacey Swilling, DDS

Dental Lifeline Network

Established in 2015 with the support of the Utah Dental Association, the Dental Lifeline Network assists individuals with disabilities or who are elderly, medically vulnerable, underinsured or cannot afford care and receive access to treatment for severe dental conditions.

Since the program's inception, dental care volunteers served 435 total patients, which equates to nearly \$2.2 million in donated dental care.

DLN's statewide volunteer network includes 113 dentists and 56 labs. Of the 113 dentists, 39 are specialists and 74 are general dentists who can refer patients as needed (figure 6).



Accomplishments

In FY23, the program served 85 patients and facilitated \$256,975 in donated treatment with the recruitment of 6 new volunteer dentists. Of the 85 patients served, 41% were seniors older than age 60.

Forty-seven out of the 85 patients served had completed treatment by the end of the fiscal year, with each patient receiving an average \$4,058 worth of dental treatment.



Figure 5: Donated care

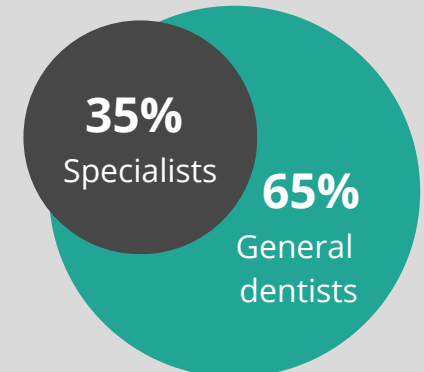


Figure 6: Practitioner ratio

Health Workforce Advisory Council

On March 23, 2022, Governor Spencer Cox signed bill H.B. 176, which created Utah's **HWAC**. The council is charged with providing information and recommendations to help expand and strengthen Utah's health workforce. The HWAC is chaired by the Department of Health and Human Services' Executive Director, Tracy Gruber, and has fourteen additional members from both state, public, and private entities. The council meetings are public, so PCRH invites any interested parties to join.

The HWAC is charged with studying the trends and demands of the Utah health workforce, providing information and making recommendations to various statutorily named entities, including the Utah state Legislature.



Accomplishments

In FY23 the HWAC:

- Adopted the Utah Cross-Profession Minimum Data Set, which was approved by the HWAC during the 2023 legislative session and will be implemented by Division of Professional Licensing in conjunction with license renewal processes for healthcare professionals.
- Monitored 41 health workforce related bills.
- Reviewed 17 health workforce related bills; of these 17 bills, 11 were signed into law and 6 failed.
- Interacted or attempted to interact with 5 legislators.
- Established and supported data review, legislative review, and Utah Medical Education Council subcommittees.



Graduate Medical Education grants program

H.B. 295, or the "Physician Workforce Amendments," is a grant program to create a Graduate Medical Education program for a forensic psychiatrist fellowship grant in the state of Utah.

The Graduate Medical Education grant program helps create or expand graduate medical education programs in Utah. Qualifying residency programs must focus on rural health, or bringing more care into a shortage area. Eligible residency programs must be accredited by the Accreditation Council for the Graduate Medical Education grant. Doctor of Osteopathy and Doctor of Medicine programs are treated equally.



Accomplishments

The grant reporting period is 10 years from the grant award date. The Legislature appropriated \$5,000,000 in FY23 and \$2,000,000 for each fiscal year thereafter. FY23 funding must be obligated by June 30, 2023. Awardees are required to submit quarterly reports to DHHS until all grant funding has been spent and annual reports thereafter until the conclusion of the grant period.

First year awardees:

1. Community Health Centers:
 - a. \$365,139
2. Intermountain Health Center:
 - a. \$1,409,400
3. Noorda College of Osteopathic Medicine:
 - a. \$825,461
4. University of Utah:
 - a. \$1,900,000
5. University of Utah - Huntsman's Mental Health Institute (forensic psychiatry fellowship):
 - a. \$550,000



Medicare Rural Hospital Flexibility

The goal of the Utah Medicare Rural Hospital Flexibility Program (Utah Flex) is to ensure that high quality healthcare is available in rural communities and meets their healthcare needs. Utah Flex supports financial, operational and quality initiatives, and indicator-driven health improvement projects.

Utah Flex:

- supports hospitals in evaluating outcomes like patient satisfaction, safe antibiotic use, and emergency patient care;
- provides targeted support for small rural hospitals' needs; and
- provides population health program improvement opportunities.

To be eligible for Utah Flex funding, a facility must be a CAH that is participating in the Medicare Beneficiary Quality Improvement Program. A CAH is a federal designation that allows a hospital to be reimbursed on a reasonable cost basis for services provided to Medicare and Medicaid patients.



Accomplishments

In FY23, PCRH funded 2 CAHs for financial and operational improvement projects and 2 CAHs to participate in the Antibiotic Stewardship educational series.

Additionally, PCRH continued with secured agreements with Comagine Health to provide one-on-one support with quality improvement. PCRH also continued with REDiHealth to provide data analytics services to improve population health needs for 6 CAHs.

PCRH collaborated with the Office of Emergency Medical Services and Preparedness to increase accurate data reporting with 9 agencies. Additionally, PCRH conducted a rural emergency medical services needs assessments and developed performance improvement plans.

The 12th annual Rural Hospital Administrator's Summit was held in Bryce Canyon City, Utah, with 27 attendees from across the state. The administrators/facilities below were recognized with awards for their exceptional leadership efforts in the following categories:

CEO of the year: Kurt Loveless, Kane County Hospital
Innovation award: Kurt Forsyth, Delta Community Hospital

Small Rural Hospital Improvement program

The Utah Small Hospital Improvement program (SHIP) provides funding to small rural and CAHs to assist with activities related to purchasing.

Utah SHIP also helps with quality improvement activities to advance patient care information and promote coordination and efficiency, such as purchasing equipment, and paying for training.

To be eligible, the hospital must:

- be a U.S., non-federal hospital with 49 beds or fewer beds that provide general, acute, and short-term care.

Accomplishments

In FY23, 17 of Utah's 21 rural hospitals participated in activities related to quality improvement and transition to value.

This program provided \$11,251 to eligible rural hospitals to assist with improvements in value and quality, such as patient satisfaction, lean performance, and compliance.

Additionally, through SHIP American Rescue Plan funding, PCRH directed funds to rural hospitals to support COVID safety and response activities, such as increasing capacity for patient triage, testing, and laboratory services.



SHIP American Rescue Plan Act

In May 2021, HRSA received one-time funding of approximately \$398 million through the American Rescue Plan to support COVID-19 testing and mitigation initiatives.

In July, the agency awarded those funds to existing SHIP grantees to support their work with small rural hospitals (with fewer than 50 beds) and CAH funds aimed to increase COVID-19 testing efforts, expand access to testing in rural communities, and expand the range of mitigation activities to meet community needs within the CDC community mitigation framework.

The goal of community mitigation in areas with local COVID-19 transmission is to slow its spread and to protect all individuals, especially those at increased risk for severe illness. These strategies are used to minimize morbidity and mortality of COVID-19 in societal sectors such as schools, workplaces, and healthcare organizations.

Accomplishments

In FY23, 17 of Utah's 21 rural hospitals participated in activities related to COVID-19 testing and mitigation.

This program provided \$257,493 to each eligible rural hospital to assist with purchasing and administering COVID-19 tests. This program also helped fund community mitigation projects that each hospital specifically chose.



Health Equity program

With project support and funding from the CDC, the objectives of this program are to build capacity within communities to address and mitigate health inequities highlighted or exacerbated by the COVID-19 pandemic, and to promote health equity by linking communities and individuals to social resources.

PCRH is supporting 6 rural Utah hospitals in assessing data silos and gaps, and implementing data-driven processes to reduce operating costs, increase payment collection, improve patient care, and use data for more targeted health equity needs.

From January 2023 - March 2023 there were 31 improvements in data collection and reporting, 24 improvements in data quality, and 29 improvements in infrastructure.

Accomplishments

PCRH, in collaboration with the DHHS Office of Health Disparities, has awarded almost \$1 million to 4 community-based organizations, 2 clinics, and 1 educational institution to address health equity issues worsened by the COVID-19 pandemic:

- **Pacific Island Knowledge to Action (PIK2AR)**
- **Dove Center**
- **Latino Behavioral Health Services**
- **Moab Free Health Clinic**
- **Holy Cross Ministries**
- **People's Health Clinic**
- **SUU RHAU**



Health equity success story

Our bilingual case manager was able to assist a client at the Department of Motor Vehicles. The client received the title for her RV which empowered her to leave her perpetrator. The case manager also collaborated with LensCrafters and a Spanish-speaking advocate from Root 4 Kids to get the client a free eye exam and prescription lenses.

*Dove Center
St. George, UT*



Rural Veterans Health Access program

Federal funding for the Rural Veterans Health Access Program ended in FY22, and in turn the Utah state Legislature responded with a state appropriation to show commitment to the cause.

The state funded Rural Veterans Health Access program supports two programs covering 11 rural counties:

- **Six County Association of Government's (AOG)** veterans directed-home and community based benefits program assists veterans with barriers to healthcare access and promotes connections among the Veteran Affairs (VA) and rural health clinics in Sanpete, Sevier, Millard, Juab, Wayne and Piute counties.
- **Utah State University (USU) Cover to Cover program** provides training to agency staff to create paths for veterans within their community to learn more about VA benefits and how to get connected to those benefits.

Accomplishments

Six County AOG

Since the initial launch of the Six County AOG veteran awareness campaign, the number of applicants for medical benefits continues to increase, as well as the demand for benefit assistance. The Department of Workforce Services, and Ability First Utah, the two agencies that Six County AOG has coordinated with, have reported that veterans benefits specialists have been continuously working with applicants seeking help. Veterans learned about the program from ads in newspapers, flyers, or mailings that were distributed to 26,000 individuals. Six County AOG also released radio ads that aired 6 times a day for 2 weeks, and received an influx of interest as a result of these advertising efforts.

USU Cover to Cover

With encouragement from USU's veteran advocates, USU was successful in exploring VA benefits with veterans and their caregivers. Advocates connected veterans to available benefits, including service-connected disability claims. These claims provided monthly funds to assist in receiving sufficient healthcare services. The veteran advocates have also assisted with Veteran Health Affairs applications and submissions, including providing and completing necessary documentation, as well as teaching veterans how to connect to Veteran Health Affairs community care resources.



Utah Primary Care Grant program

The Utah Primary Care Grant program (UPCGP) awards grants to public and nonprofit entities to fund primary healthcare for medically underserved populations in Utah.

UPCGP provides access to outpatient care for individuals and families who earn low wages, are without health insurance, and are not eligible for Children's Health Insurance Program or Medicaid.

It also covers primary care services that are not covered by Medicare, Medicaid, Children's Health Insurance program, or private insurance.

The goal of UPCGP is to increase the number of eligible individuals served in target populations, including workers who earn low wages, children, elderly, Native Americans, migrant and seasonal farm workers, individuals with chronic diseases, individuals experiencing homelessness, individuals with limited English-speaking proficiency, and single heads of household.

Accomplishments

In FY23, the UPCGP awarded 40 organizations with contracts totaling \$3,139,704 which served approximately 40,036 individuals.

Recipients of this grant include Maliheh Free Clinic, Creek Valley Health Clinic, Central Utah Public Health Department, Hope Reins Healing, and Family Support Center. Projects covered all aspects of an individual's health, including mental, dental, and primary care.



UPCGP success story

"Hunter Adams, an exceptional leader and CEO of Creek Valley Health Clinic has had a profound and lifelong positive impact on Colorado City and Creek Valley Health Clinic's culture. Under his guidance, the clinic obtained the status of federally qualified health center and received the funding necessary to open their doors. His excellence and hard work make it possible to continue to obtain the funding streams needed to grow at a staggering rate and provide exceptional patient care. His leadership has paved the way for a significant expansion, tripling the size of our current facility in just 4 short years.

Additionally, Adams has led the efforts to add a wide range of specialties and advanced treatments, while attracting top-notch medical professionals. He has championed preventive care and community outreach initiatives, promoting health education and empowering individuals to take charge of their well-being. His impact has set up Creek Valley to be a beacon of excellence, known for its high-quality care and innovation."

_____ Creek Valley Health Clinic _____
Colorado City, UT



Assistance for People with Bleeding Disorders

The Assistance for People with Bleeding Disorders program provides funding to the Utah Hemophilia Foundation's Lifeline program to help individuals obtain hemophilia treatment and provide a financial safety net for treatment costs.

To be eligible for assistance, a patient must:

- Have a verifiable bleeding disorder;
- Be a Utah resident for at least 12 months;
- Prove U.S. citizenship or permanent alien/valid visa status, and;
- Verify that "annual out-of-pocket insurance and medical expenses for all household members are greater than 7.5% of an applicant's adjusted gross income" says the Utah Hemophilia Foundation.

Accomplishments

In FY23, the Bleeding Disorders Program supported 19 individuals for a total of \$72,685.

All 19 individuals reported their income levels as below 200% of the poverty level and considered themselves underinsured.



State Loan Repayment programs

Accomplishments

The State Loan Repayment program (SLRP) facilitates HRSA grant funding for states and territories to operate state-run loan repayment programs. Through SLRP, each state and territory can create programs best suited to address healthcare needs in that state.

Primary medical, behavioral, and dental clinicians who receive awards through SLRP-funded programs are able to pay off their student debt in exchange for working in provider shortage areas.

SLRP funds were used to match \$111,150 in Behavioral Health Workforce Loan Repayment Program and Health Care Workforce Financial Assistance Program (HCWFAP) awards in FY23, thereby extending the value of the state funds.

PCRH was granted a new three-year award for SLRP that became effective September 1, 2022.

In FY23, an appropriation of \$352,143 was given where SLRP required states to provide a one-to-one match in funding. This is a significant increase of funding from FY22 where \$202,500 was allotted to match loan repayment awards.



Health Care Workforce Financial Assistance program

As of July 1, 2022, the Behavioral Health Workforce Reinvestment Initiative program merged into the already existing HCWFAP.

This program provides educational loan repayment assistance to healthcare professionals who are located in and practice in underserved areas in the state of Utah. The provider's site is required to match 20% of the award amount.

This is a three-year service commitment to the State of Utah. Participating sites should provide care to underserved and/or rural populations, with preference given to sites located in HPSAs.

Eligible providers include a variety of primary care, behavioral health, and dental health professionals who can qualify for up to \$120,000 in loan repayments.

Accomplishments

In FY23, 24 contracts for a total of \$954,943 were awarded to providers working in underserved areas. The average award amount was nearly \$40,000. The number of contracts is up 78% from FY22 in which 14 contracts were awarded.

The 25 contracts were spread out among a variety of provider types, including 6 certified social workers, 6 physicians assistants, and 2 clinical mental health counselors, to list a few.

The 25 providers served at sites located in 9 Utah counties: Cache, Carbon, Davis, Duchesne, Salt Lake, Sanpete, San Juan, Summit, and Washington.



Rural Physicians Loan Repayment program

PCRH receives an ongoing annual appropriation of \$300,000 for the Rural Physicians Loan Repayment Program (RPLRP) to provide educational loan repayment assistance to physicians who contract to work in a rural hospital for a minimum of 2 years of service.

The program awards providers in primary care, ob/gyn, general surgeons, orthopedic surgeons, pediatrics, and internal medicine throughout rural Utah hospitals.

The state of Utah awards up to \$40,000 per provider. If the employing hospital agrees, a provider can extend their service term by 1 year and receive an additional \$20,000.

The employing hospitals are required to match the loan repayment amount one-to-one. The total possible award amount for a provider in this program is \$120,000.

Accomplishments

In FY23, the RPLRP awarded 5 new contracts for a total of \$185,000. Additionally, 3 providers were granted extensions worth \$20,000 each, for a total of \$245,000 awarded.

Providers were located in Beaver, Carbon, Juab, Sanpete, and San Juan counties and served many patients throughout rural Utah.

15,062 patients were served by physicians enrolled in the RPLRP for FY23 (7/1/22 - 6/30/2023).



Provider success story- HCWFAP

Foster is the only certified nurse midwife in the tri-county area, a 2.5-hour drive from the metropolitan area of Salt Lake City. Without her services, prenatal, delivery and postpartum care would require lengthy travel for area residents.



Danette Foster, CNM

"I recently took care of a patient throughout her pregnancy that ended up moving 2.5 hours away while still pregnant. She felt very strongly that she wanted me to deliver her, and continued to travel the 2.5 hours for her appointments. She developed pre-eclampsia and we had to move to delivery. Due to the worsening condition, we had to schedule a c-section. She is a minority and at much higher risk for adverse outcomes, including death, from complications of pre-eclampsia. She felt very strongly that she would not have received the same care if she had switched providers because they would not have known her as well as I did."

— Danette Foster, CNM —
Ashley Regional Women's Health



FY23

Loan repayment comparison chart

Features	HCWFAP	RPLRP	RPLRP extensions
Appropriation type	Ongoing	Ongoing	N/A
State funding	\$300,000*	\$300,000	N/A
Federal funding	\$300,000*	N/A	N/A
Award amounts	Up to \$75,000	Up to \$40,000	\$20,000
Total awards given out	24	5	3
Total value of awards	\$954,943	\$185,000	\$60,000
Service commitment	3 years	2 years	1 year





Contact us



801-201-9462



opcrh@utah.gov



*195 N 1950 W
Salt Lake City, UT 84116*



ruralhealth.utah.gov



Utah Department of
Health & Human Services
Primary Care & Rural Health