

National Snapshots:

New York

High school and college students who had participated in more than 20 hours of AHEC programs were more likely to indicate an intent to pursue a healthcare career, an interest in practicing in an underserved region, and that AHEC influenced their decision to pursue a healthcare career.

Massachusetts

To create a career path for medical assistants working in community health centers, the MassAHEC Network sponsored a mentor and supervisor training course for experienced nursing supervisors and medical assistants. 22 medical assistants also completed a patient navigators/community health worker course and 21 completed a course in medical interpretation. The medical assistants will continue on to complete pre-requisites at the local community college for careers in nursing or dental hygiene. The project was ARRA funded in collaboration with the local workforce investment board.

Texas

East Texas AHEC has been hosting health careers promotion academies for parents of high school students. Using blast texting prior to and the day of, they were able to increase attendance of both parents and students at informational sessions from an average of 10 participants to an average of 75.

South Carolina

A four-year grant from The Duke Endowment has enabled the South Carolina AHEC to create an Office for Healthcare Workforce Analysis and Planning to develop accurate, reliable data on supply and demand for healthcare professionals. Research findings have been used by the AHEC to target limited funds to the most critical areas of need and to inform citizens, legislators, and policy makers about health workforce resources in each county of the state.

Pennsylvania

The Southcentral PA AHEC Annual Health Careers Awareness Camp, over its 12 years of existence, boasts a 92% success rate with high school students who continued their education in health care.

Data Sources: FY 2010 HRSA Bureau of Health Professions Report Tables and NAO Committee on Research and Evaluation (CORE) Critical Data Tables from Reporting AHEC Programs.



National AHEC Organization

2010 Annual Report



Connecting Students to Careers, Professionals to Communities, and Communities to Better Health



Supporting the Development of the Nation's Primary Healthcare Workforce

In 1971, Congress established the Area Health Education Center (AHEC) program with the goal of strengthening the primary care safety net for underserved populations. AHECs address this goal by recruiting students to careers in health professions; assisting with health professions student training—particularly interdisciplinary training in rural and underserved areas—and helping to recruit and retain providers in underserved areas. As President of the National AHEC Organization (NAO), I wish I could say that the goal has been met, and that there are primary care providers and ancillary health professionals in sufficient quality and quantity to eliminate “underserved” areas. However, disparities persist due to factors such as fewer medical students choosing primary care, changes in demographics, and increases in costs of health care and health insurance. The AHEC program is more relevant than ever.

The 56 AHEC programs with their 240 regional centers are invested and active in their communities, creating a unique collaborative network of medical schools, nursing programs and allied health training programs with community training sites and employers. In 2010, Congress demonstrated their appreciation of the value of AHEC program by reauthorizing it as part of the Affordable Care Act.

Although challenges continue, 2010 has been an exciting and productive year for NAO. A series of conversations with the National Health Service Corps

led to a contract to pilot a project to expand the College Health Service Corps to five states. NAO's technical assistance contract program, called “ATrACC,” was formed and began providing valuable webinars and other technical assistance services to NAO members. NAO's bi-annual conference was held in Las Vegas, bringing together over 650 AHECers for four days of education and networking. In October, NAO hired its first paid staff, as Rob Trachtenberg was named Interim Executive Director. In a unique opportunity that arose out of meetings between NAO and Health Resources and Services Administration (HRSA) leadership, a workgroup was formed, known as the NAO/Bureau of Health Professions Workgroup. The intent was to develop broader, deeper channels of communication between HRSA and NAO. The workgroup allowed NAO to learn a great deal about the development process of grant guidance and to make recommendations to HRSA for the 2011 guidance.

All of these successes and milestones are the result of many hours of volunteer leadership and the “can-do” attitude and creative spirit that embodies AHECs across the country. NAO is maturing as an organization. We have a common purpose, shared activities, and are moving forward to meet the intent of Congress set in 1971 and reaffirmed in 2010.

-Andy Fosmire
NAO President

Strengthening Primary Care Practices in North Carolina

Andrew Berner, MFA

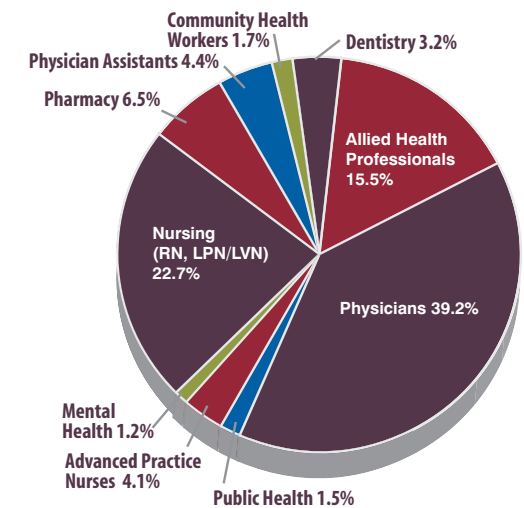
The nine centers of the North Carolina AHEC system are working with primary care providers to help them achieve “meaningful use” of their new or existing electronic health records. As a federally funded Health Information Technology Regional Extension Center (REC) for the state, NC AHEC is providing free, individualized, on-site consulting tailored to a practice's specific needs.

As of February 2011, the NC AHEC REC is serving nearly 2,100 primary care providers. These providers are heavily concentrated in rural areas and among safety-net organizations such as federally qualified health centers and rural health clinics. The goal is to be working with 3,500 providers by the end of 2011.

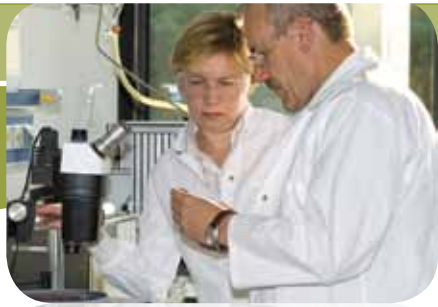
“The adoption of electronic medical records is a very complicated process,” said John Torontow, MD, MPH, Piedmont Health Services, Silver City, NC. “Most practices will completely change the way they do everything to accommodate their new computer systems. This task alone is difficult enough, but in order to receive federal stimulus money they must meet ‘meaningful use’ requirements. That is a lot to worry about for a practice running on a very thin margin. AHEC is their ace in the hole. AHEC staff helps with the vendor selection process, practice redesign, and, ultimately, the documentation of quality measures after implementation.”

Using over 35 years of existing relationships with the provider communities, knowledge of best practices in health care, and expertise in adult learning, AHECs are ideal for this type of practice support in the state. Many of these providers did rotations via AHEC when they were in school, some are graduates of AHEC residency programs, and virtually all receive continuing medical education (CME) and information resources through AHEC. Primary care clinicians already view AHEC as a vital resource and these additional practice-based services are a valuable addition to what AHEC has to offer these providers.

Health Professions Students Trained at Community-Based Sites 51,772 Students



John Torontow, MD, MPH, Piedmont Health Services, Silver City, North Carolina.



Rural healthcare providers

Addressing Healthcare Provider Shortages in Arkansas

Ann Bynum, EdD

By 2012, Arkansas could face a shortage of over 1,000 primary care physicians. Arkansas healthcare facilities are experiencing both immediate and long-term shortages of all groups of health professions. There are many factors contributing to this shortage, including changes in the attractiveness of careers in health care and the aging and pending retirement of "baby boomers."

Health workforce vacancy data are essential for planning strategies to solve the complex problems associated with health workforce shortages. A study conducted by the University of Arkansas for Medical Sciences' Rural Hospital Program in 2007 with 741 responding facilities indicated that there were 5,885 current vacancies and 10,734 expected vacancies within the next 5 years for 87 health professions.

In order to meet the healthcare challenges in Arkansas, strong support and collaboration will be needed from communities, government, and the business, education, and healthcare sectors. Innovative strategies that take into consideration our demographics, technological innovations, and the

changes in health systems need to be developed. Specific programs for rural communities need to be developed with a focus on the strengths of the existing Area Health Education Centers (AHECs) and the partnerships they have established. Non-traditional delivery of training programs designed to meet existing vacancies in local healthcare facilities should be made available to rural residents while allowing them to remain in their own community.

An individualized healthcare training program for rural citizens delivered by distance education could provide a workforce to meet specific healthcare vacancies that exist in a given community. We must improve existing processes to fit the present challenges. Focusing on early and sustained education in health careers and flexible pathways that facilitate career development will help in preparing a pipeline of healthcare professionals.

For a copy of the survey and complete report, click on "reports and publications" at the following web site: <http://bit.ly/gzi2JG>



Rural Arkansas

Health Professions Students Trained at Underserved Clinical Locations

63,456 Student Rotations**

Health Professions Shortage Areas (HPSAs)	13,842
AHEC Rural Community-Based Training Sites	9,326
AHEC Urban Community-Based Training Sites	7,168
Federally Qualified Health Centers (FQHCs)	3,932
Community Health Centers	3,597
Other Community-Based Safety Net Sites	2,561
Ambulatory Practice Sites Designated by State Governor	1,890
Rural Health Clinics	1,649
National Health Service Corp (NHSC) Sites	1,255
Health Departments	1,083
Indian Health Service (IHS) or Tribal Health Sites	583
Health Care for the Homeless	458
Migrant Health Centers	267
Other Sites	15,845

**Students trained in more than one location were counted more than once.

From Vision to Mission: A Collegiate Health Service Corps Approach

Samia Hussein, BS, EMT-B

The Collegiate Health Service Corps (CHSC) was first established as a pilot program by the Connecticut AHEC centers in 2006 at the University of Connecticut. The mission of the CHSC is to expose undergraduates to health careers through service-learning experiences that offer health promotion and disease prevention services to underserved communities.

In 2008 the CHSC program went statewide, branching to Connecticut's other state universities and recently to Wesleyan University, the University of Hartford, and Trinity College through the Central Connecticut AHEC office. More than 350 students have participated in the program to complete over 8,000 hours of service. In the fall of 2010, the program trained 42 students from four schools using the CHSC curriculum on diversity, communication, health disparities, professionalism and ethics, and health promotion/education.

Many students are now completing their service-learning in "HeartStrong," a heart attack and stroke prevention initiative that offers health screenings, workshops, and education to the community. With supervision from medical preceptors and AHEC staff, students conducted basic health screenings, such as blood pressure and blood glucose, for low-income individuals at our "Victory Over Diabetes" Conference in November 2010. Upcoming service projects will include "Violence Prevention Against Women" and "National Women's Health Week" activities.

Samia Hussein, a former CHSC member and now the regional coordinator for Central Connecticut AHEC's CHSC division, tells her students, "I walked in your shoes before," so they can see some of the long-term benefits of the CHSC. As one participant also explained, "It was exhilarating being able to work side-by-side with individuals who were passionate about improving the greater Hartford community and inspiring students to pursue their interests in the health fields."

The CHSC program has recently expanded to other AHECs nationwide and will continue to be a formidable tool in the development of a diverse primary care workforce.



Students Introduced to Health Careers

(<20 hour programs)

Grades K-8	189,042
Grades 9-12	201,393
College	23,208
Total Students	413,643

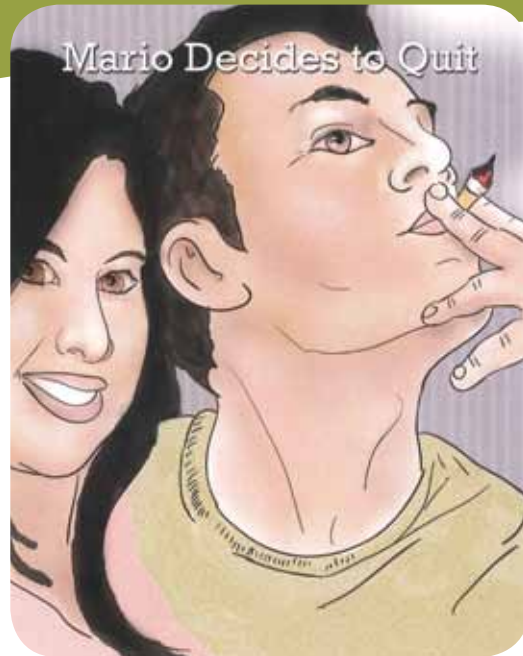
Students in Enrichment Programs

(>=20 hour programs)

Grades K-8	4,706
Grades 9-12	18,680
College	2,485
Total Students	25,871



CHSC student Nicolette LaChance listens to a heartbeat during training.



Cover of a foto-novela; a small booklet with pictures that tell a story. Used in adult literacy classes to convey health information.

Foto-Novelas: A Tool to Promote Health Literacy

Andrée Aubrey, MSW

The 2003 National Adult Literacy Survey recommended incorporating health topics in basic literacy classes as a strategy for improving health literacy and reducing health disparities. The AHEC program at the Florida State University (FSU) College of Medicine developed a series of foto-novelas, based on the widely used Health Belief Model, for use in adult literacy classes. Foto-novelas are small booklets with pictures that portray a story. They represent a popular form of entertainment in the Hispanic population.

Health content is introduced in a fun reading activity at appropriate literacy levels. Instructor manuals contain optional classroom activities which reinforce learning objectives and spark discussions about how to assist family or friends who have a chronic health condition.

The foto-novela characters face dilemmas about quitting smoking after learning about tobacco's impact on other chronic health conditions. The goal is to have the reader learn from the character and be influenced to make a personal behavioral change or share the information learned with family and friends.

Involving local communities early in the development process is essential to creating culturally relevant stories and characters. In the FSU project, students in adult literacy classes provided valuable suggestions about language, stories, and graphics. One class of predominantly Hispanic students was adamant that the character on the front cover of Mario Decides to Quit be portrayed

"handsomely, with his lit cigarette" so that smokers would be interested in reading the story.

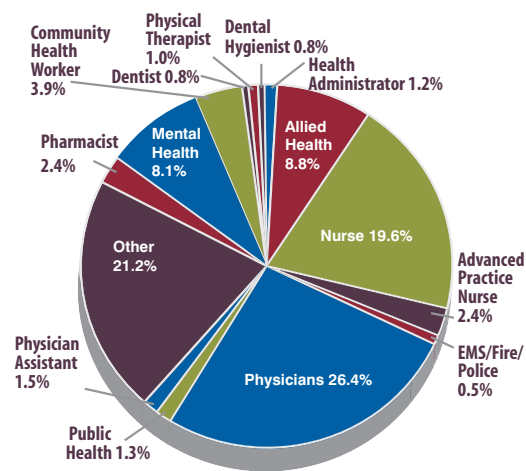
FSU faculty members and project co-directors, Andrée Aubrey, MSW, and Gail Bellamy, PhD, are currently evaluating the efficacy of the materials in improving health knowledge and promoting action, including how many participants ultimately quit or reduce their smoking. They are pursuing funding to evaluate changes in health knowledge and leadership skills of community members who create foto-novelas with minimal technical assistance from the project team.

Free, downloadable copies of the foto-novelas and instructor manuals are available at: <http://bit.ly/exbjds>

Health Professionals in Continuing Education by Discipline

Total Contact Hours..... 1,243,134

Total Participants476,585



Northeast Iowa AHEC Prepares Medical Students for Residency Programs

Brienna Decker, MEd

The Transition to Residency Series was developed by Northeast Iowa (NEI) AHEC to supplement its clinical training component for medical students. It offers presentations to medical students training in their service area that educate them beyond just the clinic and classroom. The advising series prepares them for successful rotations, the residency application process, the transition from student to resident, and, eventually, to physician.

The presentations, which AHEC staff and area experts lead, often include a pitch for Iowa as a place to live and practice. The first presentation outlines ways students can make the most of each rotation and the year as a whole. That is followed by sessions on requesting letters of

recommendation, development of polished and professional application materials, residency program selection, and interview preparation. Each session welcomes the students to work individually with AHEC staff as they proceed through this process.

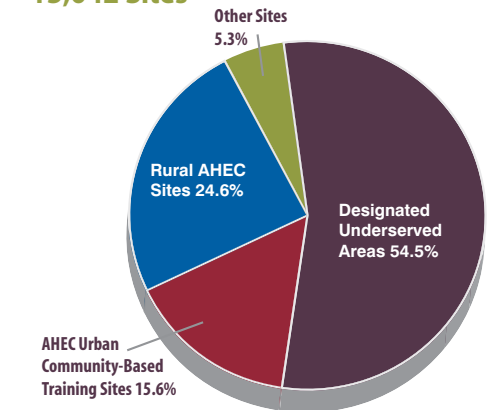
Additional presenters include physician recruiters, residency program staff, residents, physicians, and AHEC board members. These intentionally selected guests often focus on primary care and rural or underserved patient populations. Students are informed of the federal and state financial incentive programs offered should they choose such a path.

An exciting presentation ends the series as a local attorney presents legal issues for consideration in the medical profession including interpretation and negotiation of a contract, prevention of malpractice lawsuits, and comparative views of various employment models from a business perspective.

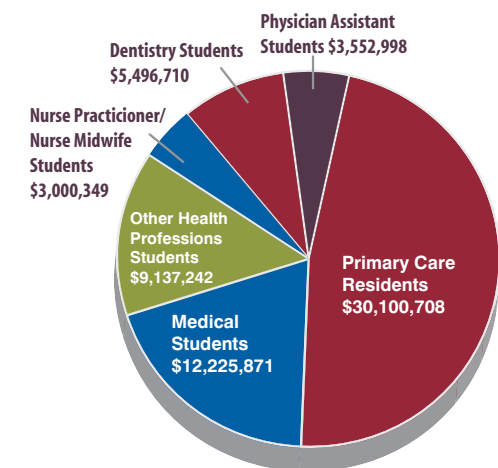
Students are pleasantly surprised by the additional benefits of this series unique to the NEI AHEC. While rural and primary care rotations are essential to attracting physicians to these environments, going above and beyond will hopefully lead to greater success in retention. Half of the students involved in the Transition to Residency Series have stated intentions to pursue careers in primary care and are considering Iowa-based residencies.

Community-Based Training Sites

15,042 Sites



Value of AHEC Professions Student Training to Communities, 2009-2010



D.O. student Ryan Dick-Perez greeting a patient while on a rural medicine rotation in northeast Iowa.