

FY17 Area Health Education Centers Program: An Overview

**National Advisory Council on The National Health Service Corps webinar
March 22, 2017**

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Bureau of Health Workforce

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Agenda

- **Current Structure**
- **Challenges**
- **Innovation and Change**
- **Programmatic Improvements**



Definitions

“Area Health Education Center Program” – a cooperative agreement program consisting of an entity that has received an award from HRSA under PHS Act section 751(a)(1) or section 751(a)(2).

“Area Health Education Center” – a public or nonprofit private organization that has a cooperative agreement or contract in effect with an entity (AHEC Program) that has received an award from HRSA under PHS Act section 751(a)(1) or section 751(a)(2)

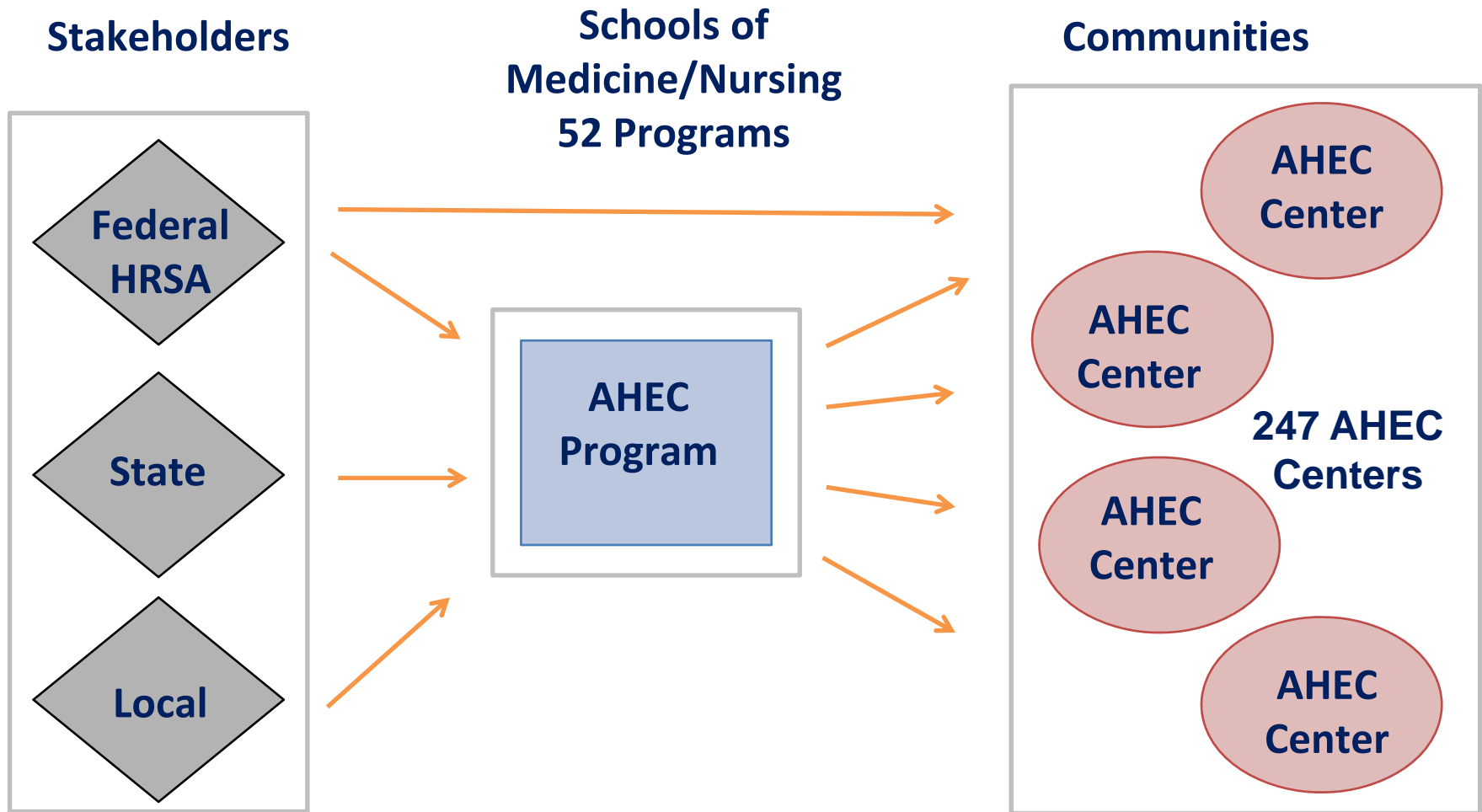


Legislative Requirements

- Health careers recruitment;
- Community-based training and education, with emphasis on primary care;
- Field placements or preceptorships;
- Interdisciplinary/interprofessional education and training with emphasis on primary care;
- Continuing education and information dissemination for health professionals;
- Program evaluation; and
- Public health careers exposure to youth.



Academic-Community Partnerships (Current Structure)



Area Health Education Centers: Summary

- The Area Health Education Centers (AHEC) Program enhances access to high quality, culturally competent health care through academic-community partnerships.
- **Goal of the AHEC Program:** to build education and training networks within communities, academic institutions, and community-based organizations.
 - These networks support HRSA/BHW's strategic priorities to:
 - Increase diversity and distribution among health professionals;
 - Enhance health care quality; and
 - Improve health care delivery to rural and underserved areas and populations.



Key Challenges for AHEC

- Maximum flexibility in terms of activities and focus.
- Focused on health career exposure activities early in the pipeline.
- Focused heavily on health professions continuing education and professional development.
- Variance in outcomes in program.
- Concentrated on process measures/lack national impact.
- Consistently, zeroed out of the President's budget proposal.



Area Health Education Centers: Summary

- The Area Health Education Centers (AHEC) Program develops and enhances education and training networks that support high quality, culturally competent health care through academic-community partnerships.
- **Goal of the AHEC Program:** to build education and training networks within communities, academic institutions, and community-based organizations.
 - These networks support HRSA/BHW's strategic priorities to:
 - Increase diversity and distribution among health professionals;
 - Enhance health care quality; and
 - Improve health care delivery to rural and underserved areas and populations.



Innovation & Change in FY17










*Distribution
Diversity
Practice Transformation*

AHEC FY17+
*Consistent Program Design=
Consistent Outcomes*



Innovation & Change in FY17

Distribution • Diversity • Practice Transformation

 AHEC Scholars	HRSA/AHEC branded interdisciplinary educational and training program
 Core Topic Areas	<ul style="list-style-type: none">• Inter-professional Education• Behavioral Health Integration• Social Determinants of Health• Cultural Competency• Practice Transformation• Current/Emerging Health Issues
 Strategic Partnership Activities	Strategic partnerships to coordinate educational/training activities to <i>maximize the impact and outcome</i>
 Statewide Evaluation	Must develop and implement a statewide evaluation in <i>collaboration with AHEC Centers</i>
 Community-Based Experiential Training	Training must be team-based and specialized in rural and underserved areas and populations
 Pipeline	Limited funding to support youth public health pipeline (9th -12th grade) program
 Continuing Education	Limited funding for continuing education activities focused on the Core Topic Areas for health professionals



Innovation & Change in FY17: AHEC Scholars Program

HRSA/AHEC Branded IPE Program Include:

- Longitudinal program with interdisciplinary curricula.
- Community-based, experiential or clinical training in rural and/or underserved settings (e.g., PCMH, team-based).
- Diverse student cohort with representation from disadvantaged backgrounds and underrepresented minorities.
- Establishment of strategic partnerships that will support the successful implementation.
- Individual-level data on program participants, with required one-year post-completion data on employment outcomes (e.g., rural/underserved primary care).



Enhanced AHEC Model



Maximize Impact & Outcomes

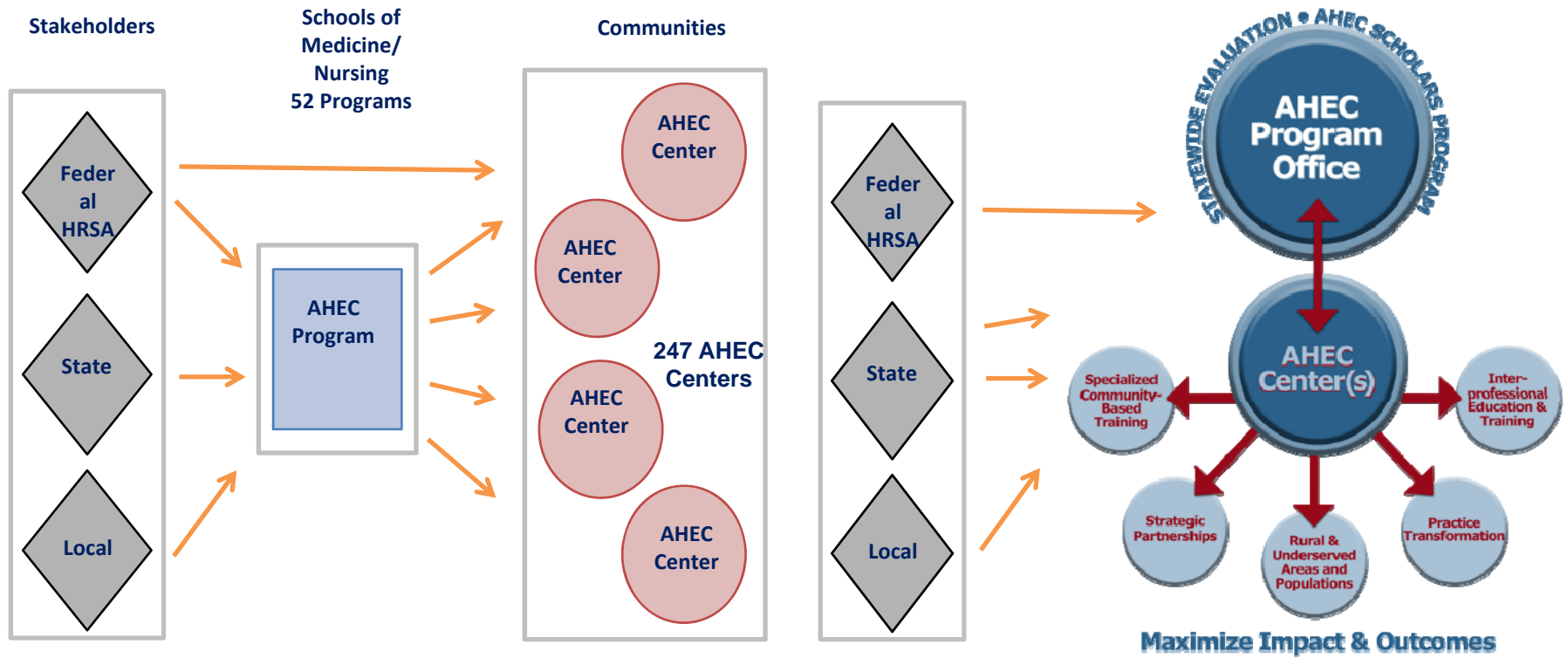


2012-2017

Current

2017-2022

Future



AHEC Program

The Program Office will:

- Monitor, evaluate, and report on their sub-contracted center'(s) core activities and the impact of those activities;
- Provide guidance on educational and training activities;
- Conduct at least 10 percent of clinical education for medical students in their institution;
- Develop effective partnerships that engage key stakeholders; and
- Evaluate all programmatic processes and outcomes.



Area Health Education Centers

Centers funded by the AHEC Program will:

- Train students from minority and disadvantaged backgrounds;
- Place health professions students in community-based clinical practice settings;
- Promote interprofessional, team-based education to improve health care quality; and
- Provide continuing education resources and programs for health professionals, particularly in rural and underserved areas.



Programmatic Improvements - Continued

Overall, the outcomes of the FY17 **AHEC Program** will yield results that are in alignment with HHS/HRSA's strategic priorities through:

- Increased focus on three overarching goals, inclusive of required activities and core topic areas.
- Coordination of AHEC activities with other HHS/HRSA-funded workforce training and education programs.
- Enhanced evaluation of programmatic processes and outcomes.
- Increased capacity to track healthcare providers in underserved and/or rural communities.
- Specialized Interdisciplinary team-based training in underserved and/or rural community settings.
- Prioritization of current investments, as opposed to standing up new investments.



Measuring Impact

- Collection of process and outcome-focused performance measures.
- Implementation of data-driven, evidence-based strategies and programs.
- Increased team-based and IPE community based trainings.
- Better preparation of the next generation of clinicians to serve in rural and underserved communities.
- Increased program standardization and accountability of HRSA funded programs.
- Partnerships to advance the AHEC program.



Discussion Question?

AHEC Scholars and the National Health Service Corps

