



# HRSA - Bureau of Health Workforce Area Health Education Centers (AHEC) Program

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Area Health Education Centers (AHEC) Program Health Careers Pipeline Branch

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Program





# The Health Careers Pipeline Branch (HCPB) serves as the focal point for:

- Health career pipeline programs supporting disadvantaged and under-represented minority students; and the
- Recruitment and training of clinicians in rural and medically underserved communities.





**Purpose:** To enhance access to high quality, culturally competent health care, through academic-community partnerships, by improving:



of the health professions workforce, specialty primary care; and addressing the health care needs of medically underserved communities and populations.

Eligibility: Schools of medicine or in states with no medical school, schools of nursing

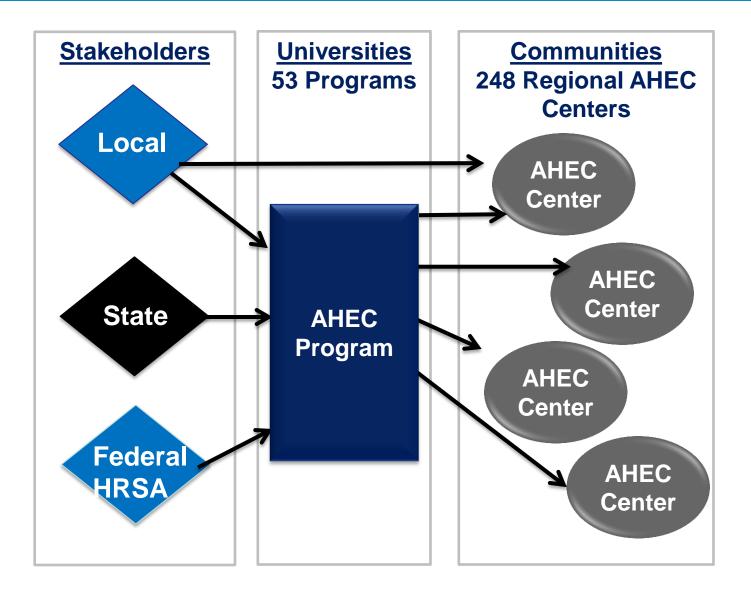
#### Legislative Requirements and More:

- Health professions recruitment and training
- Interprofessional education and training
- Continuing education
- Rural health workforce initiatives, community health workers, health Information technology, veterans mental health, Affordable Care Act provider education, etc.



## AHEC Program- FY2014









- Expand **primary care workforce** supply, capacity, and distribution through stronger education and training opportunities, with an emphasis in rural and medically underserved communities.
- Promote interprofessional education (IPE), training and teambased practice to assure quality care.
- Improve health workforce **diversity** to reflect the population it serves.
- Conduct **evaluations** to assess short and long term program performance and effectiveness.





## Legislative Requirements and More

- Recruitment, Health Professions training, CE
- Interprofessional education and training
- Rural health workforce initiatives, CHW/Outreach Workers

## Health Care Reform – ACA

- Outreach and Education
- Provider education

## **Special Initiatives**

- CHW-Behavioral Health Primary Care Integration Pilot Project
- Nursing Workforce Capacity-Building in USAPI
- Veterans Mental Health





## Community Health Worker-Behavioral Health Integration into Primary Care-Pilot Project

Grantee: The University of Texas Medical Branch - Texas AHEC East (TAE)

Project Period: 9/1/2012-8/31/2016

Partners: HRSA, SAMHSA, HHS Office of the Assistant Secretary for Health

**Purpose**: To develop a CHW BH curriculum to prepare CHWs to effectively enhance BH services within the primary care setting. Includes both didactic in-classroom training and onsite hands-on experience in a primary care setting. The project follows an apprenticeship "learn while you earn" model.

#### **Multiple Phases Over Four Years:**

- <u>Phase 1</u>: Development and evaluation of the training curriculum specific to behavioral health
- <u>Phase 2</u>: Small scale pilot utilizing trained CHWs within local primary care systems in Texas
- <u>Phase 3</u>: Dissemination including a multi state pilot project





## Nursing Workforce Capacity: Improvement Initiative in the U.S. Affiliated Pacific Islands

# Grantee: University of Guam School of Nursing and Health Sciences - Guam/Micronesia AHEC Program

#### Project Period: 9/1/2012-8/31/2014

#### Partners: HRSA/BHW, U.S. Department of the Interior

**Purpose**: To support strategic nursing workforce and infrastructure development activities that focus on strengthening nurse training programs and the nursing leadership pipeline in the USAPI.

#### **Objectives**:

- Improve the foundational skills of nursing students in the areas of math, science, and English.
- Improve the regional nursing education infrastructure in the USAPI.
- Enhance nursing faculty capacity through increased knowledge and skills in teaching and learning, curriculum development, and evaluation.
- Improve the existing career pathways for nursing professional advancement through development of articulation agreements and increased accessibility to advanced educational programs.





## Strengths

- Implement activities that are **responsive** to the evolving needs of their respective geographic regions;
- Significant national infrastructure with extensive capabilities to reach into pockets of underserved rural and urban areas;
- Strong partnerships and collaborations with academia, community health centers, rural health clinics, and various other organizations at the local, state, and national levels; and
- Function as neutral agents and **conveners**.

### Challenges

- Varying degrees of **capabilities and resources** across the country;
- Significant variations on programmatic strategies, making it difficult to assess outcomes and impact of the entire AHEC Program;
- Inconsistent funding; and
- Broad roles of AHECs which contribute to a perception of lack of focus and dilution of core AHEC values.





- Prioritize and focus on fewer but impactful programs;
- Incorporate evidence-based/evidence-informed models or using established competencies and minimal standards; and
- Strengthen **program evaluation** in the short and long-term.





## **In Summary**

- AHEC fosters community-academic and government partnerships to improve the recruitment, training and retention of a diverse health workforce to serve rural and underserved communities.
- There is an AHEC near you with 53 programs, and 248 regional AHEC centers in 45 states, plus there are opportunities for collaboration.
- AHECs are responsive to the community's needs and have significant expertise and experience to reach rural and urban underserved communities.





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