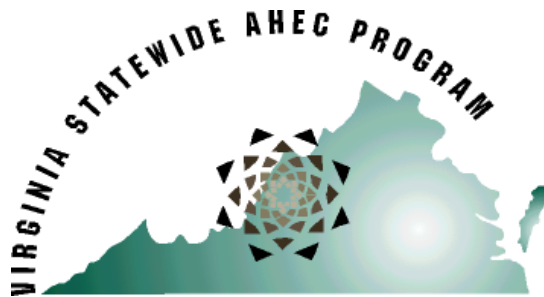


Virginia Area Health Education Center



Non-State Funding Report to the
Governor's Office
Chairman, Senate Finance Committee
Chairman, House Appropriations Committee
Joint Commission on Health Care
October 1, 2010

Virginia Statewide Area Health Education Centers (AHEC) Program Non-State Funding Report October 1, 2010

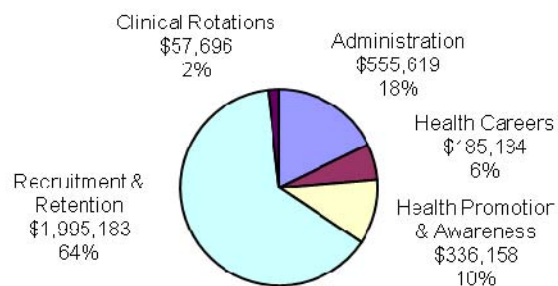
Purpose: The Appropriations Act directed Virginia's AHEC Program to “*submit a report by October 1 each year ...that documents 1) the actions taken to secure non-state funding to support AHEC activities and 2) a cash match of at least 100 percent of the funds provided by the Commonwealth.*”

The Virginia Statewide AHEC Program was established in 1991 to increase access to primary care by Virginia's citizenry. The program was developed in response to several recommendations from the Virginia Department of Health. This report highlights the accomplishments of the Virginia Area Health Education Centers over the past fiscal year. In spite of difficult budgetary times, the program has been able to support health professions students in community-based settings, provided continuing education to thousands of health professionals, served many elementary schools to college undergraduate students in our health career programs, and supported safety net providers with interpreter services and training. Additional historical background information is included as an appendix.

With their community infrastructure already in place, the Virginia AHECs are ideally suited to collaborate on many of the Governor's Health Reform Commission's (the Commission) recommendations. The Commission's report made a number of recommendations related to health workforce that coincide with the mission of the national Area Health Education Center (AHEC) Program (DHHS, HRSA, Bureau of Health Professions). The Virginia AHEC program was established as part of the state Primary Care Plan developed by the Commissioner of Health in conjunction with the state's medical schools and the Virginia Primary Care Association (now known as the Virginia Community Healthcare Association) to address primary care access issues in the Commonwealth's underserved communities. Many AHEC programs throughout the country have created successful programs to help achieve the types of goals articulated in the Commission's report. The key characteristics of these successful programs are clear and measurable state goals and sufficient state funding to achieve them.

The Virginia AHEC Program has a number of laudable achievements including serving as a national leader in providing language services, being an important catalyst in expanding telemedicine and technology services in rural areas and in exposing health professions students to practice in rural and underserved communities, often resulting in employment in those communities.

FY 2010 Funding VS Activity



Unfortunately the Virginia AHEC Program has insufficient state financial support to match its federal funding or to capitalize on and replicate documented successes achieved in other locales.

The five mission areas of the Virginia AHEC Program are recruitment and retention, health careers promotion, clinical rotations, health promotion and administration. Direct patient care services must also be linked with recruitment, training, retention and health promotion programs in order to have a lasting effect. Current AHEC initiatives are designed to enhance the cultural competency and sensitivity of all health care providers, and to improve the recruitment and retention of underrepresented students choosing health careers.

Recruitment and Retention

AHECs offer a variety of continuing education programs and technical assistance services to practicing health professionals and agencies in the state. AHEC has expanded access to its CE programs through distance learning and other instructional technology.

Number of CE Participants Per Discipline FY2010	
Medicine	252
Nursing	99
Dentistry	1
Physician Assistant	15
Mental Health Professionals	7
Allied Health/Health Admin	38
Community Health Workers	217
Others	4
Total	633

FY2010 Continuing Education

18 CE Courses Sponsored
125 Hours of Instruction Provided
41,363 Total Contact Hours

Staying ahead of today's medical advancements is essential for practicing health care providers.

Continuing education programs provide rural practitioners access to current technological advances, in addition to the opportunity to obtain credit for re-licensure.

Language is one of many barriers that healthcare providers face in Virginia. Without communication, there can be no adequate access to healthcare. Even hiring bilingual staff or setting up cultural-specific clinics does not solve a communication challenge of this magnitude. Limited financial resources make linguistic access services even harder to provide.

There were over 10,000 hours of interpretation made in 30 different languages during fy2010.

Of the \$1.99M spent on Recruitment and Retention 86% is for interpreter training and services that generate program income. Because these services generate fees, it represents a disproportionate amount of the funds for recruitment and retention. Clinical rotations, health careers promotion and health promotion and awareness do not generate income and are dependent upon state appropriations and grant funds.

Interpreter service, cultural competence training and linguistic access services consultation completes the array of services offered. Interpreter training for staff of outside organizations increases capacity both regionally and statewide. Existing programs that foster cultural competency and diversity should receive greater state support. Both the Northern Virginia and Blue Ridge AHEC's fee-for-service interpreter program does provide much needed revenue for the organization. It is important to recognize, however, that the expenses required to operate the program utilize the lion's

share of the revenue. It requires fully 88% of the revenue generated in order to pay the interpreters and the staff salaries devoted exclusively to the interpreter program.

Health Careers Promotion

Workforce data indicates that in all health professions, minority populations continue to be underrepresented relative to their overall population in Virginia. Primary health care access can be improved through better diversity of the health care workforce. A statewide infrastructure geared toward enriching the pipeline (such as the Virginia AHEC Program) should be maintained. Through increased funding, these or similar programs could be utilized to attract these younger students to the health professions.

Health career programs recruits young people, especially underrepresented minorities and disadvantaged youth into health professions training programs with the goal of having them

practice in
rural and
urban

Recruitment into Health Careers

Students who completed health careers training programs ≥ 20 hours was **127**.
Students who completed health careers training programs ≤ 20 hours was **1078**.

underserved areas. Student enrichment programs such as health career camps, mentoring and academic preparatory courses are also offered and are designed to generate interest in health careers.

AHECs provide health career information via career fairs, individual counseling sessions and group presentations to local schools and community workforce organizations. To generate interest, AHECs with community partners administer summer programs for grades 4-16. For older students, AHECs have introductions to careers in health, health education, and workforce skills, scholarship and financial aid activities.

Contact with Organizations that Serve a High Proportion of Minority or Disadvantaged Students (K-16)

Visits	352
Students Contacted	5,908
Parents Contacted	278
Teachers, counselors, And/or administrators	880

The Virginia AHEC Program produces and distributes Virginia Health Careers, a resource manual and web based site which features information on over 90 careers in the health care field. This manual is widely used in the "Introduction to Health Careers" courses taught at many public and private high schools as well as in technology schools and institutes. The AHECs distribute 20,000 manuals and 5,000 CDs every three years. The Virginia Health Care Foundation and Virginia Commonwealth University partnered with the Virginia AHEC Program to produce this valuable manual.

Clinical Rotations

Service-learning combines the experience of community service with the benefits of academic study and personal reflection. By exposing students to real-life issues and solutions, students gain valuable insight into their future careers. With eight centers strategically located throughout Virginia and a program office in the heart of Virginia, the Virginia AHEC

Program is able to promote community health and service as a vehicle for matching the educational needs of health professions faculty and students with the healthcare needs of local communities.

Number of Training Sites	203
Students Trained	421
Number of Preceptors	76

Service-learning is used by AHECs as a means to accomplish educational objectives for health professions students while delivering services to underserved populations. Students from medical, nursing, allied health, dentistry and other health related disciplines are provided with hands-on opportunities for practical clinical experience. Students train alongside local preceptors to enhance their educational experience and gain exposure to rural and underserved community-based practice that is not available at clinical sites on and near academic medical center campuses.

AHECs help locate and pay for housing and assist with travel costs for various health professions students and medical residents who seek to train in medically underserved areas with practicing health professionals. AHECs also develop clinical rotation schedules, recruit local practitioners for preceptors, provide guidance and counseling, and orient students and families to the local community. AHECs also serve as a link between health professionals in training and the state and federal programs designed to attract health care providers to underserved communities.

Health Promotion & Awareness

AHECs provide health education support in our communities. Community health based initiatives help define particular health care needs and AHECs work with local organizations to address those needs. The Virginia AHECs develop and promote community health programs by partnering with other agencies, health care institutions, schools and organizations.

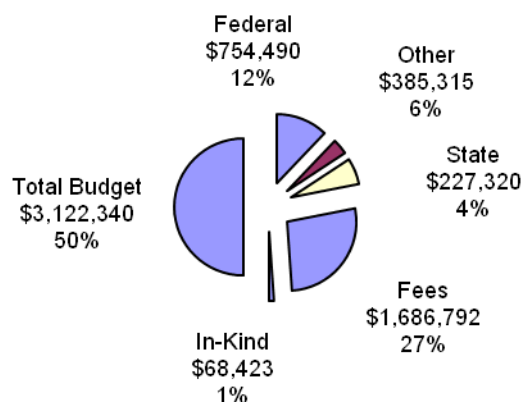
The Virginia AHEC provided support to the Mission of Mercy (MOM) Project in collaboration with the Virginia Dental Association and Virginia Commonwealth University. MOM Projects are conducted in identified, underserved areas of the state where there are not enough dental practitioners to adequately address the oral health needs of the community. Due to the tremendous success of the initial project in 2000, countless additional projects have been hosted in such areas as the Eastern Shore, Wise County, Northern Virginia, Petersburg, Grundy, and Martinsville. MOM Projects have been held in airport hangars, high schools, vacant factories and fairgrounds. Field clinics are set up, resembling a MASH unit with portable dental chairs, dental units, x-ray machines and sterilization facilities. Usually these projects are held in conjunction with a health fair that provides screenings and physical exams for the community.

Administration

The Virginia AHECs serves as a bridge between the health professions schools and the community. This unique relationship results in an improvement in the quality and delivery of health services as well as broadening the educational experiences for students.

During the past year, the Virginia Statewide AHEC Program was administered through a Program Advisory Group representing the eight community AHEC centers. Virginia

Funding Sources FY2010



Commonwealth University (VCU), as the federal grant awardee, maintains the required fiduciary and program responsibilities of the cooperative agreement. Over the past year, VCU has taken a positive leadership role to assist with the overall re-structuring and re-orientation of the Virginia Statewide AHEC Program. Under the direction of David C. Sarrett, DMD, MS, Associate Vice President for Health Sciences at VCU, the Virginia AHEC Program has developed a dedicated workforce of community based centers. Future plans are to transition the Virginia AHEC Program to the future Virginia Health Workforce Development Authority over the next year.

AHECs receive federal funding through a “Model State-Supported AHEC” cooperative agreement. The “Model” cooperative agreement from the US Department of Health and Human Services, Health Resources and Services Administration (HRSA) requires a 100% non-federal match preferably through state appropriations. In FY09, the Virginia AHEC Program office at VCU received \$743,488 in federal Model AHEC funding (direct & indirect) of which 80% was distributed among the eight (8) community AHEC centers.

Efforts Toward and Amounts of Non-State Funding

As the local AHECs have increasingly established themselves as significant partners in meeting their community's health care workforce needs, they have correspondingly broadened their funding base. In fiscal year 2010, the eight AHECs raised a total of \$2,386,352.

With state funding, the VaAHECs could leverage additional federal funds to meet any cash match requirements, could increase interpreter services and training across the Commonwealth, increase the health careers pipeline programs for meeting the Commonwealth's future workforce needs, and provide clinical training for Virginia's health professions students partnering with our local medical institutions.

Funds raised were used for specific programs and came from a variety of sources such as fees for service, contracts with public and private agencies, donations and grants. Examples include the Virginia Tobacco Settlement Foundation, Ryan White Care Act, Rockingham Memorial Hospital Foundation, Virginia Department of Health, Virginia Department for Aging, Virginia Tobacco Indemnification & Community Revitalization Project, Washington Forrest Foundation, Alleghany Foundation, Kellogg Foundation, Riverside Foundation, Eastern Virginia Medical School, Virginia Commonwealth University, INOVA Health System, Fairfax Health Department, Pittsylvania Co. Forensic Camp, Greater Lynchburg Community Trust, NACES, 21st Century, Workforce Investment Boards and many other sources.

These funds, in turn, supported a wide variety of programs such as the use of telemedicine and other distance learning technologies; service-learning activities that involve health professions students in the provision of care for rural and urban underserved populations; women's health, cultural competence, the appropriate training and utilization of health care interpreters; use of lay health workers to improve community health; and summer institutes and K-12 programs to increase interest in health careers.

Activities

Eastern Virginia AHEC Program continued to successfully operate its signature program, The Eastern Virginia Telemedicine Network, which provides continuing medical education credit to medical providers in medically underserved areas of Eastern Virginia. The network hardware is aging, however, and increasingly there are technical difficulties that impair broadcast reception that has resulted in several provider sites dropping out of the program as there is insufficient funding to acquire new equipment that would allow for video streaming of the content. EVAHEC staff continued to work on increasing primary care access in the Hampton Roads region through partnerships with other health provider agencies.

Blue Ridge AHEC trains interpreters as health care workers. We are helping limited English speaking individuals communicate effectively with their doctors, teachers, and social workers. BRAHEC trains Spanish speaking women as community health workers, so that they can go into their community and teach about health care and good health in this country and culture.

Southside AHEC has a primary focus on the support of health professional students in the participation of community-based clinical rotations and the establishment of new practice sites in underserved communities to support that mission. SAHEC continues to provide support to the School of Family Medicine at the Medical College of Virginia, Virginia Commonwealth University through the placement of third-year Medical Students into clinical rotation sites within the Southside AHEC region of responsibility.

Southwest Virginia AHEC formed a close partnership by merging with another organization with a similar mission, for the purposes of accomplishing more with scarce resources (synergy), spending less time searching for ever-more-scarce match monies (state and local funds), and utilizing economies of scale. We found a potentially willing partner in the Southwest Virginia Graduate Medical Education Consortium (GMEC). GMEC's mission is to improve access to high quality primary care in the mountains of Virginia by forging links between local doctors, communities and graduate medical education programs; it is primarily funded by the Virginia General Assembly. In addition to traditional AHEC activities (exposing young people to health careers, arranging and supporting clinical experiences, arranging and supporting continuing education and continuing medical education, and health promotion, GMEC/AHEC staff supported the Health Care Authority and Healthy Appalachia project, served on several area boards.

Rappahannock Rural Health Development Center includes the community based Rappahannock Area Health Education Center (AHEC). Serving the Middle Peninsula, Northern Neck and Greater Fredericksburg area, the RAHEC program focuses on the support of health professional students in the participation of community-based clinical rotations, the establishment of new practice sites in underserved communities and created the Northern Neck Middle Peninsula Telemedicine Consortium and partnered with the new Birthing Center of the Northern Neck in Kilmarnock.

South Central AHEC focuses on workforce development in health care. Our center provides training for adults in nurse aide (CNA), medication aide (RMA), CPR, and the future program in practical nursing (LPN).

Northern Virginia AHEC continued interpreting services and training efforts by training nearly 100 bilingual individuals in health care interpretation and translation as well as 1400 providers in various aspects of cultural competence. NVAHEC provided approximately 5,000 hours of health and human service interpretations during the year.

Capital AHEC works to improve child behavioral health in the region by partnering with regional nonprofits and agencies on a variety of initiatives including a special health care needs conference.

VaAHEC Program Office continues to partner in health careers pipeline programs, provide clinical rotation experiences for health professions students, provide continuing educational opportunities for health care providers in all areas of the Commonwealth, attends and attends various Virginia healthcare meetings, as well as promoting the Virginia AHEC Program.

Despite the elimination of the state appropriation, the Virginia AHEC Program will continue to report to the Governor, the General Assembly, and the Joint Commission on Health Care. We believe the Virginia AHEC program offers much of the needed infrastructure to achieve the goals of the Governor's Health Reform Commission relative to the healthcare workforce. The current challenge for the VaAHEC program is to remain viable during the period it lacks state support.

APPENDIX

Historical Background: As provided in Section 32.1-122.7 of the Code of Virginia, the mission of AHEC is to promote health careers and access to primary care for medically underserved populations through community-academic partnerships. This mission is accomplished by conducting programs to: 1) attract students into health careers by developing health careers recruitment programs for students, especially the under-represented and disadvantaged; 2) support the community-based training of health professions students and residents primarily in Virginia's underserved communities; 3) provide educational and practice support systems to recruit, support and retain health providers to underserved areas or settings that address the needs of underserved populations, 4) initiate and collaborate partnerships in community health awareness and disease prevention with other community organizations by defining the health care needs of the communities to achieve a shared goal, and 5) improve access to diverse and culturally competent and sensitive health professions workforce.

The Virginia AHEC Program was developed to establish and maintain eight community-based centers to serve all of the Commonwealth's counties and cities. Each center is community driven, responding to its local needs as identified, by a local governing/advisory board. These centers are charged with strengthening the link between the academic medical centers and the community.