

Virginia Area Health Education Centers (AHEC) Program Annual Report to Virginia October 1, 2004

Purpose: The Code of Virginia directs the Virginia Area Health Education Centers Board of Directors to “submit a report by October 1 each year” that documents “the status and progress of the implementation of the area health education centers program’s goals and objectives. The report shall also include a detailed summary of how state general funds appropriated to the Virginia Statewide Area Health Education Center (AHEC) Program and the local AHECs were expended during the most recently completed fiscal year.”

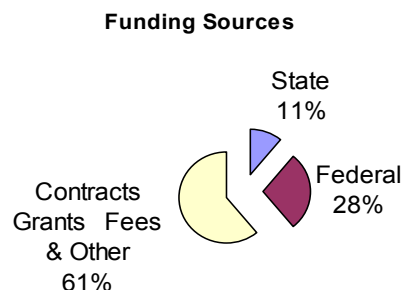
Background: The Virginia Statewide AHEC Program was established in 1991 to increase access to primary care in rural and urban underserved areas. It grew out of several recommendations from the Virginia Department of Health. Recommendations were based upon 25 years of empirical research examining why health care providers practice and remain in rural and underserved areas. The Commonwealth of Virginia competes each year with surrounding states which have extensive systems to attract and retain health care workers.

According to 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, 2) support the community-based training of health professions students and residents, 3) recruit, support and retain health providers to underserved areas or settings that address the needs of underserved populations, and 4) promote health and prevent disease in partnership with other community organizations.*

The Virginia Statewide AHEC Program is administered through a statewide advisory board and the eight individual AHECs. 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. In FY04, the Virginia AHEC Program office at VCU received \$894,424 in federal model funding (direct & indirect) of which 75% was equally distributed among the eight (8) community AHEC centers - a 2.52% decrease from FY2003. In fiscal year 2005, the AHEC Program will experience an additional 30% congressional cut to \$692,352.

In FY 2004, \$277,794 in designated state funds were distributed to the eight AHEC centers; the remaining \$22,206 were returned to the Virginia Department of Health to replace funds received in FY2003 prior to the budget cuts. The state appropriation was first decreased by 14% in FY03, and again in FY04 by 70% to \$300,000.

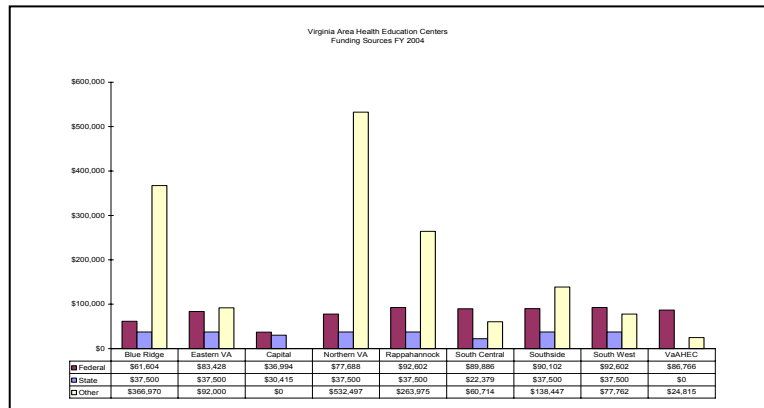
The AHEC Program Office and Centers acquired an additional \$1,557,180 in other funds through local, state and national grants, foundations, associations and fees. As stipulated in the Appropriations Act, the Virginia AHEC Program is “to submit a report by October 1 each year ... that documents 1) the actions taken to secure non-state funding to support the AHEC activities and 2) a cash match of at least 50% of the funds provided by the Commonwealth.”



Despite the uncertain federal and state fiscal climate, the Virginia Area Health Education Centers continue to provide mission related activities in their communities. The ability to provide services is directly related to three factors. First, each Center has identified and responded to its community’s needs, the community has reciprocated by investing

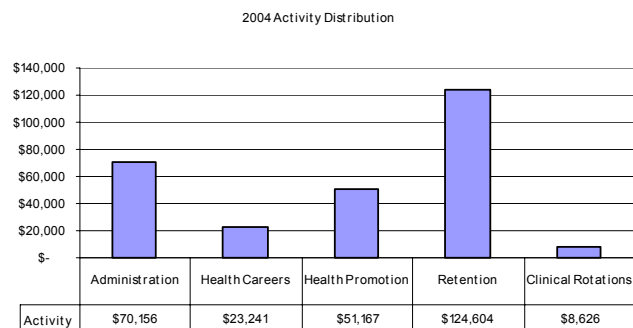
its support. Second, successful fund raising programs take several years to develop. Proposals may be funded in the year they are written, but more often, they are funded during subsequent years. Thus, the current success represents an extended and extensive effort built over several years. The Virginia AHEC Program is now well positioned to achieve continued success. Thirdly, the state appropriation provides critical operating funds that enabled AHEC to move forward and match significant federal funding. Given AHEC's success, we believe that the investment has returned great dividends.

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. 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 numerous summer institutes and K-12 programs to increase interest in health careers.



Overall funds were used to support five areas of activity – Health Careers Promotion at 9%, Recruitment and Retention at 45%, Clinical Rotation at 9%, Health Promotion at 17%, and Administration at 21%. The Virginia AHEC Program constantly seeks balance between the statewide mission and goals and distinct local needs. Administrative costs were high due to the dissolution of the Greater Richmond AHEC and the establishment of the Capital AHEC to meet the needs of metropolitan Richmond.

State funding was distributed among the eight regional centers to support programs at the community level - Health Careers Promotion at 8%, Recruitment and Retention at 45%, Clinical Rotations at 3%, Health Promotion at 18%, and Administration/Program Coordination was 25%.



Specific activities under each activity include:

1) **Health Careers Promotion** - to attract students into health careers.

Workforce data indicates that in all health professions, minority populations continue to be underrepresented relative to the overall population in Virginia. Primary health care access can be improved through an increased diversity of the health care workforce.

AHEC initiatives are designed to enhance cultural competency and sensitivity of all health care providers, and to improve the recruitment and retention of all students choosing health careers.

- Programs include Summer Enrichment Programs and exposure to medicine, nursing, and dentistry; the Magnet High School for the Sciences and Health Professions at

Eastern Virginia Medical School; and PALS – Practitioners Adopt Local Schools sponsored by the Southwest Virginia AHEC.

- AHECs provide health career information via health career fairs, group presentations, individual counseling, and distribution of the Virginia Health Careers manual published by the Virginia AHEC Program with funding from the Virginia Health Care Foundation.
- The AHEC Program cooperates closely with local school systems to enhance existing health career information.

2) **Clinical Rotations** – to support the community-based training of health professions students and residents.

AHEC works closely with Virginia medical schools to provide hands-on opportunities for practical clinical experience to students from medicine, nursing, allied health, dentistry and other health related disciplines.

- Rappahannock AHEC, Southside AHEC, and Southwest Virginia AHEC have helped to locate and pay for lodging and assist with travel expenses to various health professions students and medical residents who seek to work in the medically underserved areas in clinical rotations with practicing health professionals.
- AHECs also develop clinical rotation schedules, recruit local health professions preceptors, administer tests, provide guidance and counseling, and orient students and their families to the local community.

3) **Recruitment and Retention** - recruit, support and retain health providers to underserved areas or settings that address the needs of underserved populations.

AHEC offers a variety of continuing education programs and technical assistance services to practicing health professionals and agencies in the state. AHEC hopes to expand access to its CE Programs through distance learning and other instructional technology.

- Eastern Virginia AHEC developed and continues to operate the Eastern Virginia Telemedicine Network (EVTN), which provides the staff of over twenty health care facilities in the Hampton Roads region access to televised EVMS Grand Rounds lectures and down-linked satellite videoconferences for continuing medical education.

Language is one of the many barriers that health care 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 harder to provide.

- Northern Virginia AHEC began providing these reliable, affordable services, often grant funded and therefore at no cost to the clinics. Interpreter service, cultural competence training and linguistic access services consultation completes the array of services. Interpreter training for staff of outside organizations increases capacity both regionally and statewide.
- Blue Ridge AHEC provided training to bilingual persons in Northwest Virginia to serve as competent interpreters for limited English proficient persons. The Community Health Interpreter Service provides practice support to providers in medically underserved areas or areas with medically underserved populations.
- Southwest Virginia AHEC provided coordination and support to health care providers' training in basic and intermediate Medical Spanish.

South Central AHEC developed and implemented a regional program to educate and certify nurse aides.

4) **Health Promotion** – to promote health and prevent disease in partnership with other community organizations.

The support and involvement of all communities in Virginia has been the basis for the success of this program. Local organizations and individuals continue to provide financial and in-kind contributions. It is the strong commitment, enthusiasm, and talents of local people and organizations that have proven to be a main reason for the success and cost effectiveness of the programs.

- Southside AHEC participates in programs with the local Health Department, the Central Virginia Health Planning Board, and the Virginia Tobacco Settlement Foundation Regional Advisory Board.
- South Central AHEC provided free blood pressure checks at distributions sites to Food Center recipients in Pittsylvania County.
- Rappahannock AHEC staff spends 75% of their time developing and implementing community health education, health promotion and disease prevention activities in medically underserved areas or areas with medically underserved populations.
- All AHECs attend and participate at various meetings at the local, state and national levels.

At a time of significant shortages in virtually all health professions, AHEC and Virginia need to respond to the changing health and health workforce. The Virginia AHEC Program continues to welcome opportunities to collaborate with our academic and community partners and to develop programs that will respond to the many changes occurring in the health care environment. We will meet these challenges with continued dedication to our mission of improving access to quality health care for the people of the Commonwealth of Virginia.

In order to maintain and increase its capacity to meet the Commonwealth's health care workforce needs, and to assist its most vulnerable citizens, AHEC will continue to rely upon the same three sources of funding. The state appropriation will provide critical support to help Virginia remain competitive with surrounding states to meet the health care needs of Commonwealth citizens.