

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, 2008

Virginia Statewide Area Health Education Centers (AHEC) Program Non-State Funding Report October 1, 2008

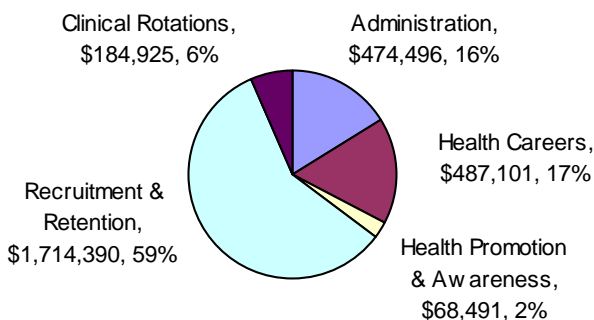
Purpose: The Appropriations Act directed Virginia's AHEC Program to "submit a report by October 1 each year ...that documents 1) the actions taken to secure non-state funding to support AHEC activities and 2) a cash match of at least 100 percent of the funds provided by the Commonwealth."

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 hundreds of health professions students in community-based settings, provided continuing education to thousands of health professionals, served many elementary school 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.

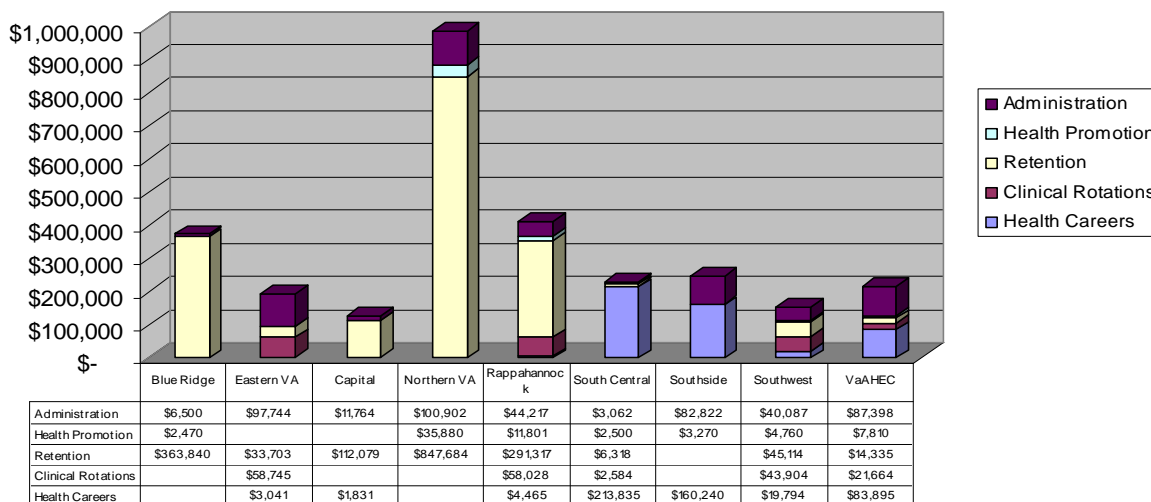
The Virginia AHEC Program has a number of laudable achievements including serving as a national leader in providing language services, being an important catalyst in expanding telemedicine and technology services in rural areas and in exposing health professions students to practice in rural and underserved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

FY 2008 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.

Functional Distribution of Expenditures FY2008



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.

FY2008 Continuing Education	
16	CE Courses Sponsored
4,032	Providers Receiving Training
171	Hours of Instruction Provided
16,191	Total Contact Hours
81	Distance Learning Courses

Number of CE Participants Per Discipline FY2008	
Medicine	2433
Nursing	256
Dentistry	3
Physician Assistant	19
Mental Health Professionals	200
Allied Health/Health Admin	253
Community Health Workers	126
Others	<u>1091</u>
Total	4381

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 6,890 hours of interpretation made in 25 different languages during fy2008.

Of the \$1.7M spent on Recruitment and Retention 31% 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. Northern Virginia 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 \geq 20 hours was **464**.
 Students who completed health careers training programs \leq 20 hours was **495**.

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	296
Students Contacted	16,924
Parents Contacted	164
Teachers, counselors, And/or administrators	260

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 partner 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

Number of Training Sites	194
Students Trained	298
Number of Preceptors	196

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.

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.

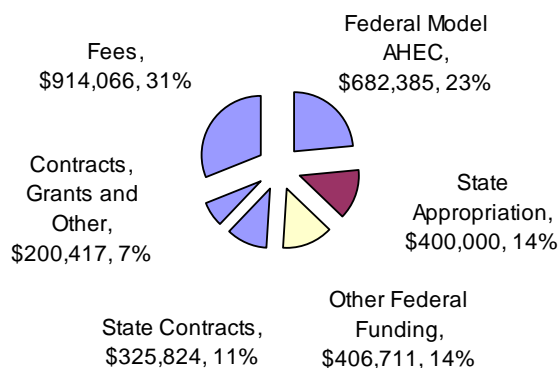
Administration

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 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 establish an Advisory Board broadly representative of statewide stakeholders that includes Virginia’s leading educational and medical institutions, the Virginia Department of Health, healthcare agencies, and others.

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 FY08, the Virginia AHEC Program office at VCU received \$682,385 in federal Model AHEC funding (direct & indirect) of which 80% was equally distributed among the eight (8) community AHEC centers.

Funding Sources FY2008

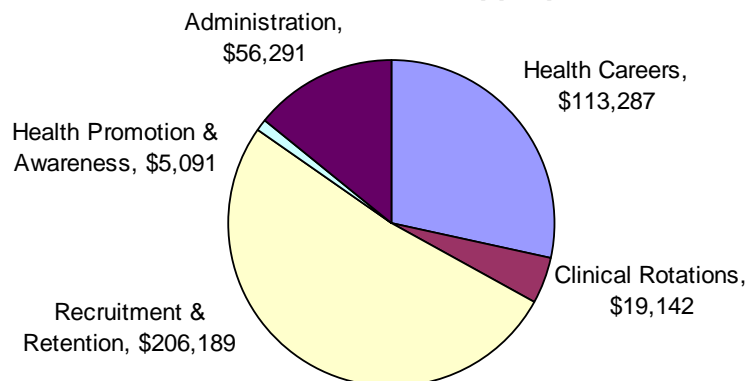


In FY 2008, \$300,000 in designated state funds were distributed equally to the eight AHEC centers for *“the recruitment and retention, practice support, and training of health care professionals in medically underserved or areas with medically underserved populations.”* As depicted in the chart below, the majority of the funds were used for recruitment and retention activities and health careers promotion.

An additional \$100,000 was distributed to three AHECs – the urban Northern Virginia AHEC, and the rural Southwest Virginia and South Central AHECs to *“develop and implement a statewide nursing recruitment and retention program in collaboration with nursing and health care groups.”*

Nursing funds were expended towards the SCAHEC Certified Nurses Aide and Medical Tech Projects in Altavista, VA under Health Careers pipeline programs and the Nursing Retention Program developed

Distribution of State Appropriation



by the Northern Virginia and Southwest Virginia AHECs under Recruitment and Retention of our primary care providers.

In addition, the Department of Medical Assistance Services -- to the extent permissible under federal and state laws -- entered into an agreement with the Virginia Statewide AHEC Program so that qualifying funds could be used at the discretion of each local AHEC center for obtaining matching non-general funds when available. The community AHEC programs were able to generate an additional \$57,363 in federal funds during FY08 under this agreement.

The AHEC Program Office and Centers acquired an additional \$1,847,018 in other funds through local, state, federal and national grants, foundations, associations and fees for service provided as shown in the Chart on the previous page.

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 2008, the eight AHECs raised a total of \$2,929,403.

This was \$2,578,625 over and above the state appropriation (\$400K). For each one dollar invested by the state (\$400K), AHECs raised an additional \$2.6 M plus – or 644% of the required \$400K cash match. 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 Title I, Mary Washington Foundation, Rockingham Memorial Hospital Foundation, Virginia Department of Health, Virginia Tobacco Indemnification & Community Revitalization Project, Washington Forrest Foundation, Alleghany Foundation, Riverside Foundation, Eastern Virginia Medical School, Virginia Commonwealth University, INOVA Health System, Fairfax Health Department, State Council of Higher Education for Virginia, Jefferson College of Health Sciences, Robert Wood Johnson Foundation *Hablamos Juntos* Initiative, 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.

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.