Nationwide in 2007, AHECs introduced over 350,000 students to health career opportunities, facilitated the training of over 44,000 health professional students in almost 17,000 community based practice settings, and provided more than 400,000 health professionals with over 1,000,000 hours of continuing professional education.
The National AHEC Organization (NAO), the professional organization representing Area Health Education Centers nationwide, is pleased to present our first published Annual Report highlighting the accomplishments of our extensive network over the past year.

Area Health Education Centers are the workforce development, training and education machine for the nation’s healthcare safety net programs. AHEC is one of the Title VII Health Professions Training programs originally authorized at the same time as the National Health Service Corps (NHSC) and Community Health Centers (CHCs). The plan envisioned by creators of the legislation was that the CHCs would provide direct service, the NHSC would fund the education of providers and supply them for underserved areas through scholarship and loan repayment commitments, and the AHEC program would recruit providers into primary care careers, diversify the workforce, and develop a passion for service to the underserved in these future providers. The AHEC program is focused on improving the quality, geographic distribution and diversity of the primary care healthcare workforce and eliminating the disparities in our nation’s healthcare system.

AHECs develop and support the community based training of health professions students, particularly in rural and underserved areas. They recruit a diverse and broad range of students into healthcare careers, and provide continuing education, library and other learning resources that improve the quality of community-based healthcare for underserved populations and areas.

The Area Health Education Center program is effective and provides vital services. Nationwide in 2007, AHECs introduced over 350,000 students to healthcare career opportunities, facilitated the training of over 44,000 health professional students in almost 17,000 community based practice settings, and provided more than 400,000 health professionals with over one million hours of continuing professional education. AHECs performed these education and training services through collaborative partnerships with CHCs and the NHSC in addition to Rural Health Clinics, Critical Access Hospitals, Tribal Clinics and Public Health Departments.

The return on investment for AHEC funding is tremendous. In FY 2007, AHEC received $28.6 million in Title VII funding, yet the value of just the direct healthcare services provided by AHEC programs was over $64 million – more than twice the federal investment.

AHECs are designed to meet the needs of the communities they serve and bridge the resources of universities, state and federal programs, bringing these resources to the community. We are a federal program with a national network and a significant infrastructure. The NAO represents 54 AHEC Programs and 208 AHEC Centers in 47 states and we are making a difference! Read on to see how.

Cynthia S. Selleck, ARNP, DSN
NAO President 2007-08
In FY 2007, AHEC received $28.6 million of federal funding...yet the value of just the direct healthcare services provided was over $64 million — more than *twice* the federal investment.

**Value of Health Services Delivered in FY2007** (percent of $64,576,652)

- **Dental and Pharmacy Residents** $14,976,529
- **Medical Students** $10,573,553
- **Physician Assistant Students** $1,692,428
- **Primary Care Residents** $28,506,195
- **Nurse Practitioner/Nurse Midwife Students** $3,899,004
- **Other Health Professions Students** $4,928,943

**By the Numbers**

Health Professions students trained at community-based sites: **44,320**

Contact hours for health professionals in Continuing Education Programs: **1,111,271**

Number of students introduced to healthcare opportunities: **Over 350,000**

Value of healthcare services provided by AHEC Programs: **Over $64 Million**
AHEC Partnerships Directly Impact Care for Rural, Elderly Patients

By Doug Carlson, Director of Communications, Florida State University College of Medicine

When Florida State University's College of Medicine was created in the spring of 2000, the state legislature made the new school's mission clear: address the healthcare needs that will become more pressing as the population continues to grow, "especially the needs of the state's elderly, rural, minority and other underserved citizens."

To accomplish this, the FSU College of Medicine has developed regional campuses in Orlando, Sarasota, Pensacola and Tallahassee where third- and fourth-year students are assigned to complete clinical training rotations. Then through a partnership with AHEC, a campus with a distinctly rural track was developed in the town of Marianna. Here, students learn first-hand the challenges and benefits of practicing medicine in a rural setting and also have a great deal of contact with elderly patients and their families.

When the medical college was created at FSU, 3.2 million Floridians over the age of 60 accounted for 80 percent of all visits to primary care physicians. Through the AHEC-sponsored rural track, 67 percent of internal medicine encounters involve elderly patients; for family medicine and surgery, nearly a third of encounters involve elderly patients.

In addition to having a high percent of encounters with elders, students have the added benefit of being able to follow those same patients in a variety of clinical settings. This is largely due to the fact that physicians in this small, rural community know how to access the students during the course of their rotations and keep them involved in their patients' medical care.

From its inception, the FSU College of Medicine has been committed to serving elders and those living in rural communities. By partnering with AHEC, the rural track program in Marianna successfully fills both areas of need.
While the nation has successfully dodged the pandemic flu bullet so far, many Americans still have concerns about it and want to know what they can do to minimize their risk.

The Texas AHEC Prevention Team (APT) effectively addresses the concerns of Texans through the Primary Prevention Campaign. The campaign tackles pandemic flu issues with a three-pronged strategy to increase public awareness of the positive steps individuals can take to promote good health and what they can do to prepare for various threats such as pandemic flu.

The first strategy involves directly educating the public about the basic elements of good health and contagion prevention. Elements such as hand washing techniques, cough etiquette, healthy nutrition, adequate sleep, exercise promotion and stress management were woven into Texas AHEC’s existing education programs.

The second strategy disseminates information about good health habits and contagion prevention measures to diverse audiences using multiple media formats. To accomplish this, the APT produced and distributed print, audio and video public service announcements (PSAs) in English, Spanish, Chinese, Vietnamese and Hindi. A health education website containing information about prevention and preparedness along with AHEC-developed resources was constructed for free access and download of materials (www.fyiahec.org).

The third strategy consists of AHEC-facilitated statewide collaboration that coordinates community-based planning and preparedness workshops at both the local and regional levels. Texas AHECs have partnered with local health networks, public health departments, emergency management districts, hospital associations and professional health organizations to coordinate these events and present content on planning and preparedness.

To date, the APT Primary Prevention Campaign has disseminated information to more than 17,000 program participants. Texas AHECs will continue promoting this highly successful undertaking, refining and updating it as necessary to reflect current best practices.

### Health Professionals in Continuing Education Programs

(Total Participants: 346,790  Total Contact Hours: 1,111,271)

- **Physicians** 28.0%
- **Nurses (RN, LPN/LVN)** 20%
- **Allied Health Professionals** 8.7%
- **Mental Health Professionals** 6.7%
- **EMT/EMS/Other Emergency Response Personnel** 4.2%
- **Advanced Practice Nurses/Physician Assistants** 4.0%
- **Community Health Workers** 3.9%
- **Social Workers** 9.1%
- **Pharmacists** 2.9%
- **Other/Not Specified** 12.5%

*Community Health Centers, Migrant Health Centers, Healthcare for the Homeless, Public Housing Primary Care Grantees, Rural Health Clinics, National Health Service Corps Sites, Indian Health Service Sites, Health Departments, and Governor Designated Areas*
As a recent graduate of a physician assistant (PA) program, I know how important AHEC is to medical education. AHEC gives students the chance to become engaged in communities that they would otherwise have no exposure to. My experiences with AHEC have shown me that every student should have the opportunity to learn in underserved areas.

My first experience with AHEC as a PA student was on the Eastern Shore of Maryland. This was not only my first experience with AHEC, it was also my first clinical rotation ever and it happened to be in pediatrics. I worked with a wonderful pediatrician in a solo practice and because it was summer, I quickly learned to identify our main diagnosis: otitis externa, a.k.a. swimmer’s ear. Not only did I have a chance to get to know the community by meeting patients and their parents, I was also able to explore the area and go to the beach on occasion. I also befriended my roommate, a pharmacy student, and learned about her schooling and the different choices pharmacists have for their careers.

My second experience with AHEC came in the winter in rural upstate New York. Given that this was my emergency medicine rotation, I was quite busy with erratic hours at the local 9-bed emergency department. Despite the sometimes difficult hours, this was my favorite clinical rotation because my preceptor was such a gifted teacher. For most of this rotation I had two roommates; one was a PA student like me, but the other was a physical therapy student. During our dinners together, we learned a lot about our different but complementary disciplines. During this rotation, I also had the opportunity to provide community education on stroke at the local senior citizen center and a lecture on EKGs for local EMTs and paramedics.

Without AHEC, I would not have experienced life as a clinician in these communities. AHEC plays a vital role in exposing health professions students to the needs, challenges and rewards of working in underserved areas. Because of my AHEC rotations, I was given the opportunity to become a well-rounded clinician.

Natalie Ough is working as a physician assistant in Minnesota.

Community Faculty Preceptors

(Percent of 17,724 Preceptors by discipline)
Northwest Pennsylvania AHEC Spins the “Wheel of Future©”

By Jane A. Mullinax, M.Ed., Health Educator
Northwest Pennsylvania AHEC, Erie, PA

The Northwest Pennsylvania AHEC introduces middle and high school students to healthcare careers with an innovative program called the “Wheel of Future©”. This program familiarizes students with the concept of choosing a career and walks them through the steps necessary to complete the process.

Using a variety of healthcare careers, students get the opportunity to spin the “wheel” and find out more about careers that interest them. Class members work together to identify the characteristics of each career, including the work environment, equipment used, length of education needed to practice in that field, and the income they can expect to receive for each career choice. As expected, the topic of income stimulates further discussion, as does the length (and expense) of education needed. Through this process, students discover the steps that need to be taken now in order for them to make a comfortable living down the road in a field they’ll love.

Teachers and counselors find the “Wheel of Future©” to be both thought provoking and highly organized, resulting in great student engagement. By spinning the wheel, students are rewarded with new healthcare opportunities and a future full of possibility.

Arkansas “MASH”:
Two years after completing a 2-week Summer High School MASH (Medical Application of Science for Health) program, 79% of those returning surveys said they were enrolled in a science or health related major in college (Arkansas AHEC).

Introducing Students to Health Careers

Students Introduced to Health Careers (<20 hour programs)
Grades K–8 .......... 133,908
Grades 9–12 .......... 115,184
College ............... 6,380
TOTAL STUDENTS . .255,472

Students in Enrichment Programs (20+ hour programs)*
Grades K–8 .......... 53,412
Grades 9–12 .......... 45,259
College ............... 3,039
TOTAL STUDENTS . .101,705

* California AHEC: After completing >20 hours of a job shadowing/mentoring program, there was a 50% increase in the number of 9-12th grade minority and disadvantaged students (n=271) indicating they intend to seek a specific health career.
Making a Difference: Nationwide

National Snapshots:

**Utah AHEC**
Polling Summer Camp Students about their career choices from 1 to 5 years after camp, we found 85% were still interested in a health career; 85% said they were influenced by the camp and 91% are now enrolled or plan to enroll in a university.

**Louisiana AHEC**
AHEC sponsored community dental/dental hygiene community rotations resulted in nearly 4,000 uninsured/under-insured patients receiving services.

**Nebraska AHEC**
98% of senior high students in Oshkosh Public Schools were provided training and certification in American Heart CPR.

**South Carolina AHEC**
Over the last 5 years AHEC’s graduate doctor residency program has had 45% of its graduates enter practice in South Carolina, adding 360 physicians to the workforce in the state.

**North Carolina AHEC**
65% of the graduating residents (n=71) in primary care and psychiatry from Wake Forest University School of Medicine reported plans to remain in North Carolina to begin their initial practice and/or to continue their education.