AHEC Role in the Nation’s Healthcare Safety Net
State-by-State Examples

If Title VII funding is eliminated, the consequence will be the dismantling of the community infrastructure developed through the 30 year federal investment in AHEC/HETC program. The President's ambitious program for securing the health care safety net through expansion of the Community Health Centers will not succeed without appropriately trained professionals to staff those health care facilities.

Placements by the National Health Service Corps meet only 15% of the total staffing needs of the CHCs. The NHSC current field strength is 4,200 nationwide, with approximately 50% of those placed in Community Health Centers and the remainder in other sites in Health Professions Shortage Areas. Meeting the needs of the nation’s Health Professions Shortage Areas will require an estimated 25,000 primary care, mental and dental providers overall, including a minimum of 10,800 additional practitioners electing to practice within the community health center system. Clearly subsidies and incentives provided through the NHSC will not be sufficient to meet this need. How will these physicians, dentists, nurses, physician assistants, and nurse practitioners be recruited to practice in the community health care centers without Title VII programs?

We must have a comprehensive strategy for recruiting, training, sustaining and inspiring a broad range of health professionals to practice in underserved communities. This is the essential role that the AHEC/HETC programs were designed to fill in developing the nation's workforce of healthcare professionals.

The following pages include a few typical examples from individual programs, drawn from the extensive activities of AHECs and HETCs in three areas critical to maintaining the nation’s healthcare safety net programs:

- Increasing Access and Promoting Quality of Care
- Health Workforce Recruitment and Diversity
- Addressing Current and Emerging Public Health Issues

These programs are all at risk if federal funding for the AHEC/HETC program is reduced.

Increasing Access and Promoting Quality of Care

Since 1994, [Pennsylvania AHEC](#) has facilitated over 77,450 clinical training weeks for health professions students in communities throughout the Commonwealth. Working with over 48 community health centers and federally qualified health centers, the PAAHEC fosters clinical training experiences that teach students and residents the knowledge and skills required to provide good health care in communities with limited resources. For example, individuals living in [Coalport](#), [Venango](#), [Coudersport](#), [Erie](#), [Farrell](#), [Emporium](#), [Sharon](#), [Monessen](#), [East Liberty](#), [Greensboro](#), [Wellsboro](#), [Scranton](#), [Philadelphia](#), [Noxen](#), [LaPorte](#), [Alum Bank](#), [Nanty Glo](#), [Chester](#) and [Reading](#) now have increased access to health care services. Through this volunteer statewide clinical education and training network, over 2 million people within the Commonwealth rely upon the commitment and dedication of health professionals to maintain quality of life. The PA AHEC works with migrant health centers and rural health centers training health care providers to screen and effectively treat, parasitic diseases, pesticide poisonings, and skin cancer. Practitioners are also updated on advancements in health screening techniques for pre-existing diseases within migrant populations as these individuals transition into Pennsylvania’s communities.

The 18 [Texas AHEC](#) centers and the [Texas HETC](#) program work with nearly 100 community/migrant health center (C/MHC) clinic sites, all of the 63 local health departments (LHD), and 11 public health regional offices in Texas, to address the needs of a recently estimated 3.3 million medically underserved people residing in Texas. Populations in Texas cities and towns including [El Paso](#), [Brownsville](#), [Harlingen](#), [McAllen](#), [Kerrville](#), [Plainview](#), [Laredo](#), [San Antonio](#), [Austin](#), [Tyler](#), [Houston](#), [Dallas-Fort Worth](#), [Waco](#), [Galveston](#) and literally hundreds of small rural communities benefit from AHEC/HETC activity. AHEC/HETC support of trainees in C/MHC and other settings has greatly expanded the delivery of direct patient care by over 1,600 health professional trainees yearly,
including medical and dental students, medical and dental residents, physician assistant, other allied health disciplines, pharmacy, public health, and nurse practitioner students, nursing students, and others, under community-based clinical faculty supervision. Over 400 new primary health care professionals, including medical, dental, nursing, and allied health professions are providing care in Texas C/MHC and other clinic settings because of AHEC/HETC efforts. In addition to training these new providers, Texas AHEC/HETCs provide a variety of services designed to enhance quality and effectiveness of Safety Net clinicians and others. A distance education delivery system is now in place with all C/MHCs in the state, through which AHEC/HETC co-sponsors continuing education programming with the state’s association of Community Health Centers.

The Illinois AHEC is closely linked with CHS and the NHSC, partnering with the Illinois Primary Health Care Association to operate the Illinois SEARCH Program. SEARCH is a national project, funded in part by NHSC, aimed at providing clinical training and improving access to services through recruitment of NHSC Scholars and other health professions students for clinical experiences at underserved sites. Fifteen (15) CHCs/FQHCs in Illinois communities participate in the SEARCH Program. Another 10 CHCs/FQHCs, mostly in the Chicago area, also serve as sites for training students and medical residents. Illinois AHEC also contributes to improving the quality of care by enriching the knowledge of safety net providers and helping them to become more competent in serving their unique population. In addition to providing a variety of continuing education and faculty development programs, Illinois AHEC carries out an intense “immersion program” that teaches health care providers how to be culturally and linguistically competent with Spanish speaking patients.

The Florida AHEC has four federally funded regional AHEC Programs with 10 community-based Centers strategically located throughout the state, focusing their services in Florida's over 140 federally designated health professions shortage areas (HPSAs) located in 66 of Florida's 67 counties, in which an estimated 3.9 million people reside. The Florida HETC has 8 Centers focusing their efforts in the state's major minority and immigrant communities with severe unmet health care needs. These AHECs and HETCs work closely at the local level with over 100 federal and state funded community and migrant health centers (C/MHCs), and county health departments, as well as with the State Health Office in Tallahassee to address the needs of Florida's underserved communities and populations. In the past year alone, over 200 towns and communities throughout Florida were served through AHEC/HETC efforts in all of Florida 67 counties. Florida’s AHECs and HETCs provide service/learning programs in C/MHCs, county health departments and other community-based primary care sites which greatly increase immediate access to vital services in high impact, medically needy communities throughout the state. Over 6,000 months (~ 500 FTEs) of patient care are being provided each year throughout Florida through the AHECs/HETCs in rural and inner-city communities throughout the state. In addition, Florida AHEC/HETC programs provide over 70,000 participant hours of continuing education, 6,500 hours of technical assistance, and nearly 3,000 library outreach services each year.

From its inception in 1972, the California AHEC has partnered with safety net providers as a solution to improving access to care throughout the state. The addition of the California HETC in 1990 enabled it to focus additional resources on access to care for the state’s growing Latino population. California’s 10 AHEC centers serve 30 of 58 counties. Its 6 HETC centers serve the 16 counties closest to the US/Mexico border. These Centers work with over 100 community/migrant health centers in the state, local health departments, and school based clinic sites to conduct health professions training in underserved communities. One Community Health Center, the Shasta Community Health Center, serves as the Shasta AHEC and many others serve as continuity clinics for health professions training. In California, 85% of the AHEC/HETC trained graduates return to underserved communities as clinicians. Last year, the AHEC and HETC offered continuing education to well over 2300 providers. These programs covered topics such as bio-terrorism preparedness, border health issues such as tuberculosis, diabetes and an entire continuing dental education program reaching well over 1000 individuals. Many sites work with community health workers, training them as a critical part of the safety net. These community health workers (more than 50 trained by AHEC/HETC staff) provide health information to more than 1500 community members annually.

Building on the existing, fully state funded community based health professions training system, the WV Rural Health Education Partnerships and the West Virginia AHEC now share an infrastructure that consists of 12 regional consortia and 4 regional centers, 367 training sites (215 of these are located in communities with a federal designation as a Health Professions Shortage Area (HPSA) or a Medically Underserved Area (MUA) or serve primarily underserved populations), and nearly 300 rural health and social service partner agencies. These programs have
recruited 661 health professions from 10 disciplines. Students and medical residents train in most of the state’s safety net providers in 50 counties of the state. These sites include: 28 community health centers (CHCs), 32 federally qualified health centers (FQHCs), 29 rural health clinics (RHCs), 30 small rural hospitals, 25 dental offices, 37 pharmacies, 13 county health departments, 20 physical therapy agencies or rehabilitation centers in underserved areas, and 16 county boards of education or school systems. There are 646 rural field faculty within this network. Since 1999, the WVAHEC/RHEP has contributed to the increase in rural primary care physicians by 88%, giving and annual rate of increase of 13.4%.

Since 1984, the Tuskegee, Alabama AHEC has served 19 rural counties in Alabama’s “Black Belt” – 19 of the state’s lowest-income and most-underserved counties. As the state’s only AHEC Center, Tuskegee AHEC also provides services to the entire state. Tuskegee AHEC is affiliated with the Morehouse School of Medicine AHEC Program and is responsible for providing about a quarter of the medical students at Morehouse School of Medicine with their required rural clerkship. In addition, Tuskegee AHEC annually provides rural rotations for about 100 pediatric and internal medicine residents and students of pharmacy, social work, and allied health, and nurse practitioner students. To address problems of professional isolation of rural Alabama health professionals and to help them stay current with new developments, Tuskegee AHEC also offers about 300 continuing education programs per year reaching about 6000 health care professionals.

The program office of the Mississippi AHEC, located in the Jackson Medical Mall Thad Cochran Center, serves as a link between the rural community and the University of Mississippi Medical Center and oversees the functions of three regional centers. Mississippi Delta AHEC in Greenville covers eight Delta counties in one of the most economically depressed areas of the nation. Southwest Mississippi AHEC in Natchez covers six counties in partnership with Alcorn State University’s School of Nursing. Mississippi Band of Choctaw Indians AHEC in Philadelphia covers ten counties served by the Choctaw Health Center and Department of Family & Community Services. In addition to facilitating community clinical rotations for medical, nursing and dental students, Mississippi AHEC has launched an ambitious program of continuing education to reach out to rural providers through a videoconferencing and tele-health network. This effort holds great promise for improving services and quality of life in rural communities.

In an effort to increase access and promote quality care, the Mississippi AHEC has partnered with the Lutheran Medical Center of Brooklyn, NY, and the University of Mississippi School of Dentistry. The Lutheran Medical Center has established service and education models that break traditional boundaries using distant learning and placement of Residents in Community Health Centers. Their mission, combined with that of the Mississippi AHEC’s, i.e., to address maldistribution and health care disparities led to an on-going effort to implement an Advanced Education in General Dentistry (AEGD) Residency program in medically underserved AHEC counties in collaboration with Community Health Centers.

The Massachusetts AHEC Network funds six centers across the Commonwealth who reach more than 6,000 community based health professionals each year. This includes a focus on the front line staff who are so critical to improving the access of vulnerable populations to quality health care. Each year more than 300 bi- or multi-lingual individuals who collectively speak more than 20 languages are trained to be medical interpreters. A certificate course for more than 100 Community Health Workers ensures their competency and ability to assist others with access to a complicated health care system. Programs are offered to health professionals located at more than 70 sites that serve underserved individuals, including 15 community health centers, 20 urban sites - many are National Health Service Corps sites, and 3 local health departments.

Established in 1998, the New York State AHEC System, headquartered in Buffalo, has developed a decentralized statewide capacity for addressing health workforce needs through four regional offices and nine community-based AHECS located throughout the state. All the AHEC partners connect their communities with academic institutions and engage in valuable partnerships and collaborations that focus on multi-disciplinary health workforce education and training needs. Statewide, the AHEC System boasts 106 partnerships with academic institutions (including 14 medical schools), 111 partnerships with hospitals and health care systems, and 171 school systems. In 2004, AHEC programs statewide placed 1,713 medical and 959 nursing and health professions students with 972 teachers at 721 health care facilities. Almost 1,900 students received their training in medically underserved communities and over 95,000 patients, especially the poor and underserved, received care from New York State’s future health professionals. AHEC programs serving rural counties implemented rural training incentive programs that provided
113 students with housing support and 70 with mileage reimbursement in 2003-04. In addition, AHEC programs statewide provide a variety of continuing education and support services to health practitioners to enhance their skills in underserved communities. In 2003-04, 6,449 health professionals attended 338 continuing education and distance learning programs.

While Iowa has not yet established an AHEC program, its health professions training programs have used Title VII funding to develop a variety of university-based programs to address the need to train primary providers for rural and underserved areas: medical student, residency training and faculty development programs in primary care at University of Iowa, Geriatric Education Centers at University of Iowa and Des Moines University, Dental Public Health and Public Health Training Centers at University of Iowa. Development of an AHEC program in Iowa will help sustain the progress made through these programs by establishing regional centers to develop the networks of community organizations needed to support health careers programs in the schools, community-based training sites, continuing education programs for providers and community health improvement programs.

Oklahoma AHEC has supported 1,650 health professional training students in community-based training sites from 2002 to 2004. These experiences range from 1 day to 2 months (average is 3 weeks) and give students the opportunity to, 1) use telemedicine and distance learning technology in rural areas, and 2) have the opportunity to learn from competent, enthusiastic rural practitioners and realize the high level of quality care available to rural residents. 122 communities in Oklahoma hosted these health professional students, over half of which are considered medically underserved communities. Seventy percent (70%) of the students spend some of their community-based training time in these MUCs. In 2004, OKAHEC supported 12 different Oklahoma schools/training programs (plus 2 from out-of-state), and 9 different health care disciplines with these community-based training experiences. Every year, 12-15 new health professionals with AHEC training experience are identified as practicing in rural or urban underserved areas in Oklahoma.

The Hawaii AHEC program began in 1995 with one center in Hilo, Hawaii, and has grown to 3 centers in Hawaii and 3 centers across the Pacific in territories and US affiliated countries of Micronesia. The Hawaii/Pacific Basin AHEC collaborates with the community health centers across the region, the National Health Service Corps, the Primary Care Associations to recruit present and future healthcare providers. Recruitment starts as early as grade school through visits to local communities to provide family science nights, followed by recruitment visits to over 2,500 K-12 students a year and field trips to college campuses, hospitals and research institutions for interested students (most of them underserved minorities), as well as provides teacher training for over 300 teachers a year in health education. In addition, over 500 health professions students have been supported to train in rural and underserved areas. These students mentor the younger students, and work to improve community health education. In addition, the AHEC Director has been involved in expanding prescriptive authority for nurse practitioners in Hawaii, and AHEC has worked to expanding training for allied health professionals across the region.

The Arizona Association of Community Health Centers became the parent organization for the Maricopa AHEC in FY 2004. This resulted in a cooperative alliance of the [Arizona AHEC] Program’s clinical community rotations program for primary care students with the SEARCH training experiences sponsored by Arizona’s Community and Federally Qualified Health Centers statewide. Clinical community rotations are supported by the regional centers (AHECs) statewide in medically underserved sites for primary care residents, students in medicine (allopathic and osteopathic), advanced nursing practice (Nurse Practitioners) students, pharmacy students, Physician Assistant students, MPH students, and allied health students, including those in dental careers, medical assisting, health education and neighborhood outreach (community health workers) roles. In addition, President Bush’s initiative for the build-out of Community Health Centers and the expansion of services by Federally Qualified Health Centers has resulted in the opportunity for the Arizona AHEC Program to address the expanded need for workforce recruitment, training, and retention in partnership with the Arizona Association of Community Health Centers.

In partnership with the Arizona Hospital and Healthcare Association’s Campaign for Caring, the Arizona AHEC Program provided complementary funding to support community-based partnerships for Nursing Education Expansion Demonstration Projects. These programs have promised to improve the graduation and licensure rates of nursing students representing rural and medically communities. This Arizona AHEC Program funding was contributed to ensure that rural nursing education programs would have the technical assistance and community-based support necessary to compete successfully for the Campaign for Caring resources and to successfully implement, evaluate and document their demonstration projects. The purpose of these projects is to measurably
increase the number of nursing students who graduate from nurse education programs and to increase the number of those graduates who successfully enter the local workforce. This collaborative model brought together post-secondary educational institutions, community-based agencies, and health care organizations to define locally relevant strategies to effectively enhance student success. The demonstration projects targeted one or more of the following areas: joint faculty/practice pilot programs; improved access to clinical sites and student placement; faculty sharing between nursing education programs; nursing faculty enhancement and support strategies aimed at increasing the preparation and recognition of nursing faculty; student enhancement and support strategies aimed at enhancing the persistence of students that are at-risk for leaving nursing educational programs; and student enhancement and support strategies aimed at increasing the number of new graduates that take and pass the state licensing examination.

Increasing access and promoting quality of care have always been a focus for the South Carolina AHEC. The SC AHEC system coordinates over 4,000 weeks of community-based education for health professions students each year. Placement sites for these students include 19 community health/migrant health centers, 46 county health departments, 100 rural health clinics, and other sites serving the state's underserved populations which include approximately 300,000 food stamp recipients and over 625,000 Medicaid-eligible residents. Placement sites for students are located in 86 underserved rural and 4 urban South Carolina communities. The AHEC-affiliated graduate medical education programs provide health care services to a significant percent of the state's underserved. Each year these residency programs add 140 primary care physicians to the physician workforce.

Promoting quality care is accomplished not only by providing more health care professionals but also by providing up-to-date continuing education programs for practicing professionals. This past year, 23,600 participants attended 830 AHEC-sponsored educational programs. Providers and other health care professionals from community health centers, migrant health centers, health departments, rural health clinics, and other Safety Net programs took advantage of these educational offerings. The SC AHEC helps provide information services to frontline health care professionals. Students, residents, and community-based faculty have access to an electronic medical library system with online textbooks and journals as well as literature search services. During this past year, the Library Information Service was utilized extensively by health care professionals throughout the state.

The Washington (WWAMI) AHEC was first funded in 1985, and currently has two community-based centers in Washington, and companion centers in each of the other WWAMI states. In past years, Washington has had a federally funded HETC. The two Washington AHECs work closely with safety net providers in all 39 counties of the state. The Washington AHECs have clinical training/service delivery sites in the following safety-net programs: 40 community/migrant health centers, 40 National Health Service Corps sites, 39 local health departments, 30 tribal health clinics and 110 rural health clinic sites. Approximately 65% of the students who participate in AHEC clinical rotations return to work with underserved populations. In 2003-04 the Washington AHECs expanded the delivery of direct patient care with over 6000 hours of service/learning by health professions students in over 250 safety-net clinical sites. In addition, the AHECs manage the State programs for rural locum tenens and recruiting volunteer providers. The locum tenens program provided over 60 clinicians with respite opportunities for continuing education or vacation, and the volunteer providers program allowed 85 professionals to donate 6500 hours of service to 14,625 low income patients. In addition, Washington AHEC works to promote quality of care through continuing education programs for providers. Last year, the Washington AHECs offered 100,000 contact hours of continuing education to well over 8500 providers in our state. These programs covered topics such as Primary Care Updates, Advanced Practice Updates, and many others.

Ohio AHEC has been vital to training the state’s healthcare workforce since 1980; Ohio AHEC is now training the second generation of practitioners and inspiring a third generation of students to pursue a health career. Through the regional, community-based infrastructure thousands of healthcare professionals have been trained by volunteer faculty associated with seven medical schools, seven nursing schools, four allied health schools and numerous other health professions colleges and schools. Annually Ohio AHEC trains at least 2400 health professions students (medical, nursing, physician assistant, allied health, and others) and residents at more than 626 sites including migrant health centers, rural clinics, community health centers, local public health departments and in numerous Health Professional Shortage Areas. For medical students alone, 598 volunteer local physician faculty in rural, urban, underserved communities such as Fremont, Hartville, Jackson, Van Wert, Georgetown, and many others provide 7800 weeks of clinical education. Through this community-based education infrastructure the delivery of direct patient care is expanded and a pipeline of professionals is maintained to provide future care. Since the first
years of Ohio AHEC support for current practitioners in rural and underserved communities has been a cornerstone of the program. Annually, over 9,000 health professionals attend one or more of the nearly 500 AHEC sponsored continuing education.

The Rhode Island AHEC, housed at the Brown University Medical School, is the newest AHEC in the United States, and is off to a fast start in addressing the three primary areas critical to ensuring the nation’s healthcare safety net programs through its first center, with two more centers to be established in the coming two years. In the area of increasing access and promoting quality of care, the Program Office and the Central RI AHEC are working closely with the Brown Medical School Family Medicine Residency Program and local community-based organizations serving the uninsured and limited English proficiency individuals needing basic health screenings and health care access information. Additionally, the RI AHEC program is working closely with the Rhode Island Department of Health, Office of Minority Health, to bring resources and services to those agencies and the Community Health Centers working most closely with the refugee and immigrant population. Finally, a needs assessment is currently being conducted regarding continuing education needs of area providers, with a goal of establishing a seminar series, both in conjunction with the Brown Medical School Office of Continuing Medical Education and other Rhode Island academic institutions that offer health professions training.

Founded in 1989, the Louisiana AHEC Program is a collaboration of the LSU Health Science Centers, local communities, health profession schools, health professionals, local school boards, rural and urban health care facilities, including each of the state’s 18 community health centers (FQHCs), and other state and local health agencies. The Centers provide service/learning programs in community health centers, public health units, rural health clinics, state hospitals and other facilities in high impact, medically needy communities. The Centers serve as a liaison to coordinate training efforts with every health care facility and health profession school in the state. Louisiana AHEC supports more than 300 trainees annually in rural and underserved settings who deliver primary, dental and preventive care. Their efforts expand the delivery of direct patient care through clinical training supervised by clinical faculty (medical, dental, dental hygiene, mid-level and other health profession students). The AHECs also provide educational resources, training sites and other support to facilitate primary care residency training and residency recruitment throughout the state. More than a quarter of Louisiana citizens lack access to care. In collaboration with the Louisiana Bureau of Primary Care and Rural Health, the Louisiana AHECs provide free recruitment and retention services to community health centers (FQHCs) and other providers located in health professional shortages areas throughout the state. The program coordinates closely with the National Health Service Corps (NHSC) and the J-1 Visa Program. Since its inception in 2003, MedJob Louisiana has placed more than 40 physicians, mid-levels and dentists in isolated rural and underserved areas throughout the state. These efforts have increased access to care for more than 140,000 citizens with an economic impact estimated at more than $40 million. MedJob Louisiana also provides an internet health care job directory and an annual job fair to recruit health professionals interested in practicing in rural and underserved Louisiana. The Louisiana AHECs also provide an extensive interdisciplinary curriculum of continuing education and learning resources to all of the state’s health professionals through more than 200 workshops, classes, and training programs annually. AHECs provide software resources to isolated rural and underserved sites, as well as computerized and distance learning events.

The Vermont AHEC Program has established three regional AHEC Centers in its almost nine years of existence to assist in partnering with other agencies that work to ensure an adequate primary care delivery system and promote healthy behaviors. A state-funded educational loan repayment program, administered by Vermont AHEC, has yielded an 89% retention rate for primary care medical practitioners in the rural and underserved areas of the state. Students in medicine, social work, nursing, physical therapy, dental medicine and other health sciences have been supported in community placements throughout the state, with particular emphasis on the rural and underserved regions. Housing, gas allowances, and laptop and beeper loaning, support 650 students annually in these rotations to rural, underserved areas of Vermont.

The three regional centers have played a major role in recruiting young students into health careers, staffing and hosting health career fairs, and offering summer “MedQuest” weeks on health careers to more than 400 high school students in four years. Vermont AHEC also publishes a health careers directory, distributed free of charge to all high schools, libraries and colleges; it is available online, too. These efforts have resulted in greater than 50% of participants attending higher education in health-related programs. Vermont AHEC has been instrumental in developing and supporting concepts of Vermont practice-based quality improvement in diabetes, mental health, tobacco cessation, disabilities, and substance abuse.
In the period of July 1, 2002-January 1, 2005, the Vermont AHEC Program provided continuing education workshops and conferences to 3,715 health care practitioners throughout the state.

AHEC has sponsored or helped to fund health outreach, student rotation, and/or health career recruitment activities in all 14 counties. As the second most rural state in the country, Vermont AHEC reaches residents of small towns through regional programs and conferences, Telemedicine, and interactive television sites.

**Health Workforce Recruitment and Diversity**

The cornerstone of the mission of the Pennsylvania AHEC is the recruitment, distribution and retention of a quality health professions workforce for the Commonwealth. Recruitment of health care professionals to communities, especially, medical underserved areas is facilitated in several ways. First and foremost, the AHEC community-based clinical training rotations are an excellent recruitment tool for medical practices to assess and invite new health care professionals into their community of practice. Second, as part of a national network, the PA AHEC serves as an initial point of contact for health care professionals choosing to relocate and practice within the Commonwealth. Third, the AHEC often sponsors or works in collaboration with other organizations to promote recruitment fairs or support specific recruitment efforts, such as open positions within the community health center network. With the current nursing shortage in health care, the AHEC has focused on the recruitment, re-entry, retraining and retention initiatives for nursing. The PA AHEC program has placed over 155 health professionals throughout its history.

Texas.

Since 1974, the Kentucky AHEC has planned, developed, and expanded its remote clinical training and educational activities to include all 120 counties in the state. In addition to providing clinical rotations to a wide range of health professions students/residents in these communities, Kentucky AHEC also reaches out to K-12 students, parents, counselors, educators, and health practitioners with information regarding health career opportunities through the dissemination of an AHEC-produced health careers matrix. This informative publication includes a listing of current academic and technical health programs offered by Kentucky colleges, universities, and community/technical institutions. To date, approximately 20,000 copies of the publication have been distributed to the centers for use in their regions.

The Arkansas AHEC Program participates in a variety of enrichment programs to increase the number of minorities and disadvantaged students who choose a health career. Each of the seven AHECs (in El Dorado, Fayetteville/Springdale, Fort Smith, Helena, Jonesboro, Pine Bluff, and Texarkana) sponsor programs for students in their region with a particular emphasis on rural and minority youth. CHAMPS (Community Health in Medical Public Service) was implemented in 1995 as part of an AmeriCorps grant, with a total of 508 junior high students (20% minorities) being selected for this one-week health careers program which provides hands-on experiences in health careers, health education, and community service. CHAMPS programs have been delivered in Warren, Forrest City, Crossett, DeQueen, Newport, Batesville, Heber Springs, and Helena. In addition, through the M*A*S*H (Medical Application of Science for Health) program Over 3,200 students (15% minorities) have interacted with a large number of health care experts, such as physicians, nurses, medical technologists, radiologic technologists, respiratory therapists, pharmacists, and dietitians. Each professional provides students with practical information concerning basic scientific theories relative to their fields. Components and functions of the healthcare team are emphasized in an interdisciplinary approach. The Arkansas AHEC Program also serves as a key partner Arkansas Southern Rural Access Program (ARSRAP) in achieving the goals of this program, particularly in the areas of rural recruitment and retention of healthcare providers and a rural leaders pipeline. The Delta AHEC has two rural recruiters who focus on minority recruitment into the health professions, community development, and assistance to small towns that need primary care physicians, nurses, and dentists.

Georgia AHEC Network and the Medical College of Georgia sponsor an annual Health Careers Academy and a biannual Dental Institute. The former is a six day event which provides 60 high school students with educational workshops on SAT preparation, leadership skills, diversity and cultural competence, financial aid and scholarship information, interviewing and communication skills, and a minimum of five shadowing experiences with different health professionals. The latter is a specialized camp for 20 high school and college age students who are specifically interested in oral health careers. The camp provides similar experiences to the Academy but with dental mentoring and shadowing replacing the different health careers offered during the Academy. Georgia AHECs
recently developed and offered a “TEACH” academy in six communities (*Rome, Thomasville, Atlanta, Savannah, and Columbus*). The TEACH Academy is an innovative 3 day program which provides health careers recruitment training for middle and high school math and science teachers. This includes shadowing experiences and training on incorporating health careers into classroom assignments (such as using physical therapy case studies in geometry.) Approximately 380 teachers from around the state have been trained to date.

The [California AHEC and HETC](#) work together to complete the pipeline of opportunities available to students interested in the health professions. Projects have been implemented at Chula Vista, San Jose, East Los Angeles, Banning, Santa Ana and Westminster working with intermediate and high school students, preparing them for a health professions education. Many sites are now seeing students they mentored in high school return as medical students, physicians and nurses. Training sites work with the NHSC as well as state loan re-payment programs for physicians and nurses to retain them in underserved sites.

[Wisconsin AHEC](#) offers a full range of activities for K-12 and college students, from brief presentations to intensive programs. Large group presentations reach over 4,600 students at 166 middle and high schools each year. Information about specific health fields is made available in the Wisconsin *Health Careers Guide*, which is distributed to schools statewide reaching over 11,000 students annually. In addition, Wisconsin AHEC has developed a highly regarded web site ([www.wihealthcareers.org](http://www.wihealthcareers.org)) that provide health careers information with links to training programs and other resources for students interested in health careers. Intensive programs for minority students are concentrated in the *Milwaukee AHEC* region, which serves a large African-American and Hispanic community. Milwaukee AHEC works closely with the health careers programs at North Division High School, Washington High School and Sara Scott Middle School, among others. Northern WI AHEC has been active in developing health careers activities for Native American and other rural underserved students throughout its region, as well as developing programs for the Hmong community in Wausau. Southwest WI AHEC has specialized in week-long summer health careers camps offered in LaCrosse and Madison. *Northeast AHEC* has health careers programs in partnership with UW-Oshkosh and with the *Fond du Lac* schools. New programs are under development in *Green Bay*. The Wisconsin AHEC System has also collaborated with the UW School of Nursing to recruit students from underserved populations into the distance education-based BSN completion program, offering greater career opportunities to students with two-year nursing degrees.

[North Carolina AHEC](#) supports the NC Access, Retention, and Completion Initiative (NC-ARC) that prepares underrepresented minority college students for successful matriculation in professional allied health degree programs. NC-ARC is a component of the NC Health Careers Access Program and is an inter-institutional partnership among four historically minority universities (*Elizabeth City State University, NC A&T State University, NC Central University, and the UNC-Pembroke,* the AHECs, UNC-Chapel Hill Department of Allied Health Sciences, and a network of health professionals. Undergraduate students at four universities participate in teleconference broadcasts where they meet faculty members, administrators, and admissions personnel from UNC-Chapel Hill. Students receive information about degree programs, admissions processes, academic requirements and professional opportunities in the allied health sciences. NC AHEC also supports the UNC-Chapel Hill Health Careers Access Program’s Science Enrichment Preparation (SEP) Program. SEP is an eight-week, honors-level academic enrichment program for disadvantaged undergraduate students who plan to pursue careers in health care. Students engage in 150 hours of rigorous classroom instruction in physics, organic chemistry, human physiology, quantitative skills and biostatistics, as well as classes and seminars in reading speed and comprehension, test-taking strategies, essay writing, and interview techniques. Field trips to area health care and biomedical research facilities expose students to a variety of career options and allow them to discuss their career interests with health care professionals and biomedical scientists.

[Ohio AHEC](#)’s extensive network of collaborations and partnerships with local schools, community colleges, undergraduate institutions and community health organizations produces a variety of health career activities and resources. These efforts maximize both the resources and outcomes of partners. Ohio AHEC uses a variety of methods including classroom presentations, career club sponsorship, mentoring, and science/ math enrichment programs. The AHEC ‘value-added’ approach to all of these activities is to provide as many activities as possible using minority students and practitioners as presenters and faculty. Realizing that a health career is many years away for children, the over-arching message that is that ‘success breeds success’ and there are successful minority role
models in health professions. Minority medical students serve as summer camp counselors at CampMed and minority nursing students lead pre-nursing clubs through the Project Health Quest in inner city schools in Akron and Youngstown. Longstanding support by Ohio AHEC has led to the several programs which offer support to minority health professions students. Among these is the MedPath program which enrolls an average of 60 minority medical students annually and provides additional supportive and enrichment resources in the pre-clinical years. The Case Urban AHEC also provides minority student mentoring throughout the academic experience and facilitates connections between students with minority preceptors/mentors, graduates and upperclassmen.

The thrust of the West Virginia AHEC mission is service-related health professions training in rural areas where there is a deficit of quality health care and health care workers. One of the WV AHEC Program’s goals is to work in partnership with Health Sciences and Technology Academy (HSTA)—a program unique to West Virginia. HSTA is an outreach program for underrepresented high school students that offers a seamless approach to health sciences education that shepherds talented minority and underrepresented students through pre-college, college and graduate training in health professions and programs. HSTA attempts to attract African-American, female, and financially disadvantaged students into biomedical sciences by providing science/math enrichment, a chance to collaborate with health professionals, and a host of other opportunities. Students are encouraged to return to practice their careers in an underserved area in West Virginia. Five out of 62 HSTA students entered med school this year, and 97% went to college. During the academic year middle and high school teachers conduct community service health projects that develop networking and communication skills, the ability to coordinate resources, and an individual and group sense of success in providing solutions to community problems. Last year, with funding from Eastern AHEC, HSTA recruited 20 students into their program, in two West Virginia community high schools: Jefferson High School in Shenandoah Junction and Martinsburg High School in Martinsburg. The two groups comprised mostly ninth and tenth graders. The groups have 13 African Americans, 3 Hispanics, and 2 Caucasians (with two vacancies). Southeastern AHEC sent 50 African American students, and 4 African American teachers, to HSTA’s Summer Institute at WVU, in order to improve math and science skills. The students and teachers were from a five-county area that included Webster, Raleigh, Mercer, Fayette and Greenbrier counties. The other student group was from the July Upward Bound program. Although students were from all over the state, the majority were from rural McDowell and Wyoming counties, and all were disadvantaged. WV AHEC will help to expand HSTA program for disadvantaged students by establishing an AHEC component to facilitate career paths from pre-college to rural primary care practice.

Tuskegee AHEC recruits rural African-American youth into the health professions through its Health College Connection program: 45 youth (high school and college) engage in shadowing, mentoring, and didactic experiences.

Mississippi AHEC has a broad range of programming to promote health careers with K-12 students and support pre-professional students, reaching over 5150 students throughout the state in the last five years. Students are exposed to the community health center model of care through volunteer programs, summer enrichment programs, community seminars and participation in career days. Mississippi AHEC has also distributed 5,000 copies of a Health Career Guide to K-12 schools, colleges, public libraries, WIN job centers, community health clinics and hospitals to assist educators in providing students with the knowledge needed to pursue careers in health care. Mississippi AHEC also provides a statewide health careers information clearinghouse, an information tool that serves as a resource for student enrichment programs.

By partnering with the Mississippi Primary Health Care Association, we have successfully matriculated a number of students through a rigorous summer camp. The Mississippi Access for Rural Care’s (MARC) Medical Enrichment and Development Program (MMED) provides informational, technical, and financial assistance to minority and disadvantaged college students who wish to work in primary health care in rural underserved areas of Mississippi after they obtain their respective degree. In addition, we are working to extend our efforts to affect Mississippi’ health workforce recruitment and diversity through the Mississippi Department of Health- Office of Primary Care’s Student/Resident Experiences and Rotation in Community Health (SEARCH). This program is open to U.S. allopathic and osteopathic medical students, dental students who have completed at least one year of training, graduate level nurse practitioners and nurse midwifery students; and graduate level social workers (interns).
SEARCH provides: clinical, preclinical, and community experiences statewide, temporary and year-round placements, and stipends.

The New York State AHEC System connects students to careers, professionals to communities and communities to better health. In addition to the developing placement opportunities for clinical training and providing continuing education programs, AHECs work with area elementary, middle and high schools, community health systems and other locally based health and human service organizations to offer youth comprehensive high quality programming and support as they move through the pipeline and into productive and rewarding careers in health care. In 2004, 6,592 students in grade 9 through 12 and 4,086 students in kindergarten through grade 8 were involved in career fairs and other career awareness programs including The Great Hospital Adventure (123 puppet presentations exposing 5,585 K-2 students to health professions); aka Science, (132 after school programs for 2,982 youth in grades 4-6 to develop science skills); MASH (Medical Academy of Science and Health) Camps and Camp Med (145 one to five day camps introducing 2,880 youth in grades 5 through 8 to health care occupations); MedQuest and Summer Academy (22 five-day residential programs to encourage youth to pursue careers in health) and MedSTEP (57 Medical Science and Technology Entry Programs) to assist 846 underrepresented minority or economically disadvantaged high school students in acquiring prerequisite skills necessary to pursue pre-professional or professional education programs in scientific, technical and health-related fields). The Statewide AHECs reach out to K-12 students, parents, guidance counselors and teachers with information on health career opportunities through the dissemination of AHEC publications and websites. Over 11,000 career guides have been distributed in the past two years and almost 5,000 students have completed a rural AHEC’s career exploration module (www.myhealthcareer.org).

Oklahoma AHEC focuses on rural Oklahoma youth when offering career education opportunities. Over 120 public schools participated in OKAHEC career-related programs in 2004. From 2002 to 2004, OKAHEC provided career awareness and programs to over 67,000 youth. Career exploration is more intense and includes summer camps, shadowing, tours, counseling and teacher education. Between 2002 and 2004, nearly 4,500 Oklahoma youth participated in exploration activities. Thirty-one percent (31%) of the youth participating in career exploration activities are from minority populations. Follow-up of high school seniors who have participated in 20+ hours of exploration programming shows that 79% have transitioned to a pre-health college program or other health professional training program.

The Alaska HETC located at the University of Alaska Fairbanks began in September 2002 and is now completing Year 3 of the first grant cycle. Funding from this grant helped to start all facets of the current program, which focuses on blended delivery of behavioral health and allied health courses in order to facilitate professional advancement of Alaska Natives working in the tribal health care system. The Health Programs unit of the College of Rural and Community Development pioneered these innovative delivery methods for college courses, blending face-to-face with conventional distance delivery and some web-based classes. These methods result in higher student success rates, with rural students able to participate from their home villages while on the job.

The Hawaii/Pacific Basin AHEC has developed a strong partnership with the Hawaii Primary Care Association, Department of Health Office of Rural Health, State Health Planning and Workforce Association, Health Professions Schools and the Native Hawaiian Scholarship Program to conduct an ongoing health workforce assessment in Hawaii and regions of the Pacific. As jobs are identified, they are advertised across the region in a number of ways, and more than 20 providers have been recruited through this mechanism in the last 4 years. Efforts are underway to improve provider retention through collaboration with grass roots communities. AHEC collaborates with the CHCs and other organizations to provide continuing education to 1,500 providers a year.

The Arizona AHEC Program has been working with Arizona’s Health Care Cost Containment System (Medicaid) partner organizations to advance the development of economic development health care zones in Arizona’s rural and most resource-poor communities. This is a statewide partnership of agencies with common interests and missions to effectively and more efficiently address health workforce issues that specifically impact access to quality care for Arizona’s medically underserved, rural, uninsured, and high-risk populations. Data are being analyzed to identify geographic zones in which the patient capacity and health care dollars are present to support new or expanded local health care delivery sites (public or private). A statewide Health Careers Council has been organized to advance the articulation of a “health careers pipeline” to increase student diversity, including minority and economically
disadvantaged students in both urban and rural medically underserved communities, in the health professions. Council members include: The Arizona AHEC Program, Northern Arizona University’s Health Careers Opportunity Program, the Southern Arizona Border Health Career Opportunity Program, the Arizona Health Sciences Center’s MedStart and Minority Medical Education Programs, a number of Native American Health Career Programs, including the Indians Into Medicine Program, a Maricopa Health Academy Program supported by the Maricopa Integrated Health System, the Arizona Department of Education’s Health Occupations Education Program Division, and the Arizona Hospital and Healthcare Associations’ Health Careers Ambassadors Program. This partnership has established a website, http://www.healthcareers.arizona.edu to extend and expand health careers information for students, parents, school personnel, employers, policy-makers, and others.

Workforce recruitment and diversity has always been an integral component of the work of the South Carolina AHEC. Over 49% of all South Carolina family physicians received their education in SC AHEC-affiliated family medicine residency training programs. The SC AHEC has administrated the state’s Rural Physician Program since 1989, and 286 physicians have received support through this program. Eighty-eight percent (88%) of these physicians continue to practice in their rural, underserved communities beyond their four year commitment. The SC AHEC also administers the federal National Health Service Corps (NHSC) Loan Forgiveness Program for South Carolina, and 95% of the loan recipients currently practice in community health centers or other non-profit practices. The SC AHEC has sponsored numerous recruitment fairs to link communities with physicians. Annually, 40-50 communities and 70-75 physicians take advantage of these fairs. In 2002, the SC AHEC started a new nursing workforce project promoting the national Magnet recognition program. Magnet hospitals report improved patient outcomes and increased success at recruiting and retaining nurses. To date, over 600 nurse executives, managers, and staff have participated in the Magnet project.

The SC AHEC Association of Future Health Professionals focuses on improving the diversity of the health care workforce. The Association serves minority and disadvantaged young people, encouraging them to enter careers in health care. The SC AHEC sponsors an annual Summer Institute for 100-150 students on a college campus in South Carolina, and a Pre-Nursing Academy is provided for 10-20 students each summer. During 2004-05, regional health career clubs introduced 1,617 students to many different health professions, gave them the opportunity to participate in mentoring and shadowing experiences, helped them prepare for the SAT exam, and worked with them to improve their math and science skills. These students also learned about health disparities and what they can do to reduce these disparities in our state. The Palmetto Initiative for Excellence (PIE) is program that seeks to increase the diversity of the state’s health administration workforce. Funds for this program are administered by the SC AHEC, and thus far 34 students have participated in this program and 85% have remained in South Carolina as members of the health care workforce.

Washington AHEC works to complete the connection of the community health centers, the National Health Service Corps sites, the academic health institutions, with the community. Projects in Washington include contracting with the state Workforce Training and Education Coordinating Board to develop 12 health skills panels throughout the state, linking AHEC resources with the K-12 and post secondary education institutions; providing an after-school experiential science program for K-6; providing curriculum and materials for over 8000 K-8 students on health careers a year, and working with high school students to prepare them for a health professions education through six-week internships for 50 minority and disadvantaged students each summer. Underrepresented minorities are participating in Washington AHEC health programs at a rate greater than that of the state population in general. Many of Washington AHEC’s sites are seeing students they precepted as health professions return to practice and mentor the next generation of students. Training sites work with the NHSC as well as state loan re-payment programs for primary care health professionals to retain them in underserved sites.

The Rhode Island AHEC program is developing a continuum of programs for students of all ages to explore health careers. Working in close partnership with the Hospital Association of Rhode Island, the RI AHEC will create a speaker series, in-school and after-school programs, establish training sites and mentoring programs, particularly for minority students, as well as offer educational support to present health professions students in order to create a statewide approach to workforce development.

While Utah AHEC is involved in the continuum of activities to address health professional shortages, it has been particularly successful in exposing and preparing youth from medically underserved communities to/for health careers. Over 11,000 students (K-12) throughout the state were introduced to the variety of health careers. Utah
AHEC has used innovative approaches to better prepare students to enter college and be academically successful through ACT/SAT Preparatory courses, Academic Enrichment courses, curriculum enhancements, EMT and CNA certification courses, and college level Pre-Professional coursework and special presentations. Additionally, over 450 current health professions' students were provided clinical training in medically underserved sites.

Many graduates of Florida AHEC and HETC programs have been recruited to practice in C/MHCs throughout the state. Most of Florida’s 34 community and migrant health center organizations have benefited from the placement of these graduates in their clinical sites. Among the many communities across the state where safety net sites have benefited from AHEC/HETC health professional recruitment and placement efforts have been urban, inner-city communities within St. Petersburg, Tampa, Miami, and Fort Lauderdale as well as a myriad of rural communities such as Ruskin, Parrish, Frostproof, Belle Glade, Immokalee, Sumterville, Trenton, and Greenville. In addition, Florida’s AHEC and HETC programs work to increase the diversity of the workforce through a myriad of pre-professional enrichment programs targeting middle and high schools students from predominantly minority communities. Through these workforce diversity efforts, children across the state are learning about the health professions through school presentations, health career guides, mentoring experiences, as well as participation in a broad range of AHEC/HETC Summer camps and institutes designed to enhance interest in pursuing a health career.

Each Louisiana AHEC center has health career recruitment staff to collaborate with graduate and undergraduate institutions, community colleges, local school districts, health care agencies, students, parents and community resources to develop and offer activities that attract students to the AHEC educational pipeline. All AHEC students participate in field trips to area health care and biomedical research facilities providing exposure to a variety of career options and health professionals. The Louisiana AHECs sponsor the Louisiana Chapter of the Health Occupation Students of America Organization and two annual statewide conferences. HOSA is a state and national career and technical student organization for high school students interested in pursuing a health career. More than 100 Louisiana schools are currently participating in this new initiative. Louisiana AHECs offer a variety of activities that help students from disadvantaged backgrounds successfully enter and complete health professions training programs. A-HEC of a Summer is a 5-week summer program which provides more than 400 high school students annually with more than 100 hours of hands-on training in a health care facility under the supervision of health care mentors. Medical Application of Science for Health, better known as MASH, is another summer program targeting more than 100 high school students annually and provides more than 90 hours of rigorous university classroom instruction in pathophysiology and clinical lab, as well as classes and seminars in job skills, interview and resume techniques. Day with the Doctors and Day with the Allied Health Professionals are educational events that provide more than 200 high school students annually with opportunities to tour area health care facilities, health professional schools and meet with administrators, faculty and students, as well as participate in hands-on learning experiences. MedStars and Rural Scholars provide undergraduate disadvantaged students with specialized training and resources to develop skills and knowledge to better compete and prepare for a health training program. Ground Hog Day is a statewide annual health training event coordinated by AHEC that provides students in grades 4-12 opportunities to shadow health professionals in a clinical setting. In collaboration with the Louisiana HealthWorks Commission the AHECs have provided health career information to every school in the state. The Louisiana Health Career Directory and website provides easily accessible web-based information to students of all ages and backgrounds, as well as parents, educators, and health practitioners regarding Louisiana health careers, educational programs, financial aid, salary data and contact information.

**Addressing Current and Emerging Public Health Issues**

Examples of bioterrorism/emergency preparedness programs, medical interpreter programs, other immigrant/refugee programs, cultural diversity training, community health worker training, and other community-based health promotion/disease prevention and public health programs

The Pennsylvania AHEC is an integral partner to public health. Through its community and academic partnerships, the PA AHEC program facilitates continuing health professions education and community health education for emerging public health issues such as bioterrorism training to the health professions workforce, all-hazards
preparing for agricultural and migrant communities, health promotion and disease prevention programs focusing on minority health disparities, and cultural sensitivity training for safety net providers. In addition, the PA AHEC infrastructure facilitates statewide linkages and resources to support emerging public health issues.

**Texas AHEC** efforts include special initiatives designed to deliver bioterrorism preparedness training to providers in C/MHCs, emergency responders, and law enforcement personnel. Other AHEC/HETC initiatives focus on minority health disparities, including minority recruitment into the health professions; cultural sensitivity and language training for safety net providers; and a wide range of other community-based health promotion and disease prevention programming. AHEC/HETC is also involved in developing comprehensive initiatives to address the nursing shortage by training nurses in geographically remote and inner-city communities; through recruitment programs to attract students from underserved areas and minority populations into nursing careers; and the expansion of local nursing education programs through program and faculty development.

The **Illinois AHEC** helps plan and implement community health projects through trainees and CHC/FQHC clinicians that address the unique needs of the population. Last year, almost 100 projects addressed health matters such as vaccinations for Hepatitis and other diseases, smoking cessation, violence reduction, asthma control, and diabetes management. In addition, AHEC/Consortium collaborates with CHCs/FQHCs, the University of Illinois School of Public Health, and local government agencies in developing education curriculum and response systems for terrorist threats to the public’s health.

**Florida AHEC and HETC** programs have been active in enhancing Florida’s public health infrastructure, through collaboration with the Florida Department of Health and local health departments in areas such as providing emergency preparedness training to providers in underserved communities, implementing major cardiovascular disease prevention and tobacco cessation initiatives throughout Florida. AHEC/HETC minority health initiatives consist of a wide array of community-based activities, including: (a) efforts to increase the diversity of Florida’s health workforce through recruitment initiatives in minority communities; (b) statewide lay community health worker training to expand culturally appropriate health promotion/disease prevention programs into minority communities; and (c) cultural sensitivity and language training for health providers in safety net sites. The AHECs/HETCs have also focused on Florida’s nursing shortage and its implication to the state’s safety net system by promoting nursing careers in student recruitment programs, and significantly expanding opportunities for pursuing careers in nursing.

The **California HETC** focuses on public health issues relative to the migration across the US Mexico border. The Health Executive Leadership Program addresses issues local to the US Mexico border and the training of a culturally competent workforce that is able to identify resources and solutions to public health issues on both sides of the border. We have recently been awarded a new HRSA grant to conduct continuing education for health professionals and first responders on bio-terrorism and other public health emergencies. The AHEC is working with many local agencies to address the nursing shortage by training nurses in geographically remote areas through distance learning technology and developing a minority nursing training program in Orange County, East Los Angeles, and San Bernardino/Imperial Counties.

**Arkansas AHEC** provides cultural diversity training is an integral part of the Rural Preceptorship Program, which bridges the gap between the basic sciences and clinical medicine for freshmen and sophomore medical students. In the past 20 years of this program, more than 1,700 students have had training experiences in primary care medicine with physicians practicing in towns with populations of 15,000 or less. SEARCH Preceptorships (Student Experiences And Rotations in Community Health), funded in 2003 by a grant from the National Health Service Corps to the Community Health Centers of Arkansas in partnership with the AHEC Program, have allowed 12 minority medical students and those from rural areas to work in CHCs and provide health-related services in preventive health and cancer screening, prenatal care, immunizations, smoking cessation, AIDS education and prevention, health education classes, and identifying health risk behaviors.

**Georgia AHEC** sponsors migrant health service and education programs in sites around the state (Valdosta, Bainbridge, Moultrie, and Swainsboro) to provide migrants with access to health care and education and students with an opportunity to train with this population. In FY 03, over 3,500 migrants received health education and services through these programs. Georgia AHECs combine to provide HETC services in 12 of the neediest Georgia
counties (Decatur, Colquitt, Polk, Toombs, Evans, Tattnall, Candler, Appling, Hancock, Talbot, Marion, and Meriwether) and six of inner city Atlanta’s poorest neighborhoods. Initiatives include: community organizers, health promotion activities, disease prevention programs, interpreter services, and lay community worker training.

Overcoming cultural barriers and empowering local communities to access health care services is a significant component of the Wisconsin HETC program. The HETCs conduct training in health education with a particular emphasis on preparing members of the target population to serve as community health workers. The Wisconsin program plans to develop community health worker programs in partnership with local health departments, Community Health Centers and other community-based provider organizations in several locations, including Wausau, Wautoma, Kenosha, Beloit and Green Bay, and a peer health advisor program in Milwaukee. Milwaukee Washington High School trains peer health advisors, who assist the school nurse in the health room and maintain a student health website, and supports other projects that serve the very needy population of the school as well as provide support and encouragement to the health academy students to pursue their own dreams of a career in health care.

A major thrust of the Kentucky HETC is addressing the state’s significant oral health issues. Kentucky ranks among the worst in the nation for toothless seniors, rates of dental disease, and few dental visits by children. Two HETCs in western Kentucky have established Free Dental Clinics to provide preventive dental services to children without insurance or adequate financial resources. These clinics, and other dental programs, provide vital training for health professions students and augment health care services in underserved communities.

Texas AHEC efforts include special initiatives designed to deliver bioterrorism preparedness training to providers in C/MHCs, emergency responders, and law enforcement personnel. Other AHEC/ HETC initiatives focus on minority health disparities, including minority recruitment into the health professions; cultural sensitivity and language training for safety net providers; and a wide range of other community-based health promotion and disease prevention programming. AHEC/HETC is also involved in developing comprehensive initiatives to address the nursing shortage by training nurses in geographically remote and inner-city communities; through recruitment programs to attract students from underserved areas and minority populations into nursing careers; and the expansion of local nursing education programs through program and faculty development.

In addition to placing medical students in rural public health departments as a portion of their rural clerkships, Tuskegee, Alabama AHEC partners with the University of Alabama at Birmingham Schools of Medicine and Public Health to provide training in terrorism and bioterrorism to students and providers.

Mississippi AHEC partners with the Mississippi Primary Health Care Association, Mississippi Hospital Association and health centers to assist communities in identifying specific needs and developing individualized programs to enhance access to quality health care, particularly primary and preventive care and including Community Health Adviser training. In addition to sponsoring targeted programs, such as diabetes education and prevention, Mississippi AHEC’s regional Centers sponsor several health fairs and community health education programs for the general public. Over the last five years, Mississippi AHEC-sponsored health fairs have reached 8100 participants and its health education outreach programs have provided information and services to almost 17,000 individuals throughout the state. Mississippi AHEC also partners with the Children's Defense Fund to address health professional shortages, identify service gaps and develop a career ladder for potential health care workers.

At Oklahoma AHEC public health issues are addressed primarily through continuing medical education and consumer health education activities. Between 2002 and 2004, OKAHEC provided continuing education to over 17,000 Oklahoma health practitioners on topics that included bioterrorism, child abuse, diabetes, end-of-life, alcohol and other drugs, chronic disease, AIDS and immunizations. During the same period, over 40,000 consumers, mostly rural Oklahomans, attended various health promotion and disease prevention education programs. In addition, over 130,000 items such as books, manuals, articles, brochures, and videotapes from the AHEC’s informational clearing house have been distributed.

The Hawaii/Pacific Basin AHEC is dedicated to community health education and conducts a weekly distance learning session called E Ninau I Ke Kauka between rural communities across the region that provides health education for 100 individuals a month. The Hawaii/Pacific AHEC also provides bioterrorism preparedness and
public health training to over 200 students and healthcare professionals a year. In addition, the AHEC residents in the Republic of Palau conducted a country-wide health needs assessment of all households in the country that will be the guidance for future public health development.

The [Arizona HETC](#) regional centers on the Arizona-Mexico border have played a critical partnership role with the Health Resources and Services Administration, the U.S.-Mexico Border Health Commission, the Arizona Department of Health Services Border Health Office, and a broad array of border area community-based health organizations and bi-national health providers to plan for an extensive Bi-national Health Week each year. The Arizona AHEC Program holds a long leadership history in the development of community health workers to particularly serve rural, border, tribal, and otherwise resource-poor and medically underserved neighborhoods. The Arizona AHEC Program has led the way in recent years in the development of postsecondary college responsive education for community health workers in partnership with Arizona’s community colleges. That work has led the way to the formation of a national education collaborative. The Arizona AHEC Associate Program Director, Don Proulx, has received funding from the Fund for the Improvement of Postsecondary Education (U.S. Department of Education) for the next three years to establish a “National Community of Practice” for college responsive programming. The project has formed a national advisory council, which includes 10 experienced and active community health workers from all across the nation. This project is bringing together six (6) core Technical Assistance Institutions (identified nationally as prepared to offer “best practice” program development experiences, curricula, and instructional delivery) to assist 15 or more “Adapter Institutions” (colleges) in their development and delivery of college responsive programs for community health workers. This project is funded for three years from October 1, 2004 through September 30, 2007. The project website is located at [www.chw-nec.org](http://www.chw-nec.org)

In 1995, the [South Carolina AHEC](#) developed a series of public health/population health modules for use in undergraduate and graduate health professions courses to teach public health content to health professions students. These modules are available as on-line resources and have been selected by an international public health website for distribution. The SC AHEC links its continuing education programs and health professions students' community projects to the Healthy People 2010 recommendations, focusing on such issues as heart disease, stroke, cancer, diabetes, maternal and child health, and other priorities identified in Healthy People 2010. Health professions students participate in projects in collaboration with local communities and academic programs. In addition, the SC AHEC is one of 19 programs in the U.S. chosen by the Health Resources and Services Administration in 2003 to receive a Bioterrorism and Public Health Emergencies Continuing Education Training Grant. As a result of this grant and its associated programs, over 10,000 health care professionals and first responders have taken advantage of the 600 programs and 900 hours of training focusing on preparedness and response to terrorism or public health emergencies.

[Washington AHEC](#) are an integral partner with the Department of Health, and has its state AHEC funding through a contract with the Department. The AHECs serve on the DOH Bioterrorism Preparedness Advisory Committee and the Health Professions Loan Repayment and Scholarship Program Advisory Committee. The AHECs work with the state-directed Washington Recruitment Group, the Office of Primary Care, the Critical Access Hospital Flexibility Program, the Rural Health Clinic Associations, and the HPSA designations staff. Through their community and academic partnerships, the AHECs facilitate the development of healthy delivery systems, provide bioterroism preparedness education for providers, and provider service/learning opportunities for health professions students.

[Ohio AHEC](#) is a significant provider of community health education, annually sponsoring nearly 200 programs attended by 18,000 participants. All of these programs are community based and most are provide in partnership with other organizations, which maximizes resources and benefits. Through contract with the Ohio Department of Health, women’s health education is provided. In order to leverage resources and strengthen the public health infrastructure, Ohio AHEC has focused on capacity building for both bioterrorism and health literacy training. Through this mechanism direct education /training is provided, however in addition a cadre of professionals are trained to be trainers, with the result being a rapid multiplication of individuals trained. As an example, from a core group of 24 professionals trained to teach the principles of health literacy, within the first year 3000 health professions students and practitioners were trained.
Rhode Island AHEC has conducted Bioterrorism Training for the Rhode Island Community Healthcare Centers, entitled “Biodefense for Biodefenders”, and has additional Bioterrorism trainings planned for the fall of 2005. Additionally, Rhode Island AHEC will focus on minority health disparities, dental access issues, behavioral health integration to primary care, as well as the development of interdisciplinary health teams.

Louisiana AHEC supports and facilitates a wide range of activities for communities, including community assessment, local health system planning and fund development activities. AHEC community health workers provide hundreds of vulnerable and at-risk citizens information and resources regarding access to care and health education.