NAO BOARD QUESTIONS/RECOMMENDATIONS FOR FOA JANUARY 2017			
Page #	Wording	Concern	*Recommendation*s and Suggested Wording
3	2. Community-based Experiential Training: (CBET) Recipients must support CBET in rural and underserved areas through placements and clinical rotations for health professions students outside of the AHEC Scholars Program.	AHEC centers and their partners in rural and underserved areas are often constrained by the number of students they can take. The AHEC Scholars must have CBET in rural/underserved training – and we want to send Scholars to our best sites which are often our Centers. We need to use our best rural/underserved sites for the Scholars interested in these areas and also continue to foster other students' interest in primary care.	…for health professions students including the AHEC Scholars Program.
3	With this FOA, HRSA has identified several evidence-based practices and promising approaches established through previous AHEC awards and is driving future investments to scale-up these approaches.	Can/will you identify these practices and promising approaches for us? Are there any examples of specific models we should be looking at?	
3	Recipients must support community-based experiential training in rural and underserved areas through field placements and clinical rotations for health professions students outside of the AHEC Scholars Program.	Does this mean clinical training sites have to be BOTH rural AND underserved, or can they be EITHER rural Or Underserved? Must all clinical rotations supported by federal funds (time and effort) by only rural/underserved, or allowable for other non-designated sites as well? Are AHEC Scholars' clinical experiences counted and reported as CBSE rotations since they are health profession students?	

3	Stipends may be provided to AHEC Scholars…	Is providing a stipend a hard expectation? Has the math been done to realize that paying stipends could amount to the 0.5-1.0 FTE of the AHEC staff member who would be needed to design and run the Scholars program?	
3	Each training experience must be team-based	Team-based is not defined in the FOA, although it is a requirement both for CBSE rotations and for 40 hours of the AHEC Scholars' community-based, experiential, or clinical training. Will you provide more guidance on this?	
3	. . . and include a formal, didactic component addressing one or more of the Core Topic Areas . . .	Does the formal didactic component in 1 of the 6 core topic areas have to be provided while the student is completing his/her clinical rotation? Why do the didactic hours have to be outside the students' normal academic activities? Could an **elective** course that an AHEC helps develop for academic credit count toward the didactic hours if it addresses the priority issues identified in the FOA?	
3	Recipients must ensure all educational and training activities support the following six (6) Core Topic Areas . . ."	Must AHEC provide additional core topic content to students supported in AHEC Scholars or CBSE placements, or rather, assure that the curriculum that is in the degree plan of these students includes core topic content? In our case, we have no control over, and are unlikely to be able to add didactic content to other universities' students' curriculum.	
4	Pipeline Activities: HRSA strongly recommends recipients use no more than 10 percent of the total award for these activities.	If we are utilizing self-sufficiency pipeline programs to continue our efforts in that area, can all of those self-sufficiency funds be utilized for the match? Some AHECs have developed pipeline programs to serve URM college students since others in their states have effective programs for high school students coordinated by other entities. Can those AHECs interested in working with college students use up to 10% of the federal funds to work with college rather than high school students? Must AHECs support high school pipeline activities if they prefer	

		to work with college students?	
5	D. AHEC Scholars Program—	It would be helpful to have some concrete examples of the level of detail expected for the AHEC Scholars Program.	
5	In states where multiple AHEC program offices may exist, the program offices must work collaboratively to develop a joint needs assessment and statewide evaluation of AHEC Program activities.	Does the joint needs assessment noted here serve as rational and justification for each program's individual proposal, and if so how does that relate to any expectation for ongoing needs assessments and a joint evaluation?	
6	Under AHEC Scholars: b) A cohort will include at least 15-25 new students per center, beginning each new academic year.	Clarification is needed about the "per center" requirement. Programs and centers consider themselves as part of a statewide network and this requirement for AHEC Scholars should be developed and managed at the Program Office and implemented in partnership with the Centers through this network. There is concern around center offices regarding the capacity to support 15-25 Scholars per year for two years. Centers get students as assigned by the schools they partner with and according to the schools' rotation requirements. A lower baseline of number of students may be helpful: 10 – 15 per center rather than 15-25. It is difficult for a program of 2 centers to fulfill the same expectations as a program of 9 centers. A wider range would be helpful. HRSA might also want to consider a baseline – like 10 Scholars per program plus 1 for each center (program with 2 center = 12, program with 9 centers = 19). Centers could be required to do 10-25 students for CBET per	page 3: 2. Community-based Experiential Training … clinical rotations for 10-25 health professions students per center per year including the AHEC Scholars Program.

		year <u>including</u> Scholars and other students assigned to them through the schools and training programs they work with. Some AHEC centers may not be able to achieve the recommended number of AHEC Scholars for their program due to insufficient resources or an insufficient number of students receiving a portion of their education in their regions. Can AHEC programs report the number of students they work with on a per-state basis rather than on a per-center basis?	
6	At a minimum, each cohort of the AHEC Scholars Program must last for two years and culminate in completion or graduation from a degree or certificate program.	Does this mean that students must have completed or graduated from their health profession program by the end of the 2-year Scholars program, i.e., medical students would have to be in their 3rd year to participate, PA students in their 2nd year, etc.? This is reflected also in item d) further down that page for *"one-year follow-up after graduation or completion of health professions or allied health workforce program."* Is the follow-up done 1 year post graduation/completion of health profession training, no matter when the scholar completes the 2-year AHEC program?	
6	Section a) requires that Scholars "reflect a diverse student body with representation from disadvantaged backgrounds and underrepresented minorities" and Section b) requires each cohort of students be from "multiple disciplines (e.g., medicine, nursing, social work,	Should recruiting underserved/minority students be our primary focus and the mix of health professions be secondary? Or vice versa? Does each center's student cohort have to be multidisciplinary, or can the combined cohorts of all centers in a program meet the multidisciplinary criteria if we bring them together for experiential and didactic learning experiences? Do you consider multi-disciplinary and inter-professional as synonymous?	

	and other allied health workforce programs).”		
6	Discipline-specific defined Points of Entry and Exit for the AHEC Scholars Program;	Can you provide examples or more explanation of this?	
6	The program must target students enrolled in either a health professions degree program or an allied health workforce degree/certificate program.	How can students enrolled in a certificate program of less than two years participate as an AHEC Scholar? A prime example is a CHW certificate program, whose participants are important contributors to primary care and team-based inter-professsional practice.	
7	g) Community-based, experiential, or clinical training must be conducted in rural and/or underserved settings. Of which a minimum of 40 hours must consist of participation in team-based training;	If students are participating in clinical training experiences, the goal should be that they are also participating on care teams. Why do we need 40 hours of didactic **per year?** 80 hours over 2 years is a lot, especially if it is on top of the students' academic course work.	g) Community-based, experiential, or clinical training must be conducted in rural and/or underserved settings. Of which a minimum of 40 hours must consist of participation in team-based training or <u>care</u>; It would be desirable to propose a reduction in the number of required didactic hours to at most 20 /year.
7 and 21	i) A plan to collect and track individual-level data on the AHEC Scholars Program participants,	Health professions students may not proceed directly to employment after graduation and may pursue a residency or fellowship. In the past, HRSA unofficially communicated that residency could be considered employment; this is appropriate and should be clarified for consistent outcome reporting across the country.	“employment <u>and/or residency/fellowship</u>” *should be added on pg 7 and 21, and the wording should be likewise revised for Criterion 3, HRSA Required Progress and*

	including demographic factors, number of training hours in designated settings, and one-year post-completion data on <u>employment</u> outcomes.		*Performance Reporting, pg 36*
3, 5, 6, etc. Def. pg 45	References to clinical training throughout the document. Definition: "Clinical training" – the patient-care components of health professions education, including but not limited to clinical rotations, preceptorships, and clerkships. For purposes of reporting, this includes hands-on field training with patient encounters (not didactic or observations).	The definition of clinical training needs to be expanded beyond the doors of the clinic to address the new population based paradigm. A challenge in health professions education is how to train future providers in the assessment and mitigation of SDOH through inter-professional team-based care delivery – and this may often be done beyond the clinic's walls. This expanded definition should be reflected in the definition of clinical training. Student rotations targeting the clinical-community connectivity should be encouraged. AHEC energies need to be directed in this area.	*Add wording at the end of the definition, pg 45:* "Clinical training" – … (not didactic or observations) <u>and may also include community-based experiences working with high risk patients assessing social determinants of health, and, with oversight from the clinical team, connecting patients with community and other resources to address identified challenges.</u>
9	Develop and implement strategies, in coordination with the <u>10</u>	What does "10" refer to?	*Delete* ~~10~~

	applicable one-stop delivery system under section…		
12	The AHEC Program Director must serve on the admissions committee for the school of medicine.	Participation on the Admissions Committee is governed by school bylaws and committee members must have certain qualifications (which may include tenure) and may take many years to achieve. Committee membership has term limits, so even if an AHEC director were qualified and selected to sit on the Admissions Committee, their term will be relatively short. Ex-officio participation may be possible in some situations, but those positions are staff, not full members. Directors of AHEC programs may not be able to fulfill the requirements (e.g. UMass requires a terminal degree and the current program director does not meet this requirement). Such a requirement may result in the departure of many AHEC directors, losing many decades of experience and expertise. AHEC should be able to designate Several Deans have already stated they have no intention of seeking revision of faculty bylaws or other governance processes to satisfy an arbitrary grant requirement. Making such changes can take up to two years.	AHEC Program Director <u>or designee</u> must serve on the admissions committee for the school of medicine, <u>or a member of the admission committee must serve on the AHEC Advisory Board/Committee</u>.
12	Identify an individual to function as an AHEC Program Evaluator with a minimum of a .5 FTE; and	To work within the proposed funding amount, it makes sense to leverage HRSA funding and in-kind match to meet program evaluation requirements. AHECs should utilize institutional, regional and national experts to develop evaluator components which can include sharing of resources/costs. What does this look like in states with more than one AHEC that are now required to conduct joint statewide needs	*Suggest that HRSA ask grantees to identify evaluation components and resources to support a robust AHEC Program evaluation that may include sharing state, regional, national evaluation/evaluators with documentation of a minimum .5FTE, collectively*

		assessments and evaluations?	The National AHEC system would like to collaborate on evaluation by funding some evaluators and to employ standardized data collection approaches. Can the planning year be used to design the evaluation component for the following 4 years? Such an approach derives an economy of scale, avoiding the need for every AHEC program to have a 0.5FTE person dedicated to evaluation.
12	What is the recommended budget amount or at least the ceiling amount for centers in POSME awards?	The ceiling for ID awards is identified; nothing is mentioned for POSME.	*Determine recommended budget ceiling per center, including program office, for POSME. See 2012 FOA for suggested wording.*
All		The term "must" is used 77 times in the FOA. Given the amount of funding anticipated, how in the world will all of the items that "MUST" be done possibly be addressed?	