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Data Sources:
FY 2010 and FY 2011 HRSA Bureau of Health Professions Report Tables and NAO Committee on Research and Evaluation (CORE) Critical Data Tables from Reporting AHEC Programs.

The National AHEC Organization supports and advances the national AHEC Network to improve health by leading the nation in the recruitment, training and retention of a diverse health workforce for underserved communities.

Call for information regarding other centers located in Guam, Republic of the Marshall Islands, and the Federated States of Micronesia.

National Snapshots:
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Oak Creek, WI 53154
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www.NationalAHEC.org
AHECs evolve. AHECs adapt. AHECs deliver. This year’s NAO Annual Report demonstrates how AHECs throughout the country continue to deliver high-quality cost-effective programs which improve health and illustrates how AHECs lead the nation in the recruitment, training and retention of a diverse health workforce for underserved communities.

This ability to address the pressing healthcare education needs of our times was so eloquently stated recently when a partner organization said that “a key strength of the AHEC network is its ability to creatively adapt national initiatives to help address local and regional healthcare issues.” This testimonial captures the innovative and adaptable spirit of the AHEC Program to a T, and I couldn’t have said it better myself.

Of course, AHECs continue to make great progress in our more “traditional” health professions’ pipeline and recruitment areas, as you will see highlighted in the report, as well as in areas such as Mental Health First Aid, Veterans Mental Health, Opioid Provider Prescribing Education, and “on the ground” provider education regarding the Affordable Care Act and State Marketplaces/Exchanges.

AHECs—whether in rural, frontier or urban underserved areas—continue to quickly and effectively adapt to meet the health education and workforce needs of their communities in our uniquely “AHEC” way; that’s what we do and we do it well. Please read the NAO FY2013 Annual Report to learn more.

-Robert M. Trachtenberg, MS

From the NAO President

Forty years ago I first heard the acronym AHEC. I was just starting residency training in a new program in the new specialty of Family Medicine. The program—I was resident #3—was designed to train family doctors for the central valley of California. I was pleased to help bring faculty from the medical school sponsor of the AHEC (UCSF) to Fresno. At that time, I was counting the days until I could leave. Since then, there have been more than 360 graduates to date and I am pleased and proud that many have entered practice in the state’s underserved communities.

Nationally, AHECs have started many health professions programs in response to our HRSA goal of improving healthcare access and quality through the conduct of health professions recruitment, training, and retention. Pride in our accomplishments should, however, not distract us from the work that still needs to be done.

AHECs are the best and most experienced tool that HRSA has to address the growing need for culturally and linguistically competent, clinically skilled, and well-distributed health professionals. AHECs are one of the best tools that medical and other health professions schools have to meet these societal needs, and their own social responsibilities.

Our National AHEC Organization has had a profound impact on both our national network of AHECs as well as in informing Congress (and HRSA) about the value of their appropriations to Title VII-funded programs like AHEC.

Under leadership of our recent NAO presidents Mary Mitchell and Mary Sienkiewicz and our able Executive Director Rob Trachtenberg, NAO has become a recognized leader among the community of national pro-health organizations.

Our widening scope of activities is possible only with the support of our officers, board, and committee members, and the energies of our center and program directors. Kudos to all and I am hoping to see you in Charlotte at our biannual conference in 2014.

-John Blossom, MD
Youth Mental Health First Aid Corps Builds Synergy and Motivates Volunteers
Tricia Harrity

The Youth Mental Health First Aid Corps, developed by the Northwestern Connecticut AHEC of Waterbury, CT, is an innovative program that engages the AHEC network to support widespread implementation of the Youth Mental Health First Aid™ (YMHFA) program in communities across the nation.

The YMHFA Corps is supported by the Corporation for National and Community Service’s AmeriCorps program and the National Council for Behavioral Health. The YMHFA Corps places full-time AmeriCorps members at AHECs across the nation. During their one-year service term, AmeriCorps members are trained as YMHFA™ instructors and provide YMHFA™ certification classes for community members who work with youth.

In year one of the program (September 2013 to August 2014) the YMHFA Corps supports 15 AmeriCorps members at the following AHECs: Central CO AHEC, Central LA AHEC, East Central PA AHEC, Michigan AHEC, Northwestern CT AHEC, Wake AHEC in NC, and the Western AZ AHEC.

The concept is simple. The YMHFA Corps builds synergy between AHEC’s mission to enhance access to quality health care and AmeriCorps’ mission of mobilizing volunteers to create solutions to our nation’s toughest challenges, thereby positioning AHECs as leaders responding to a pressing national health care issue.

There is a sense of urgency in our nation to improve awareness, recognition and ability to respond to the needs of youth experiencing symptoms of mental illness. A number of national, state and local leaders are calling for implementation of YMHFA™ to help communities improve their ability to respond to the mental health care needs of youth.

Tricia Harrity, Director of the Northwestern CT AHEC, sees great growth potential for the YMHFA Corps. “Through their participation in the YMHFA Corps, AHECs are proactively addressing the mental health challenges of youth in their communities and states,” Harrity said.

NAO National Data

Students Introduced to Health Careers
(<20 hour programs)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Total Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-8</td>
<td>198,883</td>
</tr>
<tr>
<td>9-12</td>
<td>187,294</td>
</tr>
<tr>
<td>College</td>
<td>20,099</td>
</tr>
<tr>
<td><strong>Total Students</strong></td>
<td><strong>406,276</strong></td>
</tr>
</tbody>
</table>

Students in Enrichment Programs
(>=20 hour programs)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Total Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-8</td>
<td>4,842</td>
</tr>
<tr>
<td>9-12</td>
<td>21,836</td>
</tr>
<tr>
<td>College</td>
<td>2,858</td>
</tr>
<tr>
<td><strong>Total Students</strong></td>
<td><strong>29,536</strong></td>
</tr>
</tbody>
</table>
Rural Collaborative Focuses on Mental Health Services

Martha Robertson

Glasgow, Montana, population 3,250, boasts some of the grandest historic Western Plains vistas. Only one medical clinic serves this community located in a county spread over 5,000 square miles. To call this northern area of Montana “rural” is an understatement.

At Glasgow’s Frances Mahon Deaconess Hospital, Robyn Hardie and Pamela Dance have become the newest members of Western Montana AHEC’s Rural Behavioral Health-Primary Care Collaborative. Robyn, a post-doctoral psychology graduate, and Pamela, a pre-licensed clinical social worker, were recruited as the third of five teams placed throughout Montana.

The project, which is funded through a Health Resources and Services Administration (HRSA) Rural Health Services Outreach grant, was created in response to the overwhelming need for mental health services in rural Montana. Through a partnership with critical access hospitals and the University of Montana (UM), these pre-licensed professionals work full time while receiving distance supervision. This innovative program utilizes university faculty, allowing pre-licensure specialists to work in rural locations where there is not a licensed specialist to provide supervision. Post-licensure, these professionals remain full-time employees.

The program brought Deverie Kelley, MSW, University of Montana alumna, back to her hometown of Deer Lodge to work at Deer Lodge Medical Center.

“I look forward to providing a needed service to my hometown,” she said.

Rita Billow, who earned her doctorate from UM’s clinical psychology program, grew up in Eureka and now practices at Northwest Community Health Center in Libby, Montana, 30 miles from her hometown. Havre, Montana native Amy Allison, MSW, works alongside Rita.

“Working as a behavioral health specialist in the primary care setting has been one of the most amazing experiences I have had,” Allison said.

While it is neither mandatory to be a UM graduate nor a Montana native to participate in the Collaborative, an appreciation for rural Montana culture is essential."

The remote isolation (of Glasgow) is not as difficult as the extreme weather,” said Dance. The average daily temperature for Glasgow in December was -2 F. Dance has fallen in love with this community where, she says, “the people are hardy, resilient, practical, and resourceful—it’s the same pioneer spirit that started this state.”
C² Pipeline Program Places Students on Path to Higher Education and Health Careers

Tracy Walker

The College and Career Ready (C²) Pipeline program—a collaboration between Michigan AHEC; Wayne State University’s (WSU) College of Nursing, College of Pharmacy and Health Sciences, School of Medicine, College of Engineering and School of Social Work; and University of Detroit Mercy School of Dentistry—promotes and prepares students for college and health careers. Begun in 2012, the five-year initiative gives 250 at-risk students from five public high schools a chance to participate in the 38-week program, which incorporates science, technology, engineering, and math in a hands-on learning environment.

Students engage in academic enrichment activities and explore health professions through discussions with industry professionals, field trips, and community service projects. The goal is to pique students’ interest in health careers—and it seems to be working.

“I thought I wanted to go to law school. Because of C² Pipeline, I have started learning about different opportunities in the healthcare field. I now plan to pursue a career in radiology,” said Margaret Parham, a senior at Ecorse Community High School.

This summer marks the debut of the Interprofessional Education Summer Camp. During this two-week residential experience, students will attend classes—taught by faculty using a C² Pipeline curriculum—at their chosen partner school on WSU’s campus. Students will compete on interprofessional teams to develop a poster and project addressing a major health disparity in Detroit—diabetes.

“Michigan AHEC is proud to support the C² Pipeline program,” said Dr. Ramona Benkert, Co-Principal Investigator and Interim Associate Dean for Academic and Clinical Affairs at WSU’s College of Nursing. “Students from medically underserved areas are choosing health careers and developing skills they need to succeed in college and serve their communities as health professionals. This initiative helps address Michigan’s shortage of health professionals by building a highly trained, diverse health workforce for the future.”

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>C² Pipeline</th>
<th>Statewide (Michigan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>This program helps me understand what we are doing in class.</td>
<td>84%</td>
<td>79%</td>
</tr>
<tr>
<td>My grades have improved because of this program.</td>
<td>87%</td>
<td>76%</td>
</tr>
<tr>
<td>The activities challenge me to learn new skills.</td>
<td>90%</td>
<td>79%</td>
</tr>
<tr>
<td>The activities we do really make me think.</td>
<td>85%</td>
<td>74%</td>
</tr>
<tr>
<td>I really like coming to this program.</td>
<td>93%</td>
<td>84%</td>
</tr>
<tr>
<td>I care more now about getting good grades.</td>
<td>82%</td>
<td>75%</td>
</tr>
<tr>
<td>Because of this program, I have more interest in going to college.</td>
<td>89%</td>
<td>72%</td>
</tr>
<tr>
<td>Because of this program, I think that doing well in school is important</td>
<td>91%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Table 1: 2013 Participating Student Feedback

Percent of Students who Agreed or Strongly Agreed
In 2004, the Institute of Medicine reported that nearly half of all the adults in the United States at the time—90 million people—had trouble understanding what they were told by their doctors or other health professionals or how to obtain and utilize information about their health. This poor health literacy contributes to poor health outcomes, so it is vital that health professionals adopt health literacy best practices to help their patients understand their care so they can achieve optimal health.

AHECs strive to enhance access to quality health care, and AHEC efforts to improve health literacy contribute to achieving that goal. The eight AHEC Centers in Arkansas successfully partnered with the University of Arkansas for Medical Sciences to help healthcare providers throughout Arkansas improve their health literacy skills and practices for the benefit of their patients. The Agency for Healthcare Research and Quality’s Health Literacy Universal Precautions Toolkit was introduced to the healthcare providers by the AHECs and provider staff were trained on its use. The toolkit provides step-by-step guidance on assessing the health literacy of patients and on making changes in healthcare delivery practices to improve health literacy for patients. The goal of the project was to help providers better communicate with their patients to minimize patient confusion, leading to better health outcomes and the empowerment of patients by improving their knowledge, skills and health. Implementation of the program improved the skills of health care providers and their staff in four areas: written communication, spoken communication, patient self-management and empowerment, and support systems. Some of the tools implemented included using patient teach-back techniques, designing easy-to-read patient education materials, and linking patients to non-medical support agencies and systems.

After six months, providers and their staff reported improvements had been made in written communication with patients and in the self-management and empowerment skills of patients. With such positive outcomes in the project’s first year, Arkansas’ AHECs will continue to implement more of the tools in the toolkit. For example, a health literacy screening question will be included in the patient’s electronic medical record, and there are plans to provide more patient/community education on “how to be a good patient” in partnership with the medical librarians in the AHECs. By addressing both the provider and the patient sides of the health literacy challenge, Arkansas’ AHECs are enhancing access to quality health care and improving patient outcomes for the citizens of Arkansas.
Above all, they are partners. They are strategists and builders. They are clinicians and mentors. They are community advocates. They develop the pipeline and recruitment areas, they make great progress in our more urban underserved areas—or urban underserved areas—regarding the Affordable Care Act and the Veterans Mental Health, Opioid Provider, Mental Health First Aid, Veterans and State Marketplaces/Exchanges. AHECs have said it better myself. “This clerkship has been a challenging and interesting opportunity. As a Veteran I think it is important that I understand the issues Veterans face even if they are not specifically the population I will specialize in as a physician.”

The clerkship has sparked other learning opportunities at UMass Medical School. Lectures on TBI and PTSD are now integrated into the curriculum. A Veteran nurse practitioner student has developed an elective series of lectures that attracts more than 50 medical and nursing students, residents, and fellows. Several students are also working on a project to get the patient admission form to include military service so they can serve Veterans better and simply say, “Thank you for your service.”
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