

ATTACHMENT 1 – Performance Narrative

A. PROJECT IDENTIFIER INFORMATION:

Grant Number: U77HP16459
Project Title: New York State Area Health Education Center (AHEC) System
Grantee: Research Foundation for SUNY, University at Buffalo
Address: Department of Family Medicine, University at Buffalo,
77 Goodell St, Suite 220, Buffalo, NY 14203
Primary Contact: Leishia B. Smallwood, MPA, Director, 716-816-7225, leishias@buffalo.edu

B. WORK PLAN PROGRESS SUMMARY *Italics=changes from original/prior NCC progress reports.*

1. Current staffing/Roles and Responsibilities:

a. Statewide Office/Key Personnel

Leishia Smallwood, MPA, Director/PI. New Director/PI hired on 2/22/16. Leadership to assure federal/state funding goals consistent with mission and goals at community, regional, statewide and national levels. Facilitate statewide model for strategic planning and collaborations; encourage innovation to meet regional needs; market AHEC accomplishments and assure evaluation strategy. (See Attachment 3 for biosketch.)

Carol Brewer, PhD, RN, Nursing Director. Retired from her position effective 11/2015. Recruitment is underway to select a Nursing Coordinator to lead the efforts for regional and statewide workforce programs/initiatives for the NYS AHEC System.

Shannon Carlin-Menter, PhD, Evaluation Director. Leads program and educational evaluation/research, needs assessment and scholarship initiatives. Co-PI, WNY Genetics in Research Partnership, ITEST, National Science Foundation. Co-PI, Western New York Genetics in Research and Health Care Partnership, SEPA, National Institutes of Health.

Daniel Morelli, MD, Medical Director. As Chair, Department of Family Medicine, provides leadership with regional medical directors regarding AHEC strategies to address state and national health care reform initiatives and academic training/admissions policies.

b. Statewide Office/Other Personnel

Kathleen Callan, MSW, Assistant Director. Resigned from her position effective 4/18/2016.

Danise C. Wilson, MPH, Assistant Director. Coordinates statewide and regional grant/fund development; develops effective relationships with state officials, agencies and organizations on workforce development programs/projects consistent with AHEC mission. Liaison with centers and regional offices regarding health professions student placements and faculty development initiatives; manages multiple, concurrent and emerging grant programs and related reports

Bridget Sutton, Program Assistant. Assists with evaluation projects, grants/contracts reporting, presentations, newsletter, etc. in support of AHEC goals and objectives.

c. Key Personnel/Centers

Seven AHECs have a 1 FTE executive director or president who provides overall leadership, management (operations, fiscal, human resources and program); oversees strategic planning and goal setting for organization to fulfill federal/state AHEC requirements; is responsible for fund development and sustainability to support existing and new initiatives; and is accountable to Board of Directors.

Bronx-Westchester AHEC: Edwin Martinez, Executive Director

Brooklyn-Queens-Long Island AHEC: Gabrielle Kersaint, MSPH, Executive Director

Catskill Hudson AHEC: Robert Wingate, Executive Director

Erie Niagara AHEC: Mary Craig, MSHC, President

Hudson Mohawk AHEC: *Leza Wood, Executive Director (See Attachment 3 for biosketch.)*

Manhattan-Staten Island AHEC: Mary Mitchell, MPA, Executive Director

Western New York Rural AHEC: Catherine Huff, CEO

Two AHECs have a 1) .5 FTE CEO who provides leadership, management; strategic planning and goal setting to fulfill federal/state AHEC requirements; oversees fund development and sustainability to support existing/new initiatives; accountable to Board of Directors and 2) .75 to 1 FTE center director who provides day-to-day oversight and direction of all center staff/operations; monitors and assesses grant performance and fiscal overview; oversees subcontracts/agreements, monitors and assesses project performance; and grant writing.

Central New York AHEC: Richard Merchant, MA, CEO and *Ashleigh McGowan, MS, Center Director (See Attachment 3 for biosketch.)*

Northern AHEC: Richard Merchant, MA, CEO and Anita Merrill, Center Director

d. Key Personnel/Regional Offices

Central Region Office/Upstate Medical University: John Epling, MD, MEd, Medical Director
Christopher Morley, PhD, Consultant and Carrie Roseamelia, PhD, Director (See Attachment 3 for biosketch.)

Eastern Region Office /Albany Medical College: Henry Pohl, MD, Medical Director and Enid Geyer, MLS, MBA, Coordinator

New York Metropolitan Region Office: Neil Calman, MD, Medical Director and Maxine Golub, MPH, Director

2. Operations: No significant changes to project during reporting period. Level funding to New York State AHEC System at \$2,077,400 for 2015-16 was approved in enacted state budget.

3. Plans for time remaining in current project period: Activities planned, progress expected and anticipated changes.

Accomplishments sections reflect actual trainees/program participants (K-12/college health careers promotion, health professions students and professional education/support) for September 1, 2015 through March 31, 2016 (as systematically collected quarterly from centers and regional offices) and projected trainees/program participants for April 1 through August 31, 2016. These data reflect 1) sustained program outreach as compared to 2014-15 for rotations/clinical training of medical, nursing and other health professions students; preceptors and faculty development; and professional education and

support/continuing education and 2) sustained program outreach in 2015-16 as compared to 2014-15 for health careers promotion and preparation/pipeline programs (including college students with increasing emphasis on middle/high rather than elementary students).

4. Plans for Upcoming Budget Year/Project Plan with Projected Trainees & Milestones: as excerpted (due to space limitations) from methodology submitted February 2012 and revisions per NCC Progress Reports submitted July 2013, June 2014 and June 2015.

Goal 1: Improve recruitment, training and distribution of health professionals working in primary care and other specialties within medicine, nursing, allied health, pharmacy, dental, public health and social work/behavioral health in New York’s medically underserved communities.

Objective 1: 95% of elementary, secondary, community college, and college student participants will increase knowledge and awareness of health careers through pipeline programs that promote health professions, focusing on primary care and public health careers, particularly for students from disadvantaged and/or underrepresented backgrounds, in order to promote a culturally diverse workforce.

Objective 2: 75% of AHEC pipeline program participants with 20 or more contact hours will matriculate into post-secondary and health professions training programs through pipeline programs, student college application and career exploration support services, and college recruitment strategies particularly among and for students from disadvantaged and/or underrepresented backgrounds, in order to promote a culturally diverse workforce.

NYS AHEC System Strategies/Activities to Achieve Objectives 1 & 2:

Goal 1/Objectives 1 & 2: Methodology/Activities	Resources Responsible Personnel	Evaluation
<p><u>Career awareness/single session</u></p> <ul style="list-style-type: none"> ■5 interactive presentations by volunteers, drama students and others, for 100 youth (grades K-2) promoting health and health careers. ■Speakers’ bureaus, classroom presentations and conferences: 12 events for 500 students (grades 4-12) and teachers/administrators. ■Health career fairs: 22 exhibits at schools for 4,915 students (grades 7-12). ■Field trips, exhibit tours and/or DVD presentations for 100 students to explore health careers and/or health care issues (grades 9-12). ■Health career scholarships for 5 students, with state funding, program income and donations. ■Job shadow experiences in health care settings for 45 students (grades 9-12). 	<p>R-AHEC, ENAHEC</p> <p>All centers</p> <p>All centers</p> <p>CHAHEC, R-AHEC</p> <p>HMAHEC, NAHEC, CNYAHEC</p>	<p>① ② ③ ④ ⑤</p>

Goal 1/Objectives 1 & 2: Methodology/Activities	Resources Responsible Personnel	Evaluation
<ul style="list-style-type: none"> ■ Pulse Academy-Career Awareness for High School: 600 students 	HMAHEC R-AHEC	
<p><u>Career exploration/multi-session (elementary, middle and high school)</u></p> <ul style="list-style-type: none"> ■ MASH (Medical Academy of Science and Health) Camp, Middle School Academy, math/science camps: 20 1- to 5-day camps on health care occupations for 600 youth (grades 5-12). ■ MedQuest, Job Quest, HealthQuest, Camp Med and Summer Academy: 8 multi-day programs in partnership with academic institutions and health care facilities, 150 youth (grades 9-12) on health professions education and careers. ■ Scrubs Club: Pathways to Health Careers and STEP, 120 disadvantaged students, grades 9-12. ■ Leadership Conference with HOSA: High school student teams competition create solution/intervention for health care issues, 400 students ■ Genetics in Research & Health Care (NIH) teacher training/academic year program for 250 high school students. 	All centers CHAHEC, CNYAHEC, HMAHEC CHAHEC R-AHEC, ENAHEC Statewide Office CNY & NAHEC	① ② ③ ④ ⑤
<p><u>Career exploration/multi-session (high school, college and health professions)</u></p> <ul style="list-style-type: none"> ■ Summer Health Intern, Health Quest/Summer Scholars, Job Shadowing, Mentor Connection and MyHealthCareer Club programs: 4, 2- to 8-week paid (stipends possible with state funding) and unpaid work experiences with practicing health professionals for 100 students (grades 9-12/college) with follow-up sessions. ■ Health Career Bridge Program, Career Counseling and College Admissions Guidance for 15 grade 11-12/college students including soft skills/ professional etiquette, financial aid, health career plans, SAT preparation. ■ Collegiate Health Service Corps for 40 students regarding primary care and public health careers, community based service learning and NHSC. 	BQLI AHEC, BWAHEC, MSI AHEC, R-AHEC, NAHEC, NY Metro R MSI AHEC, HM AHEC,	① ② ③ ④ ⑤ ⑥ ⑦

Goal 1/Objectives 1 & 2: Methodology/Activities	Resources Responsible Personnel	Evaluation
<p>■Health Corps <i>originally described here has been operationalized as year long community health experience/supporting didactics in Objectives 3, 4 & 5.</i></p>	<p>BWAHEC MSI AHEC NY Metro R</p>	
<p><u>Web-based/virtual programs</u></p> <p>■MyHealthCareer®, www.myhealthcareer.org: 50 presentations to 3,750 middle and high school students of database-driven website offering career information/exploration, foundational skills assessment/skill gap training, financial aid information, and portfolio development.</p> <p>■Review online health career guides; provide links to via NYS AHEC System website or update NYS AHEC System career guide for web-based access.</p>	<p>CNYAHEC, NAHEC Statewide Office</p>	<p>① ② ③ ④ ⑤ ⑥ ⑦</p> <p>■MHC sessions, students, access frequency</p>
<p><u>Health Careers Opportunity Program (HCOP):</u></p> <p>Formal collaborations continue between 4 AHECs and all 3 NYS HCOP grantees with 225 students</p> <p>■SUNY Downstate/Arthur Ashe Institute</p> <p>■North East Regional Alliance (Mt. Sinai School of Medicine, Columbia Univ., New Jersey Medical School)</p> <p>■D’Youville College</p> <p><u>Admissions</u></p> <p>■Regional offices and Statewide Office will participate in admissions process by interviewing candidates, working with directors of admissions to consider students from rural, urban and/or underserved backgrounds.</p> <p>■Translate Council on GME presentation regarding AHEC overview, highlights and outcomes into information package. Distribute to medical schools’ admissions deans to document impact on workforce and admissions.</p> <p>■Publish results of longitudinal tracking of AHEC participants and trajectory into college/health professions training; present findings.</p>	<p>BQLI AHEC MSI AHEC ENAHEC, R-AHEC All regional offices and Statewide Office Statewide Office</p>	<p>① ② ③ ④ ⑤ ⑥ ⑦</p> <p>■Measure increase in students admitted from rural and urban underserved communities</p>

Goal 1/Objectives 1 & 2: Methodology/Activities	Resources Responsible Personnel	Evaluation
	Statewide Office	
<p>Goal 1/Objectives 1 and 2 Evaluation Key:</p> <ul style="list-style-type: none"> ① Quantitative analysis of students’ demographic characteristics. ② Pre-/post-assessment, using quantitative/qualitative standardized core instruments that measure changes in students’ health career knowledge, attitudes and perceived potential/ability/intention to pursue health careers. ③ Longitudinal tracking survey of students, both quantitative and qualitative, (academic trajectory, employment selection, location, discipline and population focus). ④ National Student Clearinghouse data (participants’ college enrollment, majors and completed degrees). ⑤ Formative evaluation/process measures: web-based tracking to monitor outreach (number/types of pipeline programs). Continue to record placement opportunities and partnership agreements. Monitor career guide dissemination and website hits. Document number/types of educational/career promotional programs provided by centers and attendance/survey information. Track AHEC linkages with health professions schools/admissions. ⑥ Quantitative assessment to measure increases in underserved rural and urban placements. ⑦ Data analysis: Quantitative data analyzed using Excel and SPSS; data tracking will continue via web-based software to meet HRSA/BHW GPRA reporting requirements; qualitative data analyzed to identify major themes. 		

Goal 1/Objective 3: Expand and support development/placement of health professions students, particularly from New York State high schools and post-secondary schools, in health professions interdisciplinary training programs and community-based experiences in underserved areas.

Goal 1/Objective 4: Increase to 60% AHEC program participants expressing intent to practice in underserved areas and/or community health centers through programs conducted in underserved, underrepresented areas with providers of care to uninsured, underinsured and underserved community members.

Goal 1/Objective 5: Increase the number/percentage of AHEC rotation participants practicing in rural, urban and/or underserved areas and/or community health centers through rotation placements with health professions preceptors.

NYS AHEC System Strategies/Activities to Achieve Objectives 3, 4 and 5:

Goal 1/Objectives 3, 4 & 5: Methodology/Activities	Resources Responsible Personnel	Evaluation
<p><u>Curricula</u></p> <ul style="list-style-type: none"> ■ Place students in rural, urban and underserved rotations. Utilize academic institutions’ patient safety and competency centers and community sites to encourage team approach/integrated service learning into AHEC regions. Advise Family Medicine Interest Group to encourage interest in primary care. ■ Regional offices and the Statewide Office will collaborate with medical student education and primary care residency programs at respective medical schools to integrate veteran’s mental health into student training. ■ Collaborate with/serve as a resource to academic nursing programs for regional programs for internships and externships; assist in faculty recruitment and expansion of training slots; faculty development for new nursing faculty. <p><u>Community-Based Clinical Rotations:</u></p> <ul style="list-style-type: none"> ■ Continue to implement and adapt successful placement infrastructure to facilitate clinical training and enhance educational opportunities annually of 1,750 medical, 100 nursing and 250 other health professions students with 475 preceptors in medically underserved rural and urban communities. 	<p>Regional offices, Statewide Office</p> <p>Regional offices, Statewide Office</p> <p>Nursing Director</p> <p>All centers, regional offices and Statewide Office</p>	<p>① ③ ⑦ ⑧ ⑨ ⑪ ⑫ ⑬</p> <ul style="list-style-type: none"> ■ Report of satisfactory integration of service learning and veterans’ mental health in curricula.
<ul style="list-style-type: none"> ■ Maintain relationship with Einstein and NYU schools of medicine with 150 students rotating through each Echo Free Clinic and NYC Free Clinic. 	<p>NY Metro Region</p>	
<p><u>Housing/Travel Support:</u></p> <ul style="list-style-type: none"> ■ Provide ongoing residential housing and/or travel incentives for 75 students. <p><u>Community Health Experiences (CHEs):</u></p> <ul style="list-style-type: none"> ■ Continue 6 week summer and academic year community health programs (4 days of community-based field placements and 1 day of didactic training weekly) for 10 NYITCOM students. ■ Student participation in interventions to address racial, ethnic and insurance health disparities via Bronx Health REACH/NY CEED and free clinics. 	<p>R-AHEC, CHAHEC, HMAHEC, NAHEC</p> <p>BQLI AHEC</p> <p>BWAHEC, MSI AHEC, NY Metro R</p> <p>NY Metro R</p>	<p>⑫</p> <p>① ③ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫</p> <ul style="list-style-type: none"> ■ Process measures: number of Primary Care Week events/

Goal 1/Objectives 3, 4 & 5: Methodology/Activities	Resources Responsible Personnel	Evaluation
<ul style="list-style-type: none"> ■ Increase efforts to provide community health training opportunities. ■ Coordinate IPE at UB with listserv and activities for students and faculty. 	NY Metro R Statewide Office	participants
<u>Seminars/Trainings:</u> <ul style="list-style-type: none"> ■ Provide training in racial disparities for up to 40 health professions students participating in HealthCorps, NYITCOM and TouroCOM work study program. ■ Sponsor Chronic Care Teaching Day at AMC for 3rd year medical students. ■ Seminar for residents/PA/NP students on primary care in underserved areas. ■ Train 140 students and practitioners in cultural competency training. 	Regional offices Eastern Region Eastern Region ENAHEC	⑩ ⑫
<ul style="list-style-type: none"> ■ Expand number of preceptors by at least five per year and preceptor sites. ■ Increase NHSC provider participation as preceptors from 90 to 120. ■ Deploy interactive websites/platforms for preceptor site assignment, placement and evaluation for 5 nursing and 5 health professions students. 	All centers, regional offices, Statewide Office NAHEC, CNYAHEC, HMAHEC	⑩ ■ Preceptor tracking
<p>incorporate and expand focus on interdisciplinary training by holding at least 9 events per year teaching at least 90 preceptor participants.</p> <p>Goal 1/Objective 6: Increase quantity, quality and diversity of health professions faculty committed to working with health professions students in medically underserved areas by recruiting community-based faculty, providing guidance on how to incorporate students into practice, providing and/or supplementing preceptor development workshops (e.g. webcasts), and developing a preceptor learning community using technology (topics include working with students, support and difficulty with students, teaching techniques, distance learning, etc.).</p> <p>⑧ Pre/Post Rotation/CHS student and preceptor surveys including intent to practice in underserved regions.</p> <p>⑨ Track preceptors by specialty, location in underserved areas and ethnicity/racial diversity and specialty.</p> <p>⑩ Process measures: Number placements and participants, students housed and/or reimbursed for travel, results of surveys, number of events/participants, number/types of interdisciplinary electives and students enrolled.</p> <p>⑪ Utilize health professions schools' evaluation results to obtain faculty feedback on students.</p> <p>⑫ Evaluate perception of housing/travel incentives (student), workshops/conferences (student, preceptors).</p> <p>⑬ Count of internships and externships, faculty recruited, expansion of clinical training slots, and established educator in-service and mentoring programs. Post program survey of in-service and mentoring.</p>	CHAHEC, R-AHEC, Statewide Office	⑫

NYS AHEC System Strategies/Activities to Achieve Objective 6:

Goal 1/Objective 6: Methodology/Activities	Resources Responsible Personnel	Evaluation
<ul style="list-style-type: none"> ■ Increase faculty development programs and create new activities to ensure needs of current/new faculty will be met to improve quality of instruction and increase capacity of training programs to expand supply of trainees/graduates. ■ Identify new preceptors; involve 500 in placements/faculty development. ■ Electronic/distance learning for 110 professionals on precepting students. 	<p>All centers, regions, Statewide Office and partners</p> <p>Centers, regions, Statewide Office</p>	<p>⑦ ⑮ ⑯ ⑰</p> <p>■ New preceptors/year, locations</p> <p>① ⑫</p>
<ul style="list-style-type: none"> ■ Offer CME/CE credit, appointments to increase preceptor recruitment. ■ Statewide approach to faculty development needs assessment with tracking. ■ Offer Royal College of Physicians Certified Educator program for 60 community preceptors via Grand Rounds, regional and web-based formats. ■ Faculty development for 120-200 physicians; CME credit for 5 events. Incorporate CME into DFM PBRN activities. ■ Grand rounds 50 physicians; 6 trainings 15 social work interns/preceptors. 	<p>Centers and regions</p> <p>Statewide Office</p> <p>Statewide Office</p> <p>Central R</p> <p>NY Metro R</p>	
<ul style="list-style-type: none"> ■ Nursing Summit/Teaching Day, Critical Care Conference and Cardiovascular Teaching Day, 170 health providers (nurses, physicians, other professionals). ■ Prepare online CME courses (3) via EduCare to support physician preceptors via Upstate Medical College and affiliated preceptor sites. ■ Via HWRI, Nurse Leadership (105) and LPN (10) training. 	<p>CHAHEC</p> <p>CNYAHEC,</p> <p>Central R</p> <p>R-AHEC, HMAHEC</p>	<p>⑦ ⑱ ⑲</p>
<ul style="list-style-type: none"> ■ Implement cultural competency, diversity and health literacy training for 720 preceptors and practitioners each year. ■ Provide at least 2 sessions annually to 20 to 40 participants on racial disparities issues in conjunction with Bronx Health REACH/NY CEED. 	<p>CHAHEC, NAHEC,</p> <p>HMAHEC, BQLI</p> <p>AHEC, All regional offices, Statewide O</p>	<p>⑦ ⑱</p>

Goal 1/Objective 6: Methodology/Activities	Resources Responsible Personnel	Evaluation
<p>Goal 1/Objectives 6 Evaluation (in addition to Goal 1/Objectives 1, 2, 3, 4 and 5) Key:</p> <ul style="list-style-type: none"> ⑮ Number of new faculty development/AHEC; number of diversity and health literacy training/AHEC. ⑯ Results of post-program evaluation surveys to assess program quality, relevance, and impacts. ⑰ Number programs/type; preceptors/faculty attendance rate; number of certification programs ⑱ Results of post-summit/post-program evaluation surveys to assess program quality, relevance and impacts. ⑲ Online evaluation surveys following online curriculum and staff development. 		

NYS AHEC System Strategies/Activities to Achieve Objective 7:

Goal 1/Objective 7: Methodology/Activities	Resources Responsible Personnel	Evaluation
<p>Goal 1/Objective 7: Assess and respond to the health workforce needs of New York State, the regional, county, and where possible, sub-county level.</p> <ul style="list-style-type: none"> ■ Evaluation team will assist with grant proposals, HPSA designations and other efforts. ■ Increase prominence in community health and public health assessments. ■ Partner with RHNs, NYS DOL, CHWS, at least 40 academic institutions, 40 FQHCs/CHCs, 3 HCOP sites and 40 NHSC sites. ■ Collaborate with local government and CHCs on HPSA designations. ■ Participate in local/regional DSRIP, SHIP and PHIP initiatives re workforce. ■ Regional roundtable, webinar and/or media events with employers, academic institutions, nursing coalitions and others regarding nursing workforce trends. 	<p>Statewide Office</p> <p>All centers, regions, Statewide Office</p> <p>Selected AHECs</p> <p>Selected AHECs</p> <p>Nursing Director, Statewide Office</p>	<p>⑳ ① ②</p> <ul style="list-style-type: none"> ■ Linkages via quarterly reports. ■ Roundtable evaluation.
<p>Goal 1/Objective 7 Evaluation (in addition to Goal 1/Objectives 1, 2, 3, 4, 5 and 6) Key:</p> <ul style="list-style-type: none"> ⑳ Using Data Warehouse and GIS mapping, assess extent to which AHEC training sites are strategically positioned to address local/regional workforce needs. Make data-driven recommendations for locating future training sites. ① Survey of AHEC community partners; incorporate feedback into improved outreach and activities. ② Summary of HPSA applications submitted and approved articulation agreements. 		

Goal 2: Strengthen the professional environment to increase retention and further the effectiveness of health professionals and development of the health workforce in New York’s medically underserved areas.

Goal 2/Objective 1: Implement interdisciplinary and interprofessional continuing education programs, including but not limited to, work environment quality, use of case managers, team training, achieving medical health homes, training and use of practice enhancement assistants, developing efficient clinical preventive services, providing public health, social determinants of health and other timely topics to meet the lifelong learning needs of health care professionals.

Goal 2/Objective 2: Increase by 30% the number of CE programs designed with outcomes/evidence based evaluation and approved for CE/CME credits.

Goal 2/Objective 3: At least 75% of CE participants self-report increased knowledge and improved skills that they will begin or continue to implement into practice following completion of continuing professional education.

NYS AHEC System Strategies/Activities to Achieve Objectives 1, 2 and 3:

<p>Goal 2/Objectives 1, 2, & 3</p> <p>Methodology/Activities</p>	<p>Resources Responsible</p> <p>Personnel</p>	<p>Evaluation</p>
<ul style="list-style-type: none"> ■ Approximately 13,500 health professionals will receive training through 475 workshops, series and/or summits, distance learning. 30 employers and academic institutions to offer onsite and distance learning CE programs. ■ Web-based Chronic Disease CE programs for primary care physicians. ■ Implement Nursing Summit and EMS Academy with CE credits. ■ Offer CE programs in practice management/PCMH and chronic disease management in each region and/or AHEC area. ■ Collaborate with existing distance learning groups and NYS Office for Technology; collaborate with academic institutions to increase enrollment. ■ Contract agreement with Upstate Medical University for EduCare to record/archive all live campus-based recurring and one-time CME events. ■ Facilitate access to nursing CE, especially in rural/underserved areas, with clinical skills programs and refresher courses. ■ Via HWRI, data analytics, basis computer skills, care management, medical home training for health professionals and front office staff. 	<p>All centers, regions,</p> <p>Statewide Office</p> <p>Eastern R</p> <p>CHAHEC</p> <p>All centers, regions, Statewide Office</p> <p>CNYAHEC</p> <p>R-AHEC, CHAHEC</p> <p>CNYAHEC</p> <p>R-AHEC, HMAHEC, CHAHEC</p> <p>R-AHEC, HMAHEC, NY Metro R, NAHEC</p>	<p>⑦ ③ ④ ⑤</p> <ul style="list-style-type: none"> ■ Quantitative assessment of CE courses accessed through distance learning by health care specialty to measure scope of dissemination

Goal 2/Objectives 1, 2, & 3 Methodology/Activities	Resources Responsible Personnel	Evaluation
<p>Goal 2/Objectives 1, 2 and 3 Evaluation (in addition to Goal 1 Objectives) Key:</p> <ul style="list-style-type: none"> ③ Assess learning experience via statewide implementation of Standardized Course Evaluation Tool. ④ Process measures: tracking numbers of programs/webcasts offered; programs attended and/or accessed, disciplines of attendees; related meetings attended; number of fellowships completed. ⑤ Continuation of quantitative assessment of CE courses accessed through distance learning by discipline. 		

NYS AHEC System Strategies/Activities to Achieve Objective 4:

Goal 2/Objective 4: Methodology/Activities	Resources Responsible Personnel	Evaluation
<ul style="list-style-type: none"> ■ Implement retraining programs, career development ladder strategies, support retraining mechanisms, public policy initiatives and workplace policies/best practices strategies to address local/regional workforce needs. ■ Symposium with Brooklyn Nursing Partnership on nursing issues. ■ Promote positive image of nursing through Nurse Mentoring Program, Teaching Days, Career Day and local NYSNA affiliates. ■ Collaborate with Excelsior College to facilitate nursing career ladders. Work with AMC PA program on online education for master’s degrees. 	<p>All centers, regions, Statewide Office</p> <p>BQLI AHEC</p> <p>CHAHEC, R-AHEC</p> <p>Eastern R</p>	<p>⑦ ⑥ ⑦</p>
<ul style="list-style-type: none"> ■ Promote nursing with regional nursing/employer groups for Nurses Week; provide scholarship/funding information. Collaborate with WIBs to promote/ utilize nursing job shadowing and internships with mid-career, displaced 	<p>CHAHEC, R-AHEC,</p>	<p>⑦</p>
<p>Goal 2/Objective 4: Enhance local workforce through strategies, development/support of career ladders, and promotion of programs</p>	<p>CNYAHEC Statewide Office</p>	<p>that support re-entry workers.</p>
<p>Goal 2/Objective 4 Evaluation (in addition to Goal 1 Objectives and Goal 2 Objectives 1, 2 and 3) Key:</p> <ul style="list-style-type: none"> ⑥ Number enrolled in/matriculating through community college and/or other training programs, employment status to measure increases in re-entry workers, baseline employment status and achievement of career goals. ⑦ Process measures: Contacts made with WIBs and employment centers, programs offered for individuals re- 		

Goal 2/Objective 4: Methodology/Activities	Resources Responsible Personnel	Evaluation
entering the workforce, including Nurses Week events, health fairs and community presentations		

Goal 3: Promote capacity of statewide needs-based AHEC System to further the development of the state’s health workforce.

NYS AHEC System Strategies/Activities to Achieve Objective 1:

Goal 3/Objective 1: Methodology/Activities	Resources Responsible Personnel	Evaluation
<p>Goal 3/Objective 1: Foster, maintain, and systematically evaluate, community-academic partnerships and active collaborative relationships with groups and organizations that address regional and state initiatives/forums regarding community health and health care disparities, education and workforce issues. At least 2 centers will organize forums and/or produce reports.</p> <ul style="list-style-type: none"> ■ Develop IPE with nursing and midlevel practitioners. Collaborate with Nurse Anesthetist Program to improve recruitment opportunities in the region. ■ Address community health care needs with public/private agencies to assess gaps, publish surveys/reports on health status, disparities, public policy, etc. 	<p>All centers, regional offices,</p> <p>Statewide Office</p> <p>Eastern R</p> <p>Selected centers, regions, Statewide Office</p>	<p>7 8 9 10</p> <ul style="list-style-type: none"> ■ Qualitative narratives and personal stories will be collected from constituents.
<ul style="list-style-type: none"> ■ Convene NYS AHEC Executive Council 10 times to coordinate initiatives and strategic plan. ■ AHECs/regions meet quarterly to develop/assess programs. 	<p>All centers, regional offices, Statewide O</p>	<ul style="list-style-type: none"> ■ Agendas and minutes.
<ul style="list-style-type: none"> ■ Convene Advisory Board meetings on two of following 1) students and community health needs/service learning, 2) increasing diversity, 3) faculty development/ interprofessional education/care and 4) other. 	<p>All centers, regional offices,</p> <p>Statewide Office</p>	<p>11</p>
<ul style="list-style-type: none"> ■ Replicate 2008 multifaceted statewide program evaluation in 2016-17 to include the following measures 1) community impact surveys of long-standing community partners, 2) organizational survey of boards of each AHEC, 3) analysis of progress against deliverables and 4) cost/financial analysis. 	<p>All centers,</p> <p>Statewide Office</p>	<p>12</p>

Goal 3/Objective 1 Evaluation (in addition to Goal 1 and Goal 2 Objectives) Key:

8 Quantitative summary numbers/types of strategic partnerships; legislative contacts (state and federal); forums

Goal 3/Objective 1: Methodology/Activities	Resources Responsible Personnel	Evaluation
<p>coordinated; student placements and consulting relationships developed. Provide reports to boards of directors.</p> <p>⑨ Process measures to assess outcome achievement: number/types of partnerships/collaborations, board representation, community collaboration summit or regional forum evaluations, system for acting on recommendations, meeting attendee evaluation. Statewide Office will coordinate overall evaluation, reporting of academic and community partnerships, student placements in rural/urban areas, interdisciplinary training initiatives, and database of preceptors to include ethnic and minority status, and measures in Goal 2 objectives.</p> <p>⑩ Documentation of efforts. surveys/reports published/dissemination method via reports. newsletters. website.</p>		
Goal 3/Objective 2		
⑪ Number and types recommendations made in 2015-16 that are implemented either system wide or locally. Increase state, local and other funding to achieve New York State AHEC System goals.		
⑫ Each AHEC, in consultation with its board, will implement at least 1 community impact survey recommendation to improve supply, quality, and diversity of health workforce; and at least 1 suggestion based on organizational survey for improvement of their organization.		

NYS AHEC System Strategies/Activities to Achieve Objective 2:

Goal 3/Objective 2: Methodology/Activities	Resources Responsible Personnel	Evaluation
<ul style="list-style-type: none"> ■ Secure matching state funds and broad-based support through grants and contracts from local, corporate, government and private foundations. ■ Implement sustainability strategy to complement core state and federal funding through diversification of funding. ■ Implement NYS AHEC System Executive Council strategies to expand strategic partnerships with state agencies for issue-focused fund development. ■ Continue to designate at least 1 staff person per center/region to lead development initiatives. AHEC boards to implement/monitor sustainability plan (with target dates and dollar levels). ■ Develop at least 2 collaborative proposals with centers to increase reputation and recognition of AHEC for health workforce training to provide quality care. 	<p>All centers, regional offices, Statewide Office</p>	<p>⑬ ⑭ ⑮</p> <p>■ Number/ dollar amounts of funded applications, compared to statewide funding projections.</p>

Goal 3/Objective 2: Methodology/Activities	Resources Responsible Personnel	Evaluation
<p>Goal 3/Objective 2 Evaluation (in addition to Goal 1, Goal 2 and Goal 3 Objective 1) Key:</p> <ul style="list-style-type: none"> 13 Continuation funding received; increases in non-federal funds and contracts; assess diversity of revenue streams. 14 Annual evaluation of budget/finances to assess expansion, sustainability and scope of services. 15 Process measures: Identify/monitor financial thresholds for operations and programming of centers, regional offices and Statewide Office. Other formative measures: Number/types of business and marketing plans developed; number/types and amounts of funding and grant submissions; documented follow-up on unsuccessful applications. 		

5. Plans for upcoming budget year/Project Plan with Projected Changes:

No substantive changes projected for 2016-17 budget/project year. Beyond changes in previous NCC progress reports, aforementioned methodology reflects AHECs' reduced single session programs for elementary students; reduced MASH Camps for middle school students; reduction in the Health Career Bridge Program, reduction in Career Counseling Case Management and College Admissions Guidance programs; end of MSI AHEC's participation in Touro College of Pharmacy C-STEP program; reduced health career fairs; and the addition of RAHEC's Pulse Academy-Career Awareness for High School programs.

ATTACHMENT 2 – Estimated Unobligated Balance

Grant Number: U77HP16459
Project Title: New York State Area Health Education Center (AHEC) System
Grantee: Research Foundation for SUNY, University at Buffalo
Address: Department of Family Medicine, University at Buffalo
77 Goodell St, Suite 220, Buffalo, NY 14203
Primary Contact: Leishia B. Smallwood, MPA, Director, 716-816-7225, leishias@buffalo.edu

No unobligated balance of funds is expected by the end of the current budget period.

ATTACHMENT 3 – Biographical Sketches for New Project Personnel

Grant Number: U77HP16459
Project Title: New York State Area Health Education Center (AHEC) System
Grantee: Research Foundation for SUNY, University at Buffalo
Address: Department of Family Medicine, University at Buffalo
77 Goodell St, Suite 220, Buffalo, NY 14203
Primary Contact: Leishia B. Smallwood, MPA, Director, 716-816-7225,
leishias@buffalo.edu

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED THREE PAGES.**

NAME: Ashleigh McGowan

POSITION TITLE: Center Director, Central New York AHEC

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
The University of Edinburgh, Edinburgh, UK	BS	06/2009	Physical Education
Syracuse University, Syracuse, NY	MS	06/2011	Instructional Design, Development and Evaluation

A. Personal Statement:

As the Center Director for CNYAHEC, my goal is to engage career seekers, health professionals, health care providers, educational institutions, and community developers to work as a collaborative team to identify and implement innovative digital solutions that close the gap in healthcare workforce. My background in instructional design has allowed me to recognize that the answer to any question is best found when a user-centered, collaborative and iterative approach is applied

B. Positions and Honors:

2009-2011 Syracuse University Field Hockey, Team Manager
2011 Syracuse University Project Advance, Instructional Designer
2010-2013 Kai-Zen Field Hockey, Program Director
2011-present Central New York Area Health Education Center, Center Director

C. Contributions to Science: Not applicable

D. Research Support: Not applicable.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED THREE PAGES.**

NAME: Carrie Roseamelia

POSITION TITLE: Executive Director, Central Regional Office of the NYS AHEC System
Program Administrator, Rural Medical Education Program, SUNY Upstate

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	Completion Date MM/YYYY	FIELD OF STUDY
East Carolina University, Greenville, NC	B.S.	2000	Sociology
Maxwell School, Syracuse University, Syracuse, NY	M.A.	2006	Sociology
Maxwell School, Syracuse University, Syracuse, NY	PhD.	2015	Sociology

A. Personal Statement

With a working background in both health research as well as in educational institutional evaluation, I have experience in grant and report writing, survey development, and program management. As the RMED administrator, I am dedicated to ensuring that medical students have the opportunity to learn and ultimately practice in rural communities.

B. Position and Honors

2000-2003	Health Analyst, Health, Social, and Economic Research Division, RTI International, RTI NC
2004	Senior Research Specialist, Dept of Psychiatry, Upstate Medical University, Syracuse, NY
2007-2009	Research Assistant, Center for Policy Research, Syracuse University, Syracuse, NY
2007-2009	Evaluation Consultant, Center for Community Alternatives, Syracuse, NY
2004-2010	Research Analyst, Office of Institutional Research, Le Moyne College, Syracuse, NY
2011-2013	Director of Educational Evaluation and Outreach, Department of Family Medicine, Upstate Medical University, Syracuse, NY
2013-2014	Evaluation Consultant, Robert Wood Johnson Foundation, Princeton, NJ
2013-2015	Rural Medical Education Program Coordinator, Department of Family Medicine, Upstate Medical University, Syracuse, NY
2015-Present	Rural Medical Education Program Administrator, Department of Family Medicine, Upstate Medical University, Syracuse, NY

C. Contributions to Science and Research Support

Epling, J., Mader, E., Roseamelia, C., Morley, C. "Emerging Practice Concerning Vitamin D in Primary Care" *Qualitative Health Research*. 2014.

Harrington Meyer, M. and Roseamelia, C. "Emerging Issues for Older Couples: Protection of Income, Rights to Intimacy, and End-of-Life Decisions" *Generations* 31(3): 66-71. 2007.

Ma, Y. and Roseamelia, C. "Women in Math/Science" *Sociology of Education: An A-to-Z Guide*. SAGE. 2013.

Mader, E., Roseamelia, C., Morley, C. "The Temporal Decline of Idealism in Two Cohorts of Medical Students at One Institution" *BMC Medical Education* 14(58). 2014.

Morley, C., Roseamelia, C., Smith, J., Villarreal, A. "Decline of Medical Student Idealism in the First and Second Year of Medical School: A Survey of Pre-clinical Medical Students at One Institution" *Medical Education Online* 18(21194): 1-10. 2013.

Roseamelia, C., Greenwald, J., Bush, T., Pratte, M., Wilcox, J., Morley, C. "A Qualitative Study of Medical Students in a Rural Training Track: Views on Eventual Rural Practice" *Family Medicine*, 46(4): 259-266. 2014.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors. Follow this format for each person. **DO NOT EXCEED THREE PAGES.**

NAME: Leishia Smallwood

POSITION TITLE: Director, New York State Area Health Education (AHEC) System

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
Erie Community College, Buffalo, NY	A.A.S	05/1993	Retail and Business Administration
Buffalo State College Buffalo, NY	B.A.	05/2012	Business Administration
Buffalo State College Buffalo, NY	M.P.A	05/2014	Public Administration
Buffalo State College Buffalo, NY	Certificate	05/2015	Human Resource Development

A. Personal Statement

As Director of the New York State Area Health Education Center (AHEC) System I bring with me over 15 years of experience in human service management and program development. As the previous Operations Supervisor of Patient Services with Quest Diagnostics, and formerly, the Director of Cultural Health Initiatives with the American Heart Association, I bring with me skills in streamlining, creating and implementing processes and workflows to achieve overall objectives in a timely manner. I am a solid leader with exceptional networking experience geared towards building long term community partnerships, for the sole purpose of securing future collaborative support to strategically enhance program outcomes and goals. These experiences align with the work of the New York State Area Health Education Center System as our organization seeks to develop a Science, Technology, Engineering, and Math (STEM) based workforce within underserved and underrepresented communities throughout New York State. In an effort to create this workforce, it is essential to develop programs and initiatives that address barriers to employment. To effectively and efficiently develop this workforce my skills in business management, program development, and strategic planning are necessary to optimize the nature of grants and partnerships we seek.

B. Positions and Employment

2016 – Present Director, New York State Area Health Education Center (AHEC) System, Buffalo, NY
 2013 – 2016 Operations Supervisor of Patient Services – Quest Diagnostics, Buffalo, NY
 2010 – 2012 Administrative Coordinator – Sheehan Health Network, Buffalo, NY
 2007 – 2010 Provider Operations Coordinator – Wellcare Health Plans, Buffalo, NY

2005 – 2007 Supervisor– Fidelis Care, Amherst, NY
2003 – 2005 Director of Cultural Health Initiatives– American Heart Association,
Amherst, NY
2001 – 2003 Program Coordinator, Community Services – Buffalo and Erie County
Workforce Development Consortium, Buffalo, NY
1998 – 2001 Admissions Coordinator – Western New York Job Corp, Buffalo, NY

C. Selected Peer-reviewed Publications: Not applicable.

D. Other Support: Not applicable.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED THREE PAGES.**

NAME: Leza Wood

POSITION TITLE: Executive Director, Hudson Mohawk AHEC

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
SUNY Empire State College, Saratoga Springs, NY	BS	12/2014	Business, Management and Economics Concentration in Training and Development

A. Personal Statement:

I have served the Hudson Mohawk Area Health Education Center since September 2015. In this short time, I have relocated the office and opened a new location in Albany to better serve our 10 county region. We also moved many of our back office services to new providers. Two new employees have also been hired and trained. In this new role, I provide leadership, day-to-day management, and fiscal oversight of the HM AHEC. I set programs and services in place to support recruitment, diversity, distribution and retention of health care workers who have the necessary competencies to improve health care service delivery in the ten-county region covered by the Hudson Mohawk AHEC. My background includes almost 30 years' training and development experience, owning a computer training business for 22 years, followed by time spent working in workforce and professional development at SUNY Adirondack. I am also a Microsoft Certified Trainer.

B. Positions and Honors:

1987-2009 Owner/Operator of Compuhelp, Inc., Hudson Falls, NY
2009-2015 Workforce and Professional Development, SUNY Adirondack,
Queensbury, NY
2015-present Executive Director, Hudson Mohawk Area Health Education Center,
Glens Falls/Albany, NY

C. Selected Peer-reviewed Publications: Not applicable.

D. Other Support: Not applicable.

ATTACHMENT 4 – Updated Project Abstract

Grant Number: U77HP16459
Project Title: New York State Area Health Education Center (AHEC) System
Grantee: Research Foundation of SUNY, University at Buffalo (UB)
Address: Dept. of Family Medicine, UB, 77 Goodell St, Suite 220, Buffalo, NY 14203
Primary Contact: Leishia B. Smallwood, MPA, Director, 716-816-7225, leishias@buffalo.edu
Project Period: September 1, 2015 through August 31, 2016

Overall Purpose: The New York State AHEC System will continue to focus on the shortage of health care professionals and lack of diversity in the health workforce via strategies that enhance access to quality health care and improve health care outcomes by addressing the health workforce needs of medically disadvantaged communities and populations. Through community-academic partnerships, the New York State AHEC System cultivates a skilled, culturally diverse workforce to assure that each community has access to primary care from practitioners whose backgrounds reflect the racial/ethnic composition of the state's population.

Methodology/Activities: Nine AHECs are based in rural and urban communities: Bronx-Westchester AHEC, Brooklyn-Queens-Long Island AHEC, Catskill Hudson AHEC, Central New York AHEC, Erie Niagara AHEC, Hudson Mohawk AHEC, Manhattan-Staten Island AHEC, Northern AHEC and Western New York Rural AHEC. Goals/objectives:

- Improve the recruitment, training and distribution of health professionals working in primary care and other specialties within medicine, nursing, allied health, pharmacy, dental, public health and social work/behavioral health in New York's medically underserved communities.
- Strengthen the professional environment to increase retention and further the effectiveness of health professionals and development of the health workforce in New York's medically underserved areas.
- Promote capacity of statewide needs-based AHEC system through community academic partnerships to further the development, distribution, diversity, of the health workforce.

Goals/Milestones: Approximately 13,000 middle school, high school and college students will participate in health careers programs (e.g. after-school skill based preparation programs; multi-contact programs, sequential learning internship/mentor opportunities; interactive website; speakers' bureaus/classroom presentations and health career fairs).

A projected 2,100 medical, nursing and health professions students will be trained by 475 local preceptors/faculty in AHEC-sponsored community-based sites (e.g., community health centers, hospitals, clinics and private practices), with an emphasis on underserved communities. Faculty will be provided professional development opportunities to improve instructional skills.

Approximately 13,500 health professionals will receive continuing education training in 475 workshops, conferences, distance learning and web-based programs. Retraining initiatives will provide health professions training for adult career-changers, displaced and re-entry workers.

The New York State AHEC System will continue to utilize a process-impact approach to evaluate the success of its programs and short-term, intermediate and long-term outcomes.

ATTACHMENT 5 – New York State AHEC System Evaluation and Outcomes

C. PROJECT IDENTIFIER INFORMATION:

Grant Number: U77HP16459
Project Title: New York State Area Health Education Center (AHEC) System
Grantee: Research Foundation for SUNY, University at Buffalo
Address: Department of Family Medicine, University at Buffalo
77 Goodell St, Suite 220, Buffalo, NY 14203
Primary Contact: Leishia B. Smallwood, MPA, Director, 716-816-7273, leishias@buffalo.edu

D. OUTCOME ASSESSMENT INFORMATION

1. **Description of types of programming being offered:** The New York State AHEC System conducts “pipeline to practice” programming in three broad areas:
 - a) Health careers promotion and preparation for middle school, high school and college students;
 - b) Community-based clinical education for health professions students, recruitment of preceptors and faculty development; and
 - c) Continuing professional education and support for practitioners, career ladder development and workforce re-entry.

2. **Description about how specific types of programs were selected:** The New York State AHEC System “pipeline to practice” programs are aligned with the federal statutory requirements for AHEC. In Summer/Fall 2011, the New York State AHEC System (nine centers, three regional offices and the Statewide Office) participated in a strategic program planning process. During these meetings, three overarching goals were established along with 13 distinct objectives. Furthermore, a logic model was developed to demonstrate the relationship among resources, activities, outputs, target populations and outcomes (short-term, intermediate and long-term). Centers, regional offices and the Statewide Office then selected specific program activities that would respond to the needs at the community, regional and statewide levels.

3. **How outcomes are assessed:** The New York State AHEC System continued to utilize a process-impact approach to evaluate organizational development and programs. This approach incorporates quantitative and qualitative measures to determine the extent to which AHEC initiatives are implemented as planned and to measure health professions program and community experiences outcomes and impacts. Attachment 1 Performance Narrative provides an overview of the methods/timing for data collection. Primary and secondary sources are used to track New York State AHEC System participants through the pipeline. Similar programs utilize standard core evaluation pre/post or post-only. Instruments are being developed and continue to evolve via an iterative participatory group of statewide representatives, led by the Director of Evaluation and the Data and Evaluation Committee. In addition to standard instruments, each center receives assistance as needed from the Statewide Office with program-specific evaluation tools.

New York State AHEC System Evaluation Priority Areas by Outcome and Training Program Type:

	Health careers promotion programs (K-12)	Students in Health Professions training programs	After health professions training programs (CE)
Short Term	Increased awareness & knowledge <i>(standardized core pipeline evaluation)</i>	<ul style="list-style-type: none"> Increased student rotations in underserved areas Increased student intention to practice in underserved areas by race/disadvantaged status <i>(standard rotation evaluations)</i> 	<ul style="list-style-type: none"> Increased intention to remain in area of need <i>(standard CE evaluations)</i>
Intermediate	Increased matriculation to health training program <i>(tracking survey and NSC database)</i>	<ul style="list-style-type: none"> Medical students choosing/ matching to primary care residencies and/or underserved locations <i>(tracking survey and center alumni outreach efforts)</i> 	<ul style="list-style-type: none"> Incorporated information/ methods into practice <i>(standard CE evaluations)</i>
Long Term	AHEC enrichment participants practicing in state, rural areas, inner city areas, or underserved areas <i>(tracking survey and center alumni outreach efforts)</i>	<ul style="list-style-type: none"> AHEC rotation participants practicing in state, rural areas, inner city areas, or underserved areas <i>(tracking survey and center alumni outreach efforts)</i> 	<ul style="list-style-type: none"> Increased retention of health professional in underserved area Increased number of professionals recruited to practice in areas of need

New and enhanced New York State AHEC System database:

In November 2015, the NYS AHEC System updated to a cloud-based data management system called



AHEC Tracker. AHEC Tracker was created by Healthmonix and has been used for many years by other organizations. Tracker has evolved based upon input from many users, as well as the evolution of the government reporting

requirements by HRSA. AHEC Tracker provides a data management and participant tracking system that: gathers and reports the AHEC program data needed for required federal reports and funding requests; calculates and formats BHPR reports per the HRSA guidance; tracks participants and programs in all AHEC areas (i.e., professional education and community and practice support); documents longitudinal interactions with program participants and participant outcomes (i.e., tracking year to year); evolves as data demands, programs and funding agency expectations shift; operates with no special software to install and provides secure access for authorized users from multiple locations, accessible with an internet connection; and supports administrative functions including standard and custom report generation, contact management and tabular and graphic data presentation.

Data collected by the NYS AHEC System:

Individual data is collected from all students participating in pipeline programs that are 4 or more hours. This includes demographics, socioeconomic data, previous exposure to math/science enrichment programs, residence, career plans and perception of the program. Health professions rotation participants provide the same information along with intended practice location upon completion (NYS, underserved, rural/urban/suburban, etc.). Each participant is provided a unique identification/tracking number in the cloud-based database. This information is accessible in real time across the state for modification/updates, etc. Through the database and standardized evaluation instruments, the New York State AHEC System provides the required information on workforce recruitment, training activities,

retention, intended practice location, and trainee characteristics, such as disadvantaged background, race and ethnic diversity.

Pipeline Program Evaluation:

The New York State AHEC System pipeline programs provide students with exposure to health careers and health professionals, reflecting the needs of the specific communities where the programs take place. Our multi-year evaluations of our pipeline programs, of which a majority were multi-session career exploration programs (e.g. MASH, MedTech and MedQuest camps) or internship programs, have measured students' change in knowledge and awareness of health careers through a pre/post instrument. The evaluation has also assessed students' interest in pursuing health professions and the overall impact of AHEC programming. Overall, each year the students gave the programs positive evaluations. On average 93% of participants reported that the program met their needs and 94% reported that they found the activities interesting. Ninety-five percent of the students felt that the activities/presentations were helpful to someone thinking about working in the health care field and 95% of the students said that they learned a lot about health care professions. Furthermore, results indicate that students' knowledge and awareness of health careers increased following program participation. Based on our evaluation results, we have found that students increased their overall knowledge of health careers following entrance into AHEC programming, and that students' view of health careers increased as a viable option as a result of their participation in AHEC pipeline programs.

Pipeline Program Spotlight – Scrubs Club

Scrubs Club (SC) is a health career exploration program conceptualized by Catskill Hudson Area Health Education Center (CHAHEC), and was designed to introduce high school students to health care careers through engaging, hands-on activities, meaningful field trips and real-life experiences. SC lesson plans meet New York State Career Development and Occupational Studies Core Curriculum and Learning Standards. The lesson plan can be incorporated into daily classroom curriculum, used as an after school program or conducted as a continuum program spanning freshman through senior year in high school. To date, SC programs have been implemented in about 20 schools, which include schools within 5 of CHAHEC's 11 counties as well as other AHECs in 7 different states (outside New York State). To date,



3,459 pipeline program students have participated in SC. CHAHEC conducted a Dover SC program content evaluation and impact survey prior to the students' graduation. These survey results exceeded all projected outcome expectations. Ninety percent of participants plan to continue their education after high school graduation and 85% of the students are planning a career in health care. Eighty-five percent of the students said that SC influenced their decisions to pursue a health care career. When asked how SC has impacted their future plans, students said:

- *“When I joined Scrubs Club, I realized that everywhere you go, you need healthcare. It’s a growing field and health professionals are in demand. It’s just a great career choice.”*
- *“Scrubs Club focuses on the future and preparing for the real-world/careers. It motivated and prepared me to make important decisions about careers I didn’t even know existed.”*
- *“Scrubs Club has helped me eliminate certain careers from prospective career choices and narrow down what I really want to do.”*

Continuing Education Programs Spotlight – Health Professions Seminars

On October 22, CHAHEC held their annual Nursing Summit at the Henry A. Wallace Center in the FDR Library at Hyde Park. There were 76 attendees and six preceptors. The program awarded 5.25 nursing

continuing education credits. Presentations focused on achieving the "Triple Aim" and the NYS Delivery System Reform Incentive Payment (DSRIP) projects of several institutions and how these projects will impact the nursing profession. Speakers included: NYS Assemblywoman Aileen Gunther (keynote), discussing DSRIP with her Chief of Staff, Allison Horan; Kirsty Digger, DNS, RN, CEN, discussing health technologies; Joan Cusack-McGuirk, RN, BSN, MA, NEA-BC, Interim CEO of St. Luke's-Cornwall Hospital in Newburgh; Susan Apold, PhD, ANP-BC, FAAN, FAANP; and Connie Jastremski, RN, MS, MBA, ANP, also discussing DSRIP. Jonas Scholar and Pace University Doctor of Nursing Practice student, Kathleen Boyle, presented a nurse leadership project in which Roxy Raffa, CHAHEC's Nursing Workforce Development Coordinator had provided assistance. Overall, participants rated the training positively with 96% of the participants expressing the alignment of information taught with applicable clinical practice skills. Ninety five percent of participants rated the overall teaching strategies as either excellent or good. When asked to provide comments on the program, some participants said:

- *"Excellent program. Incredible speakers, incredibly contemporary content delivered by experts in their fields. Thank you!"*
- *"Excellent program. Highlighted the realities of today's healthcare environment in New York State as well as national."*
- *"This is my second year attending AHEC's Nursing Summit. I am impressed with the balance of public health technology, clinical practice topics, and presenters."*

On April 3, 2016 CHAHEC hosted a half-day health professions seminar on "Improving Healthcare for Lesbian, Gay, Bisexual and Transgender Individuals." The training took place at the Middletown, N.Y., campus of the Touro College of Osteopathic Medicine, with 65 healthcare professionals and students. The purpose of this program was to: describe health disparities in lesbian, gay, bisexual, and transgender (LGBT) populations; describe ways to overcome barriers to providing better care to LGBT People; discuss making assumptions, asking the right questions about medications and a thorough health history; review resources for health care professionals; and convey at least 1 area in need of improvement in their organization to better serve LGBTQ clients. Attendees networked with their peers, found resources for assisting patients, learned about institutions with health programs for LGBT individuals, and discussed future training opportunities they might want to organize or participate in. Continuing education credits were offered to physicians, nurses and social workers. Overall 100% of the participants rated the training positively with 73% of the participants rating the overall program as "excellent." Ninety-two percent of the healthcare providers said they planned to implement at least one change in their practice or at their institution as a result of having attended this training.

When asked to provide comments on the program, some participants said:

- *"This program opened my eyes to a lot of new changes that are happening and going to happen. I would like to learn & train more to our community."*
- *"Excellent. Learned a lot. I plan to incorporate into Nursing Education."*
- *"Excellent program on severely needed content! Consider this as an annual or semi-annual program."*

As part of the National AHEC Organization HPV Vaccine Immunization Project contract with the University at Buffalo, John W. Epling, Medical Director of the Central Region Office (CRO), presented, "You are the Key to Cancer Prevention: Understanding the Burden of HPV Disease, Importance of HPV Vaccine Recommendation and Communication about HPV Vaccination" on August 14, October 10, and January 23 in New York City, Rochester, and Lake Placid respectively. The main objective of these presentations was to ultimately augment HPV immunization rates of 11 and 12 year-old males and females by improving clinician training (pediatricians, family physicians, obstetricians and gynecologists,

registered nurses, nurse practitioners, pharmacists, and physicians assistants) and their overall comprehension of the HPV vaccination. Overall, the New York State AHEC System trained 117 individuals including 71 physicians, 1 nurse practitioner, 1 physician assistant, 25 medical residents, 14 medical students, 2 other practicing health professionals and 3 others, exceeding the contract requirements. Continuing education credits was offered to physicians, nurses, and pharmacists. Overall, 88% of participants stated they were able to better define the importance of HPV vaccination in cancer prevention, and 86% of participants said they were able to better explain the vaccination to patients. Sixty-three percentage of participants plan on implementing at least one change in their practice or patient care as a result of this training.

Spotlight on Technology Innovation: HW Apps

This past year CNYAHEC and NAHEC have provided guidance and advice to Health WorkForce New York, a nonprofit health workforce development partner, to build a digital platform called HWapps that works to revolutionize deployment, delivery and evaluation of healthcare workforce services, be self-sustaining, avail itself to easy replication and growth, and result in a multiplicity of favorable essential healthcare-related outcomes. With guidance from CNYAHEC, NAHEC and Upstate Medical University, HWapps was conceived by Health WorkForce New York and recognizes the desperate need for a comprehensive solution to address the worsening healthcare workforce shortage crisis. Just within the last year, HWapps has reached a total of 12,048 individuals, of which 1,860 were middle and high school students, 107 were post-secondary and 6,481 were professionals. HWapps will continue to build its network of services within the CNYAHEC and NAHEC service regions, and will be offered to other NYS AHEC center service regions.



Spotlight - Admission Policy Change Outcome:

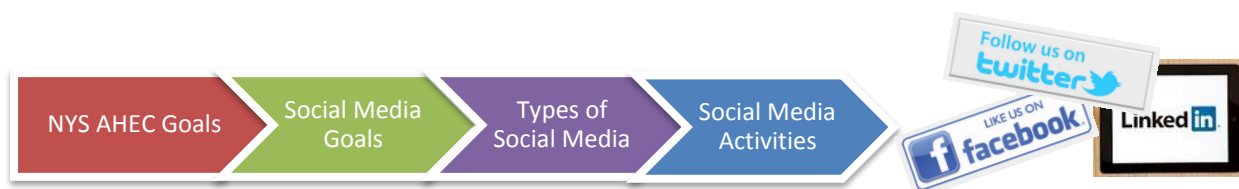
In 2008, the Central Region Office (CRO)/Upstate Medical University changed admissions policies to advantage New York State residents, particularly those from rural/urban underserved areas to recruiting those more likely to return to those communities. Since then, the CRO Director and other Upstate Family Medicine faculty continued supplemental interviews of applicants with rural career interests and identified those from rural areas. They also actively participate in the Multiple Mini-Interview process administered to all Upstate MD program applicants. For Academic Year (AY) 2015, the Rural Medical Education program coordinator, partially supported by AHEC, also served on the Admissions Committee. This change in admission policy and continued AHEC involvement has provided excellent results in recruiting students from New York State and those from rural areas. Prior evaluations indicate over a majority of matriculated MD students came from NYS. Moreover a large sub percentage of those students came from rural areas.

Longitudinal Tracking:

The New York State AHEC System Statewide Office continues to implement longitudinal tracking via National Student Clearinghouse (NSC) to ascertain college enrollment rates for past AHEC middle/high school students, now age 18 and older. The NSC is partnered with more than 3,300 colleges (2 and 4 year colleges as well as universities), representing 93% of US college students. NSC provides details on college enrollment; degrees received, and often includes college major or concentration. Further data analysis in summer 2016 will look at New York State AHEC System pipeline program participant demographics, graduation data, and majors, as well as, type of degree and length/type of program(s) they participated in through the NYS AHEC System.

NYS AHEC System Social Media Goals & Activities

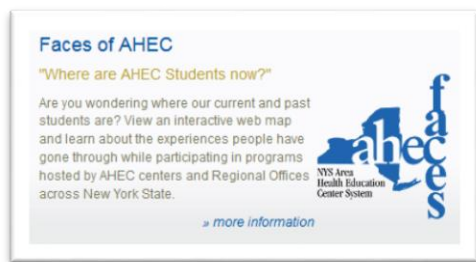
The Statewide NYS AHEC Office aims to improve future participant awareness by activating social media campaigns. Additionally, NYS AHEC aims to retain past participants and current affiliations via promotion of active engagement with current participants and programs. In order to reach the overarching NYS AHEC goals of increased awareness and retention, this year the statewide office has been promoting a positive social media presence via platforms such as Facebook, Twitter, and LinkedIn. By implementing these social media platforms, NYS AHEC aims to grow our overall following, increase active engagement, and encourage brand evangelism via the construction of relationships with similar groups, current affiliations, and the healthcare and education industries. NYS AHEC's social media presence serves as a networking opportunity to connect students to careers, professionals to communities, and communities to better health via increased health awareness and participation. Platforms are regularly maintained, monitored, and updated via minimal update policy of a week, with a preference for 2-3 times a week.



Posts have included: Current trends/reports (employment trends, salary growth, attendance/graduation information); Links to healthcare-related news (National, state, or local articles/videos/conferences); Upcoming deadlines/events/activities (including but not limited to NYS AHEC programs, sponsored events, and local enrollments); Upcoming healthcare-related holidays/celebrations (e.g. National Nurses Week, Thank a Doctor Day, etc.); Responses to followers' posts/questions/concerns

Faces of AHEC:

During the September 30, 2015 legislative open house in Albany, we featured Faces of AHEC students in order to showcase the purpose and mission of AHEC. Individual Faces of AHEC posters were designed for



every center, consisting of a student's photo, their AHEC program involvement, career goals and a short quote about the impact of AHEC on his/her pursuit of a career in the health professions. We also invited two past AHEC participants to share their stories with legislative members and staff. They spoke about how the New York State AHEC System influenced their decisions to become health professionals in underserved communities.

Academic, Research & Evaluation Highlights – Statewide Office:

- New York State AHEC System Director of Evaluation, Shannon Carlin-Menter, PhD is the Co-Principal Investigator on a National Institutes of Health (NIH) Science Education Partnership Award (SEPA). Currently this project is in the second year of a five-year grant. The grant establishes the Western New York Genetics in Research and Health Care Partnership, which partners with rural and urban high schools in 14 counties of Western New York in and around Buffalo and Rochester. Dr. Stephen Koury, research assistant professor in the Department of Biotechnical and Clinical Laboratory Sciences at UB, is Co-Principal Investigator on the project. The partnership serves as a pipeline for teacher and student recruitment and training and mentorship in health and the life sciences, especially genetics and genomics. This program will

provide hundreds of high school students with the skills they need to pursue a career in life sciences on the Buffalo Niagara Medical Campus, where the UB medical school will be located in just a few years. Two local New York State AHEC System centers (Erie Niagara AHEC and Western New York Rural AHEC) are integral to the project, as they are recruiting teachers and students and providing support to students who want to pursue health-related careers. These AHECs will also identify internship opportunities across the region and provide education and career advisement. High schools that are invited to participate will receive intensive teacher training and technical support for advanced, hands-on scientific projects. Under the program, a subset of teachers will become master annotators, ultimately allowing for a self-sustaining network of Western New York teachers who can share expertise in teaching genomics and basic bioinformatics.

- Shannon Carlin-Menter, PhD is also a Co-Investigator National Science Foundation Grant (NSF) Award titled: *Western New York Genetics in Research Partnership: Expanding Exposure, Career Exploration, and Interactive Projects in Basic Genome Analysis and Bioinformatics*. Currently this project is in the third year of a three year grant to train and support 90 teachers throughout Western New York in gene sequencing techniques.
- Shannon Carlin-Menter, PhD continued as evaluator for Conrad H. Hilton Foundation Grant. The grant is to establish a National Center for Physician Training in Addiction Medicine. The National Center has been established at the University at Buffalo's Department of Family Medicine. The National Center's goal is to develop a "National Infrastructure for Translating Addiction Research into Clinical Practice."
- Shannon Carlin-Menter, PhD analyzed data obtained as part of the 2014 CERA Family Medicine Clerkship Director survey to examine whether or not SBIRT (Screening, Brief intervention and Referral to Treatment) is included in the curriculum of family medicine clerkship programs, including any challenges with the integration of SBIRT into the curriculum. The manuscript has been accepted and will be published in the Family Medicine Journal:
 - *Carlin-Menter S.M., WinklerPrins, V.J., & Malouin, R.A., Danzo, A., & Blondell R.D. (in press). Training Medical Students on Substance Abuse Screening, Brief Intervention, and Referral to Treatment (SBIRT): A National Survey of Family Medicine Clerkship Directors. Journal of Family Medicine.*
 - Dr. Carlin-Menter presented / will be presenting at the following conferences:
 - **STFM (Society of Teachers of Family Medicine) Annual Spring Conference**, Minneapolis, MN: **Completed Projects and Research Session: "Family Medicine Students in Screening, Brief Intervention, and Referral to Treatment (SBIRT): A CERA Study" April 2016.**
 - **NIH (National Institutes of Health) SciEd 2016**, Rockville, MD: **Poster Presentation: "Western New York Genetics in Research Partnership" May 2016.**
 - **NAO (National AHEC Organization) Conference**, Washington, DC. **Single Session Presentation: "Bioinformatics and the healthcare workforce: Expanding the scope of AHEC" June 2016.**
 - Danise C. Wilson, MPH, Assistant Director of the NYS AHEC Statewide office will be presenting at the following conference:
 - **NAO (National AHEC Organization) Conference**, Washington, DC. **Single Session Presentation: "Bioinformatics and the healthcare workforce: Expanding the scope of AHEC" June 2016.**

Academic & Research Highlights – NYS AHEC Regional Offices:

Christopher Morley PhD, Central Regional Office Director, collaborated on the following publications:

- Mader, E. M., Rodríguez, J. E., Campbell, K. M., Smilnak, T., Bazemore, A. W., Petterson, S., & **Morley, C. P.** (2016). Status of underrepresented minority and female faculty at medical schools located within Historically Black Colleges and in Puerto Rico. *Medical Education Online*, 21, 10.3402/meo.v21.29535. <http://doi.org/10.3402/meo.v21.29535>
- Wendling, A. L., Wudyka, A. E., Phillips, J. P., Levine, D. L., Mulhem, E., Neale, A. V., & **Morley, C. P.** (2016). RU4PC? Texting to Quantify Feedback About Primary Care and Its Relationship with Student Career Interest. *Family Medicine*, 48(1), 21-29.
- Mader, E. M., Fox, C. H., Vitale, K., Wisniewski, A. M., Epling, J. W., Noronha, G. N., ... & **Morley, C. P.** (2015). Practice facilitation and academic detailing improves colorectal cancer screening rates in safety net primary care clinics. *Implementation Science*, 10(Suppl 1), A57.
- **Morley, C. P.**, Mader, E. M., Smilnak, T., Bazemore, A., Petterson, S., Rodríguez, J. E., & Campbell, K. M. (2015). The social mission in medical school mission statements: associations with graduate outcomes. *Family Medicine*, 47(6), 427-34.

Neil Calman, MD, Central Regional Office Medical Director, collaborated on the following publications:

- Weitzel, K. W., Alexander, M., Bernhardt, B. A., **Calman, N.**, Carey, D. J., Cavallari, L. H., ... & Levy, K. (2016). The IGNITE network: a model for genomic medicine implementation and research. *BMC medical genomics*, 9(1), 1.
- **Calman, N.**, Little, V., & Garozzo, S. (2015). Electronic Health Records: Optimizing Communication to Support the Nonverbal Medical Patient with Developmental Disabilities. *Progress in Community Health Partnerships: Research, Education, and Action*, 9(4), 591-594.

John Epling, MD, Central Regional Office Medical Director, collaborated on the following publications:

- Siu, A. L., Bibbins-Domingo, K., Grossman, D. C., Davidson, K. W., **Epling, J. W.**, García, F. A., ... & Landefeld, C. S. (2016). Screening for chronic obstructive pulmonary disease: US Preventive Services Task Force recommendation statement. *JAMA*, 315(13), 1372-1377.
- Mader, E. M., Fox, C. H., Vitale, K., Wisniewski, A. M., **Epling, J. W.**, Noronha, G. N., ... & Morley, C. P. (2015). Practice facilitation and academic detailing improves colorectal cancer screening rates in safety net primary care clinics. *Implementation Science*, 10(Suppl 1), A57.
- Matson, C., Davis, A., **Epling, J.**, Freeman, J., Iroku-Malize, T., Stephens, M., ... & Perry, C. (2015). Influencing student specialty choice: the 4 Pillars for Primary Care Physician Workforce Development. *The Annals of Family Medicine*, 13(5), 494-495.