

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
Project Period: September 1, 2019 through April 24, 2020

B. WORK PLAN PROGRESS SUMMARY *Italics=changes from previous year's report.*

1. Current staffing/Roles and Responsibilities:

a. Statewide Office Key Personnel

Leishia B. Smallwood, MPA, Director/PI (0.93 FTE). Leadership to assure federal/state funding goals consistent with mission and goals at community, regional, statewide and national levels. Facilitates statewide model for strategic planning and collaboration; encourages innovation to meet regional needs; markets AHEC accomplishments and assures evaluation strategy.

Shannon Carlin-Menter, PhD, Evaluation Director (0.48 FTE). Leads program and educational evaluation/research, needs assessment and scholarship initiatives. Co-PI, Western New York Genetics in Research and Health Care Partnership, SEPA, National Institutes of Health.

Daniel Morelli, MD, Medical Director (0.02 FTE In-kind). 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.

Ranjit Singh, MB BChir, MBA, AHEC Scholars Program Director (0.08 FTE in-kind). Oversees AHEC Scholars Program development; participates in medical education curriculum development.

b. Statewide Office/Other Personnel

Tracy Cacciotti, Business Operations Manager (1.0 FTE). Oversees statewide budgetary needs and requests; facilitates collaboration with center personnel to ensure timely invoice processing.

Bridget Forshee, MS, Sr. Development Manager (0.57 FTE). Manages statewide and regional grant/fund development efforts and required reporting to stakeholders; assists with evaluation of statewide program development and implementation.

Lauren Pristach, Sr. Program Specialist (0.45 FTE). Supports opioid response and education related efforts; oversees key collaborations with regional and statewide substance use partners; and coordinates resources for participating AHEC centers.

Anne Clarke, Project Specialist (0.35 FTE). Facilitates collaboration with local, regional and statewide community partners and stakeholders; supports organizational advocacy efforts; and coordinates logistical details for system-wide meetings and events.

c. Center Key Personnel

All nine NYS AHECs have an executive director at 0.75 FTE or greater who provides overall leadership and management (operations, fiscal, human resources and program);

oversees strategic planning and goal setting for organization to fulfill federal/state AHEC requirements; responsible for fund development and sustainability to support existing and new initiatives; and is accountable to Board of Directors.

Bronx-Westchester AHEC: Nicole Charles, MA, Executive Director

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

Catskill Hudson AHEC: Robert Wingate, Executive Director

Central New York AHEC: Mandy Qualls, MS, CHES, Executive Director

Erie Niagara AHEC: Danise C. Wilson, MPH, Executive Director

Hudson Mohawk AHEC: Kathryn Stair, MS, Executive Director

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

Northern AHEC: Karin Blackburn, Executive Director

Western New York Rural AHEC: Catherine Huff, CEO

d. Regional Office Key Personnel

Central Region Office/Upstate Medical University: Carrie Roseamelia, PhD, Director

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

New York Metropolitan Region Office: Maxine Golub, MPH, Director

2. **Operations:** There were significant budgetary changes during the reporting period. The NYS AHEC System was eliminated from the New York State Legislative Budget for the fiscal year starting April 1, 2020.

COVID-19 Concerns: The outbreak of the coronavirus has severely impacted the NYS AHEC System's ability to host, support, and facilitate programmatic activities, the majority of which were, by nature, in-person interactive events. In fact, New York State has been the hardest hit, with both outbreak prevalence and death rates far surpassing those of any other state. Based on local, state, and federal government recommendations, the entire NYS AHEC System, as well as many partnering organizations, have implemented measures to protect the health and safety of staff, partners, and communities. These policies include practices that reduce density and promote social distancing, including but not limited to event cancellations and postponements, restrictions on patient interactions, and telecommuting. As a result, our programming has come to a halt, and we have been required to either postpone or cancel the majority of our planned activities and programs as necessary. As such, these measures severely hamper our ability and capacity to run programs, and further limit accessibility for students to interact with patients and underserved populations. Community and experiential learning has been postponed at the request of our participating partners, and the resumption of any of these activities will be at the discretion of our partners based on the guidance from our state government. As we continue to deal with the effects of the pandemic, our system is pursuing additional programmatic delivery mediums, including but not limited to live/recorded webinars and virtual conferences, in an effort to continue grant deliverables, albeit at a significantly reduced capacity.

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

For the current grant year, activities will continue as planned, with no anticipated changes. The NYS AHEC System is on target to meet or exceed all annual deliverables outlined in original proposal submission: 1,000 high school students will participate in pipeline activities designed to increase health career exposure; 270 current health professions students will complete community-based experiential learning, with an emphasis on medically underserved areas; 750 current health professionals will participate in

continuing education opportunities; implement and improve the NYS AHEC Scholars Program for current health professions students with a defined set of didactic and community-based training activities in rural and/or underserved areas; and develop and strengthen strategic partnerships to advance the work of the project, including but not limited to expanding diversity, distribution, and practice transformation efforts throughout the state.

4. Plans for Upcoming Budget Year/Project Plan with Projected Trainees & Milestones:

Follow Up Plan for Graduating AHEC Scholars Students: We anticipate our first cohort of AHEC Scholars to graduate (i.e. successfully complete all program requirements and finish their degrees) by the end of the current fiscal year. Subsequently, a year after their graduation, all completers will receive a follow-up questionnaire (which is currently in development) asking participants to provide an updated status (i.e. employed or pursuing a graduate degree), current occupation/degree major (as applicable), current location, and a reflection on their participation in the program.

On the following page, the detailed work plan outlines proposed project activities by objective, milestones, and evaluation methods for the upcoming budget year. Due to budgetary changes, our work plan may need to be changed. However, any requested changes will be submitted to our HRSA Project Officer for approval.

Objective 1: Pipeline Activities [Goal 1: Diversity]

To support recruitment of underrepresented minorities/underserved populations into health professions with exposure activities developed for high school students (grades 9-12). [Youth Exposure Programs grades 9 – 12]

Activities	Expected Outcomes	Time Frame	Responsible Party	Evaluation/ Tracking Method
<p>Obj. 1: Provide health career activities and tools to students (grades 9 – 12), targeted at underrepresented minorities and /or students from underserved populations through:</p> <p>a) Unstructured Pipeline Activities such as single exposure health career awareness programs.</p> <p>b) Structured Pipeline Activities such as sequenced and comprehensive health career awareness programs, clubs or camps.</p> <p>c) Pipeline Resources, Tools & Technical Assistance such as the marketing of health career exploration curriculum toolkits; assisting high schools with identifying health workforce gaps in their communities; coordinating summer health career programs; supporting job shadow and mentorship placements; identifying sites for worksite visits; assisting in the recruitment of students into health career related programs; and/or providing online tools for students and teachers.</p>	<p>a) 900 students will complete Unstructured Pipeline Activities.</p> <p>b) 100 students will complete Structured Pipeline Activities.</p> <p>c) Students and teachers will utilize AHEC developed health career related curriculum toolkits; high school students will be connected to job shadow and worksite visit opportunities, as well as mentorship placements; and students and teachers will utilize AHEC developed online health career related tools.</p>	Annually	<p>All Centers:</p> <p><i>Bronx-Westchester AHEC, Brooklyn-Queens-Long Island AHEC, Catskill Hudson AHEC, Central NY AHEC, Erie Niagara AHEC, Hudson Mohawk AHEC, Manhattan-Staten Island AHEC, Northern AHEC and Western NY Rural AHEC</i></p>	<p>Effectiveness Evaluation:</p> <ul style="list-style-type: none"> • Baseline individual information and demographics • Reach (target population) • Utilization of curriculum or tools <p>Process Evaluation:</p> <ul style="list-style-type: none"> • Continuous quality improvement plan <p>Longitudinal Tracking:</p> <ul style="list-style-type: none"> • National Student Clearinghouse Data

Objective 2: Rotations and Community-based Experiential Training <i>[Goal 2: Distribution]</i> To support community-based experiential training of health profession students in medically underserved communities through field placements and clinical rotations. <i>[IPE & focus on Core Topics in MUCs]</i>				
Activities	Expected Outcomes	Time Frame	Responsible Party	Evaluation/Tracking Method
Obj. 2: Collaborate with partners to facilitate community-based experiential training through: a) Placement of students within Rotations or Internships in MUCs; b) Providing students within Rotations or Internships with a didactic component which covers one or more core topic areas* or Providing students with experiential classroom training that includes a didactic component which covers one or more core topic areas; c) Offering residential housing and/or travel incentives for <i>students</i> . <i>*Core Topic Areas include: Inter-professional Education; Behavioral Health Integration; Social Determinants of Health; Cultural Competency; Practice Transformation; and Current and emerging health issues.</i>	a) Place 270 health professions students within field placements and/or clinical rotations. b) Place 125 health professions students within enhanced IPE rotation placements in MUCs that address core topic areas. c) Affordable housing provided to seven health professional students pursuing placements within a rural setting.	Annually	All Centers & Regional Offices (<i>Central: Upstate Medical University; Eastern: Albany Medical College; and NY Metropolitan: Institute for Family Health</i>)	Effectiveness Evaluation: <ul style="list-style-type: none"> Baseline individual information and demographics Reach (target population) Site placement demographics Total Hours in placement and/or training Training Content and Topics covered Individual commitment to working in MUCs Process Evaluation: <ul style="list-style-type: none"> Continuous quality improvement plan Longitudinal Tracking: <ul style="list-style-type: none"> National Student Clearinghouse Data

Objective 3: Continuing Education <i>[Goal 3: Practice Transformation]</i> To support training activities for currently practicing health professionals focused on core topic areas. <i>[Focus on Core Topic Areas]</i>				
Activities	Expected Outcomes	Time Frame	Responsible Party	Evaluation/ Tracking Method
Obj. 3: Develop, implement or facilitate access to continuing education for current health professionals through workshops, summits, conferences, online modules, distance learning and/or web-based programs that focus on one or more core topic areas.	<ul style="list-style-type: none"> 750 current health professionals will complete CE training. 150 health professionals will receive enhanced CE training with a focus on core topic areas. 	Annually	All Centers & Regional Offices	Effectiveness Evaluation: <ul style="list-style-type: none"> Baseline individual information and demographics Reach (target population) Type of training received Total Hours in training Process Evaluation: <ul style="list-style-type: none"> Continuous quality improvement plan

Objective 4: AHEC Scholars Program *[Goals 1, 2 & 3: Diversity, Distribution & Practice Transformation]*

To support the development and implementation of a two-year, interdisciplinary program curricula in core topic areas with a defined set of clinical, didactic, and community-based training activities in medically underserved communities for a cohort of inter professional students. [IPE, focus on core topic areas, in MUCs]

Activities	Expected Outcomes	Time Frame	Responsible Party	Evaluation/ Tracking Method
Obj. 4.1: Implement and sustain a two-year, interdisciplinary program curricula with a defined set of clinical, didactic, and community-based training activities in rural and/or underserved areas for a cohort of health profession students and strengthen the health care workforce by supporting an enhanced interprofessional education (IPE) model in MUCs for future healthcare providers to address diversity and distribution with a focus on core topic areas.	<ul style="list-style-type: none">For the 2nd Cohort: recruit 75 students (2 teams per AHEC center)	Student recruitment open continuously	Statewide Office (University at Buffalo) in collaboration with all Centers & Regional Offices	Effectiveness Evaluation: <ul style="list-style-type: none">Baseline individual information and demographicsReach (target population)Site placement demographicsTotal Hours in placement and trainingIndividual commitment to working in MUCs
Obj. 4.2: Develop and maintain strategic partnerships through agreements that define the role of partners, determine engagement strategies, and estimate resources required.	<ul style="list-style-type: none">Each Center will maintain at least six strategic partnerships with community-based health organizations in MUC settings.	Annually	All Centers. Regional Offices & Statewide Office	Effectiveness Evaluation: <ul style="list-style-type: none">Reach (target population)Total strategic partnerships established and maintainedLevel of Community Linkages and Partnerships established and maintained

Objective 5: Connecting Graduates to MUCs <i>[Goal 2: Distribution]</i> To connect health professional graduates to vacancies in medically underserved communities and raise awareness of debt reduction incentive programs for MUC practice. <i>[MUC Placement]</i>				
Activities	Expected Outcomes	Time Frame	Responsible Party	Evaluation/ Tracking Method
Obj. 5.1: Canvass strategic partner employers (FQHCs, other safety net organizations, hospitals) in rural and underserved communities to identify current and upcoming job vacancies that are critically needed.	<ul style="list-style-type: none"> Each center will establish and maintain contact with at least 6 strategic partner employers in a MUC setting. 	Annually	All Centers, Regional Offices & Statewide Office	Effectiveness Evaluation: <ul style="list-style-type: none"> Reach Process Evaluation: <ul style="list-style-type: none"> Continuous quality improvement plan
Obj. 5.2: Notify graduates via strategic partner health professional schools (physician residency, nurse, PA/NP, social work, pharmacy or certificate programs) to fill vacancies.	<ul style="list-style-type: none"> Each center will notify their respective strategic partner health professional schools with 100% of the vacancies identified by the strategic partner employers in a MUC setting. 	Annually	All Centers, Regional Offices & Statewide Office	Effectiveness Evaluation: <ul style="list-style-type: none"> Reach Process Evaluation: <ul style="list-style-type: none"> Continuous quality improvement plan
Obj. 5.3: Designated Ambassadors will notify health professional students about incentives from state and federal debt reduction programs such as the National Health Service Corps Scholarship Program.	<ul style="list-style-type: none"> Each center will designate at least one staff member as an Ambassador. 	Annually	All Centers, Regional Offices & Statewide Office	Effectiveness Evaluation: <ul style="list-style-type: none"> Reach and Impact Process Evaluation: <ul style="list-style-type: none"> Continuous quality improvement plan

Objective 6: Strategic Partnerships <i>[Goals 1, 2 & 3: Diversity, Distribution & Practice Transformation]</i> To develop and strengthen partnerships for implementing, advancing and sustaining the work of the AHEC Program to support practice transformation, diversity, and distribution of the health care workforce in medically underserved communities. <i>[in MUCs]</i>				
Activities	Expected Outcomes	Time Frame	Responsible Party	Evaluation/ Tracking Method

Obj. 6.1: Convene New York State AHEC System Advisory Board to advise the New York State AHEC System regarding AHEC's response and roles in addressing issues facing the state's health care system	<ul style="list-style-type: none"> Meet two times per year to: Foster community-focused, multi-disciplinary approach in health care training and service delivery in MUCs; Help develop linkages with state agencies, state programs and community resources; and Assist in evaluating the effectiveness of the New York State AHEC System. 	Bi-Annually	All Centers, Regional Offices & Statewide Office	Effectiveness Evaluation: <ul style="list-style-type: none"> Outcomes Reach and Impact Process Evaluation: <ul style="list-style-type: none"> Evaluations from Advisory Board members
Obj. 6.2: Develop and maintain strategic partnerships that engage key stakeholders (e.g. federal, state, local and national organizations) in the implementation and advancement of AHEC activities within medically underserved communities.	<ul style="list-style-type: none"> Implement and continue to develop strategic partnerships with defined roles of partners, engagement strategies, and estimated resources required, with organizations such as: minority-serving institutions, state-level entities, Health Care Safety Net Sites, and active pipeline programs outside of AHEC. The NYS AHEC System will be marketed to Stakeholders and other partners by defining value propositions, aligning propositions with partners, developing marketing materials, engaging partners, establishing a process for developing and/or sharing partnership successes. 	Annually	All Centers, Regional Offices & Statewide Office	Effectiveness Evaluation: <ul style="list-style-type: none"> Outcomes Reach and Impact Process Evaluation: <ul style="list-style-type: none"> Evaluations from Advisory Board members
Obj. 6.3: Invest in the sustainability of the program and continue to diversify funding at the center level and statewide through grants and contracts from provider groups, government agencies and other foundations.	<ul style="list-style-type: none"> Expanded funding for issue-focused initiatives (federal, state and local grants and contracts from provider groups, government and foundations). 	Annually	All Centers, Regional Offices & Statewide Office	Effectiveness Evaluation: <ul style="list-style-type: none"> Outcomes Reach and Impact Record of grants submitted and grants received.

Objective 7: Statewide Evaluation Activities

To develop and strengthen the activities of the AHEC Program through a comprehensive evaluation plan which will support continuous quality improvement, measure and assess program performance and impact, track progress of goals and objectives, and inform programming decisions. *[Diversity, Distribution & Practice Transformation in MUCs]*

Activities	Expected Outcomes	Time Frame	Responsible Party	Evaluation/ Tracking Method
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Obj. 7.1: Implement continuous quality improvement plan that will monitor and keep all activities on track in terms of quality implementation, participant/stakeholder satisfaction, and target population reach, recruitment and exposure.	<ul style="list-style-type: none"> Activities executed as planned Activities operationalized in a manner consistent with the AHEC program goals and objectives Potential obstacles to implementing the program identified and addressed 	Annually	Statewide Office in collaboration with all Centers & Regional Offices	Effectiveness Evaluation: <ul style="list-style-type: none"> Outcomes Reach and Impact Process Evaluation: <ul style="list-style-type: none"> Continuous quality improvement plan Feedback from stakeholders
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Supplemental Funding: September 1, 2019 – August 31, 2020

Supplemental Funding: Opioid Expansion Project To expand training related to opioid diagnosis, use, treatment and prevention for current health professionals, future practitioners, and the general population. <i>[Diversity, Distribution & Practice Transformation in MUCs]</i>				
Activities	Expected Outcomes	Time Frame	Responsible Party	Evaluation/ Tracking Method
Obj. 1: High School and College Student Awareness and Education In collaboration with local educational partners, coordinate outreach events addressing opioid sub-stance abuse, prevention, and treatment for current college and high school students.	<ul style="list-style-type: none"> Host 90 tabling sessions or informative presentations for current high school and/or college students, with a particular emphasis on those from underrepresented and disadvantaged backgrounds, to increase awareness about the opioid epidemic and educate participants on current prevention efforts and available treatment services in the local community. 	Annually (9/1/2019-8/31/2020)	Statewide Office in collaboration with Bronx-Westchester AHEC, Erie-Niagara AHEC, Hudson Mohawk AHEC, Manhattan-Staten Island AHEC, Northern AHEC, and Western NY Rural AHEC	Effectiveness Evaluation: <ul style="list-style-type: none"> Outcomes Reach and Impact Process Evaluation: <ul style="list-style-type: none"> Continuous quality improvement plan
Obj. 2: Community Engagement and Outreach In collaboration with local community partners, coordinate community engagement and outreach efforts addressing opioid substance abuse, prevention, and available treatments.	<ul style="list-style-type: none"> Coordinate and collaborate with local community-based partners (including other non-profit organizations) to host 36 community engagement events designed to increase community knowledge and awareness of opioid abuse, prevention, and available treatments. 			

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
Project Period: September 1, 2019 through April 24, 2020

No unobligated balance of funds is currently expected.

ATTACHMENT 3 – Biographical Sketches for New Key Project Personnel

Grant Number: U77HP16459
Project Title: New York State Area Health Education Center (AHEC) System
Grantee: Research Foundation for SUNY, University at Buffalo
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BIOGRAPHICAL SKETCHProvide the following information for the Senior/key personnel and other significant contributors. Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: Lauren Pristach

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE: Senior Project Specialist, NYS AHEC System

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

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
John Carroll University, Cleveland Ohio	BS	05/2015	Business Administration
University at Buffalo, Buffalo NY	MBA	05/2022	Master of Business Administration

A. Personal Statement

As the Senior Project Specialist for the NYS AHEC System, I am part of the NYS AHEC team that oversees the preparation and logistical coordination of the required project deliverables as well as support the evaluation of grants implemented throughout New York State. Previously, I served as a Program Manager implementing programs across underserved communities in Western New York. I worked with a wide range of cliental, ensuring that specific needs were met for families.

B. Positions and Honors

2016-2017 Buffalo Soccer Club Coordinator, Algonquin Sports for Kids, Inc., Buffalo, NY
 2017-2018 Hockey Program Coordinator, The Rinks at HarborCenter, Buffalo, NY
 2018-2020 Program Manager, Algonquin Sports for Kids, Inc., Buffalo, NY
 2020-present Senior Project Specialist, NYS AHEC System, Dept. of Family Medicine, SUNY Buffalo,

C. Contributions to Science**D. Additional Information: Research Support and/or Scholastic Performance**

U77HP16459 Smallwood (PI) 9/01/2017 – 8/31/2022

HRSA- Area Health Education Center (AHEC) Program

The overall purpose of this program is to strengthen and enhance New York State's healthcare workforce by increasing the supply, distribution, and preparation of qualified and culturally diverse healthcare professionals, thereby reducing health inequalities associated with quality of care and accessibility.

Role: Sr. Project Specialist

GA1RH33536 Smallwood (PI) 9/01/2019 – 8/31/2022

HRSA- Rural Communities Opioid Response Program-Implementation

The overall purpose of this program is to assemble a consortium focused on (a) identifying and implementing comprehensive OUD screening, treatment, tracking, and recovery services; and (b) expanding education related to substance use prevention, community and family awareness, professional development, and provider/local community resources and services.

Role: Sr. Project Specialist

Opioid Peer Recovery Network Development Smallwood (PI) 01/01/2020-12/31/2020

The overall purpose of this program is to develop and grow a network of certified peer advocates to enhance recovery for individuals struggling with opioid use disorder in Western New York.

Role: Sr. Project Specialist

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, 2019 through April 24, 2020

Overall Purpose/Goals: The overall purpose of the New York State AHEC System is focused 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, and socioeconomic composition of the state's population. 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.

Goals/objectives:

- ***Diversity:*** Prepare a diverse, culturally competent primary care workforce representative of the communities served;
- ***Distribution:*** Improve workforce distribution, particularly within medically underserved communities (MUCs); and
- ***Practice Transformation:*** Develop and maintain a healthcare workforce that is prepared to deliver high quality care in a transforming healthcare delivery system with an emphasis on MUCs.

Methodology/Activities: The NYS AHEC System has nine local centers 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. NYS AHEC activities include:

- *Pipeline Activities:* health care career exposure programs for students in grades 9-12;
- *Rotations and Community Experiential Training:* for current health professions students;
- *Continuing Education:* for practicing health professionals focusing on Core Topic Areas;
- *NYS AHEC Scholars Program:* a two-year IPE program focused on Core Topic Areas;
- *Connecting Graduates to MUCs:* connection of graduates to job opportunities in MUAs;
- *Strategic Partnerships and System Enhancement:* to assess program impact and expand; &
- *Opioid Prevention Education Project:* to educate the community about the opioid epidemic.

Milestones: During the course of the project reporting period, the NYS AHEC System proudly provided:

- Over 5,900 students in grades K-12 and college with exposure programs increasing awareness and promotion of health care careers;
- Nearly 400 health professional students in medicine, nursing, physician assistant, social work, dentistry, public health, and pharmacy with rotations or other community-based experiential learning totaling over 71,850 hours.
- Roughly 100 Continuing Education programs, including workshops, seminars, conferences, and online training, to approximately 31,400 current health professionals with topics addressing cultural competency, health literacy, patient safety, leadership development, and health information technology.

ATTACHMENT 5 – Additional Program Information

Grant Number: U77HP16459
Project Title: New York State Area Health Education Center (AHEC) System
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Address: Dept. of Family Medicine, UB, 77 Goodell St, Suite 220, Buffalo, NY 14203
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Updates on Admissions Committee Representation: There has been no change since our proposal submission in 2017. As per the University at Buffalo's active by-laws, all medical admissions committee members must demonstrate an extensive commitment to supporting and advancing the initiatives of the institution. Candidates are reviewed and appointed to the committee under the sole discretion of the Dean. Therefore, the NYS AHEC System has no authority to regulate the maintenance of the school's admissions committee. In an effort to adhere to HRSA requirements, the NYS AHEC System has identified Dr. Daniel Morelli to serve as an AHEC representative on the school's medical admissions committee. As an active primary care practitioner and current medical director of the NYS AHEC System, Dr. Morelli is well versed in the mission of AHEC. Moreover, as Chair of the Department of Family Medicine at the University at Buffalo, Dr. Morelli already holds a position on the school's medical admissions committee, and can provide extensive knowledge regarding institutional policy and admissions criteria. As a medical educator for over 40 years, Dr. Morelli has dedicated his career to shaping the diversity and distribution of students accepted into medical school, and has ensured that health professional graduates are prepared to meet the needs of rural and underserved communities.

AHEC Scholars Summary: The NYS AHEC System continues to implement and expand its AHEC Scholars Program. This year marked the second year of implementation, and ushered in a new cohort of AHEC Scholar participants. Below, please find a breakdown of our AHEC Scholars by cohort:

AHEC Scholars Cohort 1	14
AHEC Scholars Cohort 2	40
Non-Consecutive AHEC Scholars	N/A
TOTAL	54

AHEC Scholars Sustainability:

College Credit. Several AHEC Centers have worked with their educational institutions in an effort to provide college credit for AHEC Scholar participation. Depending on the academic institution, students can receive elective credit, independent-study credit, or community-service credit to be used to fulfill their overall college requirements.

Micro-Certificate. In collaboration with the National AHEC Organization (NAO), the NYS AHEC System will be offering all AHEC Scholar graduates a certificate of completion. Each certificate will list the graduate's name and include leadership signatures from NAO, the NYS AHEC Statewide Office, and the respective local AHEC Center.

Supplemental Funding. To better support their AHEC Scholars students, some centers have expressed an interest in expanding funding opportunities for stipends via private foundations. Western New York Rural AHEC successfully obtained an external grant of \$6,000 from the Northern Chautauqua Community Foundation to support the purchase of touchscreen laptops for their AHEC Scholars participants. The laptops were distributed to Cohort 1 participants following their successful completion of year one program requirements. Additionally, Catskill Hudson AHEC will be providing student stipends to their cohort of students to offset expenses associated with

participation. Finally, to further support efforts, the Statewide Office has allocated carryover funds for AHEC Scholar Student and Faculty Stipends. Each center can request stipends for their AHEC Scholars Team, assuming that both the center and students are on track to meet all programmatic deliverables.

Community-Based Experiential Training and Didactic Components

AHEC Scholars. As previously referenced in Attachment 1, all community-based experiential in-person training for AHEC Scholars were put on hold, due to COVID-19 governmental mandates such as social distancing and crowd restrictions. However, the NYS AHEC System has developed several didactic modules that are completely accessible online in an asynchronous format to meet the requirements for the AHEC Scholar Program. Students can complete each module on their own time and at their own pace over the course of the program. Students receive individual access upon program enrollment, allowing participants and AHEC staff to track progression throughout the program. Roughly, 90% of the 80-hour didactic learning requirement can be completed online. The remaining portion of the didactic learning can be completed via (a) in-person or remote case conferencing sessions with faculty and/or AHEC staff; (b) attendance (live or virtual) at a seminar, workshop, or conference addressing issues related to the six Core Topic areas; or (c) by completion of external instructional material, modules, or training videos related to the six Core Topic Areas. In order for these additional hours to count towards their overall didactic hour requirements, students must submit documentation verifying proof of attendance and/or completion. Examples of such documentation include: an event agenda, signed attendance form, or certificate of completion.

Non-AHEC Scholars. For the vast majority of non-AHEC Scholars Community-Based Experiential Training facilitated by the NYS AHEC System, didactic components are managed by the educational institution of each health professions student. The NYS AHEC System only provides didactic instruction for non-AHEC Scholars Community-Based Experiential Training that fall outside the scope of any health professions matriculated program, including but not limited to our Community Health Experience, our Summer Health Internship Program, our Health Careers Internship Program, and our Rural Healthcare Internship and Immersion Weeks. For first three programs listed, didactic sessions are held for a full day, once a week over the course of the 6 week program. Didactic sessions rotate, with guest speakers coming in to present on a variety of healthcare careers (i.e. nursing, anesthesiology, emergency medicine), topics (i.e. serving vulnerable populations, social determinants of health), and other related areas (i.e. structural racism in the healthcare field, NARCAN training, etc.). Students also receive a tour of local academic institutions and their facilities (i.e. nursing simulation center, cadaver lab, etc.). Conversely, our rural experiential programs have didactic components sprinkled throughout the course of the programs. Students are placed in a rural community for a minimum of one week, and experience the life of a rural healthcare practitioner. Job shadowing opportunities, community interactions, and networking with current rural healthcare providers provide students with a well-rounded perspective of life in a rural setting. Regardless, all of the aforementioned programs generally occur during the summer months with didactic sessions typically held in person. Should the COVID-19 pandemic continue, these programs will be cancelled or they will initiate alternative viable modes of instruction (i.e. webinars, TED talks, and virtual speaker panel sessions).

New Strategic Partnerships: The NYS AHEC System continues to expand collaborations with additional strategic partners to advance our programmatic activities and to better address the needs of our communities. The following breakdown highlights our new finalized strategic partnerships since last our last reporting period:

- Pipeline/Youth Exposure Activities: Buffalo Public School #67: Parker Academy (ENAHEC)
- AHEC Scholars: Le Moyne College (CNY AHEC), Binghamton University (CNY AHEC), and SUNY Delhi (CHAHEC);

- Other HRSA Grants: *RCORP Implementation Grant*- Montgomery County Department of Public Health, Citizen Advocates/Hamilton County, and Spectrum Health and Human Services (NYS AHEC Statewide Office); *RCORP Planning II Grant*- Council on Addiction Recovery Services, Inc. (WNY Rural AHEC)
- Other Non-HRSA Grants: *Department of Labor RESTORE Grant*-YWCA of Niagara Frontier (NYS AHEC Statewide Office)

Statewide Evaluation Update

The NYSAHEC Statewide Evaluation Plan was based on the RE-AIM Framework (Reach, Efficacy, Adoption, Implementation, and Maintenance), which is well matched to inform the specific needs of the NYSAHEC System Program including the centers, regional offices, partners, policy makers, strategic partnerships and funders. However, we found that our comprehensive collection of demographic and program data would not allow us to evaluate the individual center-level programs based on the nuances of each centers' programs, resources, population and partners. We find that each of our centers not only serve vastly different populations (rural, urban, minority, low SES, etc.), but also provide vastly different types of programming. For example, each of our centers have varying levels of programming expertise as determined by the populations they serve and the partnerships they form. Due to these nuances, all nine of our centers offer different pipeline, college practicum/field placements and/or continuing education programming. We now understand that we need to approach program evaluation at the level of the individual center and not from the Statewide level. We cannot compare "apples to oranges" due to the differing variables at the center program level, such as population, programs, curriculum, partners, funding mechanisms, etc.. When the Evaluation Plan was originally developed, the only program that was the same across all of the nine NYS AHEC Centers was the NYS AHEC Scholars Program. However, we found that the Hot-Spotting Model that we wanted all Centers to utilize could not be successfully implemented by each center based on the needs of their differing populations and partnerships. As such, we have allowed the centers to utilize a community-based learning projects model to better suit their needs. From an evaluation standpoint, this means that the evaluation of the Scholars program at a Statewide level will vary slightly, as we now must also look at the difference in experiential experiences and implementation. From a Statewide level, all Scholars programs are utilizing the same baseline data and competency measurement tools. Also, all enrolled scholars are completing the same didactic online modules. As such, a summary of results at both the Statewide and center level will be submitted with the full Evaluation report.

During the Summer/Fall of 2019, with the realization that changes would need to be implemented within the statewide evaluation plan to better evaluate programs at the center-level, we decided to utilize a new tool that would allow us to better understand, describe and evaluate the strengths and weaknesses of specific center-level programs. Each of the centers has been working with the Statewide Evaluation team to develop a Logic Model for at least one of their programs. Usually Logic Models are developed to provide a comprehensive description of the evaluation plan and provide a quick snapshot of how the program operates and what it intends to accomplish. We often see Logic Models utilized within grant proposals or within strategic planning. However, in working backwards with each of the centers to develop a logic model based on their current program, we have found that it is a useful tool to recognize weaknesses, gaps and strengths. We have also found that it is a great way to show stakeholders, the shared relationships among the resources, activities, outputs, outcomes, and impact for the center programs.

Within the full Statewide Evaluation report, we will provide an in-depth overview of one program from each of the nine centers utilizing a Logic Model. With each logic model, we will input actual data obtained from each center that will show the following:

- **Goals/Objectives** of the program
- **Assumptions:** Why this program is needed based on the gaps/needs in the community

- **Inputs:** staff, partners, funding, tools and resources needed to effectively implement the program
- **Targets:** the population they are trying to recruit vs. who they recruited
- **Activities & Objectives:** how the program was implemented including the curriculum, activities and timeline
- **Outputs:** participant demographics, # hours didactic or experiential trainings, type of activities, topics covered, # students recruited, # students completed, % improvement in competencies, etc.
- **Results:** includes immediate, intermediate and longitudinal evaluation such as: student reflections, changes in behavior overtime, graduation, degrees earned, work placement, etc.

NYS AHEC Scholars Evaluation Updates. Below we indicate what types of data we are collecting in order to evaluate overall AHEC Scholar program/activity effectiveness, provide continuous quality improvement, and determine the longitudinal impact of the AHEC Scholar program/activities. We will provide an overview of the comprehensive data that will contain the following within the Statewide Evaluation Report:

- **Baseline Data**

Individual-level data is collected from all AHEC Scholar participants. This includes demographics, socioeconomic data, and previous exposure to math/science enrichment programs, residence, career plans and perception of the program. AHEC Scholar participants also provide AHECs with intended practice location upon completion (NYS, underserved, rural/urban/suburban, etc.). All Scholar participants are assigned a unique identification/tracking number in our cloud-based database. This information is accessible in real time across the state for modifications, updates, reports, etc.

- **Competency Measurement Tools**

We are utilizing questionnaires with our AHEC Scholars to learn more about their opinions of the program itself and/or behavioral changes that they experience related to their knowledge, attitudes, confidence and self-efficacy, and any changes in practices. We have implemented the following three (3) questionnaires:

1. **Cultural Competency Assessment.** This tool is a pre/post-test assessment designed to measure: a) attitudinal relationship of cultural competency and quality healthcare, and b) changes in students' attitudes on issues relating to cultural competency. The tool consists of 15 items with a 6-point Likert scale and was adapted from the "Health Beliefs and Attitudes Scale (HBAS)." It is given to the AHEC Scholars before they begin their experiential and didactic training and then again at the end of their two-year participation in the AHEC Scholar program.
2. **Attitudes Toward Interprofessional Health Care Team.** This tool is a pre/post-test assessment designed to measure the AHEC Scholars' perceptions of the quality of care delivered and overall quality of teamwork. The tool consists of 14 items using 5-point Likert scale and is adapted from the "Attitudes Towards Health Care Team Scale (ATHCT)." It is given to the AHEC Scholars before they begin their experiential and didactic training and then again at the end of their two-year participation in the AHEC Scholar program.
3. **National AHEC Organization AHEC Scholars Evaluation and Outcome Measurement Tool.** This is a 12 question pre-post retrospective survey. This tool was designed by the National AHEC Organization to be discipline-neutral and inclusive of both undergraduates and graduate programs. The retrospective tool asks Scholar to self-assess what they have learned, comparing what they knew before

AHEC Scholars to what they know at the completion. The tool is a one-time evaluation after each Scholar's participation. The tool utilizes a 5-point Likert scale and was developed to measure differences within competency for each Core Topic area.

- **Program Activity Data**

We continue to collect information on the following:

- # strategic partnerships established
- # students recruited & completed program
- # hours of experiential training completed
- # hours of didactic education completed
- # hours of experiential and didactic training completed within each Core Topic Area
- % of participants who show improvement in knowledge concerning all Core Topic areas (based on Online Modules)

- **Qualitative Data – Activity Logs/Reflections**

We ask each of our Scholars to submit a monthly activity log. Within these logs, the Scholars write about and reflect upon their experiential training activities. We ask them to provide a description of each activity, the number of hours they spent on each activity and ask them to reflect upon what they learned through these experiences. This qualitative data provides each AHEC Center with insights pertaining to what the Scholar participants are experiencing, as well as what knowledge or competencies they are gaining.

- **Longitudinal Follow-up**

The AHEC Scholar's one-year follow-up questionnaire is in development and will be implement in May of 2021.