CONNECTING STUDENTS TO CAREERS, PROFESSIONALS



TO COMMUNITIES, AND COMMUNITIES TO BETTER HEALTH.

Testimony to New York State Division of Budget

Public Hearing

November 17, 2007 Buffalo, NY

By

Mary J. Sienkiewicz, MBA Associate Director New York State Area Health Education Center (AHEC) System

Leadership for the New York State AHEC System is provided by community-based centers, the statewide office at the University at Buffalo and regional offices at Upstate Medical University, Albany Medical College and The Institute for Urban Family Health. My name is Mary Sienkiewicz. I am the Associate Director for the New York State Area Health Education Center (AHEC) System, a community-based, statewide health workforce development initiative with a mission to increase 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 Statewide Office for the New York State AHEC System is located at the University at Buffalo. I am here today to express appreciation to New York State for its investment in the New York State AHEC System with 1.6 million dollars annually. In 2000, that funding was realistic to provide seed money for four centers (two established and two in development). In 2007, the New York State AHEC System serves the entire state with nine centers and an annual allocation of 2.6 million dollars is needed.

The New York State Department of Labor forecasts that health care sector jobs will grow at a rate of 17.8% for the ten year period ending in 2012, a rate twice that of all other occupations. The increase in demand will place additional pressure on underserved areas already in need of health care workers.

AHEC recruitment, training and retention activities represent economic and health workforce development strategies. Community-based AHECs build partnerships between the supply side (secondary and professional schools) and the demand side (health providers and communities) for health care workers.

The investment in state funding to the New York State AHEC System since 2000 has leveraged over 21 million dollars in federal funding and nearly 6 million dollars in local community and private foundation funding.

The New York State AHEC System has provided over 16,000 medical, nursing and other health professions students with over 1.6 million hours of community-based training. These students under community-based teacher supervision, provided care to more than 640,000 patients. Nearly 80,000 young people have learned about health careers through classroom and real-life settings. More than 41,000 health professionals have enhanced their clinical skills through AHEC's continuing education programs.

AHEC's "Pipeline to Practice" strategies increase the number of students from underserved rural and urban areas and under-represented and disadvantaged backgrounds who enter health careers. Research shows that these students are more likely to choose primary care and practice in their community of origin or similar communities.

I will share two examples of successful AHEC programs from the western New York area.

Our first center, the Western New York Rural AHEC, received a national Center of Excellence Award for programs that have resulted in nearly 500 graduates or program completers of LPN, RN, nurse refresher, nurse leadership, medical coder, and dental assistant training programs since 2004. An additional 100 students are currently enrolled in programs. The Erie Niagara AHEC, established just four years ago, already has 28 students who after completing AHEC pipeline programs are now in college or health professions training programs. Nearly 80 percent of them are enrolled in local academic institutions. Of the 21 students with declared majors, 11 are in nursing, four are in pre-med, four are in other health professions, and two are in science programs.

We endorse the Governor's commitment to increased health insurance, emphasis on quality indicators, and investment in health information technology. We look forward to working with New York State to recruit and prepare the health workforce to address these issues and provide access to quality health care for New Yorkers. We respectfully request that 2.6 million dollars annually be allocated to the New York State AHEC System to continue and expand successful health career development initiatives. Thank you.

Connecting students to careers, professionals to



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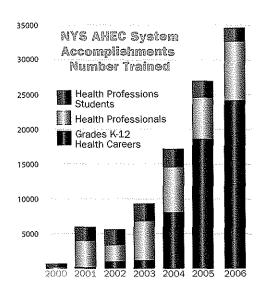
Funding Request: 2008-09 and 2009-10

The NYS Area Health Education Center (AHEC) System's capacity to help New York State address health care system needs

The NYS Department of Labor forecasts a growth rate of 17.8% for health care sector jobs from 2002-12, a rate twice that of all other occupations. This increase in demand will place additional pressure on underserved areas already in need of health care workers. NYS AHEC System recruitment, training and retention strategies are solutions to these workforce needs.

NYS AHEC System recruitment programs increase the number of students from under-represented and disadvantaged backgrounds who enter health careers. Research shows that these students are more likely to choose primary care and practice in their community of origin or similar communities.

NYS AHEC System strategies focus on the development of a primary care workforce which is essential to reducing health care costs, improving health outcomes, and retaining a safety net. Writing in the *Journal* of the American Medical Association,





"Fewer US medical students are choosing careers in primary care... at a time of growing need for primary care of an aging population..." The New England Journal of Medicine, 2006

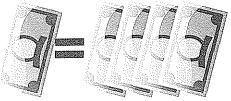
Rosenblatt et al concluded that "workforce shortages may impede the expansion of the US CHC [Community Health Center] safety net" and "the precipitous decline in the proportion of physicians choosing generalist careers...may lead to renewed shortages of safety net and rural physicians generally."1 In a 2006 article in The New England Journal of Medicine, Bodenheimer noted that "Fewer US medical students are choosing careers in primary care at a time of growing need for primary care of an aging population....studies have demonstrated that a primary care based health care system has the potential to reduce costs while maintaining quality."2

New York State is moving to restructure its hospitals and nursing homes into a more cost-effective health care system as part of the Federal-State Health Reform Partnership (F-SHRP). The NYS AHEC System's successful "From Pipeline to Practice" approach can assist with the corresponding need to transition the health care workforce into one that emphasizes primary care rather than acute care.

Improving access to quality health care

The NYS AHEC System, a communitybased health care workforce development initiative, was established in 1998 to cultivate a workforce that more closely matches the diversity of the state's population; assure that each community has enough practitioners in the right categories – particularly primary care; and ultimately improve access to quality health care for all New Yorkers.

NYS AHEC System leverages funding to address state's workforce needs



Every dollar of state funding to the New York State AHEC System leverages four dollars of federal, local community and private foundation funding invested in programs and services in New York's medically underserved rural and urban communities.

Connecting students to careers, professionals to communities, and communities to better health

- Since its inception, the NYS AHEC System provided nearly 15,000 medical, nursing and other health professions students with over 1.5 million hours of community-based training.
- During the same period, these students, under community-based teacher supervision, provided care to more than 574,000 patients.
- Since 1998, over 53,000 young people have learned about health careers through classroom and real-life settings.
- More than 32,000 health professionals have enhanced their clinical skills through AHEC's continuing education programs.

Making all of New York State a campus

With a demonstrated statewide capacity to address health workforce issues through community-based centers that utilize local strategies to meet local needs, last year the NYS AHEC System worked with:

- 125 academic institutions
- 271 elementary/secondary schools
- 240 hospitals/health care systems/ clinics
- 220 community organizations, government agencies and businesses

NYS AHEC System activities represent both economic and health workforce development strategies

Community economic development is inextricably linked to viable health care delivery systems which in turn are dependent on creating a quality health workforce. Community-based AHECs are positioned as effective liaisons and facilitators to build partnerships between the supply side (secondary and postsecondary schools) and the demand side (health providers and communities) for health care workers. A strong health care system is a crucial part of a community's economic infrastructure, as the Business Council of New York State has recognized in supporting the NYS AHEC System.

Funding history

The \$13 million in Health Care Reform Act (HCRA) investment allocated to the NYS AHEC System since 2000 has leveraged \$21.5 million in federal funding from the Health Resources and Services Administration (HRSA) and nearly \$8.5 million in local community and private foundation funding. The funding has been essential for significant "From Pipeline to Practice" accomplishments in New York's medically underserved rural and urban communities. Successes to date merit even greater investment of state funding.



Funding needs for 2008-09 and 2009-10

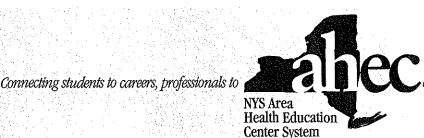
An early partner, the State of New York invested in the NYS AHEC System with \$1.6 million annually. In 2000, that funding was realistic to provide seed money for four centers (two established and two in development). In 2007, the NYS AHEC System serves the entire state with nine centers.

An annual allocation of \$2.6 million is needed to develop and promote training and re-training programs for workers to advance and re-enter the workforce. increase penetration into underserved areas. enhance student placements, and increase health career training for young people. With modest additional funding, the NYS AHEC System can double the outreach and effectiveness of health career development.

1 Rosenblatt RA, Andrilla CH, Curtin T, Hart LG., Shortages of medical personnel at community health centers: implications for planned expansion. Journal of the American Medical Association, March 1, 2006; 295(9):1042-1049.

2 Bodenheimer T., Primary care-will it survive? New England Journal of Medicine, August 31, 2006; 355(9):861-864.

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New York State AHEC System Statewide Office University at Buffalo Department of Family Medicine, 462 Grider Street, Buffalo, NY 14215 716-898-4699 716-898-3536 Fax www.ahec.buffalo.edu