

WHAT'S AILING AMERICA?

59 MILLION CITIZENS LIVE IN MEDICALLY UNDERSERVED AREAS

Proposed Budget Cuts Mean AHECs Cannot Recruit, Connect Healthcare Workers To Communities

Charleston, SC– Once upon a time, a health professions degree was a ticket out of small, rural towns and tough, urban neighborhoods. But one national organization has spent four decades delivering well-trained medical professionals back into those communities, which often need them the most.

If the current national budget proposed by the President for 2013 is adopted, national funding for Area Health Education Centers (AHECs) – and the thousands of healthcare professionals they connect to communities in need – will be eliminated.

America is experiencing a shortage of healthcare professionals. Today, 59.7 million Americans live in communities served by a total of 5,796 Primary Care Health Professionals (PCHPs). Ideally, those patients would have access to almost three times that number of PCHPs, 16,030.

The disparity is particularly pronounced in rural areas, where only 10 percent of the country's physicians are available to provide care to 20% of the U.S population.

Studies have shown that physicians most likely to serve in rural areas grew up there. And primary care doctors are especially drawn to these areas, compared to peers who choose other medical specialties. Studies also indicate that increasing minority representation in healthcare helps address health disparities and ensures diverse populations have access to culturally competent care.

Those realities fuel the National AHEC Organization (<http://www.nationalahec.org>), which exists to address these realities through its 56 programs with 235 centers in 47 states and territories. AHECs work to connect communities with medical/professional schools to recruit, place and retain healthcare talent in areas of need.

Nationwide, AHECs helped train 476,585 health care professionals in 2010 – 26.4 percent of whom were physicians. Last year, the South Carolina AHEC system provided both live and online educational programs to 31,079 health care professionals across the state.

"It is clear that communities across the U.S. need help finding and recruiting healthcare talent into high-need areas," said Rob Trachtenberg, Executive Director of the NAO. "AHECs have labored quietly for many years and not enough people are aware of our contributions. But if AHECs disappear so, too, do the efforts of the thousands of AHEC employees who work every day to encourage new and future doctors, nurses, mental health workers, dentists and other health professionals to provide care in underserved communities," said Trachtenberg.

In response to the perfect storm of growing needs and declining resources, the NAO has developed a new campaign – AHEC Stands for Jobs -- to help community-based AHECs inform people about the role they play in local, state and regional economies. Their goal is

to provide information to communities that have benefited from AHEC's services so they can help make a case for healthy AHEC funding.

AHECs are really adept at responding to local health needs. We provide a link between academic training programs and communities in need of healthcare services," said David Garr, MD, the Executive Director of the South Carolina AHEC. Dr. Garr continued, "Last year, our statewide AHEC system worked with organizations in every county to help provide educational experiences for individuals in various stages of healthcare training. Without federal funding, our ability to continue to provide educational services and respond to the health workforce needs of our state will be adversely impacted."

AHEC STANDS FOR JOBS

Based on years of research, the NAO leadership is focusing on two areas of impact.

- Healthy communities depend on access to dedicated healthcare professionals. Absent access to a doctor, a community faces high levels of absenteeism from work and/or school, and the risk of minor health problems progressing into more serious and costly ones.
- The presence of a physician can do an enormous amount for a community's economic health. Studies have shown that one full-time family physician on average creates five full-time supporting staff positions in a community. And while variation exists from state to state, the average economic impact of one family physician on a community is \$904,696 a year.

What's more, rural communities also benefit from the presence of health professionals who are not physicians. Nurse practitioners, physician assistants, dentists and mental health professionals are also needed in rural communities. National studies indicate that rural communities need 9,427 more dental providers to meet current need; and there is a shortage of 5,883 mental health practitioners to serve the 90.2 million people who live in areas underserved by trained professionals

While the U.S. is presently seeing a slight increase in employment, many communities nationwide still struggle with far too few job opportunities for their citizens. Paired with shortages of healthcare professionals, these communities' face a much longer period of recovery from the recent recession.

Find out more about the South Carolina AHEC programs at <http://scahec.net>. Feel free to contact any of our distinguished colleagues profiled below.

The Story of AHEC– from Participants All Across South Carolina

"I started attending AHEC's health career high school program and continued through medical school with AHEC community based rotations. I have also participated both as an attending and in private practice. I have served as an AHEC preceptor to future healthcare professionals and definitely see the value of recruitment and retention of healthcare providers in our state. Regardless of where you are, AHEC brings my thinking right back to the community."

Dr. Kievers Cunningham practices in the Emergency Department at McLeod Medical Center Dillon and can be reached at 843-774-4111.

Kahlil Demonbreun, RNC-OB, MSN, WHNP-BC, ANP-BC has been a Women's Health Nurse Practitioner at Family Health Centers, Inc. in Orangeburg, SC since February of 2008. Mr. Demonbreun is a Doctor of Nursing Practice (DNP) student at the Medical University of South Carolina (MUSC) where he has been named a Paul Ambrose Scholar. He earned a Bachelor of Science in Nursing from the University of South Carolina and a Master's of Science in Nursing by completing the University of South Carolina's Women's Health Nurse Practitioner program. He has been a member on the Lowcountry AHEC Board of Directors for the past 4 years; serving the past 3 years as the Secretary of the Executive Committee and currently serving as Treasurer. Mr. Demonbreun has been a preceptor for Lowcountry AHEC since 2005. In 2011, he was nominated Lowcountry AHEC Preceptor of the Year.

Kahlil Demonbreun practices in Orangeburg and can be reached at demonbreun@aol.com or 803-531-5969.

Vickie Glover, PA-C has been a Physician Assistant at Barnwell Family Medicine since October of 1999. Prior to completing her Bachelor of Science in the Physician Assistant program at MUSC, she served in various nursing capacities utilizing a previously earned RN degree. During her training as a PA student, Vickie participated in the Lowcountry AHEC SCRIPT program (South Carolina Rural Interdisciplinary Program of Training). Since 2000, Vickie has been a preceptor for Lowcountry AHEC and trained over 50 students. In 2007, she was the SCAHEC Preceptor of the Year. Most recently Vickie has joined the Board of Directors at Lowcountry AHEC.

Vickie Glover practices in Barnwell and can be reached at vglover22@hotmail.com or 803-259-5762.

"[Family Medicine Physician] Dr. Sam Stone spoke [during a course for health professions students I was enrolled in], and I ran up to him after his speech and told him how I wanted to be a physician, but I didn't have the confidence to know if it was something I could handle. Instead of brushing me off, Dr. Stone told me if I survived in his clinic for one week he thought I could do it. One week quickly turned into 2 years."

Alli Serdah can be reached at the Walgreens Pharmacy in Greenwood at 864-223-6904.

"Marlon Shelby was initially a student placed with us for his family medicine rotation, after which we eventually hired him directly out of school. We've appreciated having him as part

of our family and he's been an asset to Chester ever since. I know that his clinical placement through AHEC had a tremendous influence in the decision to move here and make this his home."

Sam Stone (and Marlon Shelby) both practice at Lowrys Family Medicine Associates in Chester. They can be reached at 803-581-2800.

Anthony Poole, PA, recently began practice in a rural family physician practice in Orangeburg. He has been seeking a family medicine position for a while and is now following his dream. He has come full circle through AHEC, from student to board member.

Anthony Poole practices at Family Diagnostics in Holly Hill and can be reached at (803) 496-7174.

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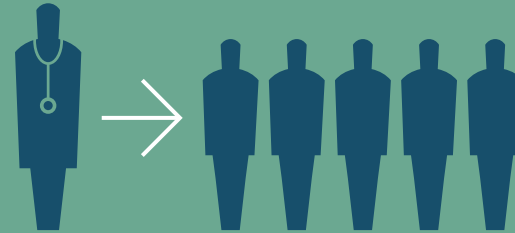


Stands for Jobs

THE NATIONAL AHEC ORGANIZATION SUPPORTS THE AHEC SYSTEM THAT WAS ESTABLISHED IN 1971 BY CONGRESS. WITH 56 AHEC PROGRAMS AND MORE THAN 235 CENTERS IN NEARLY EVERY STATE, THE NAO SUPPORTS AND ADVANCES THE AHEC NETWORK TO IMPROVE HEALTH BY LEADING THE NATION IN THE RECRUITMENT, TRAINING AND RETENTION OF A DIVERSE HEALTH WORKFORCE FOR UNDERSERVED COMMUNITIES.

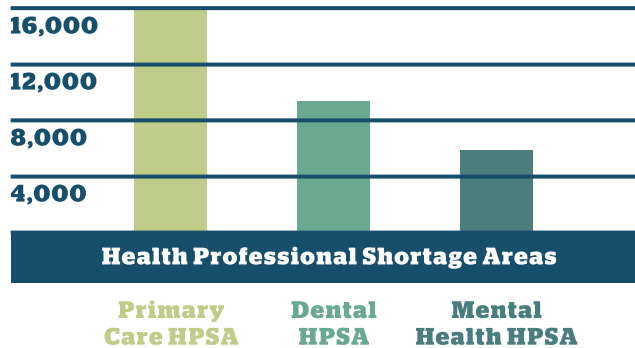
Average economic impact of one family physician: ¹

\$904,696



One full-time family physician is estimated to create an average of five full-time supporting staff positions.²

PRACTITIONERS REQUIRED TO MEET NEED³



AHEC works collaboratively with 120 medical schools and 600 nursing/allied health schools to improve the health of communities.

63,456

NUMBER OF STUDENT ROTATIONS IN 2010 PROVIDED BY AHECS FOR HEALTH PROFESSIONS STUDENTS IN RURAL AND UNDERSERVED CLINICAL LOCATIONS.

476,585

NUMBER OF HEALTH CARE PROFESSIONALS TRAINED BY AHEC, 26.4% BEING PHYSICIANS.

Creating a diverse primary care workforce for America's communities:



Specialty: Family physicians are more likely than those with less general training to choose rural and underserved practice.



Diversity: Increasing minority representation in healthcare helps address health disparities and ensures diverse populations have access to culturally competent care.