



Testimony

**Joint Legislative Public Hearing
2022-2023 Budget
Health/Medicaid**

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Submitted by:

**Leishia B. Smallwood, MPA
Director, NYS 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 Family Health.

(716) 816-7225

Fax (716) 845-6899

www.nysahec.org

My name is Leishia Smallwood, Director of the New York State Area Health Education Center System. I would like to thank you for your continued support of the New York State Area Health Education Center (NYS AHEC) System, a dedicated healthcare workforce development initiative with the primary mission of improving and enhancing access to diverse and qualified healthcare professionals, particularly from medically disadvantaged communities. Serving the entirety of the state, the NYS AHEC System is comprised of nine local centers, three regional offices, and one statewide office.

AHECs are embedded in the communities they serve, positioning them to respond rapidly to emergent training needs of health professionals, health professions students, and interprofessional teams on issues associated with cultural competency, health literacy, health disparities, substance use disorders and community health crises. Since its inception in 1998, the NYS AHEC System has helped:

- 272,400 students (K-12 and College) receive healthcare career exposure through our pipeline programs;
- 38,650 health professions students receive over 3.7 million hours of education and clinical training; and
- 405,000 healthcare professionals participate in continuing education programs.

The NYS AHEC System was removed from the *FY 2020-2021* enacted state budget, and currently is not included in the Governor's Proposed Budget for *FY 2022-2023*. Having experienced this firsthand, we know how much the loss of state funding would severely impact the NYS AHEC System's ability to support underserved populations and communities across the state. Programs would immediately decrease, jobs would be lost, and areas with already limited healthcare workforce assistance would continue to go unserved. Moreover, the NYS AHEC System relies on state funds to match federal funding, and without state support, our federal funding sustainability is directly jeopardized. Lastly, our collaborative partners and the communities we serve have come to rely on the essential programming we provide.

Historically, state funding has supported our network for over 20 years. Our proposed funding elimination now results in years of lost investment. Furthermore, this would reduce the state's ability to actively diversify the healthcare workforce, which is a primary resource to addressing the many health disparities that plague the underserved areas throughout NYS. With healthcare jobs expected to grow exponentially within the next decade, the NYS AHEC System is vital to reducing the healthcare workforce shortages affecting the state and addressing service gap challenges within the underserved communities that need those services the most. Unfortunately, we have seen how these healthcare shortages are further exacerbated by the COVID pandemic. With increased staff turnover, growing rates of provider burnout, and an older professional population, our state is in desperate need of programming tailored to growing and diversifying the healthcare workforce population. The NYS AHEC System has dedicated itself to ensuring that a representative and qualified health workforce is available to fill open vacancies, particularly in the most underserved communities across our urban and rural regions.

We urge you to lend your support for the NYS AHEC System by assisting efforts that secure line item funding in the amount of **\$2,200,000** to enhance necessary workforce training programs, increase economic viability, and help mitigate the current health professional shortage. *FY 2020-2021* was extremely challenging, as we were forced to make painful cuts by eliminating programs and available resources at the local, regional and statewide levels. As a result, we served fewer members of *your* community – fewer students and job seekers were a part of the AHEC “grow our own” strategy, less clinical rotations were coordinated in underserved areas limiting recruitment opportunities, and education and training opportunities for health professionals were reduced.

It is extremely vital that programming to provide education and training initiatives in the medically underserved and underrepresented communities, of which the NYS AHEC System is structured to provide, continue to be supported. Inclusion of the NYS AHEC System in the proposed *FY 2022-2023* budget for **\$2.2 Million** will allow for the following:

- Increased programming opportunities in already-limited underserved rural and urban areas
- Increased community resources, services and collaborations in medically disadvantaged areas throughout the state
- Increased number of patients receiving quality care and services provided by AHEC Students

- Expanded vital connections for pipeline students to post-secondary healthcare education programs across the state
- Expanded job placement support and assistance for health professions students in disadvantaged communities throughout NYS
- Significant support towards federal funding, as matching funds from the state are required for continued federal dollars

We realize that the budget process is a tough time for legislators, and this year will be even more so due to the effects of the coronavirus pandemic. However, we believe expanding efforts to “Grow Our Own” professionals like doctors, nurse practitioners, nurses, physician assistants, social workers, dentists, pharmacists, HHAs, CNAs and LTC workers to provide critical health services to address the health needs this pandemic has magnified – is worthy of continued investment. “Grow Our Own” programs for secondary and post-secondary students are a long-term solution to primary care shortages and increase the diversity of the health care sector in New York State.

The New York State AHEC System is deeply involved in all of the Department of Health priority areas, including providing student, practitioner and community education focused on battling the coronavirus pandemic, combating the opioid epidemic and supporting the improvement of maternal child health to reduce mother and infant mortality rates, just to name a few. It is our hope to continue this level of educational programming and community service with the support of state funding in the *FY 2022-2023* budget.

Outcomes of the NYS AHEC System

Table 4- NYS AHEC System Evaluation Outcome Indicators		
Objectives	Activities	Outcome Indicators July 1 2020 – June 30 2021
Obj. 1: Pipeline Activities <i>[Diversity Goal]</i>	Provide health career pipeline activities and tools to students, targeted at MUC and/or underrepresented students.	~900 students participated in pipeline activities 41% of participants from MUCs (including Rural Areas) and/or are underrepresented minorities
Obj. 2: Rotations & Community-based Experiential Training <i>[Distribution Goal]</i>	Collaborate with partners to facilitate experiential training of students in rotations or internships in MUCs or team-based settings; and/or address 1+ core topics.	137 rotations/placements 97% placements completed within a MUC and/or team-based setting 19% of participants who show an interest in working in a MUC or Rural area 26% of participants who show a commitment to working in a primary care setting
Obj. 3: Continuing Education <i>[Transformation Goal]</i>	Develop, implement or facilitate access to continuing education for current health professionals through CE activities.	33,000 participants who completed training activities ~42% of participants work in a MUC ~65% of participants who work in a primary care setting ~6% of participants work in a Rural setting
Obj. 4: AHEC Scholars Program <i>[Diversity, Distribution, & Transformation Goals]</i>	Recruit / retain IPE students; Facilitate community-based training in MUCs in team-based settings; Education focused on the Core Topic areas	91% of participants showed an interest in working in a MUC 63% of participants showed a commitment to working in a primary care setting

COVID-19 Supplemental Funding

Objective	May 1, 2020 – April 30, 2021 (program ended)
In collaboration with area partners, coordinate and host a Healthcare Workforce Training/Continuing Education Series, inclusive of at least 36 educational or training events, for a minimum of 600 current and/or future health professionals (physicians, nurses, physician assistants, behavioral health practitioners, social workers, students, etc.) focused specifically on addressing practice needs related to COVID-19.	Program Outcomes: <ul style="list-style-type: none"> • Over the course of the funding year, the NYS AHEC System successfully facilitated 30 educational/training activities, helping to increase nearly 775 current and future healthcare professionals’ knowledge of practice issues related to COVID-19, with topics including but not limited to: infectious disease practices and prevention, practitioner self-care/ resiliency, trauma-informed care, social determinants of health challenges for vulnerable patient populations.

OpioiD Prevention Education Program (OPEP)

Objective	Project Outcomes: 7 Centers Participating September 1, 2020 – August 31, 2021
Obj. 1: Student Awareness: In collaboration with local partners, coordinate outreach events addressing opioid use, prevention and treatment for current college and high school students with a particular emphasis on those from underrepresented and disadvantaged backgrounds.	Number of Events: 93 Total Student Awareness Events were coordinated Number of Individuals Reached: 4,142 total individuals
Obj. 2: Community Engagement/Outreach. In collaboration with local community partners, coordinate community engagement and outreach efforts designed to increase community knowledge and awareness of opioid abuse, prevention, and available treatments.	Number of Events: 38 community outreach events Number of Community Members Reached: 509 total participants

OpioiD Use Peer Recovery Network Development Program

Objective	January 1, 2020 – June 30, 2021 (program ended)
Obj. 1: CRPA Training: Provide training to at least 75 individuals interested in becoming certified recovery peer advocates	Number of Participants: — 75 CRPA Trainees — 5 Train-the-Trainer Participants — 51 CRPA certifications earned

Re-Employment Support and Training for the OpioiD Related Epidemic (RESTORE)

Objective	First 2 years of Implementation: October 1, 2019 – December 31, 2021
Obj. 1: Pre-Employment Training: Train a minimum of 200 participants via at least 12 job-related trainings (i.e. resume writing, soft skills development, job searching skills, etc.) Obj. 2: Credential Training: Connect at least 20 women to supportive or other career services not directly offered, and provide financial support	Program Outcomes: — Nearly 210 trainees for pre-employment related workshops — 2 women matriculated in academic training programs (LPN and Medical Coding/Billing); tuition support provided — 23 women enrolled in CRPA training — 16 scholarships awarded for Phlebotomy or Sterile Processing Technician Programs

Rural Communities OpioiD Response Program (RCORP)

Objective	1st Year of Implementation: September 1, 2020 – August 31, 2021
Goal 1: Prevention: Reduce the occurrence and associated risk of opioiD use disorder (OUD) among new and at-risk users (including polysubstance users), as well as fatal opioiD-related overdoses, and promote infectious disease detection through activities such as community and provider education, harm reduction strategies, and referral to treatment and recovery support services. Goal 2: Treatment: Implement or expand access to evidence-based practices, including medication-assisted treatment (MAT) with psychosocial intervention, and eliminate or reduce treatment costs for uninsured and underinsured patients. Goal 3: Recovery: Implement or expand access to recovery and treatment options that help people battling OUD (including those with polysubstance disorders) start and stay in recovery, including ensuring access to support services such as, but not limited to, transportation, housing, peer recovery, case management, employment assistance, and child care.	Program Outcomes: • Roughly 150 community members and healthcare staff received training related to substance use prevention, inclusive of topics addressing overdose reversal efforts, trauma related care/recovery support, and de-stigmatization. • Over 115 healthcare staff, providers, first responders, and law enforcement personnel received training related to substance use treatment, with topics addressing medication assisted treatment, billing and coding services, and treatment regulations and policies. • Community members continued to receive information and/or training focusing on substance use recovery and service awareness.

While the above information shows our programmatic goals and outcomes numerically, the best way to understand the true impact of AHEC is to talk to our students and hear firsthand how AHEC changed their lives by providing support, mentorship and hands-on experiences that led to or is leading to a health career and a focus on underserved populations. I would be happy to set up an opportunity for you to talk with AHEC participants back in your districts. From pipeline to practice, AHEC is the Answer! Connecting students to careers, professionals to communities, and communities to better health.

Thank you for this opportunity to provide written testimony about the New York State Area Health Education Center System (AHEC) and thank you for your continued support.