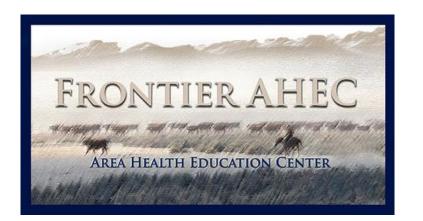
# NEVADA AREA HEALTH EDUCATION CENTERS



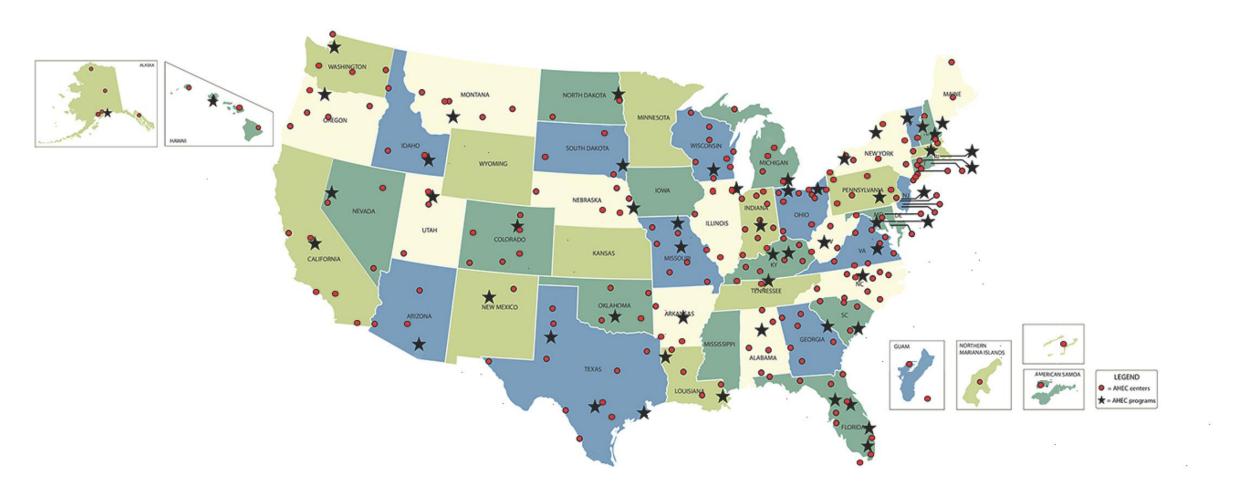






## National AHEC Organization (NAO) Program

Mission: Enhance access to quality health care, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals via strategic partnerships with academic programs, communities and professional organizations.



\*\*The National AHEC Organization represents a network of more than **300 AHEC program offices and** centers that serve over **85% of United States counties**. The NAO mission is to help its members achieve the AHEC mission through advocacy, education, and collaboration.

\*\*Funded through the Health Resources and Services Administration (HRSA)

\*\*AHECs to receive \$47 million in federal funding for FY24

### History of Nevada Area Health Education Centers



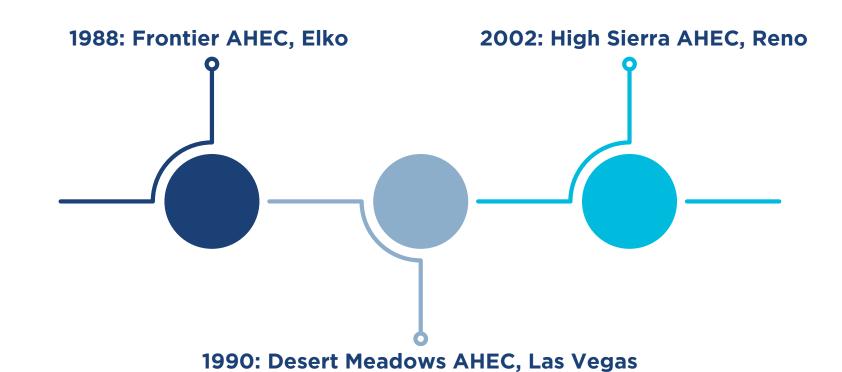
The AHEC program was **established by Congress in 1971** with the purpose of recruiting, training, and retaining a health professions workforce dedicated to serving underserved and populations.



Nevada AHEC received its first federal grant in 1987. Legislation for Nevada was developed in 1989, in collaboration with Dean Robert M. Daugherty, with additional authorization granted in 2003.



For **over 35 years**, the Nevada Area
Health Education Centers have been
advancing their mission through **three designated centers**, **providing services statewide**.



### NRS 396.907

#### Area Health Education Center Program: Establishment; duties; use of gifts and other money.

1. The Area Health Education Center Program is hereby established within the University of Nevada School of Medicine to support education and training programs for students studying to become practitioners, or residents or practitioners who will provide or are providing health care services in medically underserved areas in this state, including urban and rural areas.

#### The Area Health Education Center Program shall:

- (a) Assist the area health education centers within Nevada in providing:
  - (1) Career opportunities in health care;
  - (2) Information to practitioners and other providers of health care;
  - (3) Continuing education for practitioners and other providers of health care; and
  - (4) Stipends for the education and training of students studying to become practitioners and residents who will provide or who are providing health care services in medically underserved areas in this state;
- (b) Assess and develop training programs concerning the appropriate curriculum for primary care and other priority health care services;
- (c) Enhance the training programs in primary care by providing additional entry-level positions and faculty to increase the availability of practitioners and other providers of health care;
- (d) Increase the percentage of medical students committing to residencies and careers in primary care;
- (e) Provide a greater percentage of primary care residents to medically underserved areas in this state;
- (f) Develop and enhance training programs necessary to address the primary health care needs of persons in this state; and
- (g) Establish interdisciplinary opportunities for education and training for practitioners and other providers of health care.
- 2. Any gift, donation, bequest, grant or other source of money received by the Area Health Education Center Program may be used to carry out the provisions of this section.
- 3. As used in this section, "practitioner" has the meaning ascribed to it in NRS 439A.0195. (Added to NRS by 2003, 20th Special Session, 277)

### Statewide AHEC Infrastructure



Nevada AHEC Program Office is located within the University of Nevada, Reno School of Medicine's Office of Statewide Initiatives. Staff Size: 2.5 FTE

Operations Budget: \$306,938 Program Director: Gerald J. Ackerman





#### Frontier AHEC, Elko

Hosted by University of Nevada, Reno School of Medicine Counties Served: Elko, Eureka, Humboldt, Lander, Mineral,

Pershing and White Pine

Staff Size: 1.5 FTE

Operations Budget: \$175,000 Center Director: Keith Clark



#### **Desert Meadows AHEC, Las Vegas**

Hosted by Comagine Health

Counties Served: Clark, Lincoln, Nye and Esmeralda

Staff Size: 1.5 FTEs

Operations Budget: \$140,400 Center Director: Edy Taylor



#### High Sierra AHEC, Reno

501c3 Nonprofit Organization

Counties Served: Washoe, Carson City, Douglas, Lyon, Churchill, and Story

Staff Size: 9 FTEs, 3 Paid Interns

Current Operations Budget: \$861,526

Center Director: Andrea Gregg

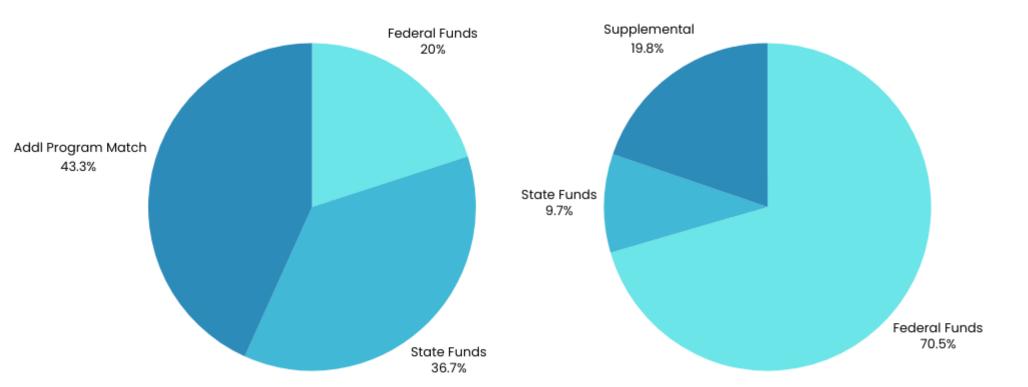
## How is each Center currently funded?

#### FY 23-24 Federal Funds (HRSA): \$432,750

25% to PO / 75% equally distributed to centers 10% Restrictions on Pipeline \*Requires a 100% match in state funds

\*The state matching funds are secured through partnerships with various programs and individuals within the University of Nevada, Reno School of Medicine.

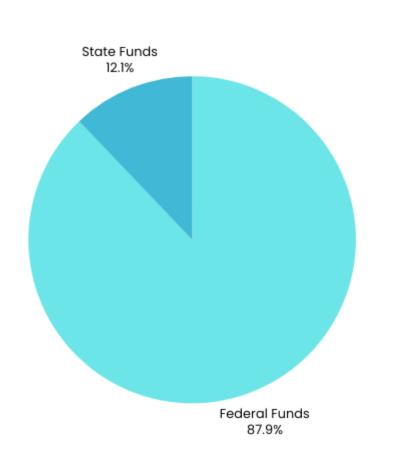
AHEC Program Office (Federal): \$123,400 AHEC Program Office (State): \$183,538 \*Leveraged State Funds Frontier AHEC (Federal): \$123,400
Frontier AHEC (State): \$17,000
Additional Funds via Federal Grants and
Contracts: \$34,600



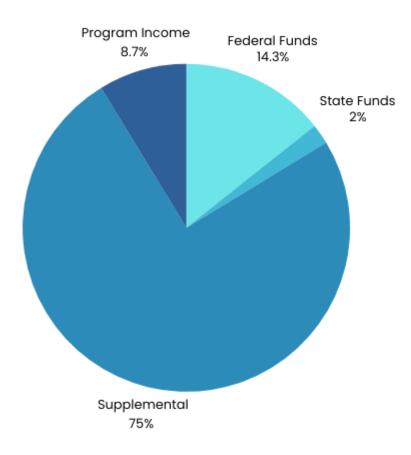
#### FY 23-24 State Funds Allocated to Centers: \$51,000

Equally distributed to each AHEC Center \$17,000 / Center FY 23-24

Desert Meadows AHEC (Federal): \$123,400
Desert Meadows AHEC (State): \$17,000
Additional Funds via Federal Grants and
Contracts: \$0



High Sierra AHEC (Federal): \$123,400 High Sierra AHEC (State): \$17,000 Additional Funds via Federal Grants and Contracts: \$646,126



# Building Bridges for Health Equity

Connecting Communities

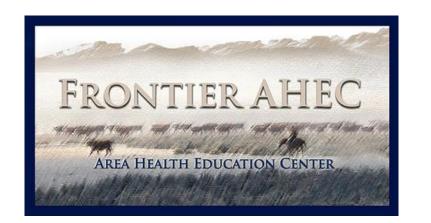
Advancing Workforce Development

Cultivating Inclusivity

Transforming Care







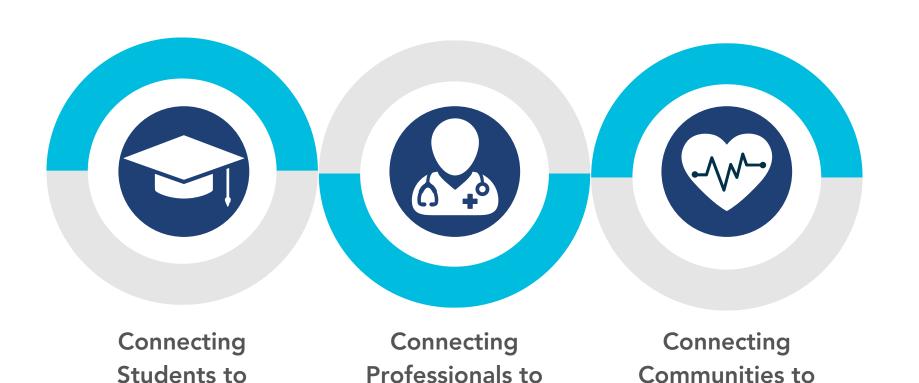


# OUR MISSION

Careers



The Nevada AHEC Program addresses Nevada's healthcare workforce shortages by recruiting, training, and placing diverse healthcare professionals into rural and underserved communities to improve access to quality care.

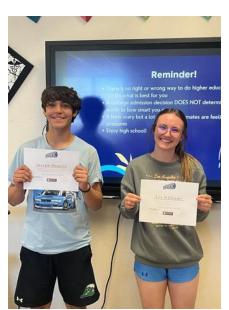


Communities

**Better Health** 



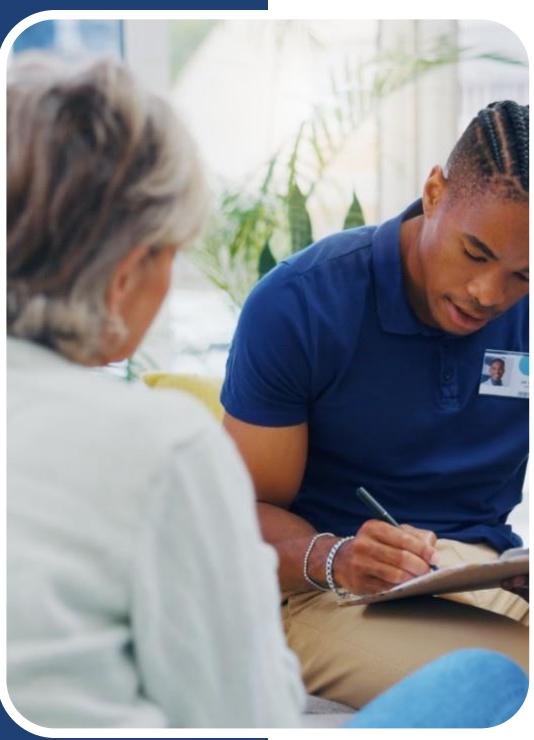












### **AHECs Vision**

- by engaging with K-12 students in our community. Through dedicated efforts, we aim to **grow our own** skilled and compassionate future healthcare workforce, contributing to the well-being of our communities.
- Foster the growth of committed healthcare students in Nevada through advanced education, **emphasizing mentorship and skill development** to drive excellence in healthcare services and shape the industry's future.
- Promote **health equity**, compassion, and inclusive healthcare by empowering healthcare professionals with education and tools for safe, culturally aware practices, ensuring **equitable and empathetic care** for Nevadans.
- Forge **strong statewide partnerships** to bolster the state's healthcare workforce ecosystem, fostering **collaboration** and unity to effectively address the evolving healthcare workforce development needs of Nevada.

### HEALTH CARE

### WORKFORCE PIPELINE



K-12
INITIATIVES



K-12 Initiatives



GRADUATE & DOCTORATE LEVEL







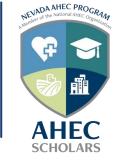


















The Nevada Area Health Education Centers are making significant contributions to healthcare education and workforce development across the state.

### Contributions:

**Diversity and Inclusion**: AHECs work to increase diversity in the healthcare workforce, broadening its distribution and helping create a more inclusive and equitable healthcare system. High Sierra AHEC places a particular focus on this initiative. (Example: Nevada Cultural Competency)

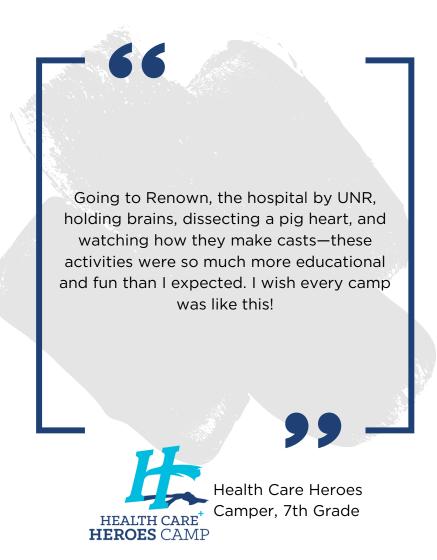
**Workforce Development**: Nevada AHEC programs focus on recruiting, training, and retaining healthcare professionals, especially in underserved and rural areas. Starting as early as 5th grade, they offer ealy career exploration, continuing education, technical assistance, and student programs to enhance practice opportunities for healthcare providers.

Interprofessional Education: Nevada AHECs emphasize collaboration across health disciplines, preparing students to work together. This interprofessional approach with focuses on SODH and improves the quality of care, fostering a more integrated healthcare system within our communities. (Example: AHEC Scholars Program)

**Rural Healthcare**: Frontier AHEC focuses on improving healthcare access in rural Nevada, providing training for medical students, residents, and other health professionals to ensure quality healthcare for rural communities. (Example: Rural Outreach Clinics)

**Community Partnerships**: AHECs build strong relationships with community organizations, academic institutions, and employers. These partnerships address local healthcare needs, ensure educational programs are relevant and impactful, and improve the coordination of efforts across the state. (Example: Nevada Healthcare Workforce Pipeline & Development Workgroup)

### Student Stories: AHEC's Impact on Healthcare Careers



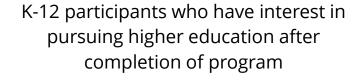
My journey with High Sierra AHEC began in high school through the ROARR program offered to Upward Bound. As a first-generation college student, AHEC helped me explore healthcare careers and solidified my decision to pursue medicine. With their support, I feel confident on the path to becoming a doctor. As a student ambassador, I hope to inspire others the way this program inspired me.

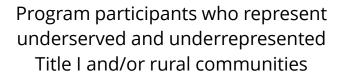


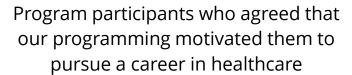
Being an AHEC Scholar provided great education regarding social determinants of health and cultural nuances in my community, and I think this training ultimately made my medical education more well-rounded as I now have a much better understanding of the patients I serve

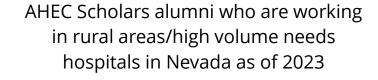


FY 22-23 AHEC Scholar

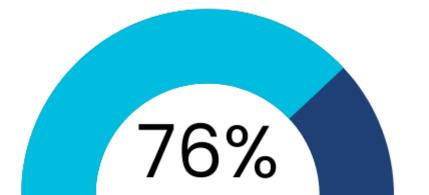


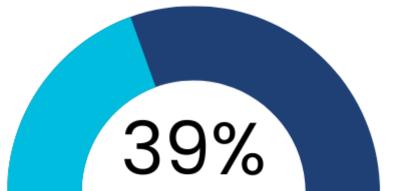












### Examples of Other State AHEC Models & Investments



#### Building a Legacy: North Carolina's AHEC Growth and Historical Investments in Primary Care

In 1972, North Carolina's effort to address primary care physician shortages and uneven distribution in rural areas aligned with the federal establishment of the AHEC program. Initially, North Carolina set up three AHEC regions under a federal AHEC contract with the University of North Carolina at Chapel Hill School of Medicine. By 1974, the North Carolina General Assembly supported this initiative by approving funds to expand the network to nine AHEC regions, create 300 new primary care residencies, and rotate students to off-campus sites. The assembly also provided funds for building or renovating AHEC facilities and developing program components. By 1975, all nine AHECs were operational, fully integrating with the federal AHEC framework.



#### Virginia Health Workforce Development Authority

The Authority is established to move the Commonwealth forward in achieving its vision of ensuring a quality health workforce for all Virginians. The mission of the Authority is to facilitate the development of a statewide health professions pipeline that identifies, educates, recruits, and retains a diverse, appropriately geographically distributed, and culturally competent quality workforce.

https://law.lis.virginia.gov/vacode/title32.1/chapter4/section32.1-122.7/



#### Strengthening Kentucky's Health Workforce

Kentucky AHEC Program will receive \$2.5 million per year in FY25 and FY26, based on the state budget approved by the Kentucky General Assembly. Funding will support the state's eight regional centers and two program offices (at the University of Louisville and University of Kentucky) Funding is allocated to both program offices and disseminated equally to all regional centers. and will sustain and expand the following programs:

- Health careers promotion programming
- A statewide nursing pipeline for high school and college students
- Enhanced school-based (k-12) presentations and longitudinal pathway programs
- Development of new pre-med prep programs

### Examples of Other State AHEC Models & Investments



#### Preceptor Tax Incentive Program (PTIP)

In 2014, Georgia became the first state to offer a tax deduction for community-based physicians providing uncompensated training to medical students. In 2019, this was replaced by a tax credit program. Now, community-based preceptors (licensed physicians, osteopathic physicians, advanced practice nurses, or physician assistants) who teach without compensation can earn tax credits. Physicians can receive up to \$8,500 annually, while APRNs and PAs can earn up to \$6,375. Credits are earned through rotations, with \$500 for each of the first three rotations and \$1,000 for rotations four to ten for physicians; APRNs and PAs receive \$375 and \$750, respectively. The Georgia Statewide Area Health Education Centers (AHEC) Program Office at Augusta University plays a key role in administering the Georgia Preceptor Tax Incentive Program (PTIP).

The AHEC Program Office is responsible for:

- Certifying rotations: Only the AHEC Program Office can certify eligible rotations.
- Issuing tax letters: Tax letters are issued by January 30 each year.
- Reporting qualifying hours: Individual academic programs report completed qualifying hours to the AHEC Program Office.

This oversight ensures the proper administration of the tax incentives and supports the important role of volunteer preceptors in training future healthcare providers.



# Gerald Ackerman Program Office Director

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