

# Steering Committee Minutes

December 8, 2008

Dearborn County Hospital, Dearborn Room

Lawrenceburg, IN

Steering Committee Members in Attendance: Dan Roach, Ronda Sweet, Jim Battin, Pat Sutton, Steve Hillpre, Tom Talbot, Peter Resnick, Stephanie Craig, Shannon Walden  
Steering Committee Members Not Able to Attend: Caroline Sims, Dianne McKinney, Tom Hunter, Debra Gloyd, Matt Maple  
Indiana AHEC Program Office Staff in Attendance: Dr. Richard Kiovsky, Angela Holloway.

Dr. Kiovsky opened the meeting with introductions and reviewed the federal AHEC Program and Center Requirements (Attachment A) as well as the Indiana AHEC Program Mission, Goals, Objectives (Attachment B), Activities, Performance Measures and Outcomes (Attachment C).

Committee members shared their experiences with past committee service and highlighted the elements of success they believe will be important to the efforts of functioning as a steering committee:

From a regional preparedness district:

- Beat the bushes
- Awareness
- Passion
- Training
- Communication
- Help people maintain commitment level
- Share the load

From a regional group of hospital's effort to form a Rad Tech Program:

- Learning about other resources
- Writing federal grant together, all benefited
- Shared need makes groups successful
- Direction and goal are important

From a long-term effort (Dream-It-Do-It and Eco15):

- Methodical approach
- Develop sense of urgency
- Based on data
- Build a coalition \*(8,000 people)
- Takes a lot of repetition
- Establish credibility
- Compelling vision (find the individual match for you).
- Focus on dealing with the MAJOR barriers
- Short-term wins
- Keep momentum going
- Develop succession/sustainability plan
- Compelling vision

General comments:

- Utilize AHEC staff so that Steering Committee (and future Advisory Board) is sustained (need dedicated staff)
- Short term goals to see that “what we’re doing counts”
- Focus on sustainability early
- Stakeholders – need consensus about what’s best for the group
- Vision/Goal – creative problem-solving
- Involve everyone
- Find the key (e.g., “parents” are the key to scholarships)
- Do stuff that seems to make sense and see if that works
- There has to be something in it for everyone (e.g.: Counselors – better tracking of their students; Kids-better jobs; Parents – better future and scholarships for their kids)
- Mutual benefit
- Knowing your return on investment (ROI) is important
- Invite, involve local stakeholders – get them bought in
- Celebrate successes
- Once you’ve realized the ROI, it’s easy to stick with the strategy
- Use multiple strategies
- Admit what you don’t know
- Coordinators can accomplish a lot with little

Angela Holloway presented a proposed Work Plan for the Steering Committee (Attachment D). Based on discussions, Angela will revise the proposed work plan to move discussion of sustainability to an earlier date. The group developed consensus around scheduling monthly meetings to occur in Batesville, IN on the 3<sup>rd</sup> Friday of each month from 1:00 – 2:30 EST.

Angela Holloway facilitated a discussion of who may be missing from the table.

The common stakeholders for AHEC engagement usually include:

- Employers of Health Professionals, including hospitals (particularly Critical Access Hospitals), Federally Qualified Health Centers, Community Health Centers, Rural Health Clinics, Local Health Departments, Community Mental Health Centers.
- K-12 schools
- Vocational/Technical Programs/Schools
- Higher Education
- Workforce Development
- Community Foundations

Others to consider:

- Business (example, Hill Rom)
- Local Government
- Home Schooled

Examples of those missing from the table in this region include:

- Dream-it-do it.
- Parochial schools (? – if serving underserved populations)
- C-4, SE, Whitewater Vocational programs

- Sherry Hall, Rising Sun CHC
- EMS – Jim Battin has a name (Hugh Garner)
- Paid Paramedics
- Dentists – Jon Ray
- Nurse Practitioners

Communities represented on Steering Committee

Dearborn, Decatur, Bartholomew, Rush, Fayette Union, Franklin, Ohio, Switzerland, Ripley

To Do Items for the Program Office:

- Angela Holloway will make follow-up contact with Sherry Hall, Hugh Gaqrner and Jon Ray.
- Angela Holloway will arrange subsequent meetings of the Steering Committee (preferably in Batesville on the 3<sup>rd</sup> Friday of each month from 1:00 – 2:30 PM EST).
- Angela Holloway will post meeting minutes and materials and Stakeholder Tracking Spreadsheet to Indiana AHEC Program Website.

*Thank you for offering your time and input as we begin to shape an Area Health Education Center for Eastern Indiana*



*partnering for the next generation  
of Hoosier health professionals*

# Attachment A

## Federal AHEC Requirements

### AHEC CENTER REQUIREMENTS

1. Each area health education center that receives funds under this section shall encourage the regionalization of health professions schools through the establishment of partnerships with community-based organizations.
2. Each area health education center that receives funds under this section shall specifically designate a geographic area or medically underserved population to be served by the center. Such area or population shall be in a location removed from the main location of the teaching facilities of the schools participating in the program with such center.
3. Each area health education center that receives funds under this section shall meet the following four requirements:
  - a. Assess the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs;
  - b. Arrange and support rotations for students and residents in family medicine, general internal medicine or general pediatrics, with at least one center in each program being affiliated with or conducting a rotating osteopathic internship or medical residency training program in family medicine (including geriatrics) general internal medicine (including geriatrics), or general pediatrics in which no fewer than 4 individuals are enrolled in first-year positions;
  - c. Conduct and participate in interdisciplinary training that involves physicians and other health personnel including, where practicable, public health personnel, physician assistants, nurse practitioners, nurse midwives, behavioral and mental health providers; and
  - d. Have an advisory board, at least 75 percent of the members of which shall be individuals, including both health service providers and consumers, from the area served by the center.

Note: The Center Director should have at least a 75% time requirement allocated solely to the conduct of Center duties and responsibilities

### BASIC AND MODEL AHEC PROJECT REQUIREMENTS

1. Improve the recruitment, distribution, supply, quality and efficiency of personnel providing health services in underserved rural and urban areas and personnel providing health services to populations having demonstrated serious unmet health area needs.
2. Increase the number of primary care physicians and other primary care providers who provide services in underserved areas through the offering of an educational continuum of health career recruitment through clinical education concerning underserved areas in a comprehensive health workforce strategy.
3. Carry out recruitment and health career awareness programs to recruit individuals from underserved areas and underrepresented populations, including minority and disadvantaged, and other elementary or secondary students, into the health professions.
4. Prepare individuals to more effectively provide health services to underserved areas or underserved populations through field placements, preceptorships, the conduct of or support of community-based primary care residency programs, and agreements with community-based organizations such as community health centers, migrant health centers, Indian health centers, public health departments and others.
5. Conduct health professions education and training activities for students of health professions schools and medical residents.
6. Conduct at least 10 percent of medical student required clinical education at sites remote to the primary teaching facility of the contracting institution. (Complete the 10 Percent Table which follows.)
7. Provide information dissemination and educational support to reduce professional isolation, increase retention, enhance the practice environment, and improve health care through the timely dissemination of research findings using relevant resources.

General Provision: Applicants shall collaborate with 2 or more disciplines.

## Attachment B

### *Indiana AHEC Program*

**FY 2009-11**

#### ***Mission***

The mission of the Indiana Area Health Education Centers Program (Indiana AHEC Program) is to improve access to and quality of health care for all Indiana residents and eliminate health disparities through community-academic partnerships for health professions training.

#### ***Goals***

Goal I. Improve the **distribution** of the health professions workforce.

Goal II. Improve the **diversity** of the health professions workforce.

Goal III. Improve the **quality** of the health professions education and healthcare services in Indiana.

#### ***Objectives and Activities***

**Objective A: Kids Into Health Careers (KIHC).** Improve knowledge and awareness among pre-college and college students, school counselors, and parents in medically underserved communities of health professions career opportunities and resources, with particular emphasis on under-represented minority and disadvantaged (URMD) pre-college and college students.

- 1) Deliver **KIHC Outreach** information dissemination programs to large groups (<20 hours) to K-12 students, counselors, parents, college pre-health professions students and other adults seeking career change across the state of Indiana.
- 2) Provide **KIHC Enrichment** academic enrichment and other programming ( $\geq 20$  hours) in duration elementary, middle and high school and college pre-health professions students across the state.
- 3) Disseminate **Health Careers Information** sheets and health professions handbooks.

**Objective B: CLINICAL EXPOSURE.** Increase exposure of health professions students to medically underserved communities and other health professions disciplines.

- 1) Arrange and support **Clinical Rotations** for health professions students and medical residents in sites serving the medically underserved;
- 2) Conduct and participate in **Interdisciplinary Training** for health professions students;
- 3) Arrange and support health professions student **Service-Learning** and/or student counseling; and
- 4) Increase access to clinical **Training Resources**, including medical library resources, technology access, and other learning materials.

**Objective C: CONTINUING EDUCATION.** Enhance access to continuing education (CE) to the health professionals and to clinical information resources that are responsive to the needs of clinicians caring for medically underserved communities and to the health care needs of those communities.

- 1) Arrange and support **Interdisciplinary Education** that involves physicians and other health personnel.
- 2) Conduct Medically Underserved Community-focused Continuing Education (**MUC-focused CE**) needs assessments and CE development, targeting and advocating for the needs of clinicians caring for medically underserved communities;
- 3) Improve access to high quality **Educational Resources** used for clinical decision-making associated with care for medically underserved communities

*Goal IV. Strengthen the Indiana AHEC Program Infrastructure.*

**Objective D:** Coordinate statewide AHEC activities, AHEC Center development and fiscal development.

- 1) **Statewide Coordination:** Implement statewide develop planning and center director's meetings.

**Objective E:** Improve delivery of AHEC services and complete infrastructure development by establishing Southwest Indiana AHEC, North Central Indiana AHEC and East Indiana AHEC.

- 1) **Statewide Expansion:** Establish SWI-AHEC, NCI-AHEC, and EI-AHEC

## Attachment C

### Indiana AHEC FY2009-11 Indiana Objectives, Activities, and Performance Targets -- Statewide

<p><b>Objective A, Kids into Health Careers (KIHC).</b> Improve knowledge and awareness among pre-college and college students, school counselors, and parents in medically underserved communities (MUC) of health professions career opportunities and resources, with particular emphasis on under-represented minority and disadvantaged (URMD) pre-college and college students.</p>	<p><b>Long-term outcomes:</b> 70% of Enrichment HS grads into college 80% of matriculants into pre-health</p>	<p><b>Indiana OMB Performance Measure:</b> URMD participants in AHEC-sponsored enrichment activities (&gt;20 hours) will have a higher rate of matriculation into post-secondary pre-health or health-related training programs compared to demographically similar students.</p>
	<p>Deliver <b>KIHC Outreach</b> information dissemination activities to large groups (&lt;20 hours) to K-12 students, counselors, parents, college pre-health professions students, and other adults seeking career change.</p>	<p>(by year) 12999, 13945, 14690 students 30.8% URM, 7.4% Hisp/Lat, 50.6% W DA <b>75% aware and knowledgeable</b> <b>50% interested in health careers</b></p>
	<p>Provide <b>KIHC Enrichment</b> academic enrichment and other activities &gt; 20 hours to elementary, MS, HS, and college pre-health students.</p>	<p>(by year) 1088, 1447, 1776 stus./adults 55.7% URM, 8.3% Hisp/Lat, 23% W DA</p>
	<p><b>Health Careers Information</b> sheets and health professions handbooks.</p>	<p>7,500 information sheets Online health prof. handbook</p>
<p><b>Objective B, Clinical Exposure.</b> Increase exposure of health professions students to MUC and other health professions disciplines.</p>	<p><b>Long-term outcome:</b> 20% program completers later choose MUC practice</p>	<p><b>Indiana OMB Performance Measure:</b> Health professions students participating in AHEC-sponsored clinical exposure experiences will more often indicate they plan to practice in a medically underserved area or care for medically underserved individuals after their experience than before.</p>
	<p>Arrange and support <b>Clinical Rotations</b> for health professions students and medical residents in sites serving medically underserved.</p>	<p>(by year) 309, 408, 467 HP students 8 disciplines, 80% of rotations in MUC <b>80% aware and knowledgeable of MUC</b> <b>50% interest in MUC service</b></p>
	<p>Conduct and participate in <b>Interdisciplinary Training</b> for health professions students.</p>	<p>195, 200, 210 health professions students 7 disciplines</p>
	<p>Arrange and support health professions student <b>Service-Learning</b> activities and/or student counseling.</p>	<p>(by year) 191, 199, 199 HP students 4 disciplines 14538 service hours</p>
	<p>Increase access to clinical <b>Training Resources</b>, including medical library resources, technology, and other learning materials.</p>	<p>1180, 1180, 1180 HP students supported</p>
<p><b>Objective C, Quality Improvement.</b> Enhance access to continuing education (CE) to health professionals and to clinical information resources that are responsive to the needs of clinicians caring for MUC and to the health care needs of those communities.</p>	<p>Arrange and support <b>Interdisciplinary Education</b> that involves physicians and other health personnel.</p>	<p>1290, 370, 370 health professionals 41% employed in MUC <b>80% ed objectives met</b> <b>80% change practice</b></p>
	<p>Conduct MUC-oriented continuing education (<b>MUC-CE</b>) needs assessment and development, targeting and advocating for the needs of clinicians caring for MUC.</p>	<p>260, 342, 417 health professionals 71% employed in MUC <b>50% improve ability to stay in MUC</b></p>
	<p>Improve access to high-quality <b>Educational Resources</b> used for clinical decision-making associated with care for MUC.</p>	<p>65, 90, 115 health professionals 100% employed in MUC</p>

## Attachment D

### DRAFT EI-AHEC Steering Committee Work Plan

TASK	Month
<b>Stakeholders Meeting - Decatur County Memorial Hospital</b>	<b>10/24/2008</b>
<b>Stakeholders Meeting - Dearborn County Hospital</b>	<b>12/8/2008</b>
<b>Stakeholders Meeting - Margaret Mary Community Hospital (Tentative)</b>	<b>January (Tentative)</b>
<b>Steering Committee Meeting #1</b>	<b>12/8/2008</b>
Review Federal AHEC Center Requirements and IN-AHEC Mission, Goals & Objectives	
Review Proposed Steering Committee Work Plan	
Schedule Steering Committee Meetings	
Identify the Key "Who" Key Stakeholders Should Be Involved in Current Steering	
Identify Constituencies	
Identify Individuals or Positions	
Identify needed research activities for AHEC Program Office Staff and Committee	
<b>Steering Committee Meeting #2</b>	<b>1/16/2009</b>
Identify the primary "What" this AHEC should accomplish	
Examine Program Requirements	
Examine Regional Needs/Assets and Priorities	
Identify the Primary "How" this AHEC should be structured	
Examine National AHEC Organizational Models	
Examine Successful Regional Models for Other Programs	
Identify needed research activities for AHEC Program Office Staff and Committee	
<b>Steering Committee Meeting #3</b>	<b>2/20/2009</b>
Identify the primary "How" is this AHEC going to be financed?	
Examine Current Proposed EI-AHEC Budget	
Examine Federal Funding Timeline Considerations	
Examine AHEC Program Advisory Board Development Committee Recommendations	
<b>Steering Committee Meeting #4</b>	<b>3/20/2009</b>
Identify the possibilities for "Where" this AHEC should be housed.	
Identify Organizational Characteristics	
Identify Selection Process	
Identify needed research activities for AHEC Program Office Staff and Committee	
<b>Steering Committee Meeting #5</b>	<b>4/17/2009 (Tentative)</b>
Identify "What" name will be on the contract	
Identify location for EI-AHEC Office	
Identify Interim Director and Administrative Contact	
Identify needed research activities for AHEC Program Office Staff and Committee	
<b>Steering Committee Meeting #6</b>	<b>5/15/2009 (Tentative)</b>
Draft EI-AHEC Budget (from federal sources and cost-share sources)	
Develop EI-AHEC Scope of Work	
Identify Underwriting Needs	
Identify needed research activities for AHEC Program Office Staff and Committee	