

**Proposed Eastern Indiana
Area Health Education Center (EI-AHEC)**

Steering Committee

March 20, 2009

Margaret Mary Community Hospital, Hospitality Conference Room
321 Mitchell Avenue
Batesville, Indiana 47006

In Attendance: Megan Baldwin, Jim Battin, Michael Bushong

Steering Committee Members Unable to Attend: Matt Maple, Geneva Baker, Tom Hunter, Dianne McKinney, Dan Roach, Joe Stephens, Shannon Walden Stephanie Craig, Debra Gloyd, Steve Hilpipre, Nancy Marticke, Carolyn Sims, Pat Sutton, Ronda Sweet, Tom Talbot.

AHEC Staff: Angela Holloway

Identify Constituencies and Geographies that you would like added to Steering Committee.

In order to ultimately decide your regional boundaries and future contractor with the AHEC Program Office at IU, who else will you need at the table?

Megan Baldwin helped to chart the current constituencies and geographic representation on the Steering Committee:

		County												
		Bartholomew	Dearborn	Decatur	Fayette	Jennings	Ripley	Rush	Franklin	Henry	Jackson	Jefferson	Switzerland	Union
Constituency	Community Foundation	1												
	Hospital/HC Delivery System	2	4	1	1		3	1						
	K-12 Education			2		1								
	Other													
	Post Secondary Education	1												
	Local Health Departments													
	Post Secondary Education													
	Rural Health Clinics													
	CHCs/FQHCs													
	Residency Training Programs													
	Chambers of Commerce													
	Local Government													
	Philanthropically-Minded													

Notables: There are some counties and constituencies that are missing some key participation. The upcoming stakeholder meeting should be designed to engage some of these missing persons.

What does it take to operate and AHEC?

What have been the historical budgets (per AHEC)?

Angela Holloway shared the history of Indiana's AHECs. The budgets of Indiana's six regional AHEC have been extremely variable. It is safe to say that Indiana's AHEC's have "generally" operated on budget between \$200,000-\$400,000 per year. Many factors have influenced regional AHEC annual budgets, including:

- How "mature" the AHEC is.
- When staff are hired and leave within any year.
- Regional salary scales.
- Number of staff.
- What the AHECs attempt to accomplish.
- How willing the host organizations have been to underwrite and expend funds prior to contact execution.
- Whether or not the AHECs send monies directly into their communities via sponsorships and mini-grants.

It is also safe to say that all of Indiana's AHECs would all likely say they have not had large enough budgets to accomplish all of the desired programmatic objectives, nor have they have they been able to reach their defined geographic service areas, with their past budgets. In response to those constraints, the program office has recently undertaken efforts to provide technical assistance and build capacity within the regional AHECs around fiscal sustainability strategies that rely on diversification of funding sources at the local level.

What kind of staffing plan might be recommended?

Angela Holloway shared the current Indiana AHEC Staffing Plan (Attachment A) and her reflections on what kind of staffing seems to be needed to run an AHEC (Attachment B). The Steering Committee members requested the opportunity to meet with other regional AHEC staff. Angela Holloway recommended that another Stakeholder Meeting might be an effective way to recruit new Steering Committee members and give stakeholders and update on status. This might be a good thing to coordinate with the AHEC Center staff visit to the region.

Steering Committee Requests for Information from Program Office

- Steering Committee requested to meet with Indiana's AHEC Center Directors at the next meeting.
- Angela Holloway will continue to identify missing stakeholders to ensure regional representation and representation of all appropriate constituents.

Attachment A

AHEC Staffing Plan

Excerpted for DRAFT Case for Support

STAFF (Paid and Volunteer)

Description of overall staffing design and allocation, including number of paid staff and volunteers, and short descriptions of key positions responsible for management and delivery of services/programs.

From BAHEC FY2008 Federal Proposal Staffing Plan and Personnel Requirements

Regional AHECs: Staffing for Indiana's AHECs have developed along generally similar lines. Regional AHEC **directors** are typically masters prepared, or with clinical training and experience in non-profit or health care administration. Each regional AHEC director is 75-100% allocated to AHEC and is generally the first individual hired. With the director, an **administrative assistant** typically forms the core for launching an AHEC in conjunction with its Advisory Board. **Program or project coordinators** and **associate directors** have typically been hired by Center directors subsequently to implement activities, usually at 50-100% FTE. In most Indiana AHECs, coordinators focus on one or more general programmatic areas, such as health careers outreach and enrichment programs for K-12 and pre-health professions students; continuing education; or clinical education coordination. Bachelors or masters preparation in education is typical. Finally, AHEC clerical and program staff typically provide administrative and clerical support and cooperate in data collection and evaluation activities.

Most of Indiana's AHECs have recognized the need to have staff with clinical experience and background play the clinical education and clinical training site development role. The budgets and justifications in this proposal indicate the plans, slightly different in each AHEC, for securing this expertise on a part-time or full-time basis.

Program Office: As a still-developing program, the Indiana AHEC Program requires significant effort and attention from top leadership to effectively manage community and academic relationships, long-range planning, and resource development. The **program director** is thus a 60% effort (cost-share) doctorally prepared senior faculty and full professor appointment within the School of Medicine's Department of Family Medicine.

The **associate director of programming** is a masters-prepared professional with responsibility for operational, grants management, human resources and programmatic functional areas. The **associate director of development** is a masters-prepared professional with responsibility for fiscal development, policy and community development. Both associate directors are full-time positions for AHEC. A relatively recent addition to the Program Office staffing plan is a **recruitment and retention coordinator** (90% FTE), again to strengthen our infrastructure for planning, development, and coordination of community-based *clinical education* activities. This professional position requires a masters degree with expertise in community development, and specifically addresses linking regional AHECs into statewide primary care training initiatives such as Primary Care Scholars Consortium, decentralized family medicine 3rd-year clerkship. Long-term success of the Indiana AHEC program is dependent in large part on successful communication of program impact. Thus, evaluation design for the overall program is led by a senior faculty and associate director of the Bowen Research Center, in a 30% FTE commitment as **evaluation director**. As the AHEC program has expanded, evaluation data collection and information management needs have multiplied significantly, and a 100% **information/data coordinator** with at least baccalaureate preparation serves as technical consultant to AHECs, provides on-site assistance and training, as well as reporting to AHEC leadership. Additional specific roles played by additional personnel are described in the budget justification section. Experience of key staff is presented in the SF 424 R&R biosketch attachments.

Job Descriptions of Key Personnel

Program Office:

Program Director: The Program Director of the Indiana AHEC Program is responsible for the development, leadership and management of the statewide system. The Program Director works with the regional AHEC Directors to facilitate the development of AHEC sites across Indiana and ensures that federal and state funding goals are achieved, public policy issues are addressed and effective government relations are maintained at the local, regional, state, and national levels. The Program Director ensures that the operations of the Program Office are achieved in a timely and effective manner. The Program Director shall be an MD and/or Ph.D. or other relevant doctoral degree with a faculty appointment to the IU School of Medicine. The Program Director receives direction from the Indiana AHEC Program Advisory Board. Strong experience working with regional community organizations and community-based preceptors, particularly with community-based healthcare organizations in rural and urban medically underserved settings is required.

Evaluation Director: The Evaluation Director is responsible for managing the design and development of evaluation and data collection systems for the AHEC program; developing recommendations regarding evaluation activity roles and responsibilities across the entire range of AHEC activities; serving as consultant to the advisory committee regarding evaluation and strategic planning; directly advising the program director and staff regarding evaluation activities; working closely with the advisory subcommittees and program and center staff to guide implementation of AHEC evaluation and data collection mechanisms. The Evaluation Director shall be doctorally prepared, with experience in program development or evaluation equipping him or her to perform at a level that generally meets the expectations of university faculty.

AHEC Director: Each Regional Area Health Education Center is required to have an AHEC Director who must have at least 75% effort allocated solely to the conduct of Center duties and responsibilities. The AHEC Director provides overall programmatic and administrative leadership to the regional AHEC and its staff. The AHEC Director has the primary responsibility for planning, organizing, directing and evaluating all aspects of the Center including needs assessment, income and expense management and planning, program development, and personnel hiring, evaluation, and management. The Director develops and coordinates programs with a variety of academic and community partners, and measures program effectiveness longitudinally. The Director works in concert with and ensures compliance with commitments to the Indiana University School of Medicine, the Indiana AHEC Program Office, and HRSA. The Director coordinates communication, marketing, and public relations for the regional AHEC in conjunction with Indiana AHEC leadership at Indiana University. This includes media relations, advertising, brochures, staff recruitment, fundraising, and community relations at the local, state and national levels.

AHEC Staff	Title/Role	FTEs
Program Office		
Richard Kiovsky MD	Director	0.7
Jonathan Barclay	Associate Director for Programming	1
Jennifer Custer	Program Manager	0.65
Phyllis Hoffman	Admin Assistant	0.75
Angela Holloway	Associate Director for Development	1
Brittany Sutton	Info/Data Coordinator	1
Terry Zollinger	Evaluation Director	0.5
WCI-AHEC		
Louise Anderson	Interim Director	1
Janet Rose	Administrative Asst.	1
Biff Williams PhD	Principal Investigator	0.1
Jack Maynard PhD	Past Principal Investigator	0
NWI-AHEC		
Lynn Olszewski	Director	1
Christine Brletic	Associate Director	1
SE/SCI-AHEC		
Michael Edwards	Director	1
Megan Baldwin	Outreach Coordinator	1
Chris Lauderbaugh	Outreach Coordinator	1
Chanelle McCreery	Outreach Coordinator	1
Greg Mahuron	Principal Investigator	0
NEI-AHEC		
Ruby Cain PhD (c)	Director	1
Aleshia Panbamrung	Associate Director	0.75
Michelle Smith	K-12 Outreach Coordinator	1
DeVanna Seifert	Secretary	1
Lori Haskins	TEMP	0
Kathleen OConnell PhD	Principal Investigator	0.1
MICI-AHEC		
Kim Jones PhD (abd)	Executive Director	1
Shauna Roberts	Project Coordinator	1
Tricia Brown	Senior Admin Assistant	1
Jon Rahman MD	Principal Investigator	0.1
SWI-AHEC		
Jennifer Craig	Project Specialist	1
Nadine Coudret	Principal Investigator	0.1

Attachment B

Angela Holloway's Reflections on Staffing

I. Executive/Leadership staff

- A. Someone who is *good at* and *enjoys* engaging lots of people and building partnerships;
- B. Existing relationship either in higher education or healthcare will make them more successful (relationship in both would be ideal);
- C. Experience preferable but ability and INTEREST in fiscal management, including revenue development, is a MUST;
- D. Experience preferable, but ability and INTEREST in grant compliance, is a MUST (or the host MUST have strength in this area and willingness to support the AHEC leader; and
- E. Belief in, commitment to and capacity to program performance management and evaluation is essential.

II. Program staff

A. *K-12 Outreach and Enrichment*

- 1. Existing relationships in k-12 schools and teaching experience makes the person in this position most successful.
- 2. Interest and ability in investigating other programs, developing or improving existing program and implementing programs WITH partners and volunteers.
- 3. Interest and ability in developing, regionalizing, producing and disseminating resources.

B. *Clinical Training and Continuing Education*

- 1. Existing relationships healthcare and comfort working with higher education is pretty relevant for this position.
- 2. Interest and ability in investigating other programs, developing or improving existing programs and implementing programs WITH partners and volunteers is important.
- 3. Passion about giving students exemplary training and service learning experiences with vulnerable populations is critical to this position.

C. *Student Longitudinal Mentoring, Tracking and Student Case Management*

III. Administrative staff

- 1. Maintaining contacts, listserves, calendars and schedule, event arrangements, data entry, and general administrative services are important to AHEC.
- 2. We've found that it is NOT cost-effective to have the leader doing these tasks.
- 3. We've often used students (either paid or volunteer) for these tasks (may be able to use work-study or internship students).

IV. Special Skills

- A. Someone on staff needs to be savvy in the use of new technologies, particularly the web and web-based social networking/marketing tools.
- B. Someone on staff or contractor needs to be able to implement web-based career development system,. Then, someone on staff needs to be able to MAINTAIN it.
- C. Someone on staff needs to be able to do accurate and comprehensive tracking of activities and database entry, or be able to train staff, develop processes and oversee those staff and processes.

V. Reflections and Notes

- A. AHEC Center Director must, in order to receive federal funds, be at least .75 FTE devoted to AHEC.
- B. Other staff persons need NOT to be full-time or permanent (you could consider creative job-sharing or consulting/contracting models).
- C. AHEC Center Director must, in order to receive federal funds, be at least .75 FTE devoted to AHEC.