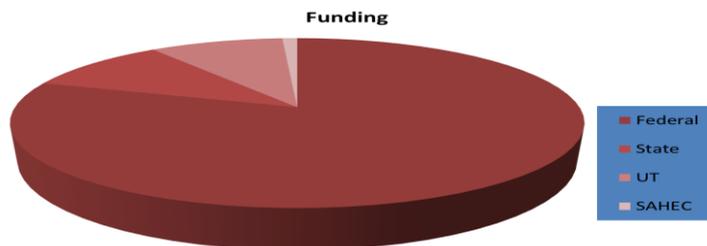


## History of the Area Health Education Center

The Area Health Education Center (AHEC) program was initiated in response to the Carnegie Commission's 1970 report which identified the need to improve health manpower training. Congress, responding to this report, included in the *Comprehensive Health Manpower Training Act*, a provision allowing the Department of Health, Education and Welfare to contract with medical schools to assist in the planning, developing and operation of AHECs. The *Health Professions Education Assistance Act of 1976* provided for the continuation of the original programs and authorized the development of additional AHECs.



The Sandusky Area Health Education Center (SAHEC) was incorporated November 28, 1980 and funded in 1981. SAHEC provides a bridge between the University of Toledo's College of Medicine (UTCOM) and the health education resources in our area. The AHEC Centers coordinate clinical training opportunities with local health care providers and facilities. Federal (80%), state (10%), UT (9%) & SAHEC (1%) monies keep our center funded.



The federal-level portion exists due to a five-year continuing grant (HRSA # U77HP23072, from 9/2011 to 8/2017), which is coordinated by UTCOM's AHEC. Funding is annual. This occurs with grassroots assistance provided by the SAHEC staff and board members, AHEC Center Director and staff at UT COM, and the advocacy efforts of the National AHEC offices in Washington, D.C. *Action alerts* are frequently distributed to local board members to contact various politicians' offices to advocate for the AHEC dollars. Continued...

Contract agreements expect SAHEC to complete these priority areas:

**A. Implement the AHEC Program requirements:**

1. Develop and implement strategies, in coordination with the applicable one-stop delivery system under section 134(c) of the Workforce Investment Act of 1998, to recruit individuals from underrepresented minority populations or from disadvantaged or rural backgrounds into health professions, and support such individuals in attaining such careers.
2. Develop and implement strategies to foster and provide community-based training and education to individuals seeking careers in health professions within underserved areas for the purpose of developing and maintaining a diverse health care workforce that is prepared to deliver high-quality care, with an emphasis on primary care, in underserved areas or for health disparity populations, in collaboration with other federal and state health care workforce development programs, the state workforce agency, and local workforce investment boards, and in health care safety-net sites.
3. Prepare individuals to more effectively provide health services to underserved areas and health disparity populations through field placements or preceptor ships in conjunction with community-based organizations, accredited primary care residency training programs, Federally Qualified Health Centers, rural health clinics, public health departments, or other appropriate facilities.
4. Conduct and participate in interdisciplinary training that involves physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, public and allied health professionals, or other health professionals, as practicable.
5. Deliver or facilitate continuing education and information dissemination programs for health care professionals, with an emphasis on individuals providing care in underserved areas and for health disparity populations.
6. Propose and implement effective program and outcomes measurement and evaluation strategies.
7. Establish a youth public health program to expose and recruit high school students into health careers, with a focus on careers in public health.

**B. Implement the Area Health Education Center Requirements:**

Each area health education center program shall include at least one area health education center, and each center:

- is a public or private organization whose structure, governance, and operation is independent from the awardee and the parent institution of the awardee;
- designates an underserved area or population to be served by the center which is in a location removed from the main location of the teaching facilities of the schools participating in the program with such center and does not duplicate, in whole or in part, the geographic area or population served by any other center;
- fosters networking and collaboration among communities and between academic health centers and community-based centers;
- serves communities with a demonstrated need of health professionals in partnership with academic medical centers;
- addresses the health care workforce needs of the communities served in coordination with the public workforce investment system; and
- has a community-based governing or advisory board that reflects the diversity of the communities involved.