As a former Health Care Appropriations Committee Chairman, I saw first-hand the need to stretch every dollar in a way that maximizes programs and services and focuses on the patient. AHEC is an innovative vehicle to get these resources out to those who need them the most, and in a cost-efficient way. From AHEC’s rapid response infrastructure to its targeted deployment of resources, the Florida AHEC Network cuts the red tape and creates job opportunities for students rather than growing a bureaucracy.

–Aaron Bean, former member of the Florida House of Representatives (R-Fernandina Beach) and former Chairman of the Florida House of Representatives Health Care Appropriations Committee.

In 2009 alone, over 7,000 medical, dental, nursing and other health professions students provided over 1.2 million hours (over 7000 months) of direct patient care to underserved patients. This is equivalent to approximately 600 full-time employees providing patient care.

The Florida Area Health Education Center (AHEC) Network meets the healthcare needs of Florida’s underserved communities and populations, including 4 million Floridians residing in federally designated health shortage areas. Florida’s AHEC Network consists of five AHEC programs and ten community-based centers. The AHEC Network delivers primary care to patients—a cost-effective alternative to high-cost hospital emergency rooms, the one place no one can be refused care based on ability to pay.

As the Florida Legislature considers alternate models to provide better care for our most vulnerable residents, the AHEC Network is uniquely positioned to provide direct patient care and workforce development. Our primary goals are:

» Recruiting and educating a healthcare workforce in Florida to care for the state’s growing medically-need population
» Providing clinical services for patients in underserved areas, including rural, minority, and urban
» Bridging the gap between Florida’s medical schools and medically-needly communities

“Many Programs, One Mission”

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Timeline

Florida’s AHEC Network: A Quarter of a Century of Clinical Care and Community Training

1971
Facing a shortage of physicians in America’s rural areas, Congress develops the AHEC (Area Health Education Centers) program to recruit, train, and retain healthcare professionals committed to underserved populations and connect medical school resources to local community health needs.

1986
The University of Miami School of Medicine secures federal funding to launch the state’s second AHEC program.

1985
Nova Southeastern University College of Osteopathic Medicine secures federal funding to establish Florida’s first AHEC program.

1992
Hurricane Andrew devastates South Florida, destroying thousands of homes and putting Floridians out of work. AHEC launches mobile teaching clinics to quickly train medical personnel and direct services to those who need them most, including migrant workers and homeless individuals.

1993
University of South Florida joins the AHEC Network.

1996
Florida’s Department of Health is created. The AHEC Network partners with DOH from its inception as a service provider across Florida.

2000
AHEC Network begins laying the groundwork to take on other projects as directed by the Florida Legislature. As AHEC continues to connect medical schools and local communities, members of the Legislature recognize that AHEC is saving lives and reducing costs.

2007
This AHEC Network proposes to provide tobacco training and cessation services for all 67 Florida counties. A portion of the state’s tobacco settlement trust funds AHEC’s tobacco training and cessation services.

2001
The SSTRIDE Program expands significantly with the creation of the AHEC program at the FSU College of Medicine.

2003
West Florida AHEC implements a rural SSTRIDE Program in Okaloosa County.

2006
Florida voters pass Amendment 4, requiring Florida to spend 15 percent of its annual tobacco settlement on smoking cessation and prevention programs.

2010
UF Campus goes smoke-free with help from the AHEC Network. To date, AHEC has saved Florida employers approximately $9.37 million dollars in direct expenses and lost productivity by helping employees quit smoking.

2009
USF Health Tampa Campus goes smoke-free with help from the AHEC Network.

2002
Everglades AHEC launches the annual Glades Health Fair to mobilize wider access to primary health services for rural families.

2000
The Florida Legislature creates the College of Medicine at FSU and appropriates funding for the development of its AHEC Program.

2003
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1987
Recognizing that AHEC was meeting critical state needs, the State of Florida agrees to fund the Medically Indigent Demonstration Project with $3 million. Goal to demonstrate how providing primary care to the uninsured can save lives and money in the long run.

1993
Florida State University begins conducting outreach and algae programs under the auspices of the Science Students Together Reaching Instructional Diversity and Excellence (SSTRIDE) Program, establishing a partnership with Big Bend AHEC.

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1980s
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TO DATE
Estimated number of patients served by health professions students: 338,112.
Total number of health professionals trained: 14,867.

Quick Fact
“In the early 1990s, it became clear that we had moved beyond one school or service area: AHEC was truly a statewide network. Florida’s medical schools have always supported their local communities, but the AHEC Network provided a vehicle to take it many steps further.” – Steven B. Zucker, D.M.D., M.Ed., Nova Southeastern University College of Osteopathic Medicine
Based on the 2009-2010 state core funding level of $9.78 million, AHEC provided programs and services valued at $14.85 million, resulting in a $5.07 million gain, a return on investment of 53%. AHEC played a critical role in helping the State of Florida provide health care to underserved populations.

Using a $9.78 million legislative appropriation for FY 2009-2010, the AHEC Network:

- Provided health screenings for almost 25,000 Floridians, including diabetes, cardiovascular disease, hypertension, and cancers like prostate and breast cancer in 2009-2010
- Ensured that 6,700 students completed clinical rotations at primary care clinics serving needy or rural communities in 2009-2010
- Provided direct primary care services valued at $14.96 million, a return on investment of 53% in 2009-2010
- Over 7,000 health professions students provided 1.2 million hours (almost 600 FTEs) of direct care to underserved populations in 2009-2010

“Providing health care for underserved people is essential,” says Robert Brooks, M.D., former Florida Secretary of Health, former legislator, and Professor of Medicine and Public Health and Associate Vice President for Health Leadership, University of South Florida. “AHEC’s mission is to ensure that every Floridian has access to quality health care, regardless of their socioeconomic status. Through its innovative programs and partnerships, AHEC has proven that smaller government can result in a bigger return on investment.”

The AHEC Network has a proven track record for cutting through red tape and reducing health care costs. AHEC delivers direct patient care and trains our future health care workforce, at a cost-effective rate. AHEC has proven that smaller government CAN result in a bigger return on investment, and public-private partnerships can bridge the gap between Florida’s medical schools and the communities surrounding them.” — Robert Brooks, MD, MA, MBA, Former Florida Secretary of Health, former legislator, and Professor of Medicine and Public Health and Associate Vice President for Health Leadership, University of South Florida.

Training Florida’s Health Care Professionals

Spotlight on: Joe Gaskins

Third-year Medical Student, Florida State University College of Medicine’s Rural Track

With pop culture obsessed with TV shows such as “Nip/Tuck”—a dramedy drama set in a high-end South Florida plastic surgery center—what drives today’s medical students towards rural health instead? Just ask Joe Gaskins.

Currently a third-year medical student in the Florida State University College of Medicine’s Rural Track, Joe credits the AHEC Network’s proactive efforts to connect students with health care career options.

Growing up in Ft. Lauderdale’s Royal Palm neighborhood, Joe has seen the challenges of delivering quality health care in both urban and rural areas.

“It wasn’t good and it wasn’t bad…we didn’t have gangs coming through or anything,” Joe says, describing the neighborhood. “Though I grew up in an urban area, rural medicine has always appealed to me. Maybe because it is so different.”

The son of a Broward County employee and a school custodian, Joe felt as early as his elementary school that his teachers were simply “baby-sitting” him. In middle school, that led him and his parents to jointly decide that he should attend a science-based magnet school. He acutely remembers a science lab project, where students dissected a sheep’s heart.

“I loved pathology,” Joe says, his face lighting up at the near-so-distant memory of that dissection. “Then it was on to anesthesiology and a fascination with geriatrics.”

Talking with Joe, it’s hard to remember that this is a 20-something year old medical student. After all, he’s been immersed in clinical training since middle school, thanks in part to AHEC.

Ultimately, Joe’s passion for medicine at such a young age led him and his parents to make another joint decision about his education: they would bus Joe ten miles away to attend Blanche Ely High School in Pompano.

“They had a good track record for sending people to good colleges, so it was worth the school bus ride every day,” explains Joe. “We left campus behind and saw how health care is delivered in tough places in the real world,” explains Joe.

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“They had a good track record for sending people to good colleges, so it was worth the school bus ride every day,” explains Joe. “We left campus behind and saw how health care is delivered in tough places in the real world,” explains Joe. Though he was only a high school sophomore, Joe Gaskins found himself on a university campus, bunking in a dorm room, and thoroughly enjoying his first “college” experience. The AHEC summer camp, which seeks to introduce underrepresented students to health care professions, left Joe with a lasting impression.

“We left campus behind and saw how health care is delivered in tough places in the real world,” explains Joe.

Asked about what he remembers most from the AHEC summer camp, one of the first things he recalls is the strong smell of bleach in a Pahokee facility for patients with mental disorders. The students got to talk with the residents and meet with their physicians and caregivers.

“It was quiet and serene there,” recalls Joe. “It wasn’t what I expected.”

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“When Dr. Zucker and I sketched out the idea for the Florida AHEC Network, we had three primary goals: get all of Florida’s Medical Schools involved; focus on primary care, and attend to rural and underserved families. It was an all-for-one, one-for-all approach.” — Arthur M. Fournier, M.D., University of Miami School of Medicine.
Thanks to the AHEC summer camp, the students—about sixty in all—also get to visit a children’s hospital.

“The hospital staff and physicians made it fun for the kids,” says Joe. “I remember thinking, if I was a patient, I’d be happy there.”

The “camp counselors”—MD and DO students—not only opened the campers’ eyes to the many different health care professions available to them; they also provided one-on-one career counseling and advice.

“I remember that my counselor encouraged me to come out of my shell,” recalls Joe. “Now that I am working directly with patients, looking back at how my AHEC camp counselor helped me develop self-confidence over those ten days really means a lot to me.”

“I want to manage my own clinic and I feel like people in my community would really benefit if I could be there as a resource. They are truly grateful for the care, and often times they are the patients with the greatest unmet needs.”

Joe also describes those patients who just need a friendly ear…someone who will listen to patients’ memories as a medical student seeing patients, he says without pause, “There are quite a few, actually.”

Thanks to AHEC, Joe is a medical school student, with blue-collar and agricultural workers.

Asked about some of his most compelling memories as a medical student seeing patients, Joe says without pause, “There are quite a few, actually.”

JOE: What are some of your most compelling memories as a medical student seeing patients?

“SSTRIDE (Science Students Together Reaching Instructional Diversity & Excellence) is a partnership between the Florida College of Medicine with support from Florida’s AHEC Centers. SSTRIDE identifies and supports students who have a genuine interest in pursuing a health professions career, and supports them academically. The SSTRIDE Program is one of many ways AHEC helps train our future workforce, preparing them to focus on the primary care needs of the medically underserved.”

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“SSTRIDE is one of the most important things AHEC can do,” says Joe. “We need more students who are dedicated to primary care, especially in rural communities. That’s why the SSTRIDE Program is so important.”

“A common theme is the ‘get-in-the-door syndrome,’” Joe continues, “where a patient comes to the door, but you know there is a lot more going on than that. For many of these patients, this may be the only time they are going to see a doctor as a patient for years, and so we try to treat it as a one-stop shop and provide as much care as possible.”

“Some people call it ‘getting sucked in,’” he muses. “I call it just being there. Sometimes that’s the most important thing a physician—especially a primary care physician—can do.”

One memory that stands out is witnessing his preceptor give a patient bad news.

“When asked how the AHEC Network has influenced his life, Joe answers, “I am now confident not only in my skills as a medical student, but also confident that I am open enough to grow and learn more with each patient experience. As my preceptor told me on the first day: we are all learning, even as we are in our own practices.”

Three questions for Joe:

THREE: How do you see AHEC playing a role in workforce development in Florida?

Joe’s journey is not over yet. He is currently in his second year of medical school. His future plans include returning to Mississippi to serve his community.

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Senator Gaetz Keynotes SSTRIDE Induction Ceremony

Senator Don Gaetz (R-Destin) provided the keynote address for the 2010 Okaloosa County SSTRIDE Program Induction Ceremony. Launched in 2003, the rural SSTRIDE program is housed in Shoal Creek Middle, Davidson Middle and Crestview High Schools. In Okaloosa there were 19 graduates and all went on to college. The West Florida AHEC Program proudly welcomed Sen. Gaetz, who has served students and parents in Okaloosa County for many years, as both School Board Superintendent and state Senator. The Okaloosa County SSTRIDE Program, with resources from the West Florida AHEC Program, focuses on creating a primary care workforce for the rural four county region.

How does AHEC Address the Primary Care Gap?

The Florida AHEC Network is committed to recruiting and developing a healthcare workforce that can address the primary care needs of Florida’s residents with particular emphasis on medically underserved populations including rural residents, minorities, indigent people, Medicare/Medicaid recipients and the medically needy. A quality, accessible healthcare workforce is paramount in the state’s ability to attract business, provide additional jobs and promote economic growth.

Studies show that medical school exposure to programs such as AHEC significantly increase the likelihood of students pursuing careers in primary care or practicing in a rural area.

The lack of primary care physicians contributes to higher health care costs and leaves many areas, especially rural and low-income areas, without access to primary care physicians.

THE AHEC NETWORK:

1. Identifies students with genuine interest in health care professions.
2. Guides them throughout their school experience and encourages them to focus on primary care delivery in rural, underserved, and medically-needy areas of Florida.
3. Trains students in rural and medically underserved communities. Studies show that medical school exposure to programs such as AHEC significantly increase the likelihood of students pursuing careers in primary care or practicing in a rural area.
4. Encourages students to serve Florida’s most vulnerable patients, such as seniors, rural residents, children, and Medicaid or safety net clinics, keeping patients out of expensive emergency rooms.

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AHEC Is Training Florida’s Future Primary Care Providers

Senator Gaetz Keynotes SSTRIDE Induction Ceremony

Senator Don Gaetz (R-Destin) provided the keynote address for the 2010 Okaloosa County SSTRIDE Program Induction Ceremony. Launched in 2003, the rural SSTRIDE program is housed in Shoal Creek Middle, Davidson Middle and Crestview High Schools. In Okaloosa there were 19 graduates and all went on to college. The West Florida AHEC Program proudly welcomed Sen. Gaetz, who has served students and parents in Okaloosa County for many years, as both School Board Superintendent and state Senator. The Okaloosa County SSTRIDE Program, with resources from the West Florida AHEC Program, focuses on creating a primary care workforce for the rural four county region.

How does AHEC Address the Primary Care Gap?

The Florida AHEC Network is committed to recruiting and developing a healthcare workforce that can address the primary care needs of Florida’s residents with particular emphasis on medically underserved populations including rural residents, minorities, indigent people, Medicare/Medicaid recipients and the medically needy. A quality, accessible healthcare workforce is paramount in the state’s ability to attract business, provide additional jobs and promote economic growth.

Studies show that medical school exposure to programs such as AHEC significantly increase the likelihood of students pursuing careers in primary care or practicing in a rural area.

The lack of primary care physicians contributes to higher health care costs and leaves many areas, especially rural and low-income areas, without access to primary care physicians.

THE AHEC NETWORK:

1. Identifies students with genuine interest in health care professions.
2. Guides them throughout their school experience and encourages them to focus on primary care delivery in rural, underserved, and medically-needy areas of Florida.
3. Trains students in rural and medically underserved communities. Studies show that medical school exposure to programs such as AHEC significantly increase the likelihood of students pursuing careers in primary care or practicing in a rural area.
4. Encourages students to serve Florida’s most vulnerable patients, such as seniors, rural residents, children, and Medicaid or safety net clinics, keeping patients out of expensive emergency rooms.
UF Goes Tobacco Free with the Help of AHEC

WHAT DOES IT TAKE TO MAKE THE LARGEST PUBLIC UNIVERSITY IN THE STATE OF FLORIDA GO TOBACCO-FREE?

Stakeholders from across the campus and the community, coming together to educate, inform, and encourage.

With Kathy Nichols—a passionate, energetic advocate— spearheading the efforts of the UF AHEC Program in cooperation with University Relations, GatorWell Health Promotion Services, the University Athletic Association, and the Health Science Center & Shands HealthCare, the UF campus was in for a professionally-designed program worthy of Gator pride.

With an enrollment of more than 50,000 students annually, the University of Florida is home to 16 colleges and more than 150 research centers and institutes. Shands HealthCare, affiliated with the University of Florida, includes seven hospitals and approximately 1,000 University of Florida faculty physicians. Thousands of faculty, patients, and visitors come through the doors of these facilities every day.

Today, across the UF campus (including the Shands HealthCare facilities), students, faculty and staff, visitors, and patients will not see a cigarette or ashtray. No butts on the ground, and no smell of smoke in the parking lots or green areas.

Thanks in part to the University of Florida AHEC Program, the use of cigarettes or other tobacco products in or around any of the UF or Shands buildings will not be permitted.

With guidance from the University of Florida AHEC, the Health Science Center and Shands HealthCare are providing information and resources to assist employees, patients and visitors who would like to break the habit. A wide selection of counseling services, self-help materials and medicines are available to help visitors who would like to break the habit. A wide selection of counseling services, self-help materials and medicines are available to help smokers and tobacco-users quit successfully.

The University of Florida AHEC Program continues to provide free tobacco cessation counseling and nicotine replacement therapy to UF students, faculty, and staff, as well as to UF Health Science Center staff, patients, and families. In addition, because the Florida AHEC Network’s tobacco training and cessation program is statewide, Florida residents who visit the UF campus for various activities can also receive similar support in quitting their use of tobacco with the assistance of the AHEC Program or Center in their area of the State.

Nov. 1, 2010 marked the one-year anniversary of the tobacco-free initiative.

Special thanks to University Relations, GatorWell Health Promotion Services, the Florida Department of Health, the UF Employee Assistance Program, and the UF Department of Community Health and Family Medicine. More information is available at tobaccofree.ufl.edu.

“I had a bad craving two days ago but I remembered what the book said, so I took some deep breaths, walked around, and it went away after a few minutes. I have worked hard. I will never smoke again—I feel so much better, I have more confidence. I don’t smell like smoke, and girls like me better now that I am a non-smoker. I enjoyed the class... I think I would still be smoking if I hadn’t come and learned so much. I understand the habit now.”

–UF Student John Seger, quit smoking in 2010 thanks to AHEC

“I just spent $80 at Walmart from the money I used to spend on cigarettes...I feel a lot more energetic. The classes taught me how to cook healthier foods too—I bought a crockpot today. I couldn’t have done it alone, it was good to be with the others. I haven’t had any real cravings, but I know what to do if I have any. I have my “Diploma” on the wall, I show it off to everyone.”

–UF Student Wayne Daves, quit smoking in 2010 thanks to AHEC

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The Healthy Gators Coalition created a Tobacco Prevention and Cessation Task Force in the summer of 2007.

Twenty-nine faculty, staff, students, and community members served on the Task Force.

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“The AHEC program provides valuable smoking cessation services in partnership with several outstanding campus organizations. Also, because AHEC is a statewide organization that offers these same types of cessation services throughout Florida, we are able to help not only those who attend the university or work here, but also Florida residents who visit our campuses. For those who work at the Health Science Center, or patients and their family members who live locally, AHEC partners with the UF Department of Community Health and Family Medicine to provide group or individual cessation counseling along with nicotine replacement therapy.”

– David S. Guzick, M.D., Ph.D., Senior Vice President, Health Affairs President, UF & Shands Health System
Smoking and tobacco use cost Florida taxpayers and Florida businesses millions of dollars in lost revenue and health care costs every year. According to the American Medical Association, the cost associated with treating tobacco-related illness in the United States is estimated at $96 billion.

“Smoking cessation programs have been shown to successfully help smokers quit – lowering the risk for smoking-related diseases and the high costs associated with treating them. The American Lung Association report clearly demonstrates the cost benefits to states that implement an evidenced-based comprehensive tobacco cessation program. The AMA encourages state governments to implement smoking cessation programs to improve the health of their state’s economy and their residents.” — Barbara McAneny, MD, Board Member, American Medical Association

What They Are Saying About AHEC’s Tobacco Program

2,506,700 Floridians use tobacco

Each Florida smoker costs Florida businesses $3,856 a year in direct medical expenses and lost productivity

Since 2007, some of AHEC’s tobacco cessation achievements include:

- Provided cessation counseling to over 18,000 tobacco users
- Established tobacco cessation services in over 300 sites in all 67 counties, partnering with community health centers, hospitals, physicians’ offices, worksites, and health departments
- Trained over 53,000 current and future healthcare workers
- Incorporated tobacco education curricula at more than 62 colleges and universities across the state
- Reached 268,733 youth in all 67 counties through community service projects done by students in health professions

“Without the support of a large-scale mass media campaign promoting their program, the AHECs developed effective grass-roots promotional strategies and built partnerships with community organizations and health care providers that allowed them to serve tobacco users in all counties in the state with greater than 5,000 tobacco users… this wide-spread reach across the state is impressive.”

“Smoking cessation interventions are well-positioned to change tobacco use patterns of residents in every county of the state.”

(source: Florida Hospital Association)
A handyman in Bronx, New York, John Gervasi married a hairdresser named Marie and together they raised an enterprising son…a son who would ultimately graduate from medical school having enrolled at an unusually older age, after getting married and having two children of his own. One of those children, not surprisingly, is now a family physician.

Another thing Dr. Gervasi remembers from the day he graduated medical school: The newest members of his family.

"After I lost my father, the professor who assigned my rural rotation more or less took me under his wing. In fact, that professor hooded me when I graduated. I’ll never forget it. And my classmates, my professors…they all became my family. Though my Dad couldn’t be there to share the moment with me and the rest of my family, my Nova Southeastern ‘family’ was all there to support me."

What Dr. Gervasi didn’t know then, as a newly-minted D.O. fresh off of an eye-opening rotation among rural clinics, was that he would eventually come full circle…returning to his roots, providing health care to some of Florida’s neediest patients, once again in rural, medically underserved areas. He would follow in the footsteps of the professor who had assigned him the same rural medicine rotation he received during his graduation ceremony.

Today, Dr. Gervasi works with Nova Southeastern medical students and residents, instilling in them the clinical care and compassion that he received as a student at the very same university.

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"The AHEC Network allows us to get the students off of campus and into the real world, and they are better doctors because of it."
"I realized it was time to either put up or shut up," recalls Dr. Gervasi. "Being burnt out from private practice didn’t mean I was burnt out from medicine. I told the clinic that I was on my way there, and I didn’t look back."

**FULL CIRCLE**

Fort Pierce, which is home to a significant population of migrant and agricultural farmworkers, is also home to one of many clinics within the network that is known as the Florida Community Health Centers, Inc. (FCHC). This is where Dr. Gervasi spends much of his time.

As the Chief Medical Officer for FCHC, Dr. Gervasi is a member of the FCHC’s senior management, but he is also a practicing physician dedicated to treating some of the region’s most vulnerable patients.

Wearing these two hats—management and clinical—couldn’t be more comfortable.

“Our network of health centers geographically surrounds some of the poorest and most medically needy families in Florida,” explains Dr. Gervasi. “FCHC professionals work tirelessly to provide accessible, affordable, and quality primary and preventive health care services to all patients, regardless of their ability to pay. I am very proud of our network.”

As Chief Medical Officer, Dr. Gervasi not only sees patients, but helps to oversee more than 250 employees. From pediatric care to dental services, OB/GYN to HIV/AIDS care, FCHC patients are part of a ‘medical home’ model, where they benefit from a one-stop shop for their primary health care needs.

“Most of these are folks who are at or below 100% of the Federal Poverty Limit,” says Dr. Gervasi. “While we focus on primary care needs, we also want to ensure a continuum of care, so we work with patients who need specialty care by coordinating their initial office visit if necessary. This is the sort of common-sense approach that saves lives and money, both from the patients’ pocketbook and from the taxpayer’s.”

**AHEC IN MOTION**

For over twenty years, the Nova Southeastern University AHEC Program has partnered with FCHC, Inc. by sending its students and residents to perform their clinical training at FCHC sites. From fourth-year NSU osteopathic medical students completing their Rural Medicine rotations to pediatric residents from Palms West Hospital who see patients weekly at the FCHC clinics in Clewiston, Pahokee, Indiantown, Ft. Pierce, and Okeechobee, this unique partnership is a critical part of the students’ training experience in a community-based primary care site.

AHEC’s training efforts exposes health professions students to the challenges and rewards of delivering care in medically underserved communities. As a result of these experiences, over a dozen graduates from the NSU College of Osteopathic Medicine have subsequently gone into practice at FCHC upon completion of their training.

“Having these doctors-in-training work in our health centers not only benefits the patients who receive care; it provides invaluable experience for the residents,” says Dr. Gervasi.

“Without the AHEC Network, many of our state’s most vulnerable patients would never see a doctor or dentist until they wind up in an overcrowded Emergency Room, and that’s not good for the patient OR the economy,” Dr. Gervasi notes. “It costs exponentially more to treat patients at the latter stages of their illness, disease, or injury, and the AHEC Network allows us to prevent those Emergency Room visits by providing care in a local clinic in the patient’s own community.”

“Our FCHC, Inc. clinics and our patients directly benefit from the AHEC Network. From infants to the elderly, we are working every day to keep patients in a ‘medical home’ and out of the emergency room,” Dr. Gervasi concludes.

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**AHEC AND THE MEDICAL HOME: THE FUTURE OF HEALTH CARE**

The AHEC Network provides direct care to patients, encourages physicians to locate in medically needy areas across Florida, and saves taxpayer money by focusing on primary and preventive care.

“The AHEC Network has had a tremendous impact on my decision to stay in Florida and practice in a medically underserved area. As an NSU student, I performed my rural rotation at Central Florida Health Care, Inc. (CFHC). Now I have come full circle, just like my Dad.”

“Having these doctors-in-training work in our health centers not only benefits the patients who receive care; it provides invaluable experience for the residents,” says Dr. Gervasi.

“My Dad said, ‘The one thing you can’t buy is time. Spend your time treating those who truly appreciate your care, those who truly need your care, and those who can’t find care like yours anywhere else.’”

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—Heather Lutz, D.O., Family Practice Physician, Central Florida Health Care, Inc.
The School Health Initiative has been especially successful with the BREATHE program, which empowers children to gain control of their asthma.

» From 2003-2005, African American children had a death rate 7 times that of non-Hispanic Caucasian children.

» African Americans had asthma-related emergency room visits 4.5 times more often than Caucasians in 2004.

» African American children have a 250% higher emergency department visit rate, a 250% higher hospitalization rate, and a 500% higher death rate from asthma, as compared with Caucasian children.

» AHEC ensures that health professionals see and treat these students on campus, keeping them healthy so that they stay in school and learn instead of going home sick.

(Source: Office of Minority Health, US Department of Health and Human Services)
The following content contains excerpts that appeared on WSVN, Channel 7 News, Miami/Ft. Lauderdale, on Feb. 25.

Thanks to the AHEC Network’s School Health Initiative, at-risk students get the direct primary care services they need to focus on school.

Children usually have to miss school and their parents take off work in order to see doctors. Not anymore.

Thanks to the University of Miami’s “Telemedicine in Schools Program,” students in six North Miami-Dade public schools are able to see a doctor by video when ever something is wrong.

Doctors can do most of the same things they could do if the patient were in their office.

Dr. Joycelyn Lawrence, Medical Director of the School Health Initiative: “We have a stethoscope, so we can actually listen to the heart sounds, or the breath sounds. And we also have an otoscope, which allows us to visualize the inside of a kid’s ear.”

The exams are free for students, which helps children like Stephanie, whose family doesn’t have health insurance.

Denise Simmons, Program Manager: “They’re able to go back to class and not take any time from school. This is a huge benefit for parents as well, because they don’t have to take time off from work.”

School doctors also say it helps them see more patients because they don’t have to travel from school to school.