

North Carolina AHEC

creating a better state of health
for 40 years



With this special publication, the North Carolina AHEC Program is proud to present a short history of the AHEC Program in North Carolina in recognition of the 40th Anniversary of the Program.

UNC Gets Contract For Health Centers

Reprinted from *The Chapel Hill News*, Volume 50, Number 94, Friday, October 6, 1972



WORK SESSION – the staff of the UNC Medical School's Division of Education and Research in Community Care wrote a proposal that brought the \$8.5 million contract to the University. Here in a work session, they listen to Glenn Wilson, now project director, talk about the need for better distribution of health manpower across the State. From left, around the table, are John Payne, Shirley Jacobs, Faye Pickard, Ann Francis, Jim Vaughn, John Parker, Dr. Glenn Pickard, Moses Carey, Sally Powell, Dr. Eugene Mayer, Vince Kavel, Ethridge Price, Dr. W. Reece Berryhill and Glenn Wilson.

Chapel Hill — The University has been awarded an \$8.5 million contract to develop a Statewide system of area health education centers.

Congressman Nick Galifianakis' office reported that \$2,617,269 has already been allotted for the first phase of the five-year program.

"This contract, one of the largest ever received by the University, was developed under the leadership of the Medical School. Glenn Wilson, associate dean for community health services in the Medical School, will serve as project director," UNC Chancellor Ferebee Taylor announced.

The goal of the area health education centers will be to improve the quantity, quality and distribution of health manpower throughout the State. The new centers will emphasize training programs to meet the health manpower needs of service areas surrounding the centers.

The contract proposal, funded by the Bureau of Health Manpower Education of the National Institute of Health, is built upon the hospital affiliation agreements established by the UNC Medical School during recent years through State appropriations and support from the North Carolina Regional Medical Program.

Dr. C.C. Fordham III, dean of the Medical School, said, "This contract award will not only enable the Medical School to strengthen and expand its programs but will involve all five schools in the UNC Division of Health Affairs – Medicine, Nursing, Dentistry, Public Health and Pharmacy.

In the first year of the contract, area health education centers will be established in three parts of the State. Community hospitals in Roanoke Rapids, Rocky Mount, and Tarboro will form the basis of one center in eastern North Carolina. A second center will be established in Wilmington and a third at the Charlotte Memorial Hospital in Charlotte. The second and third year of the contract provide for the establishment of additional centers, most likely with other affiliated hospitals of the UNC School of Medicine.

More than 60 percent of the total contract will be used in the community service areas of the various centers, through sub-contracts with the University. This regional use of funds will strengthen and expand the number of health professionals throughout the State.

In addition to providing undergraduate, graduate and continuing education for all health professionals, the area health education centers will support new programs to provide primary medical care in areas currently designated as underserved.

The Medical School has five years of experience with affiliated hospital programs across the State. Initially, the medical school program was funded by the North Carolina Regional Medical Program, and since 1969 has been substantially supported by appropriations from the General Assembly. Some community hospitals have received additional support from the Duke Endowment to aid in these programs.

Affiliation agreements between the Medical School have been in operation for the past several years. Hospitals included are Moses Cone hospital in Greensboro, Charlotte Memorial Hospital in Charlotte, New Hanover Memorial Hospital in Wilmington, Wake Memorial Hospital in Raleigh, Edgecombe General Hospital in Tarboro, Nash General Hospital in Rocky Mount and Halifax Memorial Hospital in Roanoke Rapids. Discussions are also underway to develop affiliation agreements with Wilson Memorial Hospital in Wilson and Pitt County Memorial Hospital in Greenville.

In addition to establishing the affiliation programs with the community hospitals, the UNC Medical School faculty members in the past four years provided services to 14,661 patients in clinics operated throughout the State on a regularly-scheduled basis.

There are currently 16 members of the Medical School faculty, working in the community hospitals and more than 100 medical students received part of their education in these institutions last year. In the next five years, it is anticipated that the number of faculty members in these hospitals will increase to 40 and that by the latter part of this decade, the Medical School will provide approximately 25 percent of its clinical education in the community hospitals. The other health science schools will similarly develop and expand educational programs in the area health education centers.

Establishment of the centers is an outgrowth of a Carnegie Commission Report in 1970, which became part of the Comprehensive Health Manpower Training Act passed by Congress in 1971. UNC President William Friday is a member of the commission.

The Commission recommended that 126 area health education centers be developed throughout the United States by 1980. The first centers in the nation were funded by the Bureau of Health Manpower Education.

Specific objectives of the area health education centers are:

- To increase the number and improve the quality of health professionals serving in the area.
- To maintain and improve community hospital capabilities by serving as referral centers for surrounding communities.
- To cooperate with hospitals and community agencies in the planning and development of a more-effective health care delivery system.
- To conduct research programs, primarily in the evaluation of health delivery systems.
- To conduct educational programs under the supervision of the faculty of the University health science center for undergraduate medical students and other health professionals.
- To develop residency programs in the community hospitals.
- To provide training for allied health workers.

Besides making it possible to train dental, nursing, public health and pharmacy students, in addition to medical students, in the community hospitals, these Federal funds will increase the number of interns and residents trained throughout the State. Existing evidence indicates that residents trained in community hospitals tend to stay in the community in which they are trained.

The Creation of the NC AHEC Program

On June 6, 2012, Glenn Wilson, MA, (NC AHEC Director: 1972 to 1977) sat down with Tom Bacon, DrPH, (NC AHEC Director: 1996-Present) to talk about the beginnings of AHEC in North Carolina. Wilson was the founding director of the program.

(photo right: Wilson and Bacon)



Tom Bacon (TB): Tell us how NC AHEC got started.

Glenn Wilson (GW): I was recruited by Dean Ike Taylor (UNC School of Medicine) to come to UNC in 1970 to be director of the Division of Education and Research in Community Medical Care. My task was to write a grant to develop what is now Piedmont Health Services. After that grant, I was essentially an associate dean without a portfolio. In 1971, UNC decided to double its medical school class size to 160 and did not have the clinical capacity here in Chapel Hill, so I began to accompany the dean on trips to the General Assembly to work on this issue. It was really through a series of happenstances that AHEC began.

TB: Where did your funding first come from?

GW: Dean Taylor and I were at the state legislature when one house member came up to us and asked the dean, "Do you need money for the increased enrollment?" The dean said, "Yes, this fellow does," and pointed to me. He asked how much, and I casually said one million dollars, and a few months later they appropriated that amount for our outreach efforts. We then heard about the federal grant, so with less than a month to deadline we scrambled to write it. Morrison (photo left: Bill Morrison, former president/CEO, New Hanover Memorial Hospital, Wilmington, NC) and Rankin (John Rankin, former director, Charlotte Memorial Hospital) were very important in this process and we flew on UNC Medical Air flights around the state to

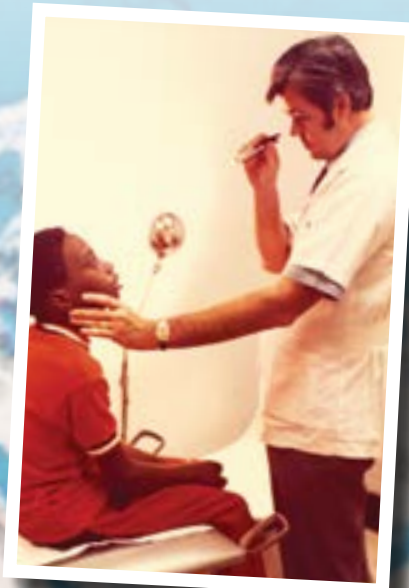
work on drafts of the grant. We knitted a viable partnership together that involved five health science schools at UNC, three hospital boards, public health departments, and others. The final draft was written on Bill Morrison's boat on the intracoastal waterway in Wilmington!

TB: Were these grants for physician training or other health professions too?

GW: The state appropriation was for connecting physicians to communities. The federal grant was for all health professions.

TB: Who in the state was affiliated with UNC in that first federal AHEC grant?

GW: We had three site affiliations including Charlotte Memorial Hospital, New Hanover Memorial Hospital and a coalition of hospitals that became Area L AHEC (photo right: Larry Cutchin, MD, from the Area L region). We were committed to a true partnership. It makes me think of an old saying... If you squat on the ground back-to-back and both press against each other equally you will both rise equally. If one side pushes too hard or too softly, you'll fall over. We all worked together on this and created a partnership that respected each other's interests.



TB: So after the federal grant was received, what happened next?

GW: Over the next two years, getting a solid AHEC functioning in each area was first priority, with clear ties between the schools and the AHEC a close second. There was a campaign for family medicine going on then, which resulted in new residencies at Moses Cone and UNC. There was also a new nurse practitioner program being developed at UNC, physician assistant programs at Duke and Wake Forest, and a new medical school at East Carolina University. The Board of Governors established a prestigious committee to examine whether ECU should have a two- or four-year medical school. That same committee was asked by UNC President Bill Friday to develop a statewide plan, which included AHEC. We engaged in serious discussions with Duke, Bowman Gray and ECU, then the committee recommended funding our full budget request. The General Assembly approved four innovative measures: AHEC, the Office of Rural Health, a four-year ECU medical school, and a department of family medicine at UNC.

TB: Tell me about President Friday's involvement.

GW: Mr. Friday had been a member of the Carnegie Commission that recommended the federal support of a nationwide AHEC Program, so he was supportive from the beginning (photo right: Friday with NC Governor Jim Hunt). He did a wonderful job of communicating the need for this Program to the legislature. I remember his marvelous comment that "AHEC is the most important thing the University has done for the state." He and his staff guided both the initial state grant and the larger permanent funding through the General Assembly. A terribly important point is that, although the Board of Governors approved AHEC and the ECU school as a package, AHEC funding was established as a separate budget line in the University system budget, and remains the same today.



Photo: Dan Sears, UNC

TB: How was AHEC set up in those early years?

GW: The central features focused on a defined performance contract between each school and the community hospital. The hospitals reserved the right to determine each year the number of students and the level of training. The AHEC contract contained a performance clause and annual budgets were set based on past performance.

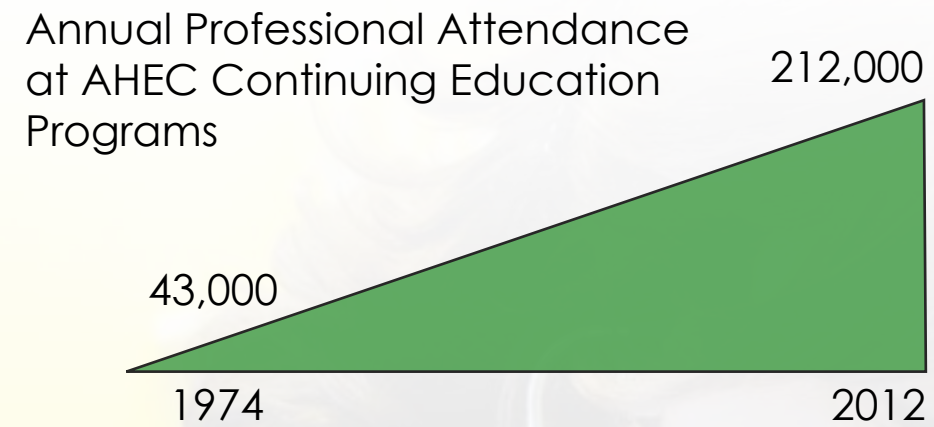
TB: And your staff at that time?

GW: Gene Mayer, John Payne and I really worked in tandem. John was on board when I arrived. I recruited Gene and it was natural for him to become director of the Program after me. There was no heavy bureaucracy in the AHEC Program. We had staff members assigned to each AHEC to assist in their development.

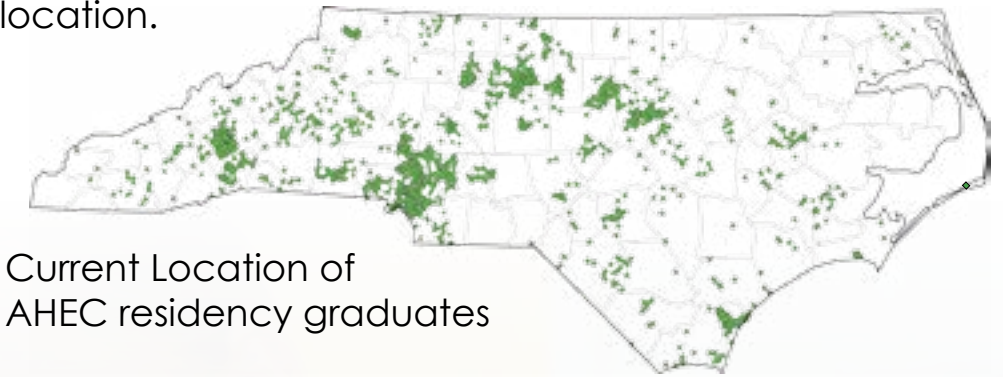
Glenn Wilson: So do you think AHEC has been successful in its first 40 years?

Tom Bacon: I think you can point to multiple things and definitely say yes. Over 3,200 physicians have graduated from AHEC residencies since 1978, most in primary care, and over half are still practicing in North Carolina. AHEC residency graduates are more likely to stay in the state to practice and more likely to practice in a small town or rural area. More than 200,000 health professionals now attend AHEC continuing education programs each year, and AHEC staff work with thousands of young people each year to encourage and support them in becoming health professionals. I could go on and on, but a great intangible asset of AHEC is its presence across the state and its capacity to respond to emerging health and health workforce needs. You and the other founders were determined to create a system based on a true partnership between the academic health center and community health care providers. That concept remains vital to our work today.

Creating a Better State of Health: How NC AHEC Serves Our State



Sixty percent of physicians who have completed an NC AHEC residency chose to stay in a North Carolina community for their initial practice location.



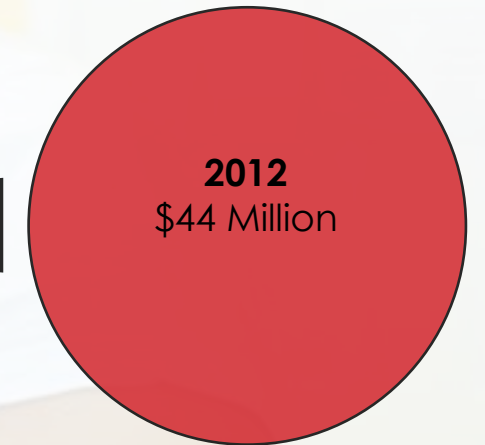
Produced by: North Carolina Health Professions Data System, Cecil G. Sheps Center for Health Services Research, UNC-Chapel Hill. Source: NC Health Professions Data System; NC AHEC Program, 2012; US Census Bureau, 2009. Data are for active, in-state, non-federal, non-resident-in-training physicians indicating primary care specialties of FP, GP, IM, Ob/Gyn or Pediatrics, who were licensed as of October 2010 with residency graduation dates from 1972 and later. Internship data were used if residency data were missing. Dots are scattered randomly within the ZIP code area. Core Based Statistical Areas are current as of the December 2006 update.

NC AHEC State Operating Support

1974
\$4 Million



2012
\$44 Million

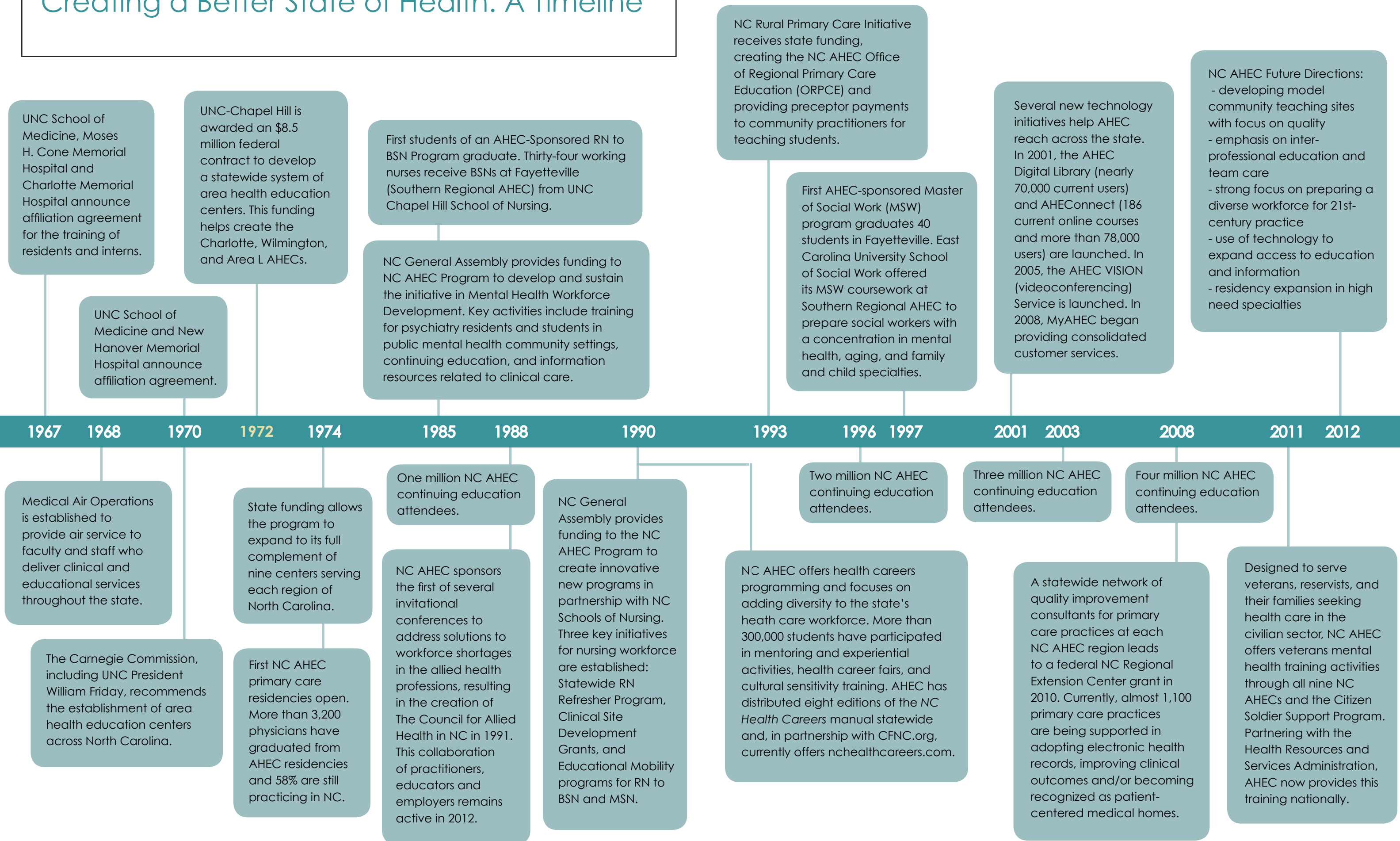


Since 1990, more than 300,000 students have attended an AHEC Health Careers and Workforce Diversity program.

2011-2012 NC AHEC Services to NC Health Professionals

Providers Receiving On-Site Support Services	Information and Library Service Interactions	CME / Continuing Education Attendees	Health Professions Students Housed	Health Professions Student Rotations	Health Careers Pipeline Students	Residents in Training in AHEC Residency	Total Served
3,966	105,294	212,520	2,455	5,401	4,307	384	334,327

Creating a Better State of Health: A Timeline



North Carolina Area Health Education Centers

Northwest AHEC

Directors
 1974-1979: Emery C. Miller, MD
 1979-1999: James C. Leist, EdD
 1999-2001: Elizabeth Sherertz, MD
 2001-Present: Michael P. Lischke, EdD, MPH

Greensboro AHEC

Executive Directors
 1974-1984: Leonard Rabold, MD
 1984-1985: Jim Albright, MHA
 1985-2004: Donald D. Smith, MD
 2004-2012: Rebecca W. Knight, MSN, MBA
 2012-Present: Jane Nester, DrPH, DIO

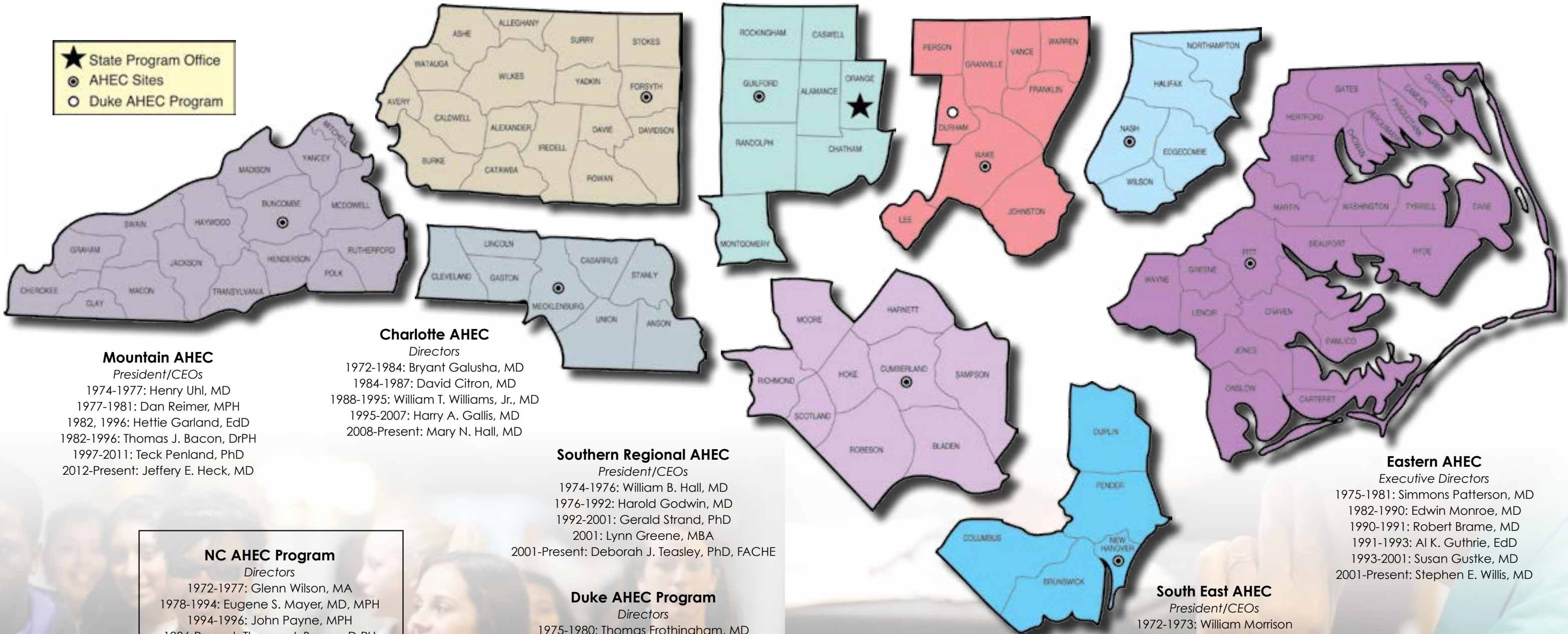
Wake AHEC

Executive Directors
 1974-1990: John Key, EdD
 1989-1991: Robert Sigmon
 1991-1996: Edward Abrams, EdD
 1996-1998: Dana D. Copeland, MD
 1998-2001: Douglas R. Dirschl, MD
 2001-2007: Michael I. Cinoman, MD
 2007-Present: John E.R. Perry, III, MD

Area I AHEC

President/Directors
 1972-1986: Larry Cutchin, MD
 1986-2012: David M. Webb, EdD
 2012-Present: Debby P. Futrell, PharmD

- ★ State Program Office
- AHEC Sites
- Duke AHEC Program



Mountain AHEC

President/CEOs
 1974-1977: Henry Uhl, MD
 1977-1981: Dan Reimer, MPH
 1982, 1996: Hettie Garland, EdD
 1982-1996: Thomas J. Bacon, DrPH
 1997-2011: Teck Penland, PhD
 2012-Present: Jeffery E. Heck, MD

Charlotte AHEC

Directors
 1972-1984: Bryant Galusha, MD
 1984-1987: David Citron, MD
 1988-1995: William T. Williams, Jr., MD
 1995-2007: Harry A. Gallis, MD
 2008-Present: Mary N. Hall, MD

Southern Regional AHEC

President/CEOs
 1974-1976: William B. Hall, MD
 1976-1992: Harold Godwin, MD
 1992-2001: Gerald Strand, PhD
 2001: Lynn Greene, MBA
 2001-Present: Deborah J. Teasley, PhD, FACHE

NC AHEC Program

Directors
 1972-1977: Glenn Wilson, MA
 1978-1994: Eugene S. Mayer, MD, MPH
 1994-1996: John Payne, MPH
 1996-Present: Thomas J. Bacon, DrPH

Duke AHEC Program

Directors
 1975-1980: Thomas Frothingham, MD
 1980-1982: Frank Lecocq, MD
 1982-1994: Harry A. Gallis, MD
 1994-1996: Thomas Sibert, MD
 1996-Present: Marvin S. Swartz, MD

South East AHEC

President/CEOs
 1972-1973: William Morrison
 1974-1979: Dewey Lovelace
 1980-1991: Neil McDonald, DPA
 1991 and 2005: Paul Woodworth, PhD
 1991-2005: William O. McMillan, Jr., MD
 2005-2012: Mark Darrow, MD, FACP
 2012-Present: Joseph A. Pino, MD

Eastern AHEC

Executive Directors
 1975-1981: Simmons Patterson, MD
 1982-1990: Edwin Monroe, MD
 1990-1991: Robert Brame, MD
 1991-1993: Al K. Guthrie, EdD
 1993-2001: Susan Gustke, MD
 2001-Present: Stephen E. Willis, MD

THE NORTH CAROLINA AHEC PROGRAM

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40th Anniversary

North Carolina
AHEC

1972 - 2012

creating a better state of health

