

**Maine Area Health Education Center (AHEC)**  
**Eastern Maine Area Health Education Center (AHEC) Request for Proposals FY20**

**Funding Amount: estimated \$75,000.00 for 2/14-8/31/2020**

(While funding is anticipated to continue at an annual rate of approximately \$100,000 per year until the end of the AHEC funding period on 8/31/22, it is contingent on ongoing Federal and State distributions.)

**RFP Informational Call: December 19, 2019 from 1:00-2:00PM EST**  
**Conference call number: 1-866-726-3900 Code: 1734636**

**Application Deadline: January 7, 2020**

**Introduction:** The Maine Area Health Education Center (AHEC) Network is seeking proposals to fund an organization to serve as the host site for the Eastern Maine AHEC Center. One of three regional AHEC Centers, the Eastern AHEC Center will support activities including health career pipeline opportunities for 9-12<sup>th</sup> graders, continuing education for current healthcare professionals, and implementation of didactic and community-based experiences for local health professions students and for students participating in the Care for the Underserved (CUP) AHEC Scholars Program. The Maine AHEC Network is seeking to fund a sub-awardee to execute the contract deliverables of the Eastern AHEC Center within the assigned catchment area (see Eastern Maine AHEC Center Deliverables in Attachment A, and Maine AHEC Network Centers Catchment Area Appendix B).

FY2020 is the third of five years for AHEC Network funding. The funding period for this sub-award is estimated to begin February 14, 2020 and conclude August 31, 2020. The estimated beginning of this funding period is starting mid-fiscal year (FY20) on February 14, 2020, pending approval by HRSA. The normal fiscal year for FY21 and FY22 runs from September 1<sup>st</sup> – August 31<sup>st</sup>. While funding is anticipated to continue, it is contingent on ongoing Federal and State distributions through August 31, 2022, the end of the AHEC funding period. At the end of the funding period, the University of New England, Maine AHEC Network's Program Office anticipates pursuing ongoing funding, pending the release of an FOA by HRSA.

**Background:** The Maine Area Health Education Center (AHEC) Network's mission is to alleviate health workforce shortages in rural and underserved areas of the state. The Maine AHEC Network is supported by funding from the Health Resources and Services Administration (HRSA) (U.S. Department of Health and Human Services), University of New England (UNE), and the Finance Authority of Maine (FAME). AHEC collaborates with academic and community partners to:

- Provide rural, underserved community-based clinical training experiences for medical and other health professions students
- Encourage Maine youth (9<sup>th</sup> – 12<sup>th</sup> grade students) to explore health careers (referred to as Pipeline Activities)
- Support practicing health professionals with continuing education and distance learning opportunities

HRSA has identified six AHEC Core Topic Areas, at least one of these core topic areas must be covered in all educational and training activities (with the exception of Youth Pipeline Activities, which are exempt from the Core Topic Area requirement). The six AHEC Core Topic Areas include:

- Interprofessional Education
- Behavioral Health Integration

- Social Determinants of Health
- Cultural Competency
- Practice Transformation
- Current and Emerging Issues (approved issues include: substance misuse, health policy, emergency preparedness, geriatric care, and vaccine hesitancy)

The Maine AHEC Network consists of the Program Office at UNE on the Portland Campus and three regional centers strategically located around the state. Northern Maine AHEC is located at Northern Maine Community College in Presque Isle, Western Maine AHEC is located at Franklin Community Health Network in Farmington, and the Eastern Maine AHEC Center would be located within its catchment area (see Appendix B). This Request for Proposals is to identify and fund the Eastern Maine AHEC Center.

**AHEC Program Activities:** HRSA has identified several evidence-based practices and promising approaches aimed at helping AHECs achieve sustainable, long term impact. The AHEC program activities include the following four categories:

- 1) Pipeline Activities focused on exposing youth in grades 9-12 to health-related careers through training, interactive activities, and didactic opportunities. No more than 10% of the total award can be used to support these activities (including staff time and overall budget).
- 2) Continuing Education opportunities to support didactic and experiential training activities focused on the HRSA Core Topic Areas for currently practicing health professionals. No more than 10% of the total award can be used to support these activities (including staff time and overall budget).
- 3) The Care for the Underserved Pathways AHEC Scholars Program (CUP AHEC Scholars Program) is a two-year honors distinction program. The program provides opportunities for health professions students to increase leadership skills, gain competencies in interprofessional education and team-based practice, understand and address health disparities and the social determinants of health in rural and underserved communities, and understand the role of practice transformation in addressing significant health and public health issues. CUP AHEC Scholars will participate in group and individual learning activities as well as community-based clinical and non-clinical activities in a variety of rural and urban underserved settings. The goal of the program is to increase the number of health professions students who practice in rural and underserved communities upon completion of their training. Two key activities include:
  - The Rural Health Immersion experience focuses on the unique public health and healthcare challenges and strategies of rural communities. Teams of 10-15 interprofessional health professions students participate in this multi-day learning opportunity. The rural health immersion combines in-class sessions with rural immersion opportunities including interprofessional service learning, integrated clinical health experiences, and community-building efforts.
  - The Enhanced Clerkship occurs during one of the Scholar's clinical rotations to generate interest in rural and underserved health care. The enhanced clerkship allows Scholars to participate in interprofessional team-based care as well as community-based experiences for 4-8 hours a week during their clinical rotation.
- 4) Community-based Experiential Training for Non-CUP AHEC Scholars. Recipients must support community-based experiential training in the Eastern Maine AHEC catchment area through clinical rotations for health professions students outside of the CUP AHEC Scholars Program. Each training experience must be team-based and include a formal, didactic component addressing one or more of the Core Topic Areas.
- Evaluation strategies are implemented through consistent data collection, analysis, and feedback.

See Maine AHEC Network Center Deliverables Eastern AHEC (Appendix A) for a detailed list and explanation of contract deliverables that align with AHEC Program activities.

**Requirements:** The following lists requirements of the Eastern AHEC Center (the Center):

- The Center is a public or private organization whose structure, governance, and operation is independent from UNE;
- The Center is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution or consortium of such entities;
- The Center is located within the Eastern AHEC Center catchment area. See Maine AHEC Centers Catchment Areas (Appendix B);
- The Center fosters networking and collaboration among communities and between academic health centers and community-based centers;
- The Center has a community-based governing or advisory board that reflects the diversity of the communities involved (this requirement can be put in place upon receipt of the award);
- The Center must employ a Center Director with 75% of their time allocated solely to the conduct of Center duties and responsibilities (a portion of the 75% may come from in-kind funding sources).
- Applicants are required to use HRSA's mandated 8% MTDC Indirect rate regardless of negotiated rate.
- Applicants may only charge salary rates on this grant up to the current Federal Salary Cap (a rate in excess of Executive Level II. Please see Section 4.1.iv. Budget – Salary Limitation of HRSA's [SF-424 R&R Application Guide](#) for additional information). The applicant would be responsible for any portion of the salary that exceeds the Federal Salary Cap.

#### **Required Documents for the Application**

- Application of Interest (Appendix C)
- Budget (Appendix D)

#### **RFP Informational Conference Call**

There will be an informational conference call on December 19, 2019 from 1:00-2:00pm. The purpose of the call is to provide information about AHEC and review the RFP process. Attendance on the call is not required in order to submit an application. Conference call number: 1-866-726-3900 code 1734636.

#### **Application Submission Process**

Completed applications will include a cover sheet and narrative as described in Appendix C as well as a budget using the template provided in Appendix D. Email submissions to [jgundermanking@une.edu](mailto:jgundermanking@une.edu). The subject must read "Eastern Maine AHEC Application".) Deadline for submission is January 7, 2020 at 11:59PM EST.

#### **Review Process**

Applications will be reviewed by the UNE AHEC Network team. Finalists will be interviewed January 10-15, 2020. Selection of the host site will be communicated by January 20, 2020. Final approval is contingent upon approval by HRSA. UNE does not have an appeals process for this award.

**Award Process**

Upon final approval of the Eastern AHEC Center site by HRSA, the selected sub-awardee will complete required UNE commitment and contract forms. The final contract must be approved by HRSA and will include required terms and conditions including being able to receive Federal funds.

Any questions can be directed to Jennifer Gunderman, Maine AHEC Network Director, at [jgundermanking@une.edu](mailto:jgundermanking@une.edu).

**Appendices Follow:**

Appendix A. Maine AHEC Network Center Deliverables Eastern Maine AHEC

Appendix B. Maine AHEC Network Centers Catchment Areas

Appendix C. Eastern Maine AHEC Application of Interest Cover Sheet

Appendix D. Budget and Budget Justification Template

Appendix E. Eastern Maine AHEC Center Application Rubric

Appendix F. Rural Health Immersion Planning Checklist

Appendix G. Center Director Process for Coordinating Community-Based Experiences for CUP AHEC Scholars' Enhanced Clerkships

**Acronyms**

AHEC- Area Health Education Center

CUP- Care for the Underserved Pathway

HRSA- Health Resources and Services Administration

UNE- University of New England

UNECOM- University of New England College of Osteopathic Medicine

**Appendix A**  
**Maine AHEC Network**  
**Center Deliverables**  
**Eastern Maine AHEC**  
**February 14, 2020- August 31, 2020**

<b>Activity</b>	<b>Tasks</b>	<b>Milestones</b>
<b>CUP AHEC Scholars</b>	<ul style="list-style-type: none"> <li>• With UNE, plan and deliver at least 2 rural health immersion (RHI) programs each contract year for CUP AHEC Scholars that meet program requirements. <b>See Rural Health Immersion Checklist (Appendix F) for list of roles, responsibilities, and tasks.</b></li> <li>• Strategically deliver each RHI in a different region of the catchment area</li> <li>• Participate in all planning and/or evaluation sessions related to RHIs and CUP AHEC Scholars for ongoing quality improvement</li> <li>• Collaborate with community partners to coordinate community-based and interprofessional experiences/activities for CUP AHEC Scholars completing an Enhanced Clerkship in Center's catchment area</li> <li>• For CUP AHEC Scholars' Enhanced Clerkships, recruit at least one new preceptor or clinical placement site.</li> <li>• Make program improvements as needed based on faculty and student input</li> </ul>	<ul style="list-style-type: none"> <li>• At least 2 RHIs planned and delivered</li> <li>• Up to 30 students attend an RHI per contract year</li> <li>• Attended all planning/evaluation sessions</li> <li>• Active role in coordinating all community-based and interprofessional Enhanced Clerkship experiences in catchment area</li> <li>• At least 1 new site/clinician precepts a CUP AHEC Scholar</li> <li>• Program improvements made as needed</li> </ul>
<b>Activity</b>	<b>Tasks</b>	<b>Milestones</b>
<b>Community-based experiential learning for Non-CUP AHEC Scholars</b>	<ul style="list-style-type: none"> <li>• Collaborate with health profession programs across the state and in New England to match students to preceptors and clinical sites</li> <li>• Co-locate students from different health profession programs when possible</li> <li>• Ensure at least 7 health profession students (non-CUP AHEC Scholars) will participate in specialized community based experiential training in rural underserved communities through innovative field placements and clinical rotations that are team based and include a didactic component on one of the core topic areas. <b>See Center Director Process for Coordinating Community-Based Experiences (Appendix G) for guidance.</b></li> <li>• All required data must be collected and entered into the AHEC database on a quarterly basis, at minimum</li> </ul>	<ul style="list-style-type: none"> <li>• At least 7 student clinical placements are completed and meet HRSA requirements</li> <li>• All required data collected and reported.</li> </ul>

Activity	Tasks	Milestones
<b>Community Health Rotation (This is for UNECOM students only, students placed in above two categories who are also UNECOM students can count towards this deliverable)</b>	<ul style="list-style-type: none"> <li>Continue to foster and support rural and underserved clinical preceptors and sites for University of New England College of Osteopathic Medicine students (UNECOM) students</li> <li>Work with AHEC Clinical Coordinator to secure community health rotation opportunities for medical students in rural and underserved areas of Maine</li> <li>Collaborate with clinical and community partners to develop unique enhanced community-oriented interprofessional clinical rotations for UNECOM non-CUP AHEC Scholars (e.g., geriatrics, people with disabilities, LGBTQ, etc.)</li> <li>Collaborate with UNE staff to identify viable clinical sites and preceptors</li> </ul>	<ul style="list-style-type: none"> <li>Up to 12 UNECOM students placed in community health rotation sites in rural and underserved areas</li> <li>At least 2 enhanced community health and interprofessional rotations are developed and delivered for UNECOM non-CUP AHEC Scholars</li> </ul>

Activity	Tasks	Milestones
<b>Continuing Education (no more than 10% effort or funding towards these activities)</b>	<ul style="list-style-type: none"> <li>Deliver, track, and evaluate continuing education (CE) programs in-person, through in person trainings, webinars, or asynchronous online modules on 6 core topic areas (all trainings must align with core topic areas)</li> <li>All required data must be collected and entered into the AHEC database on a quarterly basis, at minimum</li> </ul>	<ul style="list-style-type: none"> <li>100 health professionals participate in CE programs on at least one of the 6 core topic areas</li> <li>CE programs tracked and evaluated</li> <li>All required data collected and reported</li> <li>Project ECHO opportunities promoted</li> </ul>

Activity	Tasks	Milestones
<b>Pipeline Program (no more than 10% effort or funding towards these activities)</b>	<ul style="list-style-type: none"> <li>Jointly plan and deliver health career activities with strategic partners</li> <li>Promote job shadow and other health career opportunities to students grade 9-12 or use technology to provide similar information</li> <li>Recruit current health professionals to take students for job shadow opportunities</li> <li>Plan and implement, or collaborate on, multi-day health career programs targeted to rural and underserved communities</li> <li>All required data must be collected and entered into the AHEC database on a quarterly basis, at minimum</li> </ul>	<ul style="list-style-type: none"> <li>35 high school students participate in health career exposure activity in collaboration with community partners</li> <li>8 high school students attend multi-day pipeline programs</li> <li>Student knowledge about health careers is increased</li> <li>All required data collected and reported</li> </ul>

Activity	Tasks	Milestones
<b>Building Partnerships</b>	<ul style="list-style-type: none"> <li>Review current clinical partnerships and identify communities currently not served by AHEC</li> <li>Recruit new clinical and community partners willing to participate in health professions training programs</li> <li>Increase the number of partners participating in Rural Health Immersion activities</li> </ul>	<ul style="list-style-type: none"> <li>Partnerships developed with key strategic organizations</li> <li>New clinical partners recruited</li> </ul>

Activity	Tasks	Milestones
<b>Evaluation and Reporting</b>	<ul style="list-style-type: none"> <li>Submit quarterly progress reports by March 15, June 15, August 31, 2020 in format provided by UNE</li> <li>Input program data required by HRSA on a quarterly basis</li> <li>Assist in participant tracking, collecting all required data</li> <li>Attend quarterly Advisory Committee Meetings to report on activities</li> <li>Participate in all evaluation and QI projects</li> </ul>	<ul style="list-style-type: none"> <li>3 quarterly reports submitted on time</li> <li>Quarterly data submitted</li> <li>Activities reported at Advisory Committee meetings</li> <li>Evaluation and participant tracking data collected</li> </ul>

**Appendix B**  
**Maine AHEC Network Centers Catchment Area**

The following table describes the geographic distribution of Maine AHEC Center catchment areas by county:

<b>County</b>	<b>Eastern AHEC</b>	<b>Northern AHEC</b>	<b>Western AHEC</b>	<b>Program Office</b>
Aroostook		X		
Piscataquis*	X	X		
Penobscot*	X	X		
Washington	X			
Hancock	X			
Waldo	X			
Somerset			X	
Franklin			X	
Oxford			X	
Androscoggin			X	
Kennebec			X	
Knox				X
Lincoln				X
Sagadahoc				X
Cumberland				X
York				X

\*The following tables describe the geographic distribution of Northern and Eastern Maine AHEC Centers' catchment areas by municipality for the shared counties of Penobscot and Piscataquis:

<b>Penobscot</b>	<b>Eastern AHEC</b>	<b>Northern AHEC</b>
Bangor	X	
Bradford	X	
Bradley	X	
Brewer	X	
Burlington	X	
Carmel	X	
Charleston	X	
Corinna	X	
Corinth	X	
Dexter	X	
Dixmont	X	
East Millinocket		X
East Newport	X	
Eddington	X	
Etna	X	
Exeter	X	
Garland	X	

<b>Piscataquis</b>	<b>Eastern AHEC</b>	<b>Northern AHEC</b>
Abbot	X	
Atkinson	X	
Beaver Cove		X
Blanchard UT	X	
Bowbank	X	
Brownville	X	
Derby	X	
Dover-Foxcroft	X	
Greenville		X
Guilford	X	
Kingsbury Plantation	X	
Lake View Plantation	X	
Medford	X	
Milo	X	
Monson	X	
Parkman	X	
Sangerville	X	



<b>Penobscot</b>	Eastern AHEC	Northern AHEC
Greenbush	X	
Hampden	X	
Holden	X	
Howland	X	
Hudson	X	
Kenduskeag	X	
Kingman	X	
Lagrange	X	
Lee	X	
Levant	X	
Lincoln	X	
Mattawamkeag	X	
Medway		X
Milford	X	
Millinocket		X
Newport	X	
Old Town	X	
Orono	X	
Orrington	X	
Passadumkeag	X	
Patten		X
Plymouth	X	
Springfield	X	
Stacyville		X
Stetson	X	
Stillwater	X	
West Enfield	X	
Winn	X	

<b>Piscataquis</b>	Eastern AHEC	Northern AHEC
Sebec	X	
Shirley	X	
Willimantic	X	

**Appendix C**  
**Eastern Maine AHEC Center Application of Interest**  
**Cover Sheet**

<b>Applicant Organization</b>	
<b>Point of Contact</b>	
<b>Title</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Email</b>	
<b>Date</b>	

Applicants have a 10 page double-spaced narrative limit to address the four criteria below. This page limit does not include the cover sheet, budget, budget justification, and biographical sketches.

**Criteria to be scored:**

The narrative responses to the four sections below (10 double-spaced pages maximum) and budget (using the provided template) will be triangulated to award application scores.

1. Describe the organization's experience in developing and implementing health-related workforce programs, particularly as they align with the 6 HRSA Core Topic Areas. (25 possible points)
2. Describe the organization's network of clinical and community-based partners and how the organization has partnered with them. (25 possible points)
3. Describe the organization's experience in working with a diversity of student/learner populations who are pursuing health-related careers or are currently in health-related careers. (25 possible points)
4. Describe the organization's capacity and readiness to implement the proposed work plan. (25 possible points)

**Appendix D**  
**Budget and Budget Justification Template**

**Budget Period: February 14, 2019 – August 31, 2019**  
**Subaward**

<b>Organization Name</b>	
<b>Organization DUNS</b>	

**A. Personnel**

<b>First</b>	<b>Last</b>	<b>Base Salary</b>	<b>Job Title</b>	<b>FTE</b>	<b>% in kind (if applicable)</b>	<b>Requested Salary</b>	<b>Fringe Benefits</b>	<b>Funds Requested</b>
			Center Director					
<b>Total funds requested for personnel</b>								

Include a biographical sketch for each person (not counted towards page limit). Template included on last page of this appendix.

**Personnel Justification**

**Description of Project Role for each person on this grant:**

*Position descriptions should include the roles, responsibilities, and qualifications of proposed project staff.*

*As a reminder, Center Director should have at least 75 percent time allocated solely to the conduct of Center duties and responsibilities.*

**Description of Fringe Benefits (include %):**

**B. Other Direct Costs**

Item Line	Funds Requested (Amount)
Materials & Supplies (example)	
Consultants (example)	
Travel (example)	
<b>Total of Other Direct Costs</b>	

**Other Direct Cost Justification**

**Provide a description to justify each expense line:**

*As a reminder, for travel, the budget should include the travel expenses associated with participating in meetings outlined in the deliverables. Applicants are not responsible for the travel cost of health profession students for RHIs or clinical placements.*

*For applicants that are using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, the total number of days, travel costs, and the total estimated costs.*

<b>Total Direct Costs (Total of Table A and Table B)</b>	
<b>Indirect Costs (8% MTDC)</b>	
<b>Total Funds Requested (Total of Direct and Indirect Costs)</b>	

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## BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **Not to exceed two pages in length per person.**

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NAME	POSITION TITLE		
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY

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*Section A (required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.

*Section B (required)* **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

*Section C (optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).

*Section D (optional)* **Other Support.** List both selected ongoing and completed (during the last three years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

## Appendix E

### Eastern Maine AHEC Center Application Rubric

<b>Criteria</b> (Possible Points)	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>
<b>Workforce Development Experience</b> (25 points)	Describes organization's role in supporting health-related workforce programs implemented by other partnering organizations. (5 to 9 points)	Describes the organization's specific health-related workforce programs but does not mention HRSA Core Topic Areas. (10 to 14 points)	Describes the organization's specific health-related workforce programs that align with at least 1-2 of the HRSA Core Topic Areas. (15 to 19 points)	Describes the organization's specific health-related workforce programs that align with 3 or more of the HRSA Core Topic Areas. (20 to 25 points)
<b>Network</b> (25 points)	Generally describes partnerships and collaborations in Maine. (5 to 9 points)	Lists specific clinical and community-based partners and provides examples of how they have collaborated in Maine. (10 to 14 points)	Lists specific clinical and community-based partners and provides examples of how they have collaborated within the Eastern Maine AHEC catchment area. There is evidence of strong partnerships throughout the catchment area. (15 to 19 points)	Lists specific clinical and community-based partners and provides examples of how they have collaborated within the Eastern Maine AHEC catchment area. There is evidence of strong partnerships throughout the catchment area, especially in Washington County (20 to 25 points)
<b>Diverse Student/Learner Populations</b> (25 points)	Describes clear examples of working with diverse populations of students/learners but not pursuing health-related careers or currently in health-related careers. (5 to 9 points)	Describes clear examples of working with diverse populations of students/learners pursuing health-related careers or currently in health-related careers but not in the Eastern Maine AHEC catchment area. (10 to 14 points)	Describes clear examples of working with diverse populations of students/learners pursuing health-related careers or currently in health-related careers in the Eastern Maine AHEC catchment area. There is some evidence of working with students/learners in some of the following capacities: pipeline, clinical placements, and continuing education. (15 to 19 points)	Describes clear examples of working with diverse populations of students/learners pursuing health-related careers or currently in health-related careers in the Eastern Maine AHEC Maine catchment area, particularly in Washington County. There is strong evidence of working with students/learners in most of the following capacities: pipeline, clinical placements, and continuing education. (20 to 25 points)
<b>Capacity and Readiness</b> (25 points)	Demonstrates very little capacity and readiness to implement the proposed deliverables within the Eastern Maine AHEC catchment area (5 to 9 points)	Demonstrates some internal capacity and readiness to implement the proposed deliverables within the Eastern Maine AHEC catchment area (10 to 14 points)	Demonstrates strong internal capacity and readiness to implement the proposed deliverables within the Eastern Maine AHEC catchment area (15 to 19 points)	Demonstrates very strong internal capacity and readiness to implement the proposed deliverables within the Eastern Maine AHEC catchment area (20 to 25 points)

**Appendix F**  
**Maine CUP AHEC Scholar Honors Distinction Program**  
**Rural Health Immersion (Component 3)**  
**Planning Checklist for Maine AHEC Center Directors and Planning Coordinators**

**Purpose:** To identify key components for a Rural Health Immersion

Checklist Questions Before RHI	Check	Comments/Notes
Have you contacted the Program Office to get the list of students for the RHI 2-3 months prior to the trip?		
Have you introduced yourself to the students and provided your contact information?		
Have you included resources on the community & stakeholders you will visit? (example: University of Wisconsin County Health Rankings, local assessment report, etc.)		
Do students spend time at a local school, providing health lessons or healthcare career advice?		
Do students tour/visit at a local hospital?		
Do students tour/visit at a local FQHC?		
Do students tour/visit health centers that are representative of the other professions included on the trip? (ie, dental office, community pharmacy, PT practice, OMM clinic, etc.)		
Do students tour/visit/talk with a community-based organization?		
Are students involved in at least 2 community-based activities? <ul style="list-style-type: none"> <li>- Volunteer, health screening, school career panel, school education, etc</li> </ul>		
Will students have an opportunity to learn/enhance a clinical skill(s)?		
Do you need to hire clinical staff to help facilitate the clinical experience(s)?		
Is there time planned for students to enjoy a recreational activity in the area?		
Do students meet with any local leaders, champions, or policy makers?		
Have you connected with any upperclass students who are already in your community performing clerkships to meet with the RHI students?		
Are there times for students to have facilitated debriefing or discussion?		
Has lodging been confirmed?		
Have all the meal locations been identified? <ul style="list-style-type: none"> <li>- If needed, have reservations been made?</li> <li>- If needed, do you have menus for takeout places?</li> <li>- Have you verified that the business will take tax exempt status?</li> </ul>		
Have you contacted the Program Office to confirm your availability for the orientation phone call?		
Has the agenda been sent to the students?		
Have you asked the students if they feel that there is anything missing from the agenda?		
Have you sent a packing list to students?		

**Purpose:** To provide rapid cycle improvements during the immersion experience

Checklist Questions During RHI	Check	Comments/Notes
Have you reminded students to submit their blog posts?		
Have you established who the group leader will be?		
Have you checked in with the group leader to see how the trip is going? For example, is the lodging OK, is the agenda OK, is the team dynamic OK.		
Have you held a facilitated debrief or discussion with the whole group?		
Have you reminded the students to complete Thank You cards throughout the week?		
Have you taken pictures of the group throughout the week? Specifically of the clinical experiences, school visits, and clinical site visits?		

**Purpose:** To evaluate the Rural Health Immersion

Checklist Questions After RHI	Check	Comments/Notes
Have you sent a closure email to the group with follow up resources, contacts, etc. that are relevant to the RHI?		
Have you added the group to any relevant listservs so that the group can stay aware of community events, accomplishments, etc.		
Have you completed the After Action Report and emailed it to the Program Office for the RHI debrief phone call?		
Have you sent the Thank You cards to the community and clinical partners that the group met with?		
Have you provided quotes to the Program Office for the AHEC newsletter article that will highlight the trip?		



## Appendix G

### Center Director Process for Coordinating Community-Based Experiences for CUP AHEC Scholars' Enhanced Clerkships

- 1) Await final confirmation from Program Office of site placement
- 2) Identify community-based services/programs/organizations within clinical site town/city and/or < 30 minutes away whose programs:
  - a. Address AHEC Scholars core topic areas:
    - i. Social determinants of health
    - ii. Cultural competency
    - iii. Behavioral health integration
    - iv. Practice transformation
    - v. Emerging health issues (i.e OUD/SUD)
    - vi. *(Interprofessional Education)*

AND/OR

- b. Address priority health issues as identified in the clinical site county's Community Health Needs Assessment (<https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/final-CHNA-reports.shtml>)
    - i. The Program Office will share list of organizations & programs they have partnered with across ME as reference/starting point. The CHNAs are also great resources for such organizations (included at end of reports).

*[Simultaneous to #2, the Program Office will connect with student's clinical preceptor to identify & coordinate interprofessional opportunities within the clinic site, including with other CUP AHEC Scholars who have been placed at same site/nearby]*

- 3) Approximately 4-6 weeks prior to start of rotation, send student the list of options for community-based programs/activities and ask them to prioritize at least 4 they are most interested in
  - a. If no response after 1 week, resend to student.
  - b. If no response within a few days after 2<sup>nd</sup> attempt, move ahead without student input.
- 4) Upon receipt of student feedback, begin reaching out to community contacts to coordinate time for student to engage with them
  - a. In many instances, this will be observing ongoing activities; speaking with and/or shadowing program leadership and staff; participating in scheduled activities as long as student/site contact/preceptor are comfortable with degree of participation; attending/observing committee or stakeholder meetings, etc.
  - b. In many instances, a 2-4 hour block of time has been sufficient (dependent on what experience entails)
  - c. The Program Office will provide an initial email template for reaching out to potential community partners that describes our intentions for the student spending time with them; also will provide expectations table for student & preceptor(s)/community sites
- 5) Ongoing communication with Program Office with potential dates for community-based experiences, who will share with clinical preceptor for scheduling purposes
- 6) Close loop with community partners with confirmed dates of community-based experiences, ideally confirming schedule at least 1 week prior to rotation start date .

<p align="center"><b>AHEC Center Director Timeline:</b>  <b>Enhanced Clerkship Coordination – Community-Based Experiences</b></p>
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Task	>6 wks out	6 wks out	5 wks out	4 wks out	3 wks out	2 wks out	1 wk out
Confirm CUP AHEC Scholar site placement							
Identify community-based programs, services, initiatives...							
Seek student input							
Outreach community partners & coordinate activities							
Communicate potential dates with Program Office to share with clinical preceptor							
Confirm dates with community partners							