

Agency Activity Inventory
by Agency
Appropriation Period: FY 2010-11

Agency: H53 - Area Health Education Consortium (AHEC) **Functional Group:** Higher Education & Cultural

594 Instruction-Continuing Education

Section 59-123-115. The SC AHEC Continuing Education (CE) program provides practicing health care professionals with affordable continuing education seminars, workshops, lectures, and telecasts in proximity to their workplace. Each of the four AHEC Centers employs CE Coordinators who work closely with hospital education departments, regional health professionals, associations and agencies, and educational institutions to assess, develop, and present continuing education programs to health professionals in their regions. The learning opportunities provided by the SC AHEC Centers follows a set of "Best Practice Standards" designed by the CE Coordinators to assure quality in programming.

Statewide Result Area: Improve the health and protections of our children and adults

Strategy: Provide for an increased number of providers in underserved areas.

FY 2010-11						
Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs
\$1,316,699	\$1,316,699	\$0	\$0	\$0	\$0	2.00

Expected Results:

This activity enhances the knowledge and skills of health care providers and emergency responders. Enhanced skills increase the quality of care provided resulting in the improvement of inpatient and outpatient health care delivery. Educational offerings allow health care providers to meet professional re-licensure and re-certification requirements and reduce professional isolation for providers in rural areas, thereby increasing retention.

Outcome Measures:

One-thousand eight-hundred and twenty-three (1,823) educational programs were provided to 30,978 health care professionals. Forty-four percent of these professionals completed American Heart Association Life Support Courses conducted by the SC AHEC Regional Centers. Over 127,000 credit hours for re-licensure and re-certification were provided to health care professionals. Approximately 90% of program participants report (on post-program evaluation instruments) that all their learning objectives were met.

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595 Health Professions Student Programs

Section 59-123-115. The SC AHEC Health Professions Student Programs help arrange required community-based rotations for health professions students in the fields of medicine, nursing, pharmacy, dentistry, and the allied health sciences. Each AHEC regional center employs student coordinators who assist with the identification of preceptors, procure student housing, schedule student rotations, orient students to the community, provide library resources and Internet connections, and assist students with their community health improvement projects. While in the community, students not only learn clinical skills in a "real world" setting from their preceptors, but they also participate in community outreach activities such as visiting the homes of patients,

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participating in projects targeting major health problems such as diabetes or high blood pressure, and initiating and participating in community health assessments and wellness programs for the local populace.

Statewide Result Area: Improve the health and protections of our children and adults

Strategy: Provide for an increased number of providers in underserved areas.

FY 2010-11

Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs
\$619,901	\$619,901	\$0	\$0	\$0	\$0	1.89

Expected Results:

State and national statistics demonstrate current shortages of physicians, nurses, pharmacists, dentists, and numerous allied health specialties. Projections for the future indicate these shortages will become more acute as the current health care workforce ages. Health care educational experiences for high school, college and graduate students are essential to insure a continuous supply of bright, dedicated, racially diverse health care professionals. Studies also indicate that students who experience practice in rural and underserved settings are more likely to establish practice in similar locales after graduation.

Outcome Measures:

Students from the disciplines of medicine, nurse practitioner, nurse anesthetist, physician assistant, pharmacy, health administration, rehabilitation therapy, physical therapy, nutrition, social work and public health from Clemson University, USC, MUSC, SC College of Pharmacy, Winthrop University, SC State University, and AT Still University participated in AHEC Health Professions Student rotations last year. Students had 105,006 contacts with patients in South Carolina. Most health professions training programs' curricula require off-campus learning experiences. SC AHEC provided 623 placements for health professions students. This represents approximately 3,089 weeks of training. The SC AHEC Regional Centers provided 1,173 weeks of housing to students on AHEC rotations. Since students involved in this program are health professions students, virtually 100% of participants go into a health field. There were over 370 preceptors who participated as teachers for health professions community-based rotations last year.

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Functional Group: Higher Education & Cultural

596 Health Careers Program (General Funds)

Each regional AHEC Center maintains a Health Careers Program designed to increase the number of young people who elect to pursue a health related profession. The program emphasizes the participation of African-American, other underrepresented ethnic minority and disadvantaged students. Each SC AHEC Center will establish and coordinate a Health Careers Academy (HCA) to facilitate an intensive health career exploration experience for high school students. The HCA will utilize a four-year, academic-based curriculum specifically designed to prepare students to enter the health professions pipeline. Programmatic content will employ individual advising, mentoring and parental involvement as major components.

Statewide Result Area: Improve the health and protections of our children and adults

Strategy: Provide for an increased number of providers in underserved areas.

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Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs
\$221,771	\$221,771	\$0	\$0	\$0	\$0	1.80

Expected Results:

The expected result of the Health Careers Program (HCP) is to increase the number of students entering the health professions pipeline with an emphasis on African-American and other underrepresented minority students. The Health Careers Academy (HCA) for high school students will be implemented across South Carolina. Parental involvement and mentoring workshops will be provided. Any student having completed 20-59 hours of the HCP activity will be recognized as a Junior Scholar. Students who have completed 60 hours of the HCP activity will be recognized as HCA Senior Scholars. Yearly at least 40 students will qualify for these designations. Individual students who have participated in over 110 hours of HCP related activity, including the HCA, Summer Institutes, Summer Health Careers Academy, or other HCP programs will be identified as a HCP Achiever. Upon graduation from high school, it is anticipated that the majority of HCP Achievers will matriculate into an undergraduate, health training certification or health profession program.

Outcome Measures:

1) Three-hundred and sixty-four (364) rising 9th, 10th, 11th and 12th grade students participated in HCA activities this year. 2) Six hundred and ninety-five (695) high school and college students participated in regional AHEC programs and 621 students participated in internships/job shadowing experiences. 3) The Summer Health Careers Academy (Nursing, Dental and Medicine tracks) was held at the Medical University of SC and 31 motivated college students participated in four days of intensive health career preparation. 4) The Health Careers Summer Institute was held on the campus of Winthrop University and 104 high school and college students participated. One-half Carnegie credit was awarded through the SC Department of Education to the high school participants. 5) Based on outcomes from the HCA and other programs, including the Summer Institutes and Summer Health Careers Academy, data from the past four years indicates that 247 Scholar & Achiever level students (9-12th grades) are fully engaged in AHEC activities.

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597 Regional Center Administration

Section 59-123-115. This function provides executive leadership for each of the four AHEC regional centers. Activities include developing and maintaining linkages with providers, institutions, and organizations within each region, conducting a local needs assessment, program development, grant development, financial services, personnel services, communications, data systems, and other related regional administrative activities.

Statewide Result Area: Improve the health and protections of our children and adults

Strategy: Provide for an increased number of providers in underserved areas.

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Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs
\$374,796	\$374,796	\$0	\$0	\$0	\$0	0.00

Expected Results:

Provision of programs and services to address the unique needs of each of the four AHEC regions. Maintain collaborative relationships with local health care agencies, organizations, providers, and educational institutions. Meet or exceed requirements for state contracts and federal grant awards. Receive positive audit reports on financial statements.

Outcome Measures:

There is a positive correlation between the provision of programs and services and the results of regional needs assessment. Educational program evaluations are overwhelmingly positive. Participation of regional institutions, organizations, associations, and providers continues to grow. Goals associated with SC AHEC performance contracts with regional centers for Continuing Education Instruction, Health Professions Student Education and Health Careers Programs have all been attained or surpassed. Federal (Model AHEC) grant requirements were met. (See grant requirements under Model AHEC Section "Expected Results") Clean audit reports were received by each regional center.

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598 Miscellaneous Other Funds

This activity is added as a balancing mechanism since these funds have not yet been secured but were reported in the Detailed Budget. The results of other grant initiatives seeking funds from private sources (endowments, foundations) were not known at the time this report was prepared.

Statewide Result Area: Improve the health and protections of our children and adults

Strategy: Provide for an increased number of providers in underserved areas.

FY 2010-11						
Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs
\$1,795,500	\$0	\$0	\$0	\$0	\$1,795,500	0.00

Expected Results:

N/A

Outcome Measures:

N/A

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600 Recruitment - Rural Physician Program

Section 59-123-115. This activity captures the FTE associated with the program funds described below which has a different Budgetary Program Number. See Rural Physician Program "Description" below. (Activity Number 601)

Statewide Result Area: Improve the health and protections of our children and adults

Strategy: Provide for an increased number of providers in underserved areas.

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Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs
\$0	\$0	\$0	\$0	\$0	\$0	0.00

Expected Results:

See Rural Physician Program "Expected Results" (Activity Number 601) below.

Outcome Measures:

This FTE has been reassigned to Family Medicine.

Veto - not funded

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601 Recruitment - Rural Physician Program

Section 59-123-125. The Rural Physician Program was initiated by the SC legislature in 1989 to address the undersupply and mistribution of physicians in rural and underserved communities of the state. The program provides incentive grants for primary care physicians and advanced practice professionals (Nurse Practitioners, Nurse Midwives, and Physician Assistants) who commit to practice in medically underserved communities for a period of up to four years.

Statewide Result Area: Improve the health and protections of our children and adults

Strategy: Provide for an increased number of providers in underserved areas.

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Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs
\$0	\$0	\$0	\$0	\$0	\$0	0.00

Expected Results:

The expected result of the Rural Physician Program is to attract primary care physicians and advanced practice professionals to establish practices in rural and medically underserved areas of South Carolina. Once a practice becomes established, health care providers are much more likely to remain in areas of need.

Outcome Measures:

Since its inception in 1989, 343 primary care physicians have been funded exclusively from the state program. Of these, 274 are in private practice in SC. Of the physicians in private practice, the retention rate is approximately 80%. Fifty-seven (57) physicians practiced in Community Health Centers with a retention rate of 67%. While this rate is lower than the retention rate for physicians in the Rural Physician Program who enter private practice, it exceeds the overall retention rate for all physicians who are employed in SC Community Health Centers, which is estimated to be 30%. More than 1,372 years of cumulative service have been provided by these physicians to a patient population predominately composed of Medicaid-funded and indigent individuals. No Rural Physician Incentive Grants will be awarded in FY11 because of the Governor's veto of this program.

Veto - not funded

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602 Recruitment - Nursing Recruitment Center

The Nursing Recruitment Center was initiated in 1989 to address the shortage of nursing professionals. No specific enabling legislation currently exists for this program. The Center initiates activities and programs designed to attract individuals to pursue nursing as a career.

Statewide Result Area: Improve the health and protections of our children and adults

Strategy: Provide for an increased number of providers in underserved areas.

FY 2010-11						
Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs
\$26,393	\$26,393	\$0	\$0	\$0	\$0	0.25

Expected Results:

The expected result of the Nursing Recruitment Center is to increase the number of individuals who choose nursing as a career and the number of hospitals that seek to receive certification as Magnet hospitals.

Outcome Measures:

- SC AHEC held the 8th annual Nursing Excellence Conference which addressed the South Carolina nursing shortage. One hundred sixty-one (161) Nurse Managers and Executives attended.
- The first South Carolina Magnet hospital was designated in October 2005. Four additional hospitals are at various stages of the application process.
- SC AHEC Conducted the 7th annual Workshop for Nurse Aide Training Coordinators and Instructors

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in Columbia with 183 participants. • Thirteen (13) college students participated in the Nursing Track of the 2010 SC AHEC Summer Careers Academy that was held June 6-11, 2010. • Fourteen (14) nursing scholarships were provided to students entering nursing programs (LPN, RN) in the Fall of 2010.

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605 Instruction-Model AHEC

The Model State Supported AHEC Program (Federal Funds) is a grant from the Department of Health and Human Services. Funds are allocated to AHEC programs to prepare and educate culturally competent primary care providers for the United State's workforce.

Statewide Result Area: Improve the health and protections of our children and adults

Strategy: Provide for an increased number of providers in underserved areas.

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Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs	
\$580,159	\$193,386	\$386,773	\$0	\$0	\$0	1.00	

Expected Results:

HRSA grant requirements include: Improve the recruitment, distribution, supply, quality and efficiency of personnel providing health services in underserved rural and urban areas; Increase the number of primary care physicians and other primary care providers; Carry out recruitment and health career awareness programs to recruit individuals from minority and disadvantaged populations into the health professions; Provide for field placements, preceptorships, community-based primary care residency programs, and agreements with community-based organizations; Conduct health professions education and training activities for students of health professions schools and medical residents; Conduct at least 10 percent of medical student required clinical education at sites remote to the primary teaching facility; Provide information dissemination and educational support to reduce professional isolation.

Outcome Measures:

Last year all grant requirements were met and HRSA recommended continued funding for FY11.

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607 Miscellaneous Federal Grant Opportunities

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This activity is reflected as a balancing mechanism since these funds have not yet been secured, but were reported on the Detailed Budget. Several potential federal grant opportunities were anticipated; however, the funding did not materialize.

Statewide Result Area: Improve the health and protections of our children and adults

Strategy: Provide for an increased number of providers in underserved areas.

FY 2010-11						
Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs
\$415,000	\$0	\$415,000	\$0	\$0	\$0	0.00

Expected Results:

N/A

Outcome Measures:

N/A

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608 Instruction-Family Medicine Residency

Section 59-123-115. In order to alleviate the shortage and maldistribution of physicians in our state, the SC AHEC sponsors family medicine residency training programs throughout South Carolina. Family medicine is the medical specialty which provides continuing and comprehensive health care for individuals and families. The family physician typically functions as the patient's means of entry into the health care system. The family physician is the physician of first contact in most situations and, as the initial provider, evaluates the patient's total health care needs and provides personal care. The South Carolina Family Medicine Residency Training Programs are located in Anderson, Charleston, Columbia, Florence, Greenville, Greenwood, Seneca and Spartanburg. Between them, they graduate approximately 65 family doctors each year.

Statewide Result Area: Improve the health and protections of our children and adults

Strategy: Provide disease prevention and disease management.

FY 2010-11						
Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs
\$5,491,077	\$5,456,188	\$0	\$0	\$34,889	\$0	12.30

Expected Results:

Increase the number and geographic distribution of family physicians in the state. Studies by the SC Budget and Control Board's Office of Research and Statistics continue to project a need for additional family physicians as the South Carolina population increases and ages.

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Outcome Measures:

Sixty percent (60%) of the practicing family physicians in South Carolina are graduates of the SC AHEC's family medicine residency training programs. Family physicians provide the majority of health care for South Carolinians in rural and medically underserved communities. Family physicians provide medical homes for a disproportionate number of Medicaid, Medicare and indigent patients. The SC AHEC is working collaboratively with the SC Budget and Control Board's Office of Research and Statistics to identify the distribution and retention of family physicians across the state, particularly the number who practice in rural and underserved communities. A profile will be developed of the current physician workforce in FY11. Workforce trends are being reviewed.

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609 Instruction-Graduate Doctor Education Residency Training Programs (excluding Family Medicine Residency Training Programs)

Section 59-123-115. In order to alleviate the shortage and maldistribution of physicians in our state, SC AHEC sponsors graduate doctor residency training programs throughout South Carolina. SC AHEC Graduate Doctor residency training programs emphasize primary care and training in other specialties with demonstrated shortages. A primary care practice serves as the patient's first point of entry into health care system and the continuing focal point for all needed health care services. Primary care practices provide health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings. Graduate Doctor Residency Training Programs are based in three communities in our state (Columbia, Greenville and Spartanburg) and include internal medicine, pediatrics, combined internal medicine/peds, obstetrics/gynecology, emergency medicine, psychiatry, orthopedics and surgery.

Statewide Result Area: Improve the health and protections of our children and adults

Strategy: Provide for an increased number of providers in underserved areas.

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Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs
\$1,970,696	\$0	\$0	\$0	\$1,970,696	\$0	2.00

Expected Results:

Increase the number and geographic distribution of Graduate Doctor Physicians in the state. Studies by the SC Budget and Control Board Office of Research and Statistics continue to project a need for additional graduate doctor physicians as the South Carolina population increases and ages.

Outcome Measures:

Twenty-three percent (23%) of non-family medicine, primary care physicians (internal medicine, surgery, obstetrics/gynecology and pediatrics) practicing in South Carolina graduated from SC AHEC residency training programs. Budget reductions over the past two years have required SC AHEC to prioritize funding for residency training programs, emphasizing primary care specialties. Data reflects that graduates from Family Medicine Residency Programs are more dispersed throughout South Carolina, particularly in rural areas. ARRA funds allocated to Graduate Doctor Education remain the only support to Internal Medicine and Pediatrics

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residency training programs.

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610 System Wide Administration/Coordination

Section 59-123-115. This function provides executive leadership, support, policy development and review, financial services, personnel services, communications, interagency billing, data collection systems, contract development and monitoring, grant development, and other related administrative services.

Statewide Result Area: Improve the health and protections of our children and adults

Strategy: Provide for an increased number of providers in underserved areas.

FY 2010-11						
Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs
\$471,341	\$471,341	\$0	\$0	\$0	\$0	3.33

Expected Results:

Obtain positive audit reports on financial statements. Coordinate a revised strategic plan for 2009-2012. Implement new computer software to track programmatic outcomes.

Outcome Measures:

No negative audit opinions on state, federal or other funds. Daily operations are based on the implemented strategic plan for 2009-2012. New data management software is operational and we continue to refine and enhance the data computing system including migration to a web-based registration system. Since FY2000, the SC AHEC has received funding for 28 grant projects (federal and foundation) in the amount of \$15,920,438 with anticipated grant funds in FY11 of \$1,295,754. Since FY2000, only two of twelve grant requests (one federal and one foundation) were not funded.

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1567 Health Careers Program (Other Funds)

Section 59-123-115. To supplement activities of the HCP program, The Duke Endowment awarded a three-year grant for "Building Coalitions to Increase the Diversity of the SC Health Care Workforce." South Carolina AHEC will work closely with those in the educational and health care delivery systems, faith-based programs, and other community organizations who are active participants in the four coalitions. The overall goal for the "Building Coalitions" project is to: "Empower four regional

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South Carolina coalitions to help increase the number of underrepresented minority (URM), South Carolina Health Careers Program-affiliated students who enter careers in health care." A 50/50 match is required by The Duke Endowment.

Statewide Result Area: Improve the health and protections of our children and adults

Strategy: Provide for an increased number of providers in underserved areas.

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Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs
\$0	\$0	\$0	\$0	\$0	\$0	0.00

Expected Results:

The expected results are: 1. to expand current coalitions to include more business and industry representatives; 2. to design and implement a Teach-the-Teacher Academy which will be integrated with the public schools' Health Career Cluster; 3. to design and implement a Mentorship and Job Shadowing Program to help prepare students for health care careers; 4. to design a Health Careers Program for secondary school students to recruit URM students into health care career pathways; and 5. to design and implement a program to involve parents in coalition activities.

Outcome Measures:

Funding from The Duke Endowment has expired and state budget cuts have made this initiative impossible to continue using general funds.

Grant Expired

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1708 Infrastructure Development

In FY07, the General Assembly allocated funds to develop the core infrastructure in the AHEC geographic regions to create and advance community-based academic partnerships for the training of health professions students throughout South Carolina. The funding will provide salary support and fringe benefits for four regional student coordinators, the procurement of student housing facilities (lease) in each of the four regions, and travel expenses for the AHEC student coordinators to facilitate student activities and visit local student preceptors.

Statewide Result Area: Improve the health and protections of our children and adults

Strategy: Provide for an increased number of providers in underserved areas.

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Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs
\$179,064	\$0	\$0	\$0	\$179,064	\$0	0.75

Expected Results:

This activity is expected to facilitate community-based rotations for health professions students. Additional Health Professions Student Coordinators in each of the four AHEC regions will result in the identification and training of

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new health care providers to act as preceptors and the development of new training sites for student rotations. These funds will also assist with the procurement of student housing, increasing the number of students who will be able to participate in community-based rotations, ultimately enhancing recruitment of providers into rural and underserved areas.

Outcome Measures:

On August 10, 2007, the MUSC Board of Trustees approved the revision of the university's Strategic Plan to include Creating Collaborative Care which emphasizes interprofessional education and mobilizing teams of health professions students to help improve the health of populations. This program, emphasizing clinical experiences in rural and underserved community settings, has been facilitated by South Carolina AHEC Health Professions Student Coordinators since its inception. In FY10, 107 students were placed in interprofessional education rotations in the four regions. A total of 43 students in the disciplines of Food and Nutrition Services, Health Administration, Medicine, Undergraduate Nursing, Allied Health, Pharmacy, Public Health, Speech Therapy, and Social Work representing six institutions and ten academic programs, participated in the 2010 South Carolina Rural Interdisciplinary Program of Training (SCRIPT), with 7,407 total patient encounters. In FY11, there will be limited activity due to the Governor's veto of general funds allocated for Rural Infrastructure Development.

Veto

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1901 Junior Doctors of Health Comprehensive Obesity Prevention

Section 59-123-115. To complement the activities of the Health Careers Program, The Duke Endowment awarded a three-year grant for Junior Doctors of Health Comprehensive Obesity Prevention to implement a comprehensive obesity prevention curriculum in public schools with mentoring provided by health profession and biomedical research students. The organization encourages public school students to make healthy decisions and pursue careers in health care, and promotes interprofessional collaboration between students of higher education. The program also targets teachers, parents, and the surrounding community, providing an unique approach to alter the health outcomes and futures of these students.

Statewide Result Area: Improve the health and protections of our children and adults

Strategy: Provide for an increased number of providers in underserved areas.

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Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs	
\$164,413	\$0	\$0	\$0	\$0	\$164,413	0.00	

Expected Results:

The expected results are: 1. prevent obesity in elementary students using health education and incorporating evaluation tools of knowledge, behavior, health, and fitness; 2. promote health careers as a profession through teaching and mentoring by MUSC students representing health professionals and biomedical scientists; and 3. expand Junior Doctors of Health as an obesity prevention model by creating a sense of joint ownership, establishing trust among the university, public school system, and underserved communities, and including measurable outcomes to inform research on obesity.

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Outcome Measures:

Self-monitoring by elementary school students through recording food intake will demonstrate an improved balance of healthy versus unhealthy foods. Self-monitoring by elementary school students demonstrating improved healthy food balance and decreased screen time will underscore the relationship between healthy choices and good health. Five-hundred eighty three (583) elementary students and 37 teachers participated in the in-class education sessions, representing an average growth of 68%. There was an increase in all data returned from the community sites, from 21% to 61%. Students recorded an average of two servings of fruits and vegetables per day and 3,573 steps during school or after school. Given the increase in data return and stability at community or school-based sites, these measures will serve as baseline indicators for next year's assessment. Attendance at events by elementary school students and families will demonstrate an active interest in participating in healthy activities. Additionally, parents' interest in planning and volunteering at the events will demonstrate behavioral change. A total of 324 parents were educated on nutrition and physical activity through their attendance at 21 parent outreach events. In addition, 408 community members were reached through community engagement.

Agency: H53 - Area Health Education Consortium (AHEC)**Functional Group:** Higher Education & Cultural**1935 South Carolina Office of Health Workforce Analysis and Planning**

Section 59-110-70. In FY08, the General Assembly passed the Critical Needs Nursing Initiative Act creating "(t)he Office for Health Care Workforce Research...within the SC AHEC...to analyze workforce supply and demand data and predict the need for registered nurses" in the state. Due to a lack of state funding, the SC AHEC sought and received funding from The Duke Endowment in collaboration with the University of South Carolina Center for Nursing Leadership and the SC Budget and Control Board's Office of Research and Statistics (ORS). This four-year grant establishes the Office of Healthcare Workforce Analysis and Planning (OHWAP) to coordinate the development and publication of workforce policy research across the spectrum of health professions. As such, it employs research and analytic staff to make the needed connection with existing workforce data, both that maintained by the ORS as well as by other agencies and organizations. The new Office will also work closely with healthcare workforce policymakers across the range of users charged with workforce policy and planning.

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Total	General Funds	Federal Funds	Non-Recurring Funds	PART III (A.R.R.A. Funds)	Other Funds	FTEs
\$577,597	\$0	\$0	\$0	\$0	\$577,597	1.00

Expected Results:

In FY 11 the OHWAP will continue to collaborate with the University of South Carolina Center for Nursing Leadership to produce information about the current nursing workforce in the state and to develop a study of demand for nursing services and personnel. Results from those research efforts will serve as the basis of an assessment of future nurse workforce needs, as outlined in the Critical Nursing Needs Initiative Act. Similar research on the physician workforce will also be produced by OHWAP staff, as well as a study of the primary care workforce which includes both physicians and mid-level providers, and how the demand for those healthcare professionals will be impacted by federal insurance reform efforts. Regular meetings of the OHWAP Advisory Council and the steering

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committees that oversee each research project will continue to provide an infrastructure for healthcare workforce research in the state and the translation of that research into policy-relevant information. Due to the urgency of the nursing shortage in the state, and acknowledging the significant planning that has already occurred through the "One Voice, One Plan" initiative, the Office's highest priority will be to fast track a study of current and projected registered nurse supply and demand as outlined in the Critical Nursing Needs Initiative Act.

Outcome Measures:

In collaboration with ORS, an initial statistical data cube has been developed making information about the nursing workforce available through Internet access. This technology will be applied to all of the other licensed healthcare workforce groups in the state in coming years. Healthcare workforce supply, demand and trend projection methodologies are being developed for the different healthcare disciplines as each group comes under study by OHWAP staff. A web site has been developed to help in the distribution of research findings and publications. A statistical data reference book has been developed to allow policy makers and stakeholders interested in healthcare workforce planning at the county and regional levels to understand the size and composition of the licensed healthcare workforce, the population demographics, and the health status of the citizens in their areas.

AGENCY TOTALS

Area Health Education Consortium (AHEC)

TOTAL AGENCY FUNDS	TOTAL GENERAL FUNDS	TOTAL FEDERAL FUNDS	TOTAL OTHER FUNDS
\$14,204,407	\$8,680,475	\$801,773	\$2,537,510
	TOTAL NON-RECURRING FUNDS	TOTAL PART III FUNDS	TOTAL FTEs
	\$0	\$2,184,649	26.32