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The AHEC Contribution to Social Work Education

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Synopsis

The Area Health Education Center (AHEC) Program is a Federal initiative funded by the Public Health Service. The goal of the program is to improve the distribution and quality of training for health professionals. Funds are awarded to schools of medicine or osteopathy which in turn subcontract with at least two other health professional schools. Each project recipient must establish an AHEC center to plan and coordinate community-based educational experiences for health professions students in designated health shortage areas.

The AHEC program fosters interdisciplinary training among health professionals. As part of the basic program thrust, some AHECs have included the social work profession in their program design. The Massachusetts AHEC, through Boston University's School of Social Work, established a health care concentration and interdisciplinary rotation that included students from social work, psychology, nursing, and medicine. Other examples of AHEC-sponsored training are presented from Baltimore, the eastern shore of Virginia, and several centers in Massachusetts.

Through the AHEC training mechanism, social work students as well as practitioners in the field have the opportunity to encounter the most current and urgent issues in health care practice.

IN THE MIDST OF THE EXTENSIVE REVAMPING of the health care delivery system occurring in the United States during the last several years, an innovative Federal program has been funding projects to prepare health professionals to provide primary care services to the nation's underserved populations. Recommended in a 1972 report from the Carnegie Commission (*1*), the Area Health Education Center (AHEC) Program was established as a means of improving the distribution and quality of training for health care personnel.

The purpose of this paper is to discuss the AHEC contribution to the education of students in the social work profession. It is suggested that community-based training for social work students through the AHEC program adds a resource to the health care delivery system in a period of flux amidst increasing economic constraints.

Background

The AHEC Program is administered by the Department of Health and Human Services in the Health Resources and Services Administration. Since its inception in 1972, 35 AHEC projects have been funded. Currently, AHECs in 21 States are receiving Federal assistance. As stated in the AHEC Program Guidelines (*2*), Federal funding is

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provided to a school of medicine or osteopathy, which in turn subcontracts with local communities to establish an AHEC center responsible for coordinating and conducting regionalized training of health professionals in underserved areas. Centers must be separate, remote organizations established as public or nonprofit entities linking the resources of the recipient medical and other participating schools to the needs of the local community.

At the center level, each AHEC has an advisory board composed of health care representatives and consumers from the target community. The board recommends the training program focus that is to be pursued based on findings from local caregivers, consumers, educators, and statistical indicators of need. At the university level, administrative, educational, and overall project direction are given by the project director and the program advisory committee.

Recipient medical schools must conduct 10 percent of their clinical undergraduate medical education away from major research-oriented medical centers. In effect, this means that primary care medical students will spend several weeks working in neighborhood health clinics, practitioners' offices, nursing homes, school health clinics, and so on in rural or urban settings, or both. In theory, it is postulated that such exposure during the early years of medical education will aid in the future health care provider's decision to practice eventually in underserved areas as well as sensitize the individual to health care delivery in primary care settings. Both undergraduate medical students in clerkships and primary care residents are exposed to AHEC community experiences in pediatrics, obstetrics-gynecology, family medicine, and internal medicine.

But the AHEC program reaches beyond the training of future physicians. A project must provide for the active participation of at least two additional schools or programs of other health professions in the area served by the center. Eligible schools include dentistry, the allied health professions, nursing, optometry, pharmacy, podiatry, or public health.

The original drafters of the AHEC legislation did not mandate the inclusion of a social work school in the AHEC organizational design to fulfill the multidisciplinary program requirements. We can speculate on the reasons for such an omission. Perhaps they did not understand the enormous contribution that social workers can make to the health care team, particularly in primary care settings. Perhaps the profession was not considered to be part of the basic health care team with a physical "hard science" base. Nonetheless, while social work is not listed among the schools that will fulfill the multidisciplinary project requirements, the Federal Guidelines do specify that a school of social work may participate in the AHEC program if such participation is relevant to the training of students, particularly as they relate to psychosocial or physical problems presenting in a primary care setting.

As an AHEC participant, a school of social work develops a written agreement or contract with the recipient medical school, indicating that the school of social work is willing to provide faculty and students and establish clinical training sites within the center's catchment area. Over the history of the program, AHECs in several States such as California, Virginia, Ohio, Massachusetts, and Maryland have made social work training a priority.

Specific Project Examples

When the Massachusetts AHEC Program began in 1978, there was concern that although social workers in Boston were largely working in secondary and tertiary health care settings, no local social work educational program offered a health care concentration. Furthermore, courses and clinical field placement opportunities in primary care were minimal. Recognizing these needs, the directors of the Boston University School of Social Work and the Boston University AHEC Program convened a committee of social work practitioners, students, and administrators to study this problem. They identified required student competencies, assessed current health-related courses, and investigated potential training sites. In time, the committee's recommendations and plans were unanimously accepted by the dean and faculty. Soon new health-

related courses, including "Health and Illness" and "Human Behavior and the Social Environment," were integrated into the curriculum. In addition, new field placements were added in neighborhood health centers in health care shortage areas of greater Boston. The program eventually required a full-time coordinator. Today, the health care concentration continues with support coming through the school's own resources.

The AHEC staff was instrumental in developing a second program when Boston University established an interdisciplinary clinical rotation. In this project, students from social work, psychology, nursing, and medicine come together at Boston City Hospital's outpatient pediatric clinics where they do patient assessments as a team and learn from each other during case conferences.

According to Lisa Levine, associate director, Boston University AHEC Program, "This rotation represented the first time health science students from Boston University were trained in the same clinical rotation. Although the process for implementation was a long one, the program has now reached the point where it will be continued by the schools involved. The most satisfying outcome has been that the students involved have developed respect and understanding of the other disciplines, something rarely taught in discipline-specific clinical rotations."

More recently, two Boston-based schools of social work have asked the Massachusetts Statewide AHEC program to establish a multidisciplinary training site in another part of the State where social work interns, medical students, and residents can gain intervention skills related to family violence issues.

The AHEC program can be viewed as a model of how a Federal health professions education effort can be adapted to respond to local needs. For example, in southeastern Massachusetts, there is a major shortage of mental health professionals. There is also an increasing number of elderly people. There are also large minority population groups such as Hispanics, Portuguese, and blacks within the center's catchment area. In response to these needs, a part-time 3-year social work program was established, recruiting students among residents already familiar with local problems. Under AHEC sponsorship, Boston University initiated a program at Southeastern Massachusetts University. Students attend classes on weekends and work in local agencies during the week. The course work and schedule are hectic, with a new course beginning every 5 weeks. Currently there are 61 students enrolled (*4*). Most are already working in the social work field and are striving to upgrade their skills to become more proficient individual and family counselors.

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In addition to clinical internships, Boston University holds mini-workshops on health and social work issues with particular emphasis given to the cultural values and diversity that exist among the minority population groups in the area.

Through these efforts, graduates will be able to work better in settings where there are identified shortages of personnel, such as nursing homes, health clinics, social service agencies, hospitals, community centers, home health care agencies, and the like. Experience in retaining and training health professionals suggests that those exposed to the needs of underserved areas during their formative training years will more likely practice in these areas eventually.

In Baltimore, social work students from the University of Maryland are placed in an urban geriatric center which has an interdisciplinary staff. Master's level social work interns work alongside other health professions students developing new ideas and discussing prevention and treatment issues associated with the elderly. In addition to the social work profession, student teams represent undergraduate medicine, nursing, law, and allied health.

Other AHEC-funded projects across the country have provided opportunities for social work students in neighborhood health clinics, nursing homes, and home health care agencies as well as in local community hospitals. In southeastern Massachusetts, a multidisciplinary training experience in geriatrics was designed for students to learn skills in discharge planning for elderly residents about to be released from acute care settings. In the Western Tidewater AHEC in a remote rural area of Virginia's Eastern Shore, student social workers are part of a project to reach migrant workers with primary health care.

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A major concern of the AHEC program is continuing professional education. All health professionals need frequent opportunities to increase their knowledge base by self-development. AHEC programs have sponsored continuing education in areas of interest to practicing social workers such as child abuse, drug abuse, mental illness, family violence, and geriatrics.

In the Berkshire, Massachusetts, AHEC, a social work educator, trained in community organization, worked closely with local officials to resolve problems of child sexual abuse. Over several months, she facilitated group discussions with police, court, social welfare, mental health, and other personnel about the various complexities and constraints under which they each operate. This was the first time they had all gathered together to begin to learn a more effective, coordinated approach to this problem. Through this educational intervention, they were able to form a consensus on ways to assist all the victims who might be affected, including the child, its family, and the community. The fact that the AHEC center is in a neutral position within the community enabled communication to take place among the various participants which might otherwise have been impossible. The Southeastern Massachusetts AHEC, with diverse population groups within its service area, sponsored continuing education presentations on cultural perspectives of health care and the development of communication skills. These and similar seminars are prepared in response to the requests of local health care providers.

Discussion

The goal of the AHEC program is not only to improve the distribution and supply of health professionals but also to improve the quality of their education. The emphasis in the educational experience is to expose the students to the real world of practice and to encourage interdisciplinary team-building and collaborative decision-making among health care professionals.

The experiences discussed demonstrate that, through the AHEC mechanism, social work students as well as practitioners in the field have the opportunity to encounter the most current and urgent issues in health care practice and policy. Students learn what is required to work in a primary care setting with nontraditional providers such as nurse practitioners and physician assistants. They are exposed to the very real issues of financing the high costs of medical care. They are confronted first hand with the ethics of allocating health care. They must be conversant with the issues of humanistic medicine such as the use of technology to maintain life, the rationing of health care, and the use of experimental surgery. Furthermore, student social workers gain experience and insight into the delivery of health care to multicultural population groups such as Hispanics, Haitians, blacks, and Southeast Asians. They learn to work with other vulnerable populations such as the elderly who are a growing segment of society. In addition, AHEC student social workers are able to see where and how primary health care is delivered today in nontraditional settings such as senior citizen centers, congregate housing projects, and neighborhood health centers.

Future social workers will be working with sophisticated health care consumers whose expectations in regard to the quality of life and health care will be high. For that reason, social workers must learn more about health promotion and disease prevention and how health care is financed. AHEC clinical experiences help students to recognize that all health care providers have a role to play in maintaining an individual patient's health. Through these experiences, social work students will understand more fully the concerns of primary care practitioners. They will also gain the skills to make more appropriate referrals. In this way, they can contribute indirectly to the control of health care costs as well as improve the quality of the care that patients receive.

The most important contribution that the AHEC program can make by providing clinical internships for student social workers is to orient other members of the health care team to understand the social worker's role and contribution in the primary care setting. Medical students and residents need to perceive the social worker as skilled in helping patients and families understand the psychological impact of poor health.

Likewise, these newly developing professionals should begin to see that social workers, as valuable members of the health care team, are knowledgeable about community resources and function as mobilizers of community awareness around an identified problem. They serve as bridge-builders and have a value system that stresses the growth of the individual, his or her potential for change, and the right to self-determination. Social workers can often act in a consultation role as enabler, teacher, counselor, facilitator, and change agent.

Thus, we have seen that the AHEC program is a means to expose diverse health care students to a multiplicity of educational objectives. Not only does it contribute to the future social worker's preparation, but it also assists in developing a broader perspective for other health care providers who should be exposed to the special expertise that social workers can bring to a clinical or community situation. And finally, through the AHEC process, practicing social workers can more easily learn needed new skills and feel less isolated when serving in rural or urban underserved areas.

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Feasibility of Screening Young Children in Day Care Centers —a Preliminary Investigation

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Synopsis

A preliminary investigation of a method of providing health screening in day care centers was conducted. Ninety-four children, birth to 6 years, attending two day care centers were screened for health and developmental problems. A nurse trained day care staff to conduct the screenings, supervised their activities, rescreened children with questionable results, and conducted an interrater reliability study as well as referral and followup activities. The nurse also did assessments of environmental characteristics of the programs, their policies, procedures, and activities and assessed staff and parent information needs concerning child development, health practices, and health needs of children.

Thirty-nine problems were identified in 33 children. Followups of 29 problems were completed, and 16 of these were verified. The 29 problems resulted in a total of 35 visits to primary health care providers. Among parents of children with verified problems, only three had been aware of the problem. The overreferral rate was 47 percent. Interrater percentages of agreement on most screenings were more than 80 percent.

The findings suggested that the screenings were feasible with specific modifications. The screening activities were acceptable to parents, their physicians, and center staff. Centers were responsive to staff and parent needs identified in the screening process but not to recommendations for change within the environment and in operating procedures, partly because of fiscal implications. Screenings were adequate to identify a number of health problems prevalent in children under 6, and interrater reliabilities were acceptable.

EARLY CHILDHOOD PROGRAMS, which include day care centers, preschools, and nursery schools, offer a rich medium for providing health care to large numbers of children under 6 years of age. Al-