Background Information on the AHEC Program in Wisconsin

The Program
The national AHEC program was established by the U.S. Congress in 1971 to recruit, train, and retain a health professions workforce committed to rural and underserved populations. Federal funding provided for program start-up, with state and local support expected to sustain the program. An essential component of the program was creation of regional centers, separate from academic health centers, that would have their own governing boards and develop programs focused on the unique needs of each region. Today, AHEC centers operate in almost every state, “connecting students to careers, professionals to communities, and communities to better health.”

- Wisconsin’s AHEC program was established in 1990.
  - Wisconsin AHEC established a statewide program with 4 regional centers during the period of federal start-up funding from 1991-1999.
  - In order to provide programming more responsive to local needs, the four center locations were reorganized into seven locations in 2006-07.
  - Each Center is a non-profit organization with a community board.

- Wisconsin AHEC is a key partner for building Wisconsin’s healthcare workforce. Through their network of community and academic partners, the AHEC regional centers:
  - Recruit and prepare youth and adults (including displaced workers) for health professions training programs and employment in a health care job.
  - Facilitate community-based training of health professions students with an emphasis on meeting the needs of rural and underserved urban populations.
  - Support faculty and preceptor development at community-based clinical sites.
  - Partner with local organizations on outreach activities to improve the health of the community.

Funding
State funding provides the core of support for the ongoing operation of the Wisconsin program. These funds are supplemented by competing for grants from several different federal agencies and programs as well as non-federal funding sources.

- State funding for the AHEC centers began in 1991.
  - In 1999, when AHEC transitioned from start-up federal funding to become a “Model AHEC” program, the Joint Finance Committee recommended and the full legislature approved $1.5 million in annual funding. That amount was subsequently reduced to $1.15 million by the governor’s line item veto.
Since 1999, annual state funding for AHEC has ranged from $1.16 million in 2002-3 to $1.04 million in 2008-9. These state funds provide base support for program staff and operating expenses at the regional centers and support for several statewide program activities.

The existence of the separate line item funding for the AHEC program has been an important factor in the program’s success in maintaining eligibility for supplemental federal funding.

With the base provided by state funding, the centers are able to compete for additional grants and contracts. Every dollar of state funding for the AHEC program generates over twice that amount in additional federal and other funding.

By 2009-11, with seven centers in operation, the appropriation was below the level established when the system had just four centers in 1999-2001.

Recent Developments
From 1991 through 2011 state GPR funding for AHEC was appropriated via an AHEC-specific line item in the UW System budget (09-10 Wis Stats. 20.285(1)(b)) and administered through UW-Madison as Fund 108. It provided for a program office at UWSMPH, statewide programs, and operating funds for the regional centers.

In the 2011-13 budget cycle, funding for the AHEC program was subject to initial overall budget reductions. Then, with the creation of the “New Badger Partnership” the AHEC line item appropriation was folded into the new UW-Madison block grant budget, where it is now allocated to the AHEC program through Fund 101. There were additional budget cuts for the program through the UW-Madison internal budgeting process, as the Madison campus adjusted to its overall reduction in state funding for 2011-13.

While the AHEC program has been struggling for several years to maintain adequate support for the seven regional centers, any reduction in the number of centers would also reduce the federal support, in addition to compromising local programs. The current funding level is not sufficient to support the badly needed expansion of health careers enrichment programming in rural and underserved areas of the state, or expansion of community-based clinical training sites that will accommodate the growing number of students in the state’s health professions programs; nor will the AHEC program office be able to build its capacity to provide healthcare workforce data and analysis for Wisconsin’s academic programs and policy-makers without additional resources.

For further information on Wisconsin AHEC Program activities, see

www.ahec.wisc.edu