

Training the Next Generation: Health Professions Students Roadmap (Part 1)

Wednesday October 22nd, 2025
1:00-2:00pm Eastern / 10:00-11:00am Pacific

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MOSES/WEITZMAN Health System

Always groundbreaking. Always grounded.

Community Health Center, Inc.

A leading Federally Qualified Health Center based in Connecticut.

ConferMED

A national eConsult platform improving patient access to specialty care.

The Consortium for Advanced Practice Providers

A membership, education, advocacy, and accreditation organization for APP postgraduate training.

National Institute for Medical Assistant Advancement

An accredited educational institution that trains medical assistants for a career in team-based care environments.

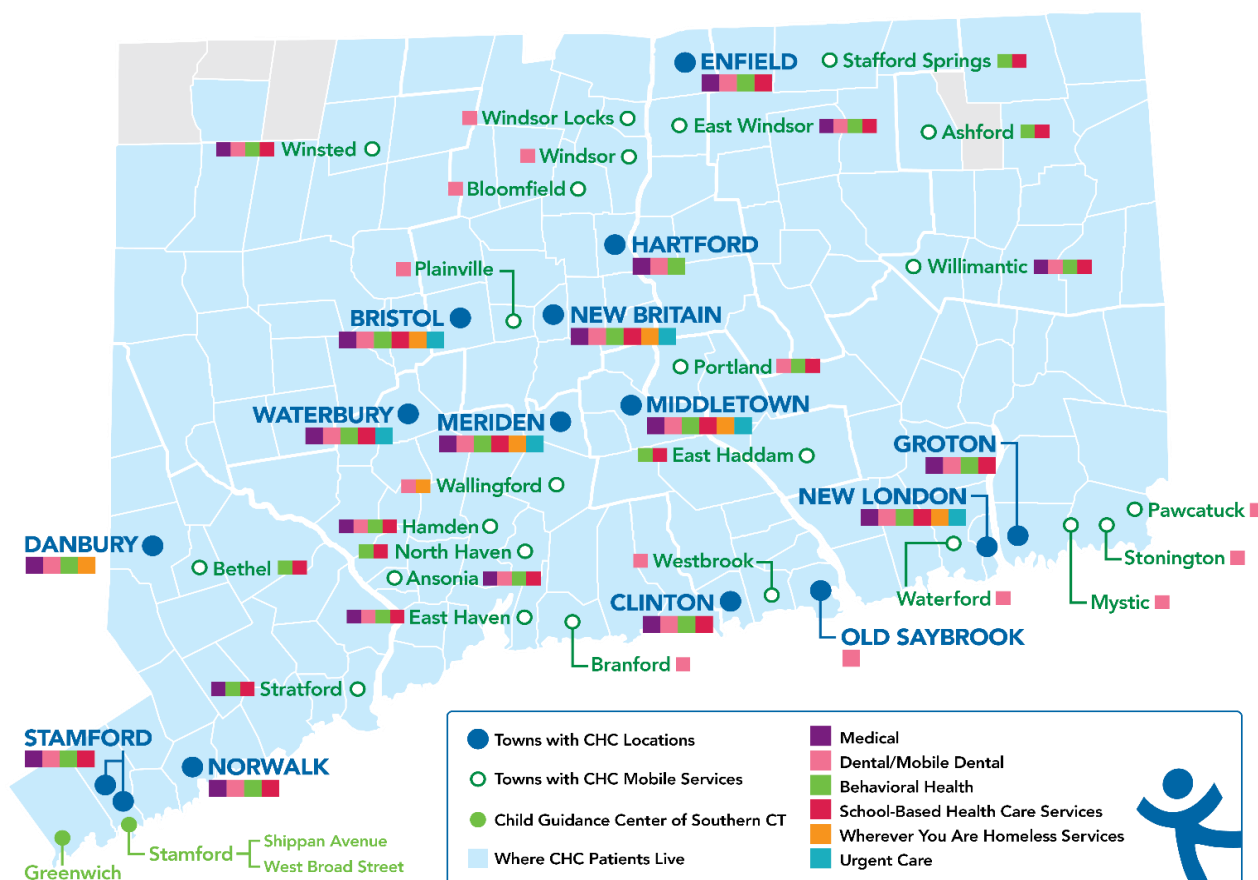
The Weitzman Institute

A center for innovative research, education, and policy.

Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.

Locations & Service Sites



THREE FOUNDATIONAL PILLARS

1 Clinical Excellence	2 Research and Development	3 Training the Next Generation
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Overview

- Founded: May 1, 1972
- Staff: 1,400
- Active Patients: 150,000
- Patients CY: 107,225
- SBHCs across CT: 152

Year	2022	2023	2024
Patients Seen	102,275	104,917	107,225

National Training and Technical Assistance Partners (NTTAP) Clinical Workforce Development

Provides **free** training and technical assistance to federally funded health centers and look-alikes across the nation through webinars, activity sessions, communities of practice, trainings, publications, and more!

To learn more, please visit <https://www.weitzmaninstitute.org/nca>.

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Senior Program Manager
National Training & Technical
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Clinical Workforce Development

Learning Objectives

1

Understand current
research and best
practices for training the
next generation



2

Gain foundational
knowledge for building a
sustainable health
professions student
training program



3

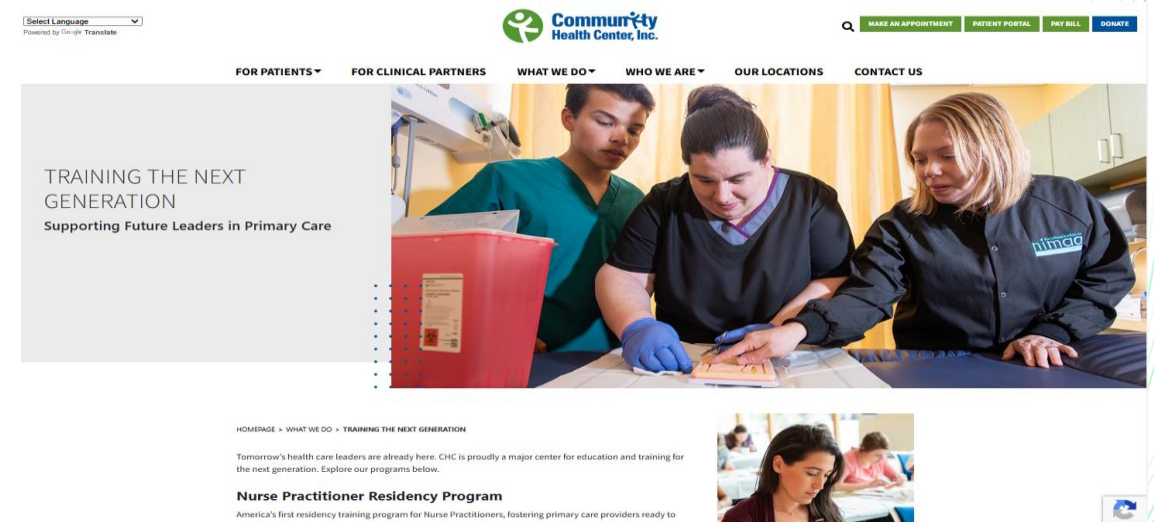
Explore the Health
Professions
Student Training
Roadmap as a framework
and best practice

Introduction to Training the Next Generation at Community Health Center, Inc.

CHCI Training the Next Generation: Supporting Future Leaders in Primary Care

- Training the next generation is one of Community Health Center, Inc.'s (CHCI's) three foundational pillars that is core to our mission.

<https://www.chc1.com/what-we-do/training-the-next-generation/>



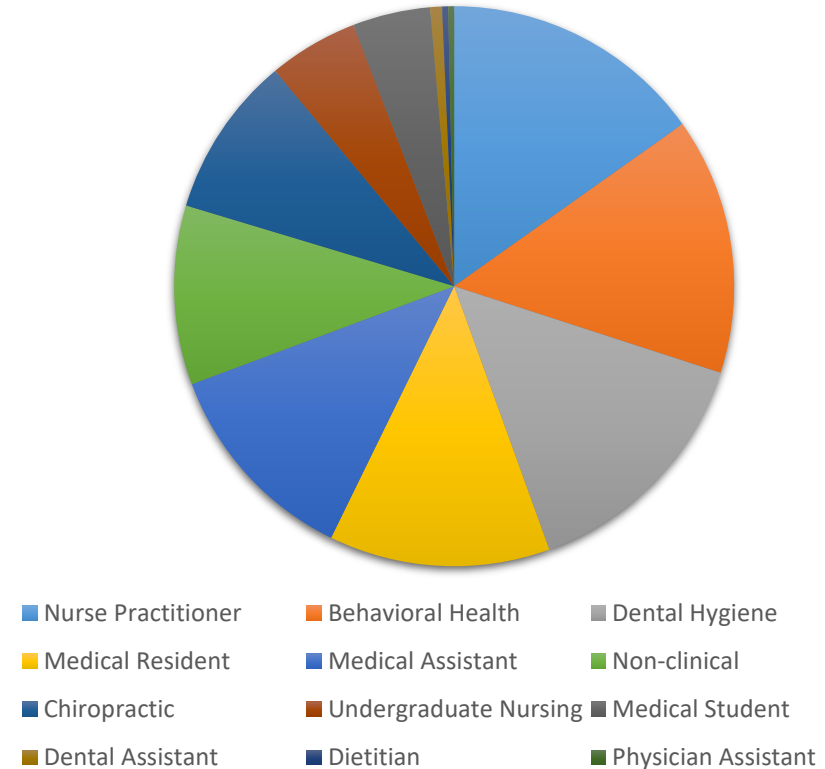
Workforce Pathways

CHCI has followed the below pathways:

1. Establishing relationships with academic partners for pre-licensure training
2. Sponsoring program for postgraduates (MD, NP, PA, Post Doc)
3. Incorporating opportunities for certificate level training (MAs, CHWs)

Training the Next Generation at CHCI

- **2024:** 290 students and medical, dental, and psychiatry residents completed training rotations
- Student disciplines include medical, nursing, behavioral health, dental, chiropractic, dietitians, public health, and more
- Placements primarily onsite



CHCI's Clinical-Related Workforce Development Efforts

Program	Established Year
Clinical Hosting (Nurse Practitioners, Dental Hygiene, BSN Nursing, Behavioral Health, Chiropractic, MD, Dietician)	1980
Clinical Psychology Doctoral Psychology Internship – Child Guidance Center of Southern Connecticut (CGC)	2003
Postgraduate Nurse Practitioner (NP) Residency Program	2007
Postdoctoral Psychology Residency Program	2011
The Consortium for Advanced Practice Providers	2015
National Institute for Medical Assistant Advancement (NIMAA)	2016
Center for Key Populations Fellowship	2017
Psychology GPE Doctoral Practicum Students	2019
Weitzman Education – Joint Accreditation	2020

CHCI's Non-Clinical Workforce Development Efforts

Program	Established Year
Wesleyan University Communities Class Research	2006
Administrative Fellowship	2017
AmeriCorps / ConnectiCorps	2019
Health Policy Fellows	2020
Truman-Albright Health Policy Fellowship	2020

CHCI's Experience with Health Professions Students

- 2017: CHCI leadership establishes a year-long working group with staff from every department in which a student would interact during their experience.
 - The working group was tasked with redesigning the process in order to provide a quality, satisfying, and productive training experience for students
 - The working group concluded with a process that worked for all parties, which was developed into a playbook
 - The completed playbook was handed off to a staff member who was responsible for operationalizing and improving the existing systems.

Training the Next Generation Overview and National Landscape

What is Health Professions Training?

- Any formal organized education or training undertaken for the purposes of gaining knowledge and skills necessary to practice a specific health profession or role in a healthcare setting.
 - Types of HPT programs: shadowing, rotations, affiliation agreements, accredited or accreditation-eligible programs
 - At any educational level: certificate, undergraduate, graduate, professional and/or postgraduate
 - In any clinical or non-clinical discipline

National Landscape: Projected Workforce Shortages

- In November 2022, the National Center for Health Workforce Analysis (NCHWA) under the HRSA released workforce projections through 2035 to better understand how changes in population will affect workforce demands within health centers.
- Nationally, across all physician specialties in the United States, there is a projected shortage of 81,180 full-time equivalent (FTE) physicians.
- However, these workforce projections also demonstrate an excess of nurse practitioners (NP) and physician associates (PA), which will mitigate the shortage, but only if these health professionals are fully prepared for practice in the challenging setting of health centers.
- If not addressed now, these projected impactful workforce shortages will lead to poor patient outcomes and decreased quality and safety.

<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Primary-Care-Projections-Factsheet.pdf>

<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Physicians-Projections-Factsheet.pdf>

Uniform Data System (UDS) 2024 Health Center Data

- From 2024 UDS data, 84.11% of responding health centers (n=1,359) provide health professional education/training that is hands-on, practical clinical experience; 86.18% (n=985) do so as a training site partner and 21.17% (n=242) sponsor their own programs.
 - A **training site partner** delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students).
 - A **sponsor** hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time limited education and/or training (e.g., a teaching health center with a family medicine residency program).
- Among health centers there is an urgency and demonstrated effort to grow their own in response to the projected workforce shortages.

Uniform Data System (UDS) 2024 Look-Alike Data

- From 2024 UDS data, 68.63% of responding look-alikes (n=153) provide health professional education/training that is hands-on, practical clinical experience; 73.33% (n=77) do so as a training site partner and 13.33% (n=14) sponsor their own programs.
 - A **training site partner** delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students).
 - A **sponsor** hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time limited education and/or training (e.g., a teaching health center with a family medicine residency program).
- Among look-alikes there is an urgency and demonstrated effort to grow their own in response to the projected workforce shortages.

National Recommendation

- The 2021 National Academies of Sciences, Engineering, and Medicine (NASEM) report on *Implementing High-Quality Primary Care: Rebuilding the Foundation of Healthcare* calls for the United States (U.S.) to:
 1. Pay for primary care teams to care for people, not doctors to deliver services
 2. Ensure that high-quality primary care is available to every individual and family in every community
 - 3. Train primary care teams where people live and work**
 4. Design information technology that serves the patient, family, and interprofessional care team
 5. Ensure that high quality primary care is implemented in the U.S.

What does it mean to “Grow Your Own” workforce?

- Involves educating trainees on a career providing care for the medically underserved.
- Present a unique opportunity to prepare pre-licensure and postgraduate health professionals to practice with confidence and competence at a high level of performance, not to just fill a job vacancy.
- New graduates often lack training in settings that welcome vulnerable populations, and therefore are often overwhelmed by the complexity of the patients that health centers serve.

Benefits to “Grow Your Own” Workforce

- Training the next generation of your primary care team prepared to serve your patient population is an effective way to plan for the future and create workforce pathways.
- Investing in “growing your own” allows health centers to recruit individuals within their own communities who represent the community.
- Without a strong understanding of the population, the interprofessional care team cannot effectively provide access to comprehensive and affordable care that will address the needs of their patient populations.

Investment in Your Workforce

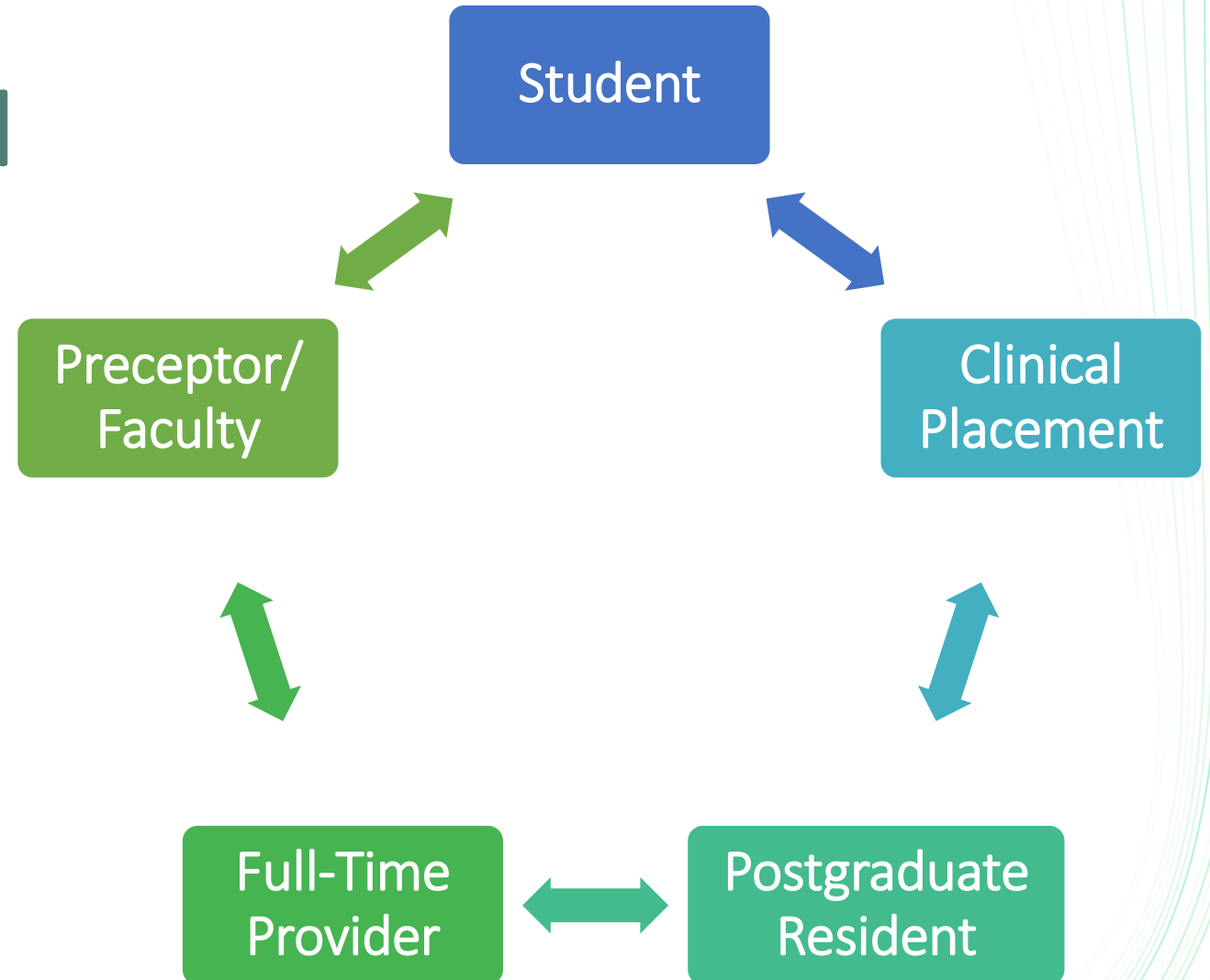
Objectives for Organizations

- ✓ Professional responsibility
- ✓ Creates clinical workforce pathways
- ✓ Provide clinical staff opportunity to teach

Objectives for Trainee

- ✓ Train to a high performing model of care
- ✓ Opportunity to increase confidence and competency
- ✓ Train to the needs of underserved populations

Developing a Clinical Workforce Pathway



Summary: National Need and Landscape

- Increasing efforts and interest by health centers to develop and implement Health Professions Training (HPT) programs due to project workforce shortages
- Address workforce well-being and burnout
- National recommendation by the National Academics of Sciences, Engineering, and Medicine (NASEM) to “train primary care teams where people live and work”

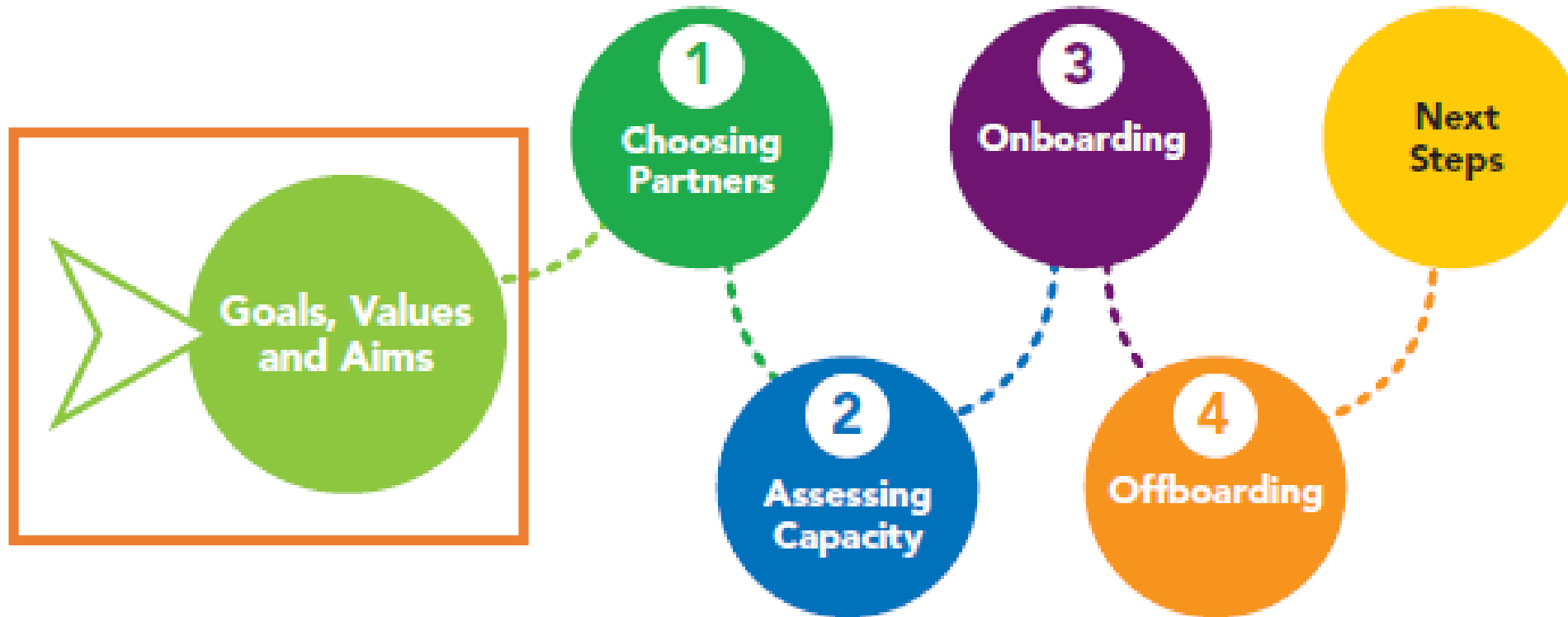
Health Professions Student Training Roadmap

Health Professions Student Training Roadmap



Goals, Values, & Aims

Health Professions Student Training Roadmap



Essential components to organizing and supporting safe, high quality, satisfying, and productive educational and training experiences

Identify your **wishes and priorities**

Identify your **capacity**

Identify your **infrastructure requirements**



Goals, Values, and Aims

- It is important before pursuing health professions training to ask yourself:
What are our organization's goals, values, and aims of investing in health professions training?
 - It is imperative that you not only answer this question, but that you incorporate health professions training into your health center's mission and strategic plan, and communicate that it is a priority to the entire organization, as well as to all potential candidates.
 - To build a successful culture of training and education in your health center, teaching must be part of your mission.

What are your program drivers?



Organizational Readiness to Implement Change (ORIC)

- **Description:** Organizational Readiness for Implementing Change (ORIC) is a 12-item instrument used to determine how well employees at an organization feel they can implement the change in processes required by a proposed intervention. Each item includes a Likert scale from 1 (Disagree) to 5 (Agree).
- **Definition:** An assessment of an organization's readiness to implement a change to their current processes. The change in this model relates to changes in processes that are important to address prior to implementing an intervention.
- **Purpose:** The ORIC assesses a variety of employees at an organization that is planning on implementing a new intervention (the change). It includes: (1) change efficacy, and (2) change commitment. The results can be used to both characterize the organization and help tailor which implementation strategies will be most effective in that organization.
- Items are scored on a 1 (Disagree) to 5 (Agree) Likert scale, and then averaged for each of the 12-items.
- This self-assessment is to be completed by multiple team members on their own.

Organizational Readiness to Implement Change (ORIC)

Organizational Readiness for Implementing Change (ORIC)					
	Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Agree
People who work here feel confident that the organization can get people invested in implementing a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here are committed to implementing a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here feel confident that they can keep track of progress in implementing a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here will do whatever it takes to implement a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here feel confident that the organization can support people as they adjust to a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here want to implement a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here feel confident that they can keep the momentum going in implementing a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here feel confident that they can handle the challenges that might arise in implementing a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here are determined to implement a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here feel confident that they can coordinate tasks so that implementation of a Health Professions Student Training program goes smoothly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here are motivated to implement a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who work here feel confident that they can manage the politics of implementing a Health Professions Student Training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Utilizing the Readiness to Train Assessment Tool (RTAT) for Strategic Workforce Planning

- As part of HRSA's Health Professions Education & Training (HP-ET) initiative, Community Health Center (CHC), Inc., a HRSA-funded National Training and Technical Assistance Partner (NTTAP), received funding to develop a tool to help health centers assess and improve their readiness to engage in health professions training programs.
- Creating this tool required extensive literature review to create the framework/subscales and that process gave us expertise at to what health professions training is and made us realize there was no clear definition of HPT before creating this tool.





Subscales of the RTAT

1. Readiness to engage (8 items)

All RTAT survey respondents provided responses for this subscale.

2. Evidence strength and quality of the HPT program (4 items)

3. Relative advantage of the HPT program (4 items)

4. Financial resources (3 items)

5. Additional resources (3 items)

6. Implementation team (4 items)

7. Implementation plan (15 items)

Program-specific subscales

Medical

1. RN Students: Pre-Licensure
2. NP Students: Pre-Licensure as NP/APRN
3. NP Postgraduate/Post Licensure: NP Residents or Fellows
4. Certified Nurse Midwifery: Pre-Licensure as CNM
5. Physician Assistants: Pre-Licensure
6. Medical Students: Pre-Licensure
7. Medical Residents
8. Medical Fellows
9. Medical Assistant Students
10. Other

Dental

1. Dental Students: Pre-Licensure
2. Dental Residents: Pre-/Post Licensure
3. Dental Fellows
4. Dental Assistant Students
5. Dental Hygienists: Pre-Licensure
6. Other

Clinical Disciplines with Health Professions Training Programs

Behavioral Health and/or Substance Abuse

1. Psychiatry MD/DO Residents
2. Psychiatry MD/DO Fellows
3. Psychiatric/Mental Health Nurse Practitioners: Pre-Licensure
4. Psychiatric/Mental Health Nurse Practitioners: Post Licensure Residents and Fellows
5. AA/BA/Paraprofessionals
6. Master Level Clinicians (MSW, LPC, MA, LDAC, Other)
7. Substance Abuse Counselors: Master's Level
8. Substance Abuse Counselors: Paraprofessional/Non-Licensed
9. Psychologists: Predoctoral Interns
10. Psychologist: Predoctoral Externs
11. Psychologist: Postdoctoral Residency
12. Other

Other

1. Chiropractic Students: Pre-Licensure
2. Chiropractic Residents: Post-Licensure
3. Registered Dietitian: Pre-Licensure
4. Community Health Workers
5. Other

How do we identify models using the RTAT?

- Results inform:
 - Determinations of individual health center readiness to engage with HPT programs
 - Determinations of readiness at various levels for the purposes of evaluation and support
 - Development of a system of effective and instructionally useful strategies to improve readiness
 - Readiness improvement
- Decisions cannot happen in silos
- The RTAT is designed to take again and again – can download the PDF on our website (www.chc1.com/RTAT), create survey, and follow instructions on how to aggregate the data

RTAT Resources

- Access the tool: <https://www.chc1.com/rtat/>
- Development and validation of the Readiness to Train Assessment Tool (RTAT):
<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-06406-3>
- National assessment of health center readiness to train health profession students:
<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-025-13046-4>

Road Map for Growing Your Own Training Programs

1. Create a working group to bring together key stakeholders (HR, clinical leaders, IT)
2. Complete the Readiness to Train Assessment (RTAT) with your organization
3. Determine health professions pathway
4. Deeper dive into replicable models, best practice, and partnership opportunities
5. Assess your organization's capacity and infrastructure
6. Designate a champion for this initiative
7. Develop a plan and a team to go from planning to implementation

Step 1: Choosing Partners

Health Professions Student Training Roadmap



APP Primary Care Fellowship: Academic Partners



BETTY IRENE MOORE SCHOOL OF NURSING

Deb Bakerjian PhD, APRN,
FAANP, FGSA, FAAN
Associate Dean for Practice
Professor of Clinical Nursing
Director, APP Fellowship



Betty Irene Moore School of Nursing

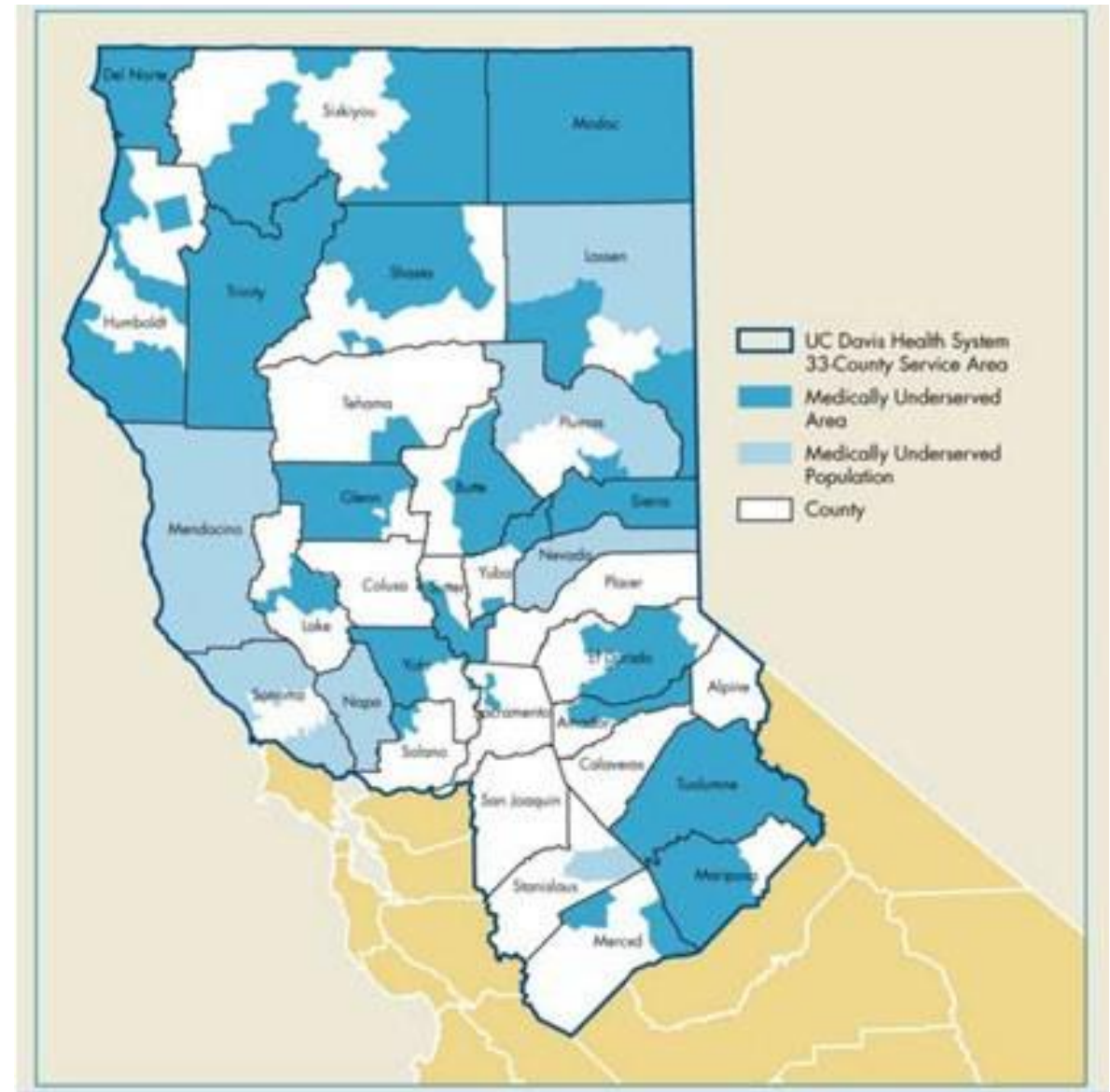
UCDH SON APP Fellowship Program Overview

12-Month transition to practice program

- Full Time: 2080 Hrs, 8 Hours Per Day, 5 Days A Week
- Clinical Hours: 4-days Per Week (~1360 hrs)
- Educational Program (~600 Hrs)
 - Skills and Simulation
 - 56 hours APP Fellowship program onboarding (*7 asynchronous days*)
 - 136 hours skills training (*17 in-person education days*)
 - Education
 - 360 hours education (*45 Wednesdays –synchronous/asynchronous*)
 - 40 hours professional development

UCDH Catchment Area

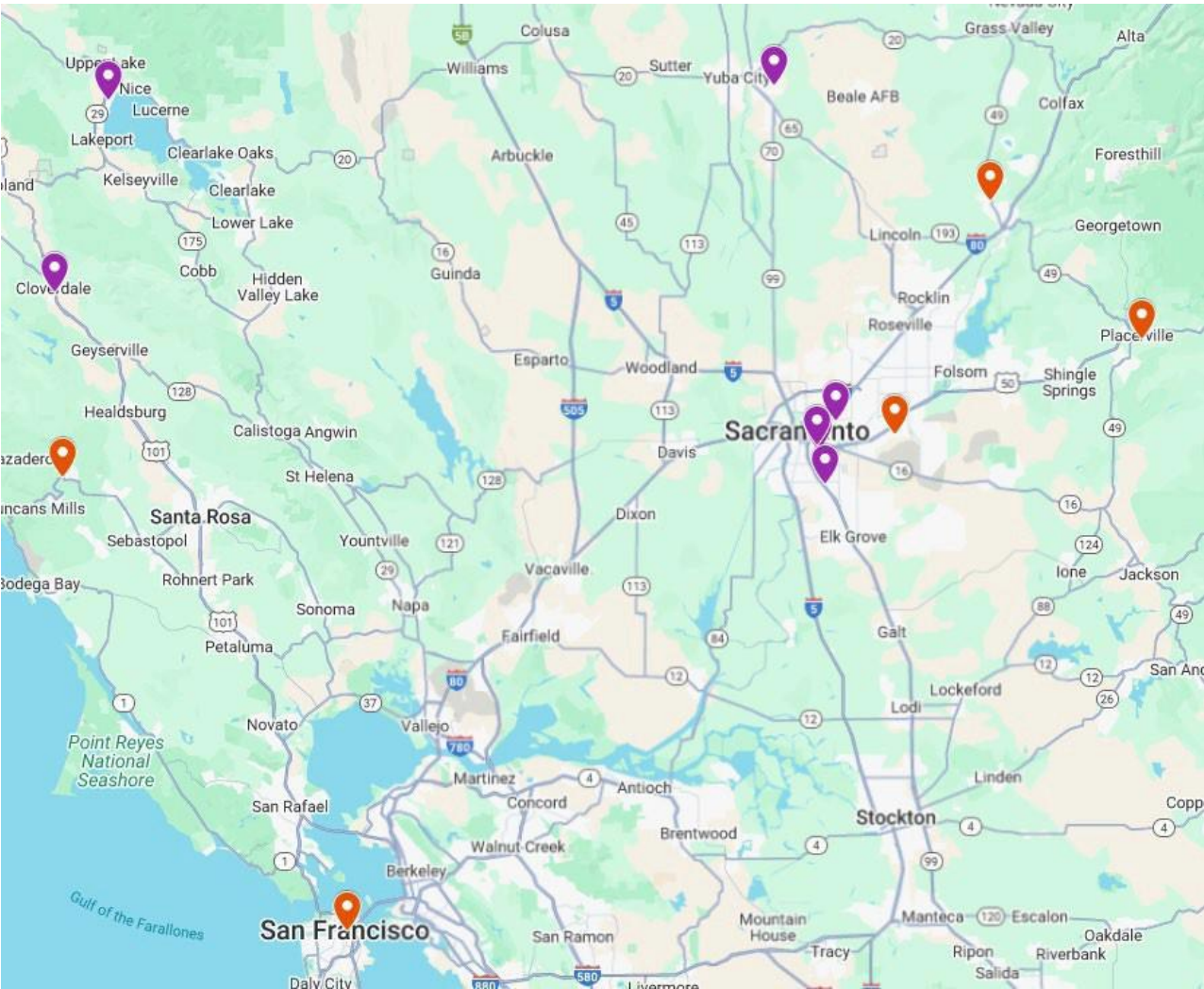
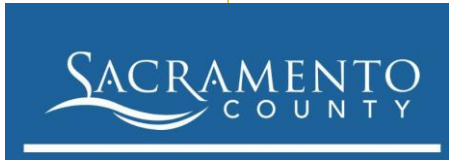
- 33 counties
- > 1/3 of state
- 65,000 sq miles
- 6 mil people
- Mostly rural
- Medically Underserved



Compared with LA County = 9.72 million , 4084 sq miles

2025-2026 Clinic Sites

Sacramento area sites:



Regional sites:



Regional sites (cont.):



Academic Partners:



FQHC Challenges & Academic Expertise

- FQHCs are in the business of providing high quality clinical care to underserved populations
- Providing the academic content in a fellowship/residency takes clinicians away from their primary mission
- Hiring a full time or even part time APP comes with significant personnel costs
- Most rural FQHCs have small residency programs
- Fellowships/Residencies take significant planning & coordination & administrative effort
- Schools of Nursing (SONs) have skilled & experienced APP educators
 - Curriculum development expertise
 - Access to educational resources
 - Skills resources- simulation centers
- Evaluation & reporting expertise

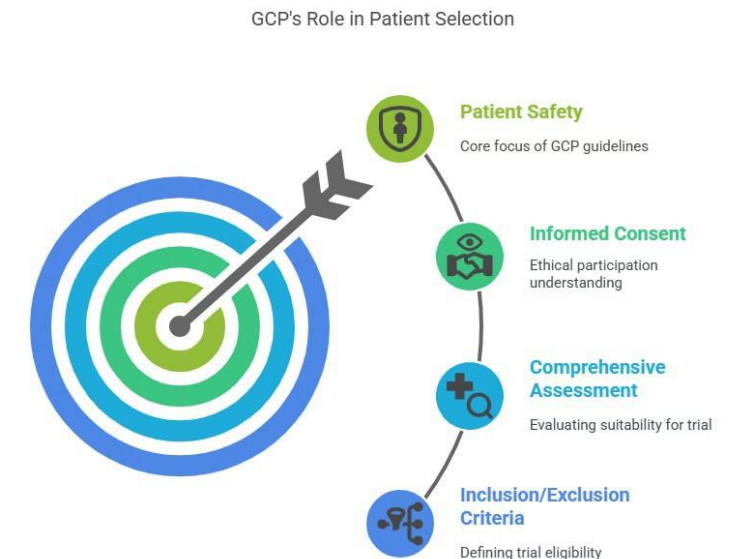
Why Academic Partnership Work

- FQHCs have clinicians who are at the point of care
- FQHCs understand their populations
- FQHCs know their community resources
- SONs gain firsthand knowledge of community health needs of FQHCs
- FQHC experienced clinicians can inform & augment SON educators
- Together they bring the best of both programs to the APP fellow/residents



Academic Partnership Best Practices

- Keep Good Clinical Practice, person-directed care, community health central
- Determine the FQHC Partner needs
 - How many APP participants
 - Populations served
 - Any special skills
- What can/do FQHCs want to contribute to the partnership?
 - Clinician experts to provide presentations
 - Special skills expertise to facilitate skills days
- Partner representation on the Advisory Council
- Be respectful and accommodating
- Communicate frequently
- Ensure bi-directional evaluations
- Offer training opportunities to FQHC clinicians when viable



Thank You!



Partnering with AHEC Programs

October 22, 2025

Petra Clark-Dufner, Director, CT AHEC



AHEC's Mission

Founded in 1971 by Congress

44 AHECs nationally with over 300 centers

\$47M, annually

Federal home: Bureau of Health Workforce, Health Resources & Services Administration

Authorized by Section 751 of the PHS Act

Purpose: to develop and enhance education and training networks with communities, academic institutions, and community-based organizations.

AHECs partner with Schools of Medicine or Schools of Nursing if no medical school available

Establish and nurture strong academic-community partnerships.

Operational Model

Program Office located at academic institution, regional centers that are 501(c)3s bring resources to local communities to promote better health.





National AHEC Organization

2023-2024 Health Workforce Program Highlights

685,095

AHEC Participants

The Area Health Education Centers' (AHEC) mission is to enhance access to quality healthcare, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals through community/academic educational partnerships.

Pathway Programs

Pathway Programs (also known as Pipeline Programs) expose students to health careers and develop intent to pursue postsecondary education in primary healthcare professions.

270,088

Health Career Participants

Background - Percentage of Pathway Completers

21%

From Disadvantaged Background

23%

From Rural Background

16%

From Under-represented Minority



Clinical Training

Clinical Training improves readiness, willingness, and ability of health professions trainees to serve in primary care, rural, and medically underserved community settings.

30,947

Facilitated Rotations

Location - Percentage of Health Professions Students

44%

Rural Areas

59%

Primary Care Settings

85%

Medically Underserved Communities

AHEC Scholars

AHEC Scholars is a program designed to prepare future health professionals with the leadership skills necessary to better serve vulnerable populations in rural and medically underserved communities.

7,738

Disciplines of AHEC Scholar Students in the 2024 interprofessional cohort:

- Medicine
- Dentistry
- Pharmacy
- Behavioral Health
- Physician Assistant
- Advanced Practice Nurse, Nurse Practitioner
- Registered Nurse
- Physical Therapy
- Occupational Therapy
- Public Health
- Community Health Worker
- Allied Health

81%

% of AHEC Scholars who can confidently describe how social determinants affect the health of a community after completion.

13,409

Total AHEC Scholars Program Completers (2019-2024)



Continuing Education

Continuing Education provides health professionals with access to resources to improve the quality of care for medically underserved communities and populations with health disparities.

376,322

Continuing Education Participants Nationwide



Scan the QR code or visit our website at <https://www.nationalahec.org/>

Dr. Wanda Thomas, NAO President wanda.thomas@lsuhs.edu
Dwain Harris, NAO CEO dwharris@nationalahec.org

www.nationalahec.org | info@nationalahec.org



CT Area Health Education Center (AHEC) Network

Annual Report Highlights

2024 - 2025

18,101

participants*

Addressing health disparities through primary care workforce development and training

Promoting careers in primary care

through pipeline (K-16), health profession student and adult programs



3,432
learners

including
203 Community-Based
Experiential Training (CBET)

Providing clinical training

improves readiness, willingness, and ability of health professions trainees to serve in primary care, and rural and underserved community settings.

facilitated
838
rotations

- 391 medical students
- 186 nursing students
- 44 dental students
- 217 associated health profession students

661

Rotations in rural or underserved locations (subset of the above)

70 Clinical training sites

used include:

- 65 primary care setting
- 34 located in a medically underserved community



105

Urban Service Track/ AHEC Scholars attending

6 health profession schools at
2 universities provided with a total of
8,160 interdisciplinary clinical and didactic training hours



4,280

Web learners

(users of <https://HealthCareersinCT.com>,
<https://CHWresourcesCT.org> and
<https://h.uconn.edu/ust-pod>)

Consumers or patients educated

8,850

Activities cover many topics including behavioral/mental health; diabetes; immunization; men's health; nutrition; oral health; senior health; substance use prevention; and others. In addition, this includes patient encounters focused on primary care and prevention at free, community-based clinics and health fairs.

596

continuing education participants

Continuing education programs address key issues in health professional shortage areas by providing health professionals with access to resources that support practice, reduce professional isolation, disseminate best practices, and improve quality of health care for medically underserved communities and health disparities populations.



Program Office: CT AHEC Network at UConn Health
phone: 860-679-7969 fax: 860-679-1101
h.uconn.edu/ct-ahec

*Numbers include duplicate counts where individuals have participated in multiple pipeline, clinical training or continuing education programs.



h.uconn.edu/ct-ahec

How to Partner

Health Careers Awareness/Workforce Development

Educational programs sponsored by AHECs include: secondary and post-secondary learners, health professions students and AHEC Scholars.

Rotations/Internships

FQHCs are rich learning environments for health professions students who can assist with research/quality improvement projects. Learner types include: CHWs, Medical Interpreters, Dental, Medical, Nursing, Physician Assistant, Pharmacy, Social Work, etc.

Continuing Education/Medical Education

AHECs provide a variety of CE/CME training activities at minimal or no cost.

Student Loan Repayment

AHECs partner with state and federal agencies to support health professionals providing services in health professional shortage areas (HPSAs). Varies from AHEC to AHEC.

Dissemination/Publication/Grant Applications

AHECs can provide “lift” and support to dissemination activities promoting best practices. AHECs are experienced partners in grant writing, educational, and workforce policy.

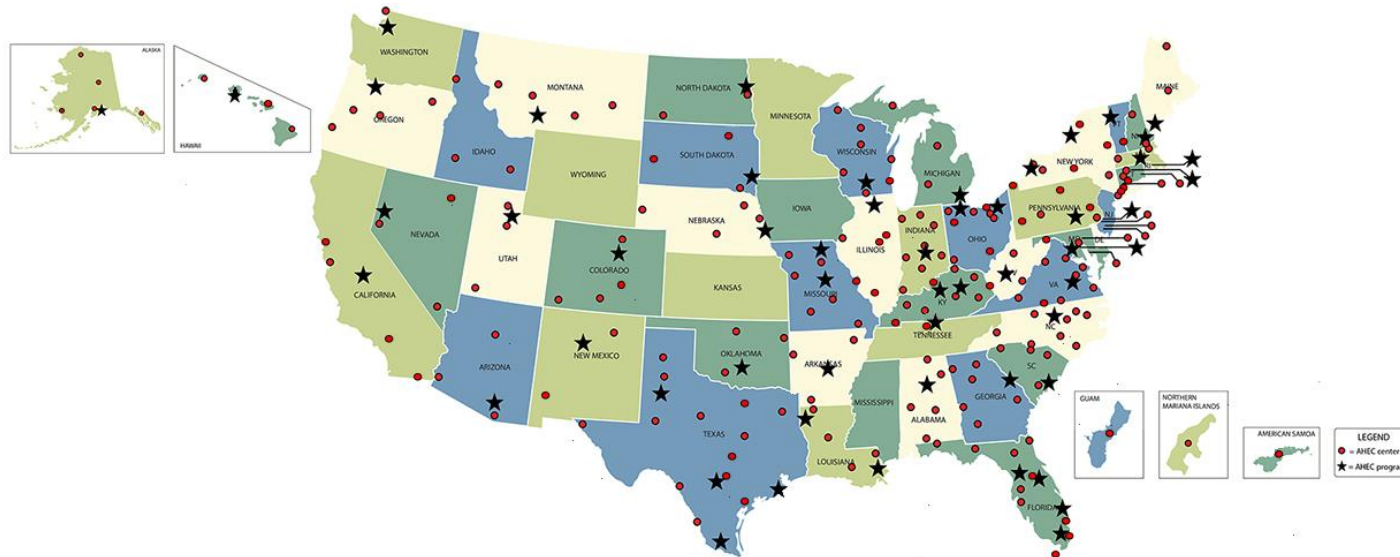


For more information

CT AHEC Program at h.uconn.edu/ct-ahec

or

National AHEC Organization at nationalahec.org



Questions?

Wrap-Up

Training the Next Generation: Health Professions Students Roadmap (Part 2)

Wednesday November 12th, 2025
1:00-2:00pm Eastern / 10:00-11:00am Pacific

Explore more resources!

National Learning Library: Resources for Clinical Workforce Development



CHC has curated a series of resources, including webinars to support your health center through education, assistance and training.

[Learn More](#)



The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through:

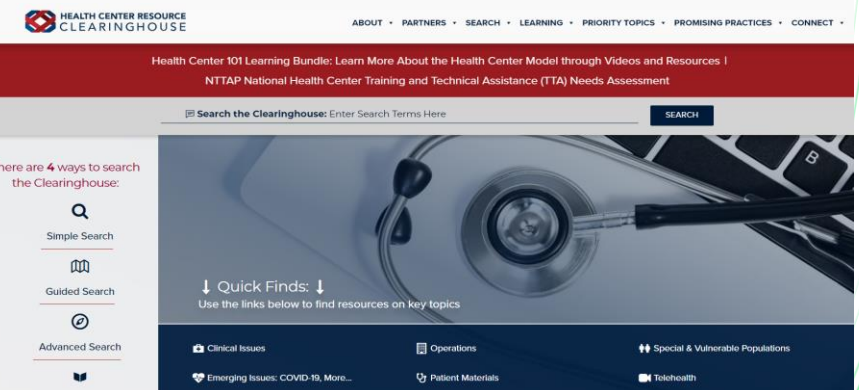
National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

Invited participation in Learning Collaboratives to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email NCA@chc1.com for more information.

<https://www.weitzmaninstitute.org/ncaresources>

Health Center Resource Clearinghouse



<https://www.healthcenterinfo.org/>

Contact Information

For information on future webinars, activity sessions, and communities of practice: please reach out to nca@chc1.com or visit <https://www.chc1.com/nca>

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.