Objective 1: To provide education and training activities inclusive of community-based experiential training (CBET) with field placements and clinical rotations for health professions trainees (inclusive of students and residents) and by implementing the AHEC Scholars Program in collaboration with the RHPP programs at UNIVERSITY OF ARIZONA (UA), ARIZONA STATE UNIVERSITY (ASU) and NORTHERN ARIZONA UNIVERSITY (NAU).

1.1. As an aggregate, all centers must recruit a minimum of 3000 (600 per project year X 5 years) health professions students for CBET in rural and medically underserved communities for health professions students. This is separate from the AHEC Scholars program that builds on community immersion experiences.

1.2. [Regional Center] will recruit a minimum of INSERT # SUBMITTED ON CBET SCHEDULE health profession trainees (i.e. students and residents) in community-based experiential training within the following guidelines: Details of discipline and institution identified by [Regional Center] are as shown in Items 1.3 to 1.8 below.

1.2.1. Health profession students must be enrolled in a United States licensed educational institution and in a course within that institution that specifies the number of hours required for completion of a field experience.

1.2.2. Health profession residents must be employees of a United States licensed institution which provides health care.

1.2.3. Community based experiential training conducted under the direction of a qualified preceptor in the same or higher discipline as the trainee are considered a clinical field experience.

1.2.4. Community based experiential training under the direction of a preceptor not in the same discipline as the trainee are considered a nonclinical field experience.

1.2.5. Clinical field experiences must be a minimum of 75% of all reported experiences for each center.

1.2.6. [Regional Center] must include the name and awarded degree of preceptors associated with clinical or non-clinical field experiences in the data base when the field experience is entered.

1.2.7. Field experiences must be entered by [Regional Center] into the AzAHEC Data Base not later than third day of the field experience. This assures the evaluation survey is automatically generated to the trainee.

1.2.8. Community immersion experiences, inclusive of AHEC Scholars Program (ASP), are not a field experience but should be reported as a Program Activity in the AzAHEC Data Base. These may be reflected in narrative reports. AHEC Scholars should be reported as a field experience when their community based experiential training is within the guidelines and directions of their specific discipline as identified by their educational institution.

1.3. Clinical field experiences must include medical students from the UA Colleges of Medicine (COM) in Tucson and/or Phoenix to help meet the 10% federally mandated AzAHEC Program medical education weeks for the UA Colleges of Medicine.

1.3.1. [Regional Center] will provide and/or assist the UA Colleges of Medicine (Phoenix and Tucson) in the placement of INSERT # Submitted on CBET schedule medical students in the RHPP in community-based experiential training.

1.4. [Regional Center] will provide and/or assist UA-Banner University Medical Center South in the placement of INSERT # Submitted on CBET schedule family and community medicine residents, internal medicine, or emergency medicine physician residents with community based experiential training.
1.5 [Regional Center] will provide and/or assist in the placement of INSERT # Submitted on CBET schedule RHPP students from University of Arizona Nursing, Pharmacy, Public Health), and RHPP students from ASU (Nursing) and NAU (Nursing and Physician Assistant) in community-based experiential training.

1.6 [Regional Center] may provide and/or assist in the placement of INSERT # Submitted on CBET schedule health profession undergraduate or non-RHPP graduate students from University of Arizona, Arizona State University, and Northern Arizona University, in community-based experiential training. Regional Center agrees to provide documentation that the reported hours of field experiences meet that institution’s criteria.

1.7 Regional Center may provide or assist in the placement of INSERT # Submitted on CBET schedule health profession students from other U.S. based health profession educational institutions, including but not limited to technical, allied health and community colleges, and public, private colleges and university, Regional Center agrees to provide documentation that reported field experiences meet the educational institution’s criteria.

1.8 Regional Center may provide and/or assist in the placement of INSERT # Submitted on CBET schedule resident trainees from other U.S. health care organizations. Regional Center agrees to provide documentation that reported field experiences meet the trainee institution’s criteria.

1.9 In collaboration with UA, ASU and NAU RHPP Directors, Faculty Mentors and the AHEC Program Office, REGIONAL CENTER will support the AzAHEC Scholars Program with admission of up to 15 new scholars per Regional Center per year for a total of 30 scholars at each regional center as follows:

1.9.1 Development and implementation of locally meaningful ASP community-based experiential training.

1.9.2 Participation in monthly Center/RHPP Director meetings to address the ASP;

1.9.3 Adherence to standardized concepts of the ASP as specified in the ASP manual.

1.9.4 Participation in 2020/21 benchmarks including but not limited to:

- 9/1/20 to 6/30/21: Implement program for the second cohort of ASPs admitted in 2019 and implement program for the third cohort of ASPs admitted in 2020.
- 5/1/21: Collaborate with RHPP Directors and Faculty mentors and select fourth cohort ASPs for FY 2022;
- Fall Term 2020: Plan and participate in the ASP orientation for new ASP students.

1.9.9 Regional Center will implement HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) BUREAU OE HEALTH WORKFORCE (BHW) Core Topics: Interprofessional Education (IPE), behavioral health integration, Social Determinants of Health (SDOH), practice transformation & cultural competence in clinical education, and the ASP addressed in this section, and in Professional CE activities addressed in Section 3 below. Current & emerging health issues will be implemented when locally significant, inclusive of supplemental ASP activities related to the COVID19 pandemic.

Objective 2: To improve the health professions pipeline including diversity of the health workforce, the AzAHEC system will provide recruitment, training, interactive and didactic pipeline activities for high school students (grades 9-12) and pre-health professions undergraduates with emphasis on health careers, including public health.

2.1 As an aggregate, all centers must recruit a minimum of 1600 per year of 9-12th grade high school students and undergraduate pre-health professions students to participate in pipeline activities; Recruitment of URM will be emphasized to improve diversity.
2.2. [Regional Center] will recruit a minimum of PERFORMANCE SCHEDULE per year of 9-16th grade high school students and undergraduate pre-health professions students to participate in pipeline activities; Recruitment of URM will be emphasized to improve diversity within the following guidelines:

2.2.1 Pipeline activities that encompass more than 20 hours during the course of one academic year, semester or week and have a specified curriculum are classified as structured programs. These include but are not limited to: Health Occupational Students America, Future Health Leaders, tribal high school programs; Activities for these pipeline participants must be entered by Regional Center in the AzAHEC Date Base to include the name and demographics of the individual participants, and not later than 10 days from the first date of the activity or June 30, whichever may occur first. Regional Center must provide a curriculum or workplan in the data base for each structured program.

2.2.2 Pipeline activities that encompass less than 20 hours during the course of one academic year, semester, or week and have no specified curriculum are classified as unstructured programs. Examples include Career and health fairs, job shadowing, visits to local health professions schools, health science days, health careers seminars, early college readiness programs; These activities are classified as “PROGRAMS” and must be entered in the AzAHEC Data Base not later than 10 days from the date of the activity or June 30, whichever may occur first. Collected information may but is not required to include the individual name and demographics of the participants.

2.3 [Regional Center] will collaborate with the University of Arizona Health Sciences for Med-Start, Frontera and BLAISER students for identification and placement of these pipeline participants. Programs that are associated with more than one regional center are entered in the AzAHEC data base with participants reported to the Program Office by UAHS on behalf of each regional center.

2.4 Pipeline participants should include students in grades 9-16 who are:
   a. From a Rural, border, tribal and Arizona high disparity populations; and
   b. interested in health profession careers

2.5 [Regional Center] may recruit K-8th grade students to participate in pipeline activities; These activities are classified as “PROGRAMS” and, if offered, must be entered in the AzAHEC Date Base not later than 10 days from the date of the activity or June 30, whichever may occur first. Collected information may but is not required to include the name and demographics of the participants. This data is reported to the State of Arizona but is not reportable to HRSA.

2.5 AzAHEC will assess the diversity and distribution of the Arizona health workforce by region in workforce studies. [Regional Center] will participate in developing and administering AzAHEC workforce studies.

Objective 3: The AzAHEC system will provide continuing education for currently practicing health professionals emphasizing HRSA BHW Six Core Areas as reflected in Objective 1.

3.1.1 As an aggregate, all centers must recruit a minimum of 10,000 health care providers over the five-year project timeline (2,000 per year) from safety net health service sites recruited to participate in professional development training emphasizing HRSA BHW core topics.
3.2 [Regional Center] will recruit [INSERT # FROM PERFORMANCE SCHEDULE] individuals to participate in professional development training emphasizing HRSA BHW core topics within the following guidelines:

3.2.1. Continuing Education participants must have completed a field of study or otherwise be qualified for compensated work in a health profession field.

3.2.2 Participants must be entered into the AzAHEC Data Base not later than 30 days from the start date of the training date and not later than June 30, whichever may occur first. This assures the evaluation survey is generated to the trainee.

3.2.3. [Regional Center] must offer
  o CE/CME relevant to populations served and HRSA BHW core topics;
  o preceptor development programs;
  o IPE faculty development programs;
  o Develop and provide access to online programs/trainings;
  o Continuing Education credit to health care providers from safety net settings (e.g. providers and health care settings that serve groups such as inner city and rural poor, the homeless, migrant workers, the uninsured and/or underinsured and Medicaid patients—FQHC’s, community hospitals, health departments, tribal facilities, private clinics);

3.2.4 [Regional Center] must provide evidence of offering nationally recognized CE for health professionals with documentation from appropriate accrediting agency (as examples: American Medical Association; American Nurses Association; Accreditation Council for Pharmacy Education). Submit in accordance with Center Work Plans

3.2.5 [Regional Center] must provide a minimum of one community-based CE/CME workshop per year on a rotating Regional Center basis on HRSA BHW core topics. Submit in center work plan instructions.

3.2.6 [Regional Center] may provide locally recognized certificates of attendance to participants as evidence of a professional development training activity.

3.3 [Regional Center] may recruit community members not employed or qualified for employment as a health professional to participate in health-related events. If offered, information regarding this participation must be entered in the Data Base not later than 10 days from the date of the activity. Collected information may but is not required to include the name and demographics of the participants. This data is reported to the State of Arizona but is not reportable to HRSA.

**Objective 4: Regional Center** agrees to collaborate with AZAHEC and regional centers to maintain, develop and enhance effective current and future strategic partnerships to implement, advance, and sustain the work of the AzAHEC program activities as follows:

4.1. Identify priorities and obtain strategic networks to achieve identified workplan objectives. Regional Center will submit Formal clinical affiliation agreements as required by UA, ASU and NAU. Regional Center will create Memos of Understanding with strategic partners as identified on center work plan instructions.

4.2. Utilize **post-award per reporting schedule** to report on activities that: provide and coordinate field placements in underserved areas and health disparity populations in conjunction with community-based organizations, accredited primary care residency training programs, federally qualified health centers, rural health clinics, public health departments and other appropriate facilities.
- Deliver career preparation programs to high school students on careers inclusive of public health.
• Deliver and facilitate continuing education and information dissemination for health professions emphasizing providers caring for underserved and high disparity populations.
• Conduct and participate in interdisciplinary training that involves physicians, physician assistants, nurse practitioners, nurse-midwives, dentists, psychologists, pharmacists, community health workers and other allied health professionals.
• Maintained and build strategic networks as an ongoing relational process throughout program implementation and evidenced by appropriate letters of agreements, MOUs and similar documentation.
• Illustrate effective collaboration with local and state workforce boards and health safety net sites that demonstrate successful recruitment, retention, and distribution of health professionals into underserved rural and urban areas.
• Recruit individuals from underrepresented minority populations or from disadvantaged or rural backgrounds into health careers.
• Provide education and training to diverse individuals to prepare the health workforce to deliver high quality care, especially primary care, in underserved areas or health disparity populations in collaboration with local, state, and federal health workforce development programs, state workforce agencies, local workforce boards, and health care safety net sites.

**Objective 5:** AzAHEC has implemented a Statewide Outcome-Focused Evaluation Plan. **Regional Center** agrees to collaborate with the AzAHEC Program Office and other regional centers to:

5.1 Participate in evaluation planning, design and assessment meetings
5.2 Participate in development and update of evaluation plan
5.2 Collect or support endeavors to collect data consistent with the evaluation plan,
   a. Timely data base entries to assure distribution of automated surveys requests to health profession students identified in Objective 1 in this Scope of Work.
   b. Timely data base entries and distribution of survey requests to high school structured program participants as identified in Objective 2 of this Scope of Work
   c. Timely data base entries and distribution of survey requests to continuing education participants as identified in Objective 3 of this Scope of Work
   d. Timely data base entries of preceptors and distribution of survey requests to assess preceptor satisfaction
   e. Timely data base entries of IPE events and participants to assure distribution of survey requests to assess participant satisfaction