



# Western Washington Area Health Education Center 2004-2005 Annual Report

## Introduction

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The mission of Western Washington Area Health Education Center (WWAHEC) is *to assure equity of and access to healthcare for underserved rural and urban populations in western Washington.*

This mission is accomplished through a continuum of activities aimed at increasing access to healthcare by supporting healthcare systems for underserved populations:

- Planning for tomorrow's providers through recruitment of students into health professions schools and training programs
- Providing community-based education and training opportunities for health professions students
- Developing healthy community-based service delivery systems through technical assistance programs
- Creating learning opportunities for providers in underserved communities
- Forming community/academic linkages which respond to community-identified healthcare needs

Western Washington AHEC looks forward to serving the state of Washington in the years to come.

Laurie Wylie, MA, RN, SNP  
Executive Director

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Workforce  
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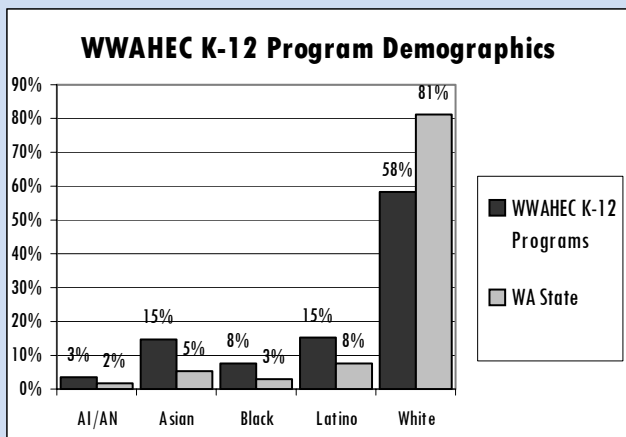
WWAHEC

Planning for tomorrow's workforce by...

# Recruiting students into health professions

## K-12 resources and technical assistance

WWAHEC has expertise in helping our K-12 school systems identify and implement health career awareness, exploration, and preparatory curriculum and resources. WWAHEC provides assistance to students who are interested in a career in healthcare by exhibiting at high school career fairs, by facilitating workshops, and through career presentations. In 2004 alone, 53 visits were made by WWAHEC staff reaching over 1,500 students and 375 teachers and counselors, providing critical information about potential career paths and education requirements.



Western Washington AHEC annually updates, publishes and distributes approximately 11,000 copies of the comprehensive guide, *Health Care Careers and Schools in Washington State*. This guide provides contact information for all postsecondary schools offering health science programs, cross-referenced by each career, with a brief career description.

*Increasing access to science education: The above chart illustrates the demographics of WWAHEC K-12 participants, compared to K-12 statistics for Washington state. Part of WWAHEC's mission is to help disadvantaged and minority/underrepresented youth gain access to K-12 science and health career exploration programs.*

## aka Science & Allied Health



Western Washington AHEC is the statewide facilitator of *aka Science*, an experiential learning, K-6 after school program. This program includes teacher training, assistance with fundraising for scholarships, and complete kits of materials to conduct the activities. Students explore a new area of science every eight weeks in a three-year series. The projects involve students in personal exploration, laying the foundation for a strong interest in science. In 2004, the *aka Science* curriculum debuted at TEACH: Tacoma's Enrichment & Academics for the Children on the Hilltop, a school for urban underserved students in Pierce County.

*Allied Health: An Option for the Future* offers complete curriculum and support materials to integrate health careers exploration and information into the regular K-8 curriculum, while meeting the Essential Academic Learning Requirements (EALRs) for science and health in the state of Washington.

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# Planning for tomorrow's workforce by... Offering internship experiences

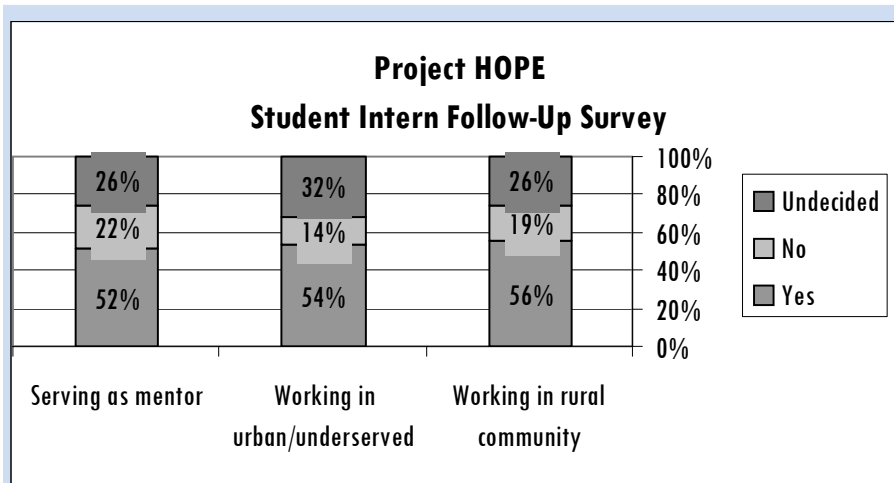
## Project HOPE: Health Occupations Preparatory Experience



Project HOPE summer internship experiences, administered by Washington's AHECs, are designed to attract a more diverse group of future healthcare providers. Eleventh and twelfth-grade students from underrepresented populations, rural areas, or who are first generation college bound are given an opportunity to have a firsthand view of the many professionals who deliver healthcare to the members of their community.

### 2004-2005 program accomplishments

Forty high school students from western Washington participated in Project HOPE internships in the summers of 2004 and 2005; one hospital, two tribal health clinics, a family residency site and two community health centers were added to the clinical site list for the program, bringing total facility participation to 30.



*Participants' future plans: WWAHEC's 2004 survey of previous Project HOPE participants showed that 91% of them were planning or were currently pursuing a degree in a medical or science-related field. Among those who were planning to pursue a health career, 56% percent said they were interested in working in a rural community, while 54% said that they would be interested in working in an underserved urban community. One student wrote, "Having the opportunity to explore so many areas in medicine really allowed me to narrow down my interests and finally choose a career."*

**Why are mentors and internships important to workforce development?**

*"I was planning on physical therapy, but found that it does not suit my personality. I found new careers that I may pursue. I'm keeping my options open."*

*Project HOPE  
2004 Student Intern  
Follow-Up Survey*

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*Planning for tomorrow's workforce by...*

# **Recruiting and retaining health professionals**

## **Rural/Underserved Opportunities Program**

The Rural/Underserved Opportunities Program (R/UOP) is a four-week elective experience for students between their first and second years of medical school. Students immerse themselves in rural or urban underserved communities. The program provides students with early exposure to the challenges and rewards of practicing primary care medicine and promotes a positive attitude toward rural and urban underserved community medicine. Preceptors for the program are exemplary primary care physicians practicing in clinics serving the rural or urban underserved. Preceptors volunteer their time to mentor and supervise students. All are eligible for clinical faculty appointments at the University of Washington School of Medicine.

### **2004-2005 program accomplishments**

Clinical placements of R/UOP students resulted in 3,360 hours of service to communities in the summer of 2004, and 4,140 hours in 2005. Staff developed new rural and urban underserved placement sites. One site, the Harborview Children's Clinic, serves East African community members, and the medical student placed there specifically requested to work with patients from her home country. Twenty-one percent of the students self-identified as minorities. WWAHEC developed four new urban community health center sites in the Puget Sound region and new rural sites that span from the southern coast to the reaches of Mount Rainier. Two were rural health clinics, one was an Indian Health Service site and another was an institution for the developmentally disabled. There are over 35 active placement sites.

### **Student Survey**

Every two years WWAHEC conducts a survey of former students who participated in clinical rotations. Of those surveyed who are still in school, 72% plan to work in rural or urban underserved settings; 68% of them are currently working in rural or urban underserved communities. For those who have completed their training, 64% are working in rural or urban underserved. 66% said that their WWAHEC rotation helped them decide where to establish their practice. Of those surveyed, 32% work in communities of under 50,000; 12% work in communities between 50,000-100,000; and 56% work in communities with populations over 100,000.

## **Washington Recruitment Group**

Along with six other agencies, Western Washington AHEC is a partner in the Washington Recruitment Group (WRG) coalition, a group that is actively involved with the recruitment and retention of health professionals for rural and underserved urban communities. WRG assists communities by creating a team recruitment approach comprised of options across the state. While interviewing Rural Health Clinic managers for the Rural Health Clinic Initiative, Western Washington AHEC promoted WRG in our information packets. This resulted in multiple communities receiving recruiting assistance from the Department of Health's Office of Community and Rural Health.



# *Planning for tomorrow's workforce by...* **Immersing health professions students in communities**

## **Rural/Underserved Nursing**

The Rural/Underserved Nursing (R/UN) program coordinates rural clinical nursing rotations for an urban-based community college. The rotations are for inpatient OB and also allow students their only opportunity to experience public health, through well baby visits with a public health nurse. The program's goals are to promote a positive attitude toward rural nursing and to provide nursing students with an exposure to rural maternity and postpartal care, as well as public health. WWAHEC placed 13 ADN students in the program in 2004-2005.

## **Rural/Underserved Observation Experience**

For students who have been accepted into medical school, the Rural/Underserved Observation Experience (R/UOE) is a one- or two-day job shadow for observing in a rural or urban underserved healthcare facility. WWAHEC assists in identifying and training the preceptors for the job shadow and matching students to preceptors. The experience gives students an early exposure to service for the underserved and also provides an opportunity to orient students to the entire range of AHEC programs.

## **Student Providers Aspiring to Rural Experiences**

The Student Providers Aspiring to Rural Experiences (SPARX) program is a multidisciplinary effort that encourages health profession students to consider practice in rural and urban medically underserved communities and to promote effective teamwork across disciplines. Activities bring together students in the schools of dentistry, medicine, nursing, pharmacy, public health and community medicine, and social work. In western Washington, SPARX is currently on the University of Washington and Seattle Central Community College campuses. Facilitated by WWAHEC, the Seattle Central Community College chapter was established with a successful kickoff meeting in 2004 with 40 attendees.

**(The highlight of my experience was) seeing how Dr. Clure balances her life - quite beautifully. Although I know she had to make some sacrifices. She is a wonderful mentor. I hope to remain in contact with her for some time, if not throughout the rest of our careers.**

2004 R/UOP Evaluation

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# Increasing access to healthcare by... **Linking resources and community partners**

## **Community wellness and prevention programs**



Working to support healthy communities, WWAHEC may be contracted to provide services that bridge current gaps in health promotion and disease prevention activities in western Washington. Previous projects include the development and staffing of an oral health clearinghouse and management of health education and science programs for K-12 students. WWAHEC is staffed to support data collection, interpretation, reporting and dissemination projects. Areas of special interest within the agency include nutrition and obesity prevention, oral health, cultural determinants of health, and cultural barriers to healthcare access. WWAHEC is included as a participating organization in the Washington Health Foundation's Healthiest State in the Nation campaign.

## **Technical assistance for communities**

Rural communities rely on their education systems and their health care systems to grow and retain business and community members. How rural health economics may affect your local economy is important information for chambers of commerce, economic development and community sustainability. Our staff has been trained in the survey and analysis process for developing these valuable tools.

In 2004-2005, WWAHEC:

- Provided technical assistance to the Southwest Washington Tribal Health Consortium regarding serving the primary care needs of those tribes
- Provided the Cowlitz Tribe training in board development as well as continuing to link them with resources and services based on their needs
- Provided technical assistance to Wahkiakum County, including primary care capacity analysis; Rural Health Clinic issues; consultant recommendations; CAP grant information; discussion with all medical providers; and referral to other RHCs, CHCs and Tribal Clinics on a variety of issues directly affecting the retention of current providers



Increasing access to healthcare by...

# Developing healthy service delivery systems

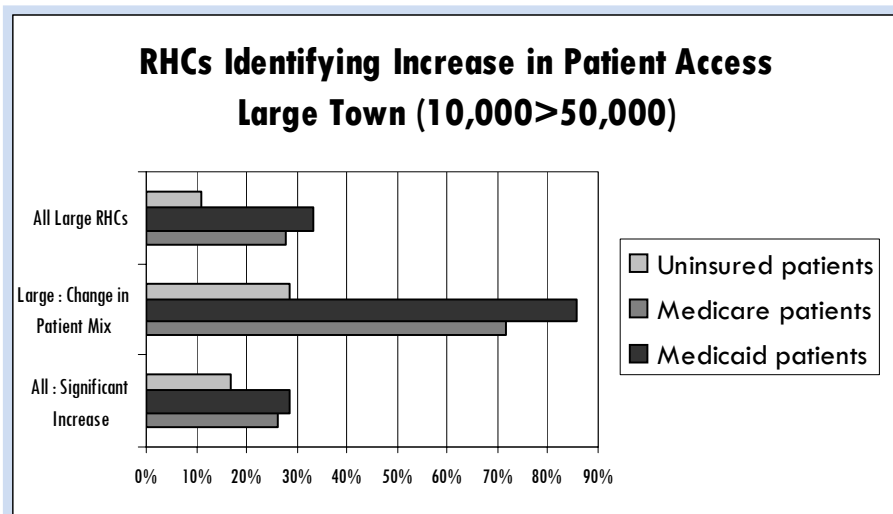
## Success indicators for Rural Health Clinics

Western Washington AHEC worked with several stakeholders on the Rural Health Clinic Initiative — a two-year project designed to assess what financial benchmarks and other organizational factors contribute to the success and sustainability of a Medicare-certified Rural Health Clinic (RHC). While the report will be published by the Office of Community and Rural Health in 2005, the data has been identified as being very “rich,” and is available to researchers for further analysis upon request to WWAHEC.

For the first time, Washington RHCs have baseline data for peer to peer comparison, measuring clinic performance and operational stability. The results help to document the role RHCs play in supporting the overall system of rural healthcare in Washington state. Clinics were offered technical assistance in conjunction with the Initiative, and could compare their own data with other RHCs in the state. Results were used by the Washington Rural Health Clinic Association to develop training and education programs for their members, and will be used to help form policy positions to support RHCs by the many rural health stakeholders in Washington.

WWAHEC participated in presentations on the Initiative at the Northwest Regional Rural Health Conference and at the National Rural Health Conference.

While conducting the survey WWAHEC staff consulted with clinics on the RHC application process; provider recruitment and retention issues; and local, state, and federal resources, among many areas. Staff visited 49 western Washington RHCs within a 60-day period to complete surveys.



*Sample survey results: The data collected through the Initiative turned out to be very “rich,” primarily because clinics were classified by several predetermined values that surveyors assumed would be important indicators for an RHC’s fiscal success. One of these factors was the size of the community the RHC served. The top set of bars in the graph above illustrates the sample of all RHCs in large towns that identified significant changes to their patient mix. The middle set focuses on those large-town clinics reporting changes and details what kinds of patients have benefited from increased access to RHC services. The final set shows how many of all RHCs reporting significant increases of patients most in need of a healthcare “safety net” were in large towns. In addition to the size of a clinic’s community, details captured in the survey reflect the size of the clinic (based on its number of providers), the clinic’s ownership (hospital or provider), and the length of time the clinic has been an RHC.*

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Increasing access to healthcare by...

# Expanding care in underserved communities

## Volunteer/Retired Providers

Assuming that healthcare services provided by VRP volunteers would otherwise have been treated in an ER setting, and based on an estimated cost of \$200 per ER visit, VRP services provided within Washington from January 2005 through June 2005 may be minimally valued at between **\$3,229,200** and **\$6,524,000.**

*Volunteer/Retired  
Providers Program  
2005 Mid-Year Survey Summary*

Since 1993, WWAHEC has successfully managed the Volunteer/Retired Providers (VRP) program. This unique program was established in 1992 to utilize healthcare volunteers in the provision of free medical and dental care for Washington's underserved communities. Barriers to professional volunteerism are reduced through the provision of malpractice insurance and professional license renewal fees, which are funded through the Washington State Department of Health, Office of Community and Rural Health. Licensed healthcare providers volunteer their time in established and approved sites across Washington state. There is no minimum number of hours that providers are required to dedicate, and the application process, both for healthcare professionals and potential volunteer sites, is simple.

Recent legislative changes affecting the VRP program include a budget increase for recruitment of additional volunteers and sites, addition of for-profit sites that provide care to low income patients, and inclusion of some non-invasive specialty care under program coverage.

Community response to the VRP program has been overwhelming. Volunteers state that, through program participation, they feel that they affect positive change within their communities. Patients, in need of medical and dental services, respond to the volunteers with complete appreciation. Most patients are either employed in low-paying jobs without healthcare coverage, or are unemployed. Many patients are homeless. Treatment of even minor injuries, such as an infected laceration, can prevent loss of employment, or disability for the patient. Ensuring availability of healthcare services is particularly essential within these groups. Currently, VRP volunteers contribute nearly 50,000 hours, providing care to over 33,000 patients annually, across Washington State.

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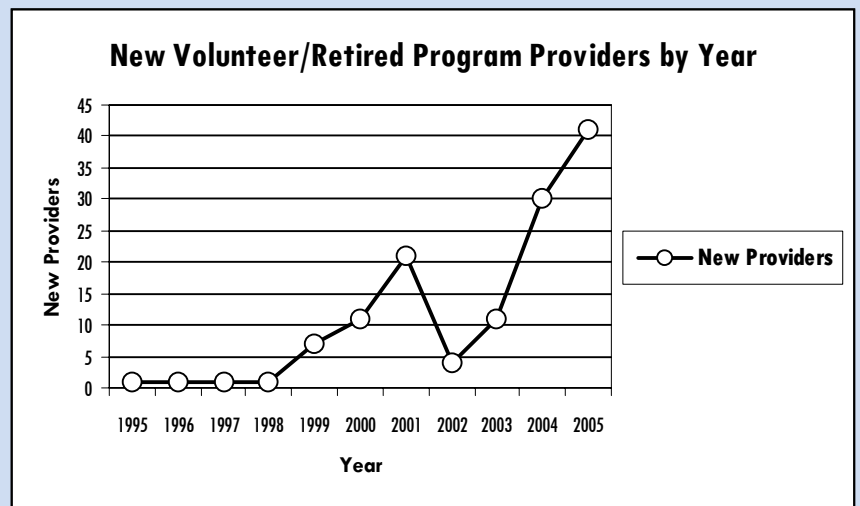
**Semiannual surveys** conducted with participant volunteers and clinics reveal a strong sense of gratitude for the program, including such responses as, *“Without this program, our clinic could not exist”* and *“This program saves lives.”*

Assuming that healthcare services provided by VRP volunteers would otherwise have been treated in an ER setting, and based on an estimated cost of \$200 per ER visit, VRP services provided within Washington from January 2005 through June 2005 may be minimally valued at between \$3,229,200 and \$6,524,000. Considering that each malpractice insurance policy cost an average of \$1,000 per provider, per year, the cost to provide insurance for these reported volunteers during this reporting period was \$39,500 (from the 2005 Mid-Year Survey).

WWAHEC surveys participating volunteer/retired providers approximately every six months, asking them to report on the number of volunteer hours they have contributed to the program and the number of patients they have served.\*

2004-2005 saw a dramatic increase in participating providers, their hours and the number of patients they served. The 2004 year-end survey showed that reporting providers had volunteered for 6,427 hours, an increase of 185% from the previous report, and had more than doubled the number of patients (14,625 - an increase of 204%)

\*Approved sites also report on the number of volunteers and patients they served over the course of six months, but they report on all of their volunteers, not just those participating in the VRP program.



*Planning for tomorrow's workforce by...*

# **Adapting to population shifts**

## **Diversity in health professions towards zero disparities**

WWAHEC's mission involves the recruitment and education of a diverse population of health professionals. Our work includes active involvement in the mentorship networks facilitated through the University of Washington School of Medicine's Office of Multicultural Affairs. The Chicano-Latino Mentorship Network (CLMN) and the African-American Mentorship Network (AAMN) both facilitate support networks for students of color to successfully complete their professional degree programs at the University of Washington.

In 2005, WWAHEC presented before the House Senate Joint Select Committee on Disparity. Chaired by Senator Rosa Franklin, the WWAHEC presentation highlighted programs that are operated through our agency. K-12 student participants in WWAHEC programs represent broader diversity than the population of the state as a whole.

WWAHEC has been actively involved in the Health Workforce Diversity Network (HWDN) since its inception in 2002 by the Washington State Board of Health. A primary goal of the network has been to identify health career programs that encourage diversity and conduct a gap analysis for improving diversity enrollment and completions in healthcare programs.

## **Community assessment and planning**

In recent years, WWAHEC's active community involvement efforts have centered on the role of the health care system in the local economy, primary care provider capacity analysis, assessing and assisting Medicare-certified rural health clinics, and primary care continuing education for bioterrorism preparedness.

In Pacific County, through a local health department contact, WWAHEC facilitated meetings with primary care providers from community health centers, hospital-based rural health clinics, and mental health providers to increase understanding of access issues for both the north and south ends of the county. An analysis of community support for the local healthcare system and the primary care provider base was provided with a primary care capacity analysis. As a snapshot in time, local healthcare stakeholders gained a better understanding of whether current family practice doctors were under- or overutilized.

Combining our meeting management and continuing education planning skills, WWAHEC received funding with other partners to provide Primary Care Bioterrorism Continuing Education. To improve emergency planning, the role of the primary care provider network has been identified as critical for local response. At a statewide meeting organized by WWAHEC and other partners, the state Department of Health, the state Board of Health, EMS and the veterinary community were all represented for the first time jointly to discuss bioterrorism response.



# Planning for tomorrow's workforce by... Providing technical assistance

## Washington's Health Skill Panels

In 2003 WWAHEC was awarded a contract from the Workforce Training and Education Coordinating Board (WTECB) to provide technical assistance to the Workforce Development Council Health Skill Panels. Because of a subcontract with our cross-state partner, Eastern Washington Area Health Education Center (EWAHEC), the AHECs were also able to support eastern Washington panels and provide comprehensive statewide services. The contract concluded in 2005 with many Health Skill Panel achievements.

The primary focus of the WTECB contract was to facilitate resource sharing and create tools so Health Skill Panels could collaborate on programs, ideas, best practices, and resources. We created many opportunities for information sharing, including a monthly electronic newsletter called the *E-News* that provided panels with the opportunity to showcase their own successes, publicize upcoming meetings and events, and highlight resources that would benefit the panels' work.

Additionally, the semi-annual Health Skill Panel meetings brought panels' coordinators and staff to the table with those panelists representing the healthcare industry, education partners, and other healthcare workforce development stakeholders. The meetings brought in speakers to discuss health professions educational expansion and barriers in healthcare workforce development, and highlighted the success of the panels. WWAHEC managed two of the four meetings in 2004-2005.

Eight Health Skill Panels organized and/or participated in health career fairs, assemblies, and health career camps, reaching over 7,000 youth across the state. WWAHEC, in partnership with EWAHEC, identified the template for a health careers web site for primary and secondary students. The web site - "WAHOTT" - will be launched in 2005 with specific Washington state information provided by the AHECs, and will continue to expand access to information about healthcare careers.

The work the Health Skill Panels accomplished throughout the cycle of Western Washington AHEC's contract is represented in a table that resides on the WWAHEC web site. This "at-a-glance" synopsis of the panels' progress is arranged according to the goals and strategies assigned to the Health Skill Panels by the Health Care Personnel Shortage Taskforce. Many stakeholders and agencies found this to be a useful planning and coordination tool, and WWAHEC greatly appreciated the opportunity to have a role in helping the Health Skill Panels achieve their goals.

*Thank you so much for telling me about this meeting . . . . I can use most of the materials and would like to find out more about the pre-packaged Allied Health Options. Can you point me in the right direction for that?*

*Health Skill Panel Coordinator  
Meeting - attendee feedback*

*My compliments on a particularly information-filled and interesting newsletter - thanks!*

*2005 E-mail from a  
Health Skill Panel Coordinator*



*Retaining today's workforce by...*

# **Creating learning opportunities for providers**

## **Supporting innovations in telehealth**

In 2004-2005, Western Washington AHEC promoted better telecommunication access to western Washington rural hospitals in a variety of venues. This became part of the governor's rural health initiative. In addition to meeting with potential telehealth funders, staff participated in Washington Rural Development Council Telecommunications meetings, taught the web-based rural health introduction and overview courses for the University of Washington School Of Nursing, and promoted better telecommunication access to western Washington rural hospitals with the University of Washington. The UW has agreed to use Qwest settlement funds to wire the Western Washington Rural Health Consortium, a group of remotely located Critical Access Hospitals.

## **Continuing education for health professionals**

WWAHEC sponsors and cosponsors continuing education courses for health professionals. During 2004-2005, 3,053 health professionals attended our events and received a total of 46,046 contact hours of education. Offerings varied in length from two hours to four days. Evaluations remained high, with participants ranking the events overall at 4.44 on a scale of 5.

## **Sharing continuing education opportunities**

With an updated web presence at [www.wwahec.org](http://www.wwahec.org), publication of our Continuing Education calendar increased in frequency. Instead of being printed quarterly in the *Alliance* newsletter, the calendar is updated at least monthly on-line, and more frequently as needed. This gives practitioners timely information about local and web-based classes, as well as direct links to on-line registration.

## **Conference management**

WWAHEC's conference planning services include agenda development, working with a local planning group, speaker contracts, Continuing Education accreditation, brochure design, syllabus production and budget management. In addition, WWAHEC staff typically make all site arrangements and manage the registration and evaluation procedures.

In 2004-2005, Western Washington AHEC partnered with the Washington Training and Education Coordinating Board to produce two of four statewide meetings for Health Skill Panel Coordinators, Workforce Development staff and members of Washington's Health Care Personnel Shortage Taskforce. On average, participants scored these one-day conferences as 4.6 on a five-point scale, with five being the highest rating; approximately 50 people attended each conference.



# *Planning for tomorrow's workforce by...* **Providing leadership in public policy development**

Public policy development needs to be guided by rational experience, always evaluating proposals for the unintended outcome. Frequently policy is drafted without a perspective of the realities of its effect on underserved populations. The staff of WWAHEC participates in these processes at a state and national level, always advocating for policies which are supportive of underserved populations. Some of the activities for 2004-2005 included:

- Promoted better telecommunication access to western Washington rural hospitals with the University of Washington, leading to the inclusion of five rural hospitals in a telehealth network.
- Recommended rural health priorities to governor's office as part of Washington Rural Health Association board responsibility.
- Improved distribution of healthcare workforce through work on Washington State Health Professions Loan Repayment and Scholarship Advisory Committee.
- Represented the interests of AHEC constituents in the federal BHPR (Bureau of Health Professions) strategic planning and outcome measurement development for health professions education grant programs.
- Advocated for National AHEC Organization discussions with the federal Department of Labor for funding opportunities appropriate to healthcare workforce development.
- Outlined interpretation of the Federal Tort Claims Act for partner organizations, free clinics and others.
- WWAHEC Executive Director appointed to National Health Service Corps (NHSC) National Advisory Council.
- Participated on targeted task group to reinstate Title VII (Health Professions Education) funding through the Senate.
- Participated in an invitational meeting sponsored by the Health Resources and Services Administration (HRSA) to create a state plan which integrates behavioral health and primary care.
- Contributed to WAC development for Volunteer/Retired Providers Malpractice Insurance Program.
- Advocated for issues of the underserved in discussions of development of Medical Service Areas.
- Participated in development of policy topics for BHPR all-grantee meeting.

***Working to affect  
public policy is  
at times a fool's  
errand, but it lets  
me sleep at night.***

***Laurie Wylie, MA, RN, SNP  
Executive Director  
Western Washington AHEC***



# Community collaborations

## Our partners



From top: The Mobile Dental Care van from Northwest Medical Teams International accepts volunteers from the Volunteer/Retired Providers Malpractice Insurance program (2004); 14 Project HOPE interns gather at UW Health Sciences to learn about health careers and college (2005); and first-year medical student Lauren Crowley completes a R/UOP rotation at the Kent Community Health Center (2004).

**Department of Health Office of Community and Rural Health** Provides assistance to community-based initiatives to strengthen healthcare delivery systems in rural and underserved urban communities.

**Eastern Washington Area Health Education Center** Focuses on health professions education and training, recruitment, and retention. EWAHEC is an integral part of the health science programs at the Washington State University Spokane campus.

**Higher Education Coordinating Board's Washington State Loan Repayment Program** Participants agree to provide primary care health service in rural or underserved urban areas with designated shortages in exchange for loan repayment assistance.

**Northwest Center for Public Health Practice** Emergency response and bioterrorism preparedness assessment tools, training and reports.

**Seattle Central Community College** Healthcare programs in Dental Hygiene, Nursing, Opticianry, Respiratory Care and Surgical Technology.

**Statewide Office of Rural Health** Statewide office, allying Olympia, AHECs and two universities to address coordination of information and services for rural health.

**University of Washington** Schools of Dentistry, Medicine, Nursing, Pharmacy, Public Health and Community Medicine, and Social Work.

**Washington Association of Community/Migrant Health Centers** Communication and support network for community and migrant health centers in Washington.

**Washington Health Foundation** Funding and program support for health services network development.

**Washington Recruitment Group** A coalition of agencies actively involved in recruiting and retaining health professionals.

**Washington Rural Health Association** Strengthening rural health through communication, education and advocacy.

**Workforce Training and Education Coordinating Board** Assist Health Skill Panels in their development, evaluate needs, and broker resources.

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At left: Richard Avalon, DO, and Keith Wright, DO, are R/UOP preceptors for first-year medical student Dorin Colibaseanu at the Cathlamet Clinic (2004); and Ocean Beach Hospital's new facility, which hosted follow-up discussions for Pacific County's Primary Care Provider Capacity Report (2004).

## Grants and contracts awarded to WWAHEC

### Bioterrorism CME Survey

**Contracting agency** *University of Washington School of Public Health, Office of Multicultural Affairs*  
**Contract in place since** 2003

### Health Careers Opportunity Program

**Contracting agency** *University of Washington*  
**Contract in place since** 2004

### Health Skill Panel Technical Assistance

**Contracting agency** *Workforce Training & Education Coordinating Board*  
**Contract in place since** 2003

### Primary Care Capacity Analysis

**Contracting agency** *Pacific County*  
**Contract in place since** 2003

### Project HOPE Summer Internship Program

**Contracting agency** *Department of Health, Office of Community and Rural Health*  
**Contract in place since** 2001

### Recruitment and Retention - Core AHEC Contract

**Contracting agency** *Washington Department of Health*  
**Contract in place since** 1993

### State Model AHEC Program

**Cooperative Agreement No.** *U76 PE 00212*  
**Contracting agencies** *University of Washington School of Medicine, and Department of Health and Human Services, Bureau of Health Professions*  
**Contract in place since** 1993

### Volunteer/Retired Provider Malpractice Insurance Program

**Contracting agency** *Washington Department of Health*  
**Contract in place since** 1993



Above: 2004 Project HOPE student Brittany Staten, front, spent part of her rotation with RN Kimberly Dubore, the HOPE Coordinator at Greys Harbor Community Hospital.

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# About WWAHEC

## Board of Directors

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## WWAHEC staff

Western Washington  
Area Health Education Center  
2033 Sixth Avenue, Suite 310  
Seattle, WA 98121  
206-441-7137  
206-441-7158 (fax)  
www.wahec.org  
wahec@wahec.org

**Laurie Wylie, MA, RN, SNP, Executive Director** [laurie@wwahec.org](mailto:laurie@wwahec.org)

**Jodi Palmer, MSW, Assistant Director** [jodi@wwahec.org](mailto:jodi@wwahec.org)

**Terry Tatko, MHPA, Program Manager** [terry@wwahec.org](mailto:terry@wwahec.org)

**Christine Lindquist, MPH, Program Specialist** [christine@wwahec.org](mailto:christine@wwahec.org)

**Frank Kohel, Executive Assistant, Office Manager** [wwahec@wwahec.org](mailto:wwahec@wwahec.org)

**Lori Quenzer, BA, Program Assistant** [loriq@wwahec.org](mailto:loriq@wwahec.org)

