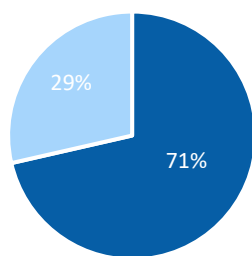


America's health care system has been put to the test under the pressures of the COVID-19 global pandemic. In response, the Area Health Education Centers (AHEC) have been called upon to work with the front-line healthcare workforce and communities to face these challenges together. Outlined below is a demonstration of select AHECs' response-to-action initiatives successfully implemented by the AHECs, including areas of development with limited Coronavirus Aid, Relief, and Economic Security (CARES) Act funding. These examples illustrate how AHECs are uniquely positioned to increase access, diversity, capability and capacity within the health care system.

Prevent

- COVID-19 related curriculum development for current & future health care professionals
- Education & outreach to rural & underserved communities



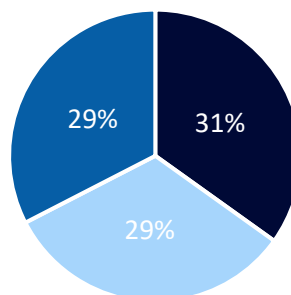
AHECs promote the use of technology to reduce the risk of COVID-19 by:

- Developing telehealth curriculum and trainings
- Gathering and distributing PPE supplies to underrepresented communities
- Conducting social media campaigns
- Creating COVID-19 educational trainings
- Providing proper use of PPE trainings
- Delivering COVID-19 specific social determinants of health trainings

AHECs enhance readiness to respond to COVID-19 through workforce development by:

- Purchasing mobile telehealth stations
- Delivering self-care group crisis and resilience trainings for health care workforce
- Providing HIPAA compliant zoom licensing
- Implementing Project ECHO and other continuing education opportunities

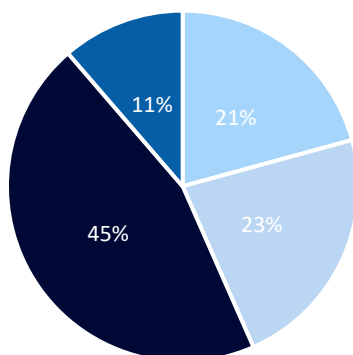
Prepare



- Provider burnout interventions
- Screening, testing & treatment trainings
- Enhance the use of telehealth technology

Respond

- Enhance the use of telehealth in health professions training programs
- COVID-19 related community based research
- Improve quality of care by supporting essential health care workers
- Contact tracing



AHECs increase access to workforce development opportunities to limit the spread of COVID-19 by:

- Staffing testing sites in rural and underserved communities
- Transitioning clinical training experiences into a virtual platform
- Recruiting, training, and/or hiring contact tracers
- Implementing telehealth preceptor trainings
- Conducting COVID-19 patient follow-up

AHECs are embedded in over 85% of U.S. counties, have almost 50 years of community-based academic partnerships and are uniquely poised to continually meet the immediate and long-term needs of the healthcare workforce and communities they serve