

# AHEC: Developing Vermont's Rural Health Care Pipeline

(2020-2025)

Early pipeline programs are how we grow our own health workforce. AHEC provides Vermont a long-term strategy that informs students - *especially rural and underserved students* - about training opportunities, education pathways, and urgently needed health occupations at all levels.

## AHEC Early Pipeline Programming:

- 46 schools in VT reached; 76% in rural counties
- Nearly 20,000 student interactions
- Certified 95 VEFR/EMT professionals across Vermont
- Pipeline programming includes:
  - Free and low-cost first aid and CPR training
  - Career exploration workshops in schools and community settings
  - Afterschool career pathway planning
  - Near-peer mentorship of high school and college students by medical students
  - Health career summer experiential programs
  - Residential health science enrichment intensives

*I cannot emphasize enough the enrichment that I have received from the opportunities PEP has granted me: shadowing a physician, attend talks and meetings, participate in electives like grand rounds and meeting with my MedMentor, but especially being introduced to a community of my peers who share similar ambitions and interests.*

- UVM PEP Student

## GOVERNOR'S INSTITUTE OF VT, HEALTH AND MEDICINE INSTITUTE:

44% of 2025 participants will be the first in their families to attend college and 63% were identified as disadvantaged.

## MENTORING AND INTERNSHIP PROGRAMS:

Online and in-person/experiential mentoring to support health career pathways for high school and college students.

## PRE-HEALTH ENHANCEMENT PROGRAM (PEP):

5 semester mentoring and health exploration program for undergraduate students.

## AHEC SCHOLARS:

Nationally recognized program for health professions students- with a focus on primary care and serving underserved communities.

**79%**

of LCOM grads participate in AHEC scholars; 39% complete the program.

LCOM graduates who completed the AHEC Scholars program (2022-25) were nearly

**2x more likely**

to go into a primary care residency program.

**39%**

of Family Medicine rotations in 2025 were in rural communities.

# Recruiting and Retaining VT's Primary Care Workforce

## Educational Loan Repayment (ELR) Program:

Encouraging primary care providers to work (and stay) in VT through reduced debt burden and rural service obligations.

## MD Placement:

Free of charge placement services available to any practice in VT.

## AHEC Scholars Incentive Scholarship:

\$40K/year in exchange for 1 year rural service obligation.

## Vermont's ELR Program:

- To date, 37% of state dollars have been matched with worksite dollars
- >60% of recipients continue practicing in Vermont post service obligation

*I cannot express how important AHEC grants have been to my family. Without access to these grants, my family could not have afforded to stay in Vermont. Even if we had managed to stay, I could not have afforded to work in a rural setting.*

- ELR Recipient

## ELR by the numbers (1997 - 2025):

3,364

Total number of awards given

76

% of service obligations in rural counties

\$21.6M

Total received from the State of Vermont

\$7.9M

Total received through worksite contributions

\$29.5M

Total distributed to date

## AHEC Scholars Incentive Scholarship:

- 25 awards made to date; 24 placements pending (training not yet completed)

*This award meant so much more than just helping to fund my education. It showed me the investment that AHEC is willing to take for rural healthcare to succeed, with the hope for me to return home one day, as a rural pediatrician. They've been there every step of the way, and I am thrilled to have returned to the NEK.*

- UVM AHEC Scholarship Recipient

*If I have to use outside agencies to fill these roles, the cost of using them, which are typically unfamiliar with Vermont and my organization, would put a significant strain on our budget. Sometimes those agencies cost over \$40K per hire. While we are desperately trying to keep budgets in check, we are put in a difficult position. Do we spend the money to bring in a provider to increase access to care and not meet budget guidance, or do we not fill the role and leave our community without the care they need?*

- Critical Access Hospital, utilizing MD Placement Program

## MD Placement Program (2020-25):

- 62 placements:
  - 50% from VT high schools
  - 71% placed in primary care
  - 76% outside UVMHC system
  - 55% in rural counties
  - **Potential savings of over \$1 million in recruiter fees for Vermont practices**