Building Community/Academic Partnerships For Health
NAO
National AHEC Organization

news
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NAO is the national organization that supports and advances the Area Health Education Centers/ Health Education and Training Centers (AHEC/HETC) network in improving the health of individuals and communities by transforming health care through education. The NAO News is published quarterly by NAO.

In This Issue

Making a Difference!
Successful Workforce/Health Careers Programs

What are the real impacts of AHEC and HETC programs in getting students through the health careers pipeline and into practice in needy areas? Have techniques such as student tracking and longitudinal studies been effective?

We asked AHEC and HETC Centers and Programs to send articles describing their efforts; we received a gratifying number of interesting and challenging responses, beginning with a "wake -up call to AHECs" (*below*) . Read the other responses on Pages 4 to 13.

The University of Michigan Cases:
A Wake-Up Call to the National AHEC Program

By Julia Beatrice Reed, Esq.
Executive Director and CEO, Greater Richmond AHEC , Virginia

The United States Supreme Court and the public have heard the attorneys in the University of Michigan case argue the pros and cons of affirmative action in admissions decisions at institutions of higher education.

Did you realize that this case is a wake-up call to the National AHEC Program?

Since its inception, the national AHEC Program recognized health careers promotion as an integral program component. Since *its* inception, the Greater Richmond AHEC recognized health careers promotion as its top priority. Medical school and other health professions students don't emerge in the senior year of college. Seeds are planted in elementary, middle and high school where they are watered, poorly tended or abandoned.

The AHEC Program — at the national and community-based levels — is in a key position to impact the health care workforce by promoting academically rigorous science education programs for K-12 students, particularly those in rural and urban areas.

The University of Michigan cases before the United States Supreme Court cast a long shadow on the importance of education for K-12 students from diverse backgrounds in the admissions process to medical and other health professions programs.

Let me be clear: I seriously doubt that the U.S. Supreme Court will eliminate affirmative action. However, change is inevitable. Institutions of higher education, including academic health science centers, as well as communities of diverse populations should be on high alert that the *status quo* will continue to be challenged until it no longer exists. So, assuming we support affirmative action in some manner, we have

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Students participating in the San Luis Valley AHEC Summer Health Careers Institute in Colorado build a traditional 'horno' oven. See story on Page 4.

Ms. Laurie Wylie

NAO Plays a Role in Bureau of Health Professions Planning Session

By Laurie Wylie, MA, ARNP, BC

As President of NAO, I was invited to represent the organization at a strategic planning meeting of the Bureau of Health Professions (BHPr). National Health Service Corps Captain Kerry Nesseler and her staff led us through the mission and goals of the Health Resources and Services Administration (HRSA) and BHPr. They outlined the direction in which they are moving in to create performance measures and outcome measures for BHPr in support of HRSA mission and goals. The next layer of the process will be to have the BHPr program areas identify exactly how they support the mission and goals of BHPr and HRSA.

It is Capt. Nesseler's view that the programs will identify the areas appropriate for their grantees to address, and the ways they will contribute to and measure achievement in those areas. She sees the process ahead, which will be repeated within each program area, as:

- BHPr Goals - under development
- BHPr Strategies – under development
- BHPr Performance Measures (2-5 year achievements)
- BHPr Outcomes (long term vision)

I was given the opportunity to present the work of the NAO Committee on Research and Evaluation (CORE) and the NAO response to the OMB assessment of the relative effectiveness of the Title VII health professions programs. Capt. Nesseler expressed a keen interest in the NAO response to OMB *(see the article below)* as well as the work of the CORE in program evaluation. The statement was made that the Bureau's current mission statement is based on a "causality statement," which is hard to defend with the types of data currently collected. Capt. Nesseler said she wants each program to be able to identify measures for which data can actually be collected.

We should all be cognizant of the fact that inviting grantees and associations into the strategic planning process is an historic event. These types of decisions are usually made internally, with input only from HRSA program staff. Capt. Nesseler is to be applauded for this action. A follow-up meeting is scheduled for October 2003.

Early in May, Capt. Nesseler, and members of her staff, including Marilyn Biviano, PhD, Director of the National Center for Health Workforce Analysis (the analytical arm of BHPr), attended a presentation at the NAO Program Directors Constituency Group on program evaluation. This was presented by CORE and the Arizona AHEC Program staff who have developed an approach to AHEC and HETC evaluation based on logic models. Capt. Nesseler commended the NAO for being substantially ahead of the other health professions programs in identifying the deficiencies in the current data and developing viable alternatives. She noted the potential for incorporating this work into BHPr's process.

The NAO is pursuing discussions with the Federal AHEC/HETC office to demonstrate the effectiveness of this model for defining the performance measures for AHEC/HETC, and to serve as a resource to other programs in our division.

NAO's Response to the OMB – PART Report

By Charles G. Huntington, PA, MPH, Co-chair of NAO Public Policy Committee and
Ralph Renger, PhD, Co-chair of NAO's Committee on Research and Evaluation (CORE)

In spring of this year the federal Office of Management and Budget (OMB) released its report regarding the overall performance of the 40 health professions programs funded by the Health Resources and Services Administration (HRSA); AHEC and HETC are two of these programs. Using the Performance Assessment Rating Tool (PART), the OMB concluded that the Bureau of Health Professions Programs (BHPr) lacked significantly in purpose and program results and recommended termination of funding for the health professions programs.

An argument can be made whether it is fair to group AHEC and HETC together with all other Health Professions Programs. In developing its response, the NAO has embarked on a two-part response. First, even though the likelihood of changing OMB's decision to rate the Health Profession programs as a group is remote, NAO is compiling data to demonstrate the performance of AHECs separate from the other health professions programs. Further, NAO is attending carefully to the direction HRSA and BHPr are taking to identify better performance measures through the use of logic models. Through its Committee on Research and Evaluation (CORE), the NAO has adopted a proactive approach by working with the BHPr to develop a complimentary logic modeling approach. The NAO official response to the OMB assessment can be viewed on the NAO Web site (www.nationalahec.org).

The summer months provide a window of opportunity to help shape and define a set of performance measures that are within the control of AHECs. NAO will work closely with BHPr and HRSA during these next few critical months to accomplish this goal.

AHEC Wake Up Call

(Continued from Page 1)

a choice: we can either continue to advocate for affirmative action or *while* advocating or, dare I say, *instead of advocating for affirmative action,* the National AHEC Program can mobilize its health promotions efforts to substantially impact the science, mathematics and technology (SMT) education of K-12 students from communities of diverse populations.

After almost 30 years of AHEC experiences, there should be little doubt that the SMT education received at the K-12 level determines whether a student — black, white, urban, rural, first-generation, male, female — will be able to successfully pursue an undergraduate and graduate degree leading to a successful health professions career.

Like several other AHEC pipeline programs, the Science, Mathematics, Engineering, Technology & Healthcare (SMETH) Academy sponsored by the Greater Richmond AHEC and its collaborators is as an academically rigorous college preparatory program for area middle and high school students. In the past nine years, we have progressed from "a cute little summer program" to school-based enrichment programs to an academically, rigorous college preparatory program.

The elementary program is entitled Hands On Science, Mathematics and Technology (SMT). The K-12 pipeline is a funnel — wide at the elementary level, narrowing at the middle school program, and narrower at the high school level. Students enter and exit all along the continuum. The most significant victories occur each time we identify teachers/faculty and administrators within individual schools, area school districts and partnering universities who can overcome barriers to ensure access for the program and deliver resources.

At the high school level, the SMETH Academy focuses on college preparatory courses in biology, chemistry, biotechnology, microbiology and the like. These courses incorporate a strong emphasis in mathematics and technology with research components. The curricula for the intermediate courses are consistent with that of courses for freshman majoring in biology. The courses are offered in science laboratories on college campuses and taught by college professors and graduate students who love the subject matter and challenging high school students. Extensive field studies — *not "show and tell"* — are an integral component of each course.

Each course includes a residential component on a second college campus. The summer courses meet for three or four weeks — depending on the age group. We expect to implement an academic year program that focuses on school coursework, study skills and PSAT/SAT/ACT prep. In both the summer and academic year programs, health careers and other science-based careers are strongly emphasized.

> *'. . . instead of advocating for affirmative action,* the National AHEC Program can mobilize its health promotions efforts to substantially impact the science, mathematics and technology education of K-12 students from communities of diverse populations.'

Each year, we move closer to the ideal but the challenges have been unceasing.

For example, three years ago, we transitioned from "open enrollment" to enrollment based on academic standards. "Open enrollment" was part of the price we paid to earn the right to offer programs to area students and to earn the respect of our partners.

Today, the high school students are required to have earned a 3.0 GPA or better, be college-bound, serious about SMT subjects and supported by their parents/guardians. The eligibility standards are stringent for the high school participants because these courses are expensive to offer, difficult to staff and generally disfavored by college/academic science center administrators because the payoff is "down the road" and the high school student may "change his/her mind about pursuing a health career." When we first imposed academic standards, one of the first questions asked was: is the SMETH Academy was now a gifted program? No, we responded, but there is an expectation that applicants are hard working students with a demonstrated commitment to academic excellence. In addition, we wanted to ensure that our students were academically competitive candidates for acceptance into the freshman classes of our university partners. Finally, the "open enrollment" policy forced us on several occasions to simplify the curricula because it exceeded the academic capacity of some of the students.

As our experiences show, the importance of K-12 education in providing the foundation for future health professionals cannot be overstated. And, the National AHEC Program has a window of opportunity to accomplish that which affirmative action cannot .

AHECs and the academic health science centers that support them can create opportunities for academic excellence that will recruit, prepare and retain K-12 students from diverse backgrounds who will not need "special preferences" to be eligible for admission to undergraduate and professional programs. It's all about commitment, time and resources. I can assure that the sacrifices and difficult times are made worthwhile by the reports from students, parents, university faculty, teachers and school administrators that your AHEC program meets the goals of preparing students to pursue science programs in college. We await the news in 2007, that our first group is being admitted to health professions programs solely on merit!

So, the choice is ours: We can invest in an academically rigorous SMT education for some of our K-12 students from diverse backgrounds or we can continue to advocate for them to be accepted in academic programs where standards are lowered to accommodate them and where the likelihood of their successful completion is marginalized. . . or both.

Ms. Reed is former Chair of both the NAO Center Directors Constituency Group and the NAO Education Committee. She continues to provide leadership at a national level on health careers promotion.

San Luis Valley AHEC, Colorado

Summer Institute Helps Fix 'Leaky Pipeline'

By Al Kelly, MPH, MA, Executive Director of the San Luis Valley AHEC in Alamosa Colorado, and Carmen Mares-Kelly, BA, Summer Health Careers Institute Director.

The San Luis Valley is a six-county area in south central Colorado whose population is 52 percent Anglo, 46 percent Latino and one percent each of Asian and African American. It has three of the poorest counties in the state; five of the six counties are designated as Medically Underserved Areas (MUAs) and Health Professions Shortage Areas (HPSAs), three of the counties are designated as "Frontier."

The San Luis Valley (SLV) AHEC created a Summer Health Careers Institute in 1979 to support and encourage Latino/a students who are good in the sciences and math and interested in a health career.

Since 1979 more than 420 high school students have participated in the Summer Institute. Their profile is 97 percent low income and 85 percent Latino/a students.

Students learn about emergency services from Paul Herman, CEO of SLV Regional Medical Center in Alamosa, Colorado and former President of the SLV-AHEC Board.

The scarcity of Latino/a and disadvantaged health professionals has long been realized. Of 31 health professionals in the Valley, only 27.6 percent are Latino/a.

Research shows that many students with a potential in health careers are lost in every stage of the "long pipeline" from the pre-college level, through college, through the health professions schools. Thus, we recommend the Summer Health Careers Institute as one solution to this "leaky pipeline." This program will transform the "pipeline" into a high capacity, cost effective way to enable many more disadvantaged and Latino/a students to obtain the education and exposure they need to enter into health professions.

The Institute consists of two weeks in an academic setting, exposing high school students to the hard-core sciences while living in campus dorms.

In the first week at Adams State College in the San Luis Valley, students work with and learn from professors of sciences and math, with a lot of hands-on learning, labs, tours, shadowing and discussions. In the evenings, the students learn CPR and become certified.

Bob Linden, MD, prepares Summer Institute students to suture pigs' feet

During the second week the students live on campus at the University of Colorado in Boulder and are transported each day to the University of Colorado Health Sciences Center in Denver to explore health careers at the Schools of Dentistry, Nursing, Pharmacy, Medicine and Allied Health Professions as well as observing at the University Hospital and shadowing professionals while on-site.

Following the two weeks of "academia," the students are placed into job settings such as hospitals, clinics, migrant health programs, dental offices, physicians' offices, public health , mental health, nursing homes, a hospice, and battered women's shelter in the San Luis Valley. While they learn about health careers by doing, they earn a minimum wage, an important factor since these students need summer jobs.

Enrique Salmon, PhD, a Taramajara Native American, and Carmen Mares Kelly teach students to make a meal from native plants, part of their study of traditional healing and Western health care.

While SLV AHEC receives most of its funding from the Colorado AHEC Program, funds for the Summer Institute are sought from foundations, corporations, associations such as the Colorado Medical Society, and individuals both local and statewide.

In 1994, AHEC staff wrote a brief manual on the Summer Institute. This manual was shared with the other Colorado AHECs, which began a one-week Summer Health Careers Institute. During the past eight years there have been some 320 additional students who participated in the Summer Institute on a statewide basis.

An Internet course, "How to Start a Summer Health Careers Institute for High School Students," is complete with a 75-page support manual with timelines, forms, recruitment tools and news releases to implement the program. A section on fund raising and a sample proposal are included.

The long-term goal of the Summer Institute is to have students return eventually to practice in their underserved communities. From 24 years experience, the SLV-AHEC knows this program works. Students have returned to their communities as doctors, nurses, physical therapists, pharmacists, etc.

Of students located and tracked, 62 percent had gone on to college, 88 percent of whom are Latinos, and 35 percent of those went into health careers. This study, too, was funded by the Colorado AHEC Program.

We continue to strive to address the health care needs of all and we are optimistic that this approach will lead to the development of new, cost-effective ways to produce more highly qualified, culturally competent health care providers.

The Florida Keys AHEC

The Southernmost Nursing Shortage... Expansion is the Key

By Michael Cunningham
Executive Director, Florida Keys AHEC

We have heard the warnings that the number of practicing clinical nurses is falling 18 percent below needed vacancy rates, that by the year 2020 the nation will be short 400,000 nurses, and many more nurses are looking to retire in the near future.

Where will the needed nurses come from? The number of graduates is steadily declining, older nurses are not recommending the profession to young pre-professionals, pay rates are stagnant and opportunities are plentiful in other high paying professions.

All the news isn't bad — with baby boomers now beginning to retire, reports indicate that there will be a demand for nurses. The nursing recruitment outlook is about to make a turnaround — for the better.

In small communities the trends of workforce shortages and demands can be felt on a day-to-day basis and the nursing shortage is one of them. With the draw of Big City life and the pursuit of high salaries, rural areas often feel the impact of vacancies and turnover before larger communities. The Florida Keys is a prime example of this trend.

The Florida Keys AHEC, the Florida Keys Community College School of Nursing (FKCC), its three local hospitals, convalescent centers and mental health facilities came to the conclusion long ago that to compete with larger markets we needed to recruit and retain nursing students from our own community.

While the School of Nursing, primarily Key West-based and limited to the students it could recruit, was facing funding cutbacks and the elimination of matching funds from the Health Care Education Quality Enhancement Challenge Grant Program, the Florida Keys AHEC began its partnership with FKCC to support and expand the nursing program throughout the Keys.

The geographic expansion of the nursing program led to an immediate increase in enrollments for the program. Applications and enrollments have doubled and the local approach to meet its own nursing shortages has proven to be extremely cost effective.

The program's expansion was led primarily by the creation and development of supporting community partnerships for clinical rotations, adding part-time instructional staff and, best of all, an interactive videoconferencing distance learning system that linked three classrooms.

AHEC has now sponsored the expansion of the nursing program for three years and has seen the number of enrollees increase by 100 percent during this period. As students graduate, they are recruited directly from the program to the hospital where they had their clinical rotations. The home-grown approach to recruiting, educating, training and employing nurses has had a positive impact on our critical nursing shortage.

Coleen Dooley, ARNP, Director of Nursing at Florida Keys Community College School of Nursing, right, encourages potential nursing school recruits.

This expansion has allowed community-oriented students to participate in a convenient program and enter an enticing job market that otherwise would be closed to them. Meeting our own local job market needs through the expansion of this program means that nursing students will not have to leave the area to seek training and rewarding employment opportunities.

Program Directors Report Continuing Support for AHEC/HETC Efforts

By Thomas J. Bacon, DrPH
Co-Chair, NAO Program Directors Constituency Group

The Program Directors Constituency Group met in Washington, DC, on May 8 and 9, a meeting attended by more than 75 representatives from the AHEC and HETC programs across the country.

Included in the meeting was a session on efforts underway by the NAO Committee on Research and Evaluation (CORE) to develop stronger performance measures for the program, including the use of logic models.

The Program Directors also received an update from AHEC Branch Chief Lou Coccodrilli and other staff from the Bureau on various initiatives underway in HRSA and the Bureau, including a new bioterrorism training initiative.

The second day of the meeting was spent visiting Congressional offices in order to update Senators, Representatives and their staffs on AHEC/HETC activities, and to thank them for their continuing support for our work.

We have increased substantially our work with Congress over the past two years, and strengthened substantially our ties to other health workforce programs which are also funded by Titles VII and VIII of the Public Health Service Act.

We continue to be extremely well served by our representatives in Washington, Dale Dirks and Whitney Tull, both of whom joined us for the meeting and provided an overview of the current status of the appropriations process for FY04.

St. Louis University AHEC Prepares Students to Work in Diverse Settings

By Margaret S. Ulione, PhD
Saint Louis University-AHEC Program Office Acting Deputy Director/Evaluation Director

The St. Louis University AHEC Program Office mission encourages health profession students to work in underserved areas. However, lack of knowledge necessary to care for the underserved deters students from choosing to work in these areas.

Despite content related to communication skills and cultural competency in the curriculum of health professions schools, students graduate with insufficient skills to deal with the complex problems in caring for the underserved.

The SLU AHEC Program Office curriculum subcommittee, comprised of faculty and staff from the cooperating Schools of Medicine, Nursing, Allied Health, Public Health and Social Service, has devised a strategy to address this need — the Interprofessional Minority Health Education elective.

This elective, designed by interdisciplinary faculty, focuses on minority health issues including: health disparities, cultural competence and interprofessional teamwork.

Objectives for the course include:

- demonstrating communication and cultural competency skills;
- differentiating factors that alter the ways in which patients view health;
- comparing theories of cultural competency;
- distinguishing roles of the various health care professions and promoting respect for contributions; and
- examining the impact of the external environment on health care team decision-making.

The elective curriculum was designed after an extensive literature review of the issues addressing minority health.

Specific discussion topics integrated:

- examination of the problem of prejudice and racism;
- examination of and potential solutions to refugee health;
- solutions for moving individuals toward cultural competence,
- ways to demonstrate culturally sensitive interprofessional roles and teamwork; and
- implementation of health care policy.

Faculty members from the cooperating schools team teach the various aspects of the course. Representatives from community agencies are invited to present on documentation of the problem of health disparities and how their agencies address the health needs of the communities they serve and where health disparities exist.

Assignments in the course require personal introspection and interaction among students, activities necessary to achieve the attitudes consistent with successfully working in teams and with diverse cultures. Students watch and respond to the film, "The Shadow of Hate." They complete exercises on prejudice and racism. In addition, students must choose a cultural competence theory, stage themselves and then propose strategies to move themselves to the next stage.

Students from various health professions participate in the elective together and demonstrate a high level of enthusiasm and participation in the class. Their comments include consistent themes such as: "the content is very informative and extremely important," "the presentations and activities are stimulating," and "the awareness of need for development of cultural competence is raised."

For information about the course, contact Irma Reubling, MA, PT, Chair of the Education Subcommittee or Carrie Lee Venable, MS, Education Coordinator of the SLU-AHEC Program Office.

Eastern Virginia AHEC Wins Achievement Award

Virginia Governor Mark R. Warner, center, congratulated Eastern Virginia AHEC Administrative Director Robert J. Alpino, MIA, and Ginny T. Werner, Telecommunications Manager from WHRO-TV, at the Virginia Health Care Foundation award ceremony.

The Eastern Virginia Area Health Education Center (EVAHEC), a program of Eastern Virginia Medical School in Norfolk, Virginia, was awarded the 2003 Alumna Achievement Award by the Virginia Health Care Foundation (VHCF) at a ceremony in Richmond, Virginia, on May 6.

The award was presented to EVAHEC and its project partner, WHRO-TV, for the Eastern Virginia Telemedicine Network project and honors former VHCF-funded projects that "have demonstrated remarkable success in sustaining and growing their capacity after the conclusion of VHCF funding."

The award was accompanied by a $7,500 check made possible by Wachovia Bank. The Eastern Virginia Telemedicine Network is a health professions' distance learning network that serves medically underserved areas and safety net providers in eastern Virginia.

NJ Interdisciplinary Training Institute: Bridging the Gap Between Education and Practice

By Linda Dayer-Berenson, MSN, RNCS, APN, C, Interdisciplinary Training Institute Administrator

A partnership between the New Jersey AHEC and University of Medicine and Dentistry of New Jersey (UMDNJ) School of Osteopathic Medicine has resulted in the development of an Interdisciplinary Training Institute to educate/train health profession students and practicing professionals in the concepts of interdisciplinary health care delivery.

An interdisciplinary model for health professions education is based on the paradigm shift from illness to wellness and from curative to preventative. The purpose of this type of training is to improve communication, foster team work and improve collaboration while considering the patient's cultural and human diversity.

The model of interdisciplinary health care delivery is based on collaboration versus competition and fosters interprofessional interactions that enhance the practice of each discipline. It is based on mutual understanding and respect for the contributions of all health care disciplines. Through teaming the public will have access to competent and cost-effective health care that attends to our society's cultural and human diversity.

The course, *Principles and Practice of Interdisciplinary Health Care Delivery,* prepares graduate level health professions students and practitioners to work in concert with each other and the community to address the complex needs of diverse and changing populations. Course participants explore both traditional methods and new strategies for the delivery of health care based on an interdisciplinary model of practice.

All participants develop basic skills in team collaboration, negotiation, conflict resolution and cultural competence. Additionally, ethical and legal issues are addressed in the context of team-based practice.

The course is offered three times a year on the Stratford campus of the UMDNJ in southern New Jersey. Evening courses are offered in the spring and fall semesters; the summer course is a one-week, all day intensive. In addition to the theory component, two field site observational experiences are required. The course can be taken for three graduate level credits or for continuing education credits and is approved for physicians, nurses, pharmacists, social workers and other allied health professionals (physical therapy, occupational therapy, etc.).

Interdisciplinary care is a requirement of many state and national accreditation organizations. Federal dollars have been allocated for interdisciplinary education. The Interdisciplinary Training Institute is a HRSA-funded initiative and is a partnership between NJ AHEC and the University of Medicine and Dentistry of New Jersey. Interdisciplinary care has been proven successful in meeting patients' needs in a variety of settings.

Interdisciplinary health care delivery requires effective communication, collaboration and teamwork. Interdisciplinary health care delivery provides the public with competent health care that is sensitive to the cultural and human diversity of each and every individual. The provision of this type of care is presently a requirement for many.

The partnership of New Jersey AHEC and UMDNJ – School of Osteopathic Medicine provides a creative solution to ensure that practicing health care professionals are ready to practice in the new health care system of today and the future.

Ten Good Reasons Behind Interdisciplinary Education

1. Paradigm shift from illness to wellness and curative to preventative.
2. Proven success in meeting consumer needs in a variety of settings.
3. Applicable to primary care and specialty practices.
4. Interdisciplinary care is a requirement of state and national accreditation organizations.
5. Federal dollars are being allocated for interdisciplinary education.
6. Expansion of professional roles has caused a "blurring of professional boundaries."
7. Innovative training is an effort to improve communication, team work and collaboration.
8. Improves critical thinking skills.
9. Attends to cultural and human diversity.
10. Sharpens the professionals' understanding of systems, organizational and change theories.

Northern New York State AHEC

Health Professions Pipeline: A Regionalized Approach

By Richard Merchant, MA
Executive Director, Northern New York State AHEC

Scarcity in state subsidies, as well as qualified applicants, can produce significant financial crisis for institutional health training programs. In cases where the overhead to operate a program is relatively high, it is imperative that enrollment of students in the program also remain at or near capacity. However, as student interest wanes and graduate cohorts fill local vacancies, enrollment drops and the training program's viability is quickly scrutinized.

Northern New York State AHEC, in collaboration with Clinton Community College, has engaged in a regional initiative to address the workforce shortage of Medical Laboratory Technicians (MLTs). The issue was forced in early 2002 when the State University of New York (SUNY) Canton announced the deactivation of its MLT training program due to low enrollment.

The NAHEC Board and its affiliates met to discuss the impact of the closure, and began to engage regional hospitals in an effort to submit a reasonable and viable proposal to keep the SUNY Canton MLT program open.

It became clear that such a solution would be, at best, temporary. During a subsequent NAHEC Board meeting, a board member asked how many MLT training programs the North Country actually needs.

The wisdom of her question initiated a new approach to the MLT training and workforce problem — and has also been the central question upon which the Institutional Health Education and Training Summits have been structured.

The challenge for local colleges and training institutions has been to balance providing local communities with a supply of quality education and training while also responding to regional workforce demand. Again, as students' interests change, and graduate cohorts fill local vacancies, the balance of supply and demand is interrupted — sometimes so severely that it never recovers.

The answer to the board member's question may, in fact, be: "Only one, if it's done with a regional approach."

In the case of North Country MLT training, NAHEC initiated support of reactivating the Clinton Community College MLT program in 2001. Initially, it was a localized effort, with recruitment and placement confined to the area .

When the MLT program at SUNY Canton was deactivated, and efforts to reactivate it the following year appeared unsuccessful, the NAHEC Board turned its attention to the potential of regionalizing the MLT program at Clinton Community College. In the three development phases, the Clinton Community College MLT program has come from being deactivated, with no coordinator, faculty or students, to now hosting all three.

In this phase, NAHEC worked with the program coordinator to restructure curriculum requirements, include a three-year program option, devise distance learning capabilities and curriculum for many of the courses, explore affiliation agreements with other colleges in the northern New York, and initiate clinical training sites and preceptorships at hospitals in the region.

Through this approach, students will be able to embark on their MLT training at their local institutions and participate in distance learning by following the Clinton Community College MLT curriculum requirements; they then have the opportunity to obtain their clinical requirements at a local hospital laboratory.

Once this regionalized program is fully in place, a student interested in becoming an MLT in the North Country may only need to gain access to her or his local institution. As such, the MLT program at Clinton Community College will be a regional program, training and placing students throughout the North Country through the fulfillment of local general education requirements, both distance and on-site learning of the core curriculum, and hybrid clinical training opportunities at local hospital laboratories.

Clinton Community College ensures a viable program through on-site student enrollment, and distance learning enrollment of the core curriculum.

Further, affiliated colleges can offer the MLT pathway for local students and benefit from their enrollment in general education courses. Local hospitals benefit by having an opportunity to engage with students who may end up as their employees in the laboratory.

And so, with expert leadership, cooperation from regional institutions and hospitals, and support from NAHEC, the North Country has risen to the occasion and developed a sophisticated pipeline to meet its need in a critical area of health care

Clearly, this model has potential for further applications. It will once again require significant thought, discussion and the willingness to cooperate. It is hoped, however, it will not require another deactivated program for us to move forward.

Your Opinion Counts!

Check your e-mail for a brief questionnaire coming soon from the NAO Liaison Committee .

John Blossom, Program Director for California AHEC system, is the new co-chair of the Liaison Committee with Carol Wolff, Center Director from Camden, New Jersey.

We want your input to identify important national organizations as collaborative partners for NAO.

Carol Wolff and John Blossom

Oklahoma AHEC Success – Patience and Perseverance Required

By Kindell Peters, MA
Program Development and Evaluation, Oklahoma AHEC Program

Oklahoma AHEC was established in 1984 and since that time, thousands upon thousands of hours have been spent working with students to direct them along a health career path. We begin by introducing health careers during the primary and secondary years, offering exploration activities (shadowing, mentoring, internships, camps, etc.) to give them hands-on experiences and knowledge of specific health careers. We also provide interviewing, application, leadership and life skills to increase their chances of getting into a health profession training program. Once students are in a training program, we enrich their education by offering early clinical experiences, placing and supporting them in rural and underserved communities and strengthening their understanding of primary care, culturally competent care and interdisciplinary patient care. All this in the hopes that a few of them will choose to serve rural or underserved communities and/or populations.

OKAHEC's motto of "Get 'Em, Train 'Em, Keep 'Em" played out for Physician Assistant Dean Anderson, above, whose first AHEC encounter was a 1991 MASH Camp, and who now works at the Ruben White Indian Clinic in Poteau and is an AHEC preceptor and community lecturer. Also following the motto is OD Jeri Frazier, right, who participated in an AHEC Exploration in 1985 and in 1990 practiced Family Eye Care in Hobart, OK, and in 2000 joined the SWAHEC Advisory Board.

This takes time — lots of time. Time that most Fortune 500 companies would not commit to such an endeavor, with no tangible or economic results any sooner than three years. In the best case scenario, we provide exploration activities for students as seniors, they go into a tech program, finish in two years and immediately choose to practice in a rural or underserved community. And we have managed to keep track of them along the way.

What is more realistic? We first encounter a student as a freshman in high school and work with him or her for four years. Then the student is accepted into a health profession training program (provided he or she is still interested in health careers). He/she graduates in two, four, maybe five years. Depending on the program, there could be an additional four to eight years of training. Then there is the decision of where to practice/work — rural/underserved or metropolitan area. In Oklahoma, 31 percent of primary care physicians and 22 percent of all physicians practice in a non-metropolitan area.

So how do we keep track of the students along this lengthy path? How do we ultimately know they are in that rural/underserved community or working with disadvantaged populations? For that matter, how do we even know they went into and completed a health professional training program? All along this path we can, and do, lose track of them.

Within the past two years, Oklahoma AHEC has made a concerted effort to track students, beginning with what happens when they graduate from high school. Each year we take graduates with 20 or more hours of exploration activities and ask them if they are in a health professional training program, which program and where.

This takes considerable time for coordinators and support staff — making phone calls, leaving messages and sending letters. There is a short window of opportunity to know the intentions of these students because, in order for us to count them as having transitioned into a health professional training program, they have to show acceptance into a program. Often the student has left for school by the time we try to contact him or her and, if their parents have moved, it is almost impossible to identify the students' education plans. However, we have found that our close connection to the communities and the health professional programs help us identify some students who may have otherwise been lost. To date, 158 have completed this form and 85 percent of those (33 percent ethnic minority) have entered a health professional training program. An additional 13 are in college and as yet undecided.

The harder question to answer is where they are working. At this point we are relying on our close connections with communities. Last year we were able to identify 10 health professionals that participated in AHEC activities and are now serving the vulnerable, underserved populations of Oklahoma, completing the OKAHEC path. In most cases, they have turned that path into a circle, supporting AHEC as preceptors, lecturers, board members and mentors. Six of these individuals first started with AHEC in awareness and exploration activities, some as far back as the mid-1980s. In many of these cases, it took 10 years before we knew where they ended on that OKAHEC path.

Like a pecan tree that does not bear fruit for seven to ten years, it is worth the wait. Think of all the things we would miss if we did not have the patience to wait.

Making a Difference in East Texas

By Meredith Stanford and Susan McKee
(waiting for titles at Piney Woods AHEC

For ten years Piney Woods AHEC has been diligent in its efforts to encourage students to enter the health care pipeline. Now they have come full circle and are beginning to see the benefits of their work.

Alicia Smith* grew up in rural Centerville, Texas, population 342. Living in a town with no stop light, Alicia had few resources available. AHEC staff had visited her school to introduce health careers. That presentation opened the door to an ongoing relationship, and Piney Woods AHEC became Alicia's connection to multiple resources. As a sophomore at Centerville School, Alicia attended the week-long Piney Woods AHEC summer camp. After being exposed to a variety of health careers, guest speakers, hands-on activities and shadowing, Alicia walked away with a greater knowledge of her career choice. However, she did not walk very far. She returned the following summer, as a junior, to gain a better understanding of what was to come and to appreciate the number of medical personnel it takes to make a health care team. Becoming a physician assistant (PA) was the goal she set for herself and she was determined to reach it.

Alicia graduated from high school as valedictorian in a class of 12, then attended a local community college. After declaring a pre-professional major, Alicia began her prerequisite course work and prepared to enroll at a private university. During her undergraduate years, Piney Woods AHEC staff maintained contact with her through one-on-one visits, follow-ups with high school teachers and with occasional telephone calls. Alicia received her Bachelor of Science in biology and psychology in three years and was ready to apply to PA school. Once again she asked the AHEC staff to assist her with a personal statement review and interviewing skills.

The days passed and the acceptance never arrived. Again Alicia turned to Piney Woods AHEC staff for assistance and advice. With great confidence and a better understanding of professional school and the value of letters of recommendation, Alicia applied again. With her second application she made personal statement additions and included a recommendation from AHEC staff who had worked with her over the years. This time Alicia received the letter she had been waiting for. In fall 2003 Alicia will begin physician assistant studies course work at one of Texas's health science centers. She also plans to do some rural rotations in and around her home town.

This is just one of the many student successes that are making a difference in East Texas health care. Alicia Smith is one of the 54 known students that have had the "AHEC Touch" and are now enrolled in health profession programs or are currently practicing professionals. Piney Woods AHEC staff will continue to provide one-on-one assistance, shadowing experiences, mentoring, health professional and professional school speakers, hands on activities, summer camps, career investigation, college fairs and field trips. Piney Woods AHEC has continued to track its students and is committed to working with them through high school and college. Ultimately, the hope is that the process of "growing their own" will benefit the communities they serve and the students within those communities.

For more information on Piney Woods AHEC's Health Careers Promotion program or the Health Careers Admission Planning Service, contact Susan McKee (936) 468-6910 or Meredith Stanford (936) 468-6939.

*For privacy, name has been changed

New Hampshire AHEC Produces Health Careers Video

The New Hampshire AHEC Program recently produced a 15-minute video about careers in health care featuring practitioners from around the state. Fast paced and fun, *24 Hours in Healthcare* was developed to excite 10- to 12-year-old students about the possibility of a future in health care, say the video's creators.

Six health professionals are featured in the video: a female surgeon, a male laboratory technician, a female physical therapist, a male emergency medical technician, a female nurse and female medical translator.

Northern New Hampshire (NNH) AHEC hired two young videographers from the Midwest with roots in New Hampshire to produce the movie. James Notari and David Kern, recent film school graduates, have produced their own feature-length movie. Being young and "hip," they were able to imagine what would appeal to middle school students and make good viewing.

They had no previous knowledge of health careers, so were able to bring a fresh and creative approach to the different areas of work. Mr. Notari, who did the filming, almost fainted when he zoomed in on his first knee surgery. Both filmmakers were amazed at the amount of team work involved in health care; this theme is central to the video. They used special effects and interesting camera angles to make the health professionals look like reality TV stars.

Judy Day, NNH AHEC Health Careers Educator, has had great success using the video in classrooms to start a conversation about the variety of avenues youths can follow in the field of health. NNH AHEC is developing a study guide to accompany the video so that it be can be used in schools, at careers fairs or community events.

The video is available to purchase for $40. Please contact: Judy Day, Health Careers Educator, Ph: (603)444-4461 or (603) 444-0615 Ext 402; E-mail: jday@nchin.org

Technology for the American Outback

Hudson-Mohawk AHEC Connects School, EMS Squad, Others

By Tim Christensen
Executive Director, Hudson-Mohawk AHEC

In a region of New York State where black bears may outnumber humans and the rural landscape renders cell phones useless, 21st Century communications may seem light years away. Enter the Hudson Mohawk Area Health Education Center (HM AHEC). By brokering a creative partnership, HM AHEC has coalesced parties who individually could not afford high speed Internet access, but through a coalition, are now enjoying this high-tech benefit.

The hamlet of Indian Lake (population just under 1,500) sits at the virtual epicenter of the six million acre Adirondack Park in Upstate New York. Its rural setting presents significant travel difficulties for continuing education for health care professionals, EMS staff and others. Distance learning via the web? Good idea, but the lack of a significant population meant even high-speed Internet access was at best, years away.

In response, the HM AHEC convened a meeting with local school district, rescue squad, community health center, county public health, home health, mental health agencies, and several representatives from town and county governments. The agenda – can these groups form a coalition to bring high-speed Internet connectivity to Indian Lake in a cost-effective manner?

HM AHEC brokered an agreement that brings a high-speed (T1) Internet line into the EMS squad, and in turn, the EMS squad "down streams" the signal to the school, the community health center, the local town library and town hall. The connected agencies each share the cost of the T-1 line. AHEC provided the seed money and worked with the school district to leverage available state-aid money to cover ongoing costs. The arrangement reduces the school's current 56K dial-up fees by more than 90%, while increasing the connection speed by a factor of 24. Now fully operational, the line provides the Indian Lake EMS squad with two-way audio/video connectivity with Albany Medical College's EMS continuing education program. Furthermore, the EMS squad and community health center have full access to myriad on-line telecommunications training services. Other health care professionals can access the system as well. For example, home health aides plan to use the system for their required CMEs.

High tech can be dirty. Installation of a high-speed Internet connection begins with installing underground cabling (above). The HM AHEC in partnership with several town agencies has brought high-speed Internet connectivity to the Indian Lake EMS squad, community health center and the local school. Inside the EMS squad, right, technicians complete the links on a two-way audio/video unit.

National AHEC Bulletin
Editorial Board
NAO Board Report
May 5, 2003

The Editorial Board has continued its work in the following areas since last reported to the NAO Board:

- Completed of print-ready copy of the Spring 2003 issue, focusing on Evaluation and reporting of AHEC/HETC outcomes under the leadership of Board member Dr. Tom Bacon, with assistance from Ms. Heather Anderson and editorial technical support of Ms. Barbara Clarihew.

- Revised shipping plans for this and future issues of the *Bulletin* to improve distribution and reduce shipping damage.

- Completed review of NAO Bylaws, with recommendations for clarification of Bylaws language related to the Editorial Board and *Bulletin*.

- Completed concept plan for Fall 2003 *Bulletin* issue, distributed announcement of the issue and call for articles focusing on the theme of AHEC/HETC's role in support of the healthcare safety net initiatives, under leadership of Board member Ms. Sally Henry. Confirmed lead article authorship by Dr. Charles Cranford, with support from others familiar with the original development of the federal AHEC program.

- Implemented revised editorial guidelines and technical design guidelines for the *Bulletin*.

- Updated web information on www.nationalahec.org.

Steven R. Shelton, Chair

Rural Interdisciplinary Training Program Valuable Recruitment Tool in Oklahoma

By Michelle L. Griffith, MS, Program Coordinator

Research shows that interdisciplinary clinical training increases cooperation and resource sharing, improves listening and communication skills and problem solving, and results in a more positive perception of professional competence and autonomy. Thanks to a three-year Quentin N. Burdick Rural Health Interdisciplinary Grant from the Department of Health and Human Services, Health Resources and Services Administration, health professional students in Oklahoma now have a new elective clinical rotation opportunity. The mission is to implement integrated training opportunities for health professionals and provide quality health care resources to rural residents.

The first of its kind in Oklahoma, the Rural Interdisciplinary Training Program focuses on primary care, community medicine, rural/underserved populations, and culturally competent care. This one-month rotation is offered to health professional students from the departments of dietetics, medicine, nursing, optometry, pharmacy, physician assistant, physical therapy, public health and social work. This allows students a chance to interact with other health care professionals in a clinical setting. Students work with one another to develop a team approach to patient care.

The idea started in 2001 with Charles Cook, MD, Southeast AHEC Center Director, approaching the Choctaw Nation Health Care Center administration as the initial site for such a program. Gary Batton, Executive Director of Choctaw Nation Health Services Authority (CNHSA), expressed his enthusiasm about this program. "It will be a valuable recruitment tool for the Choctaw Nation. We are committed to continually search for new avenues that result in partnerships with other health programs throughout the state of Oklahoma. Our ultimate goal is to provide the best care possible for our patients."

With a clinical site secured, health professional training programs were then contacted. Due to the overwhelming interest in an interdisciplinary training opportunity, work was set into motion to apply for a grant and expand to include a second clinical site in Northwest Oklahoma, the Family Practice Residency Clinic. The training network *(see box below)* then developed rotation curriculum, requirements, and structure.

Rotations focus on one of three topics: diabetes in the Native American population, geriatrics or cardio-vascular health. Each rotation includes three to six students and four interdisciplinary didactic sessions, two of which are standard, interdisciplinary team care and rural health and medicine. Students participate in an interdisciplinary team community project, interdisciplinary case studies and are specifically responsible for developing a patient care plan as a team. Although students have a discipline-specific clinical schedule, they have the opportunity to interact and follow the preceptors from other disciplines, learning their role in patient care.

A partners meeting was held in November 2002 at the Choctaw Nation Health Care Center in Talihina, where 34 health professionals, faculty and staff showed their support for the program. Oklahoma State Senator Kenneth Corn was also on hand to lend his support and report on the efforts of the State of Oklahoma to recruit health care professionals in rural areas. Preceptors from the Health Care Center signed affiliation agreements and spoke with school representatives about the program curriculum.

The first rotation was completed in March 2003 and the second rotation is underway. Seven students have participated so far and the response has been very positive. One student commented, "As a result of my participation, I had more interest in pursuing a job in a rural health care setting and using an interdisciplinary approach in my practice." Other rotations are scheduled in July and October 2003 and rotations begin in Enid in 2004. The program will support a total of 13 rotations over a three-year period. The hope is that health professional programs will realize the value of interdisciplinary training for their students and incorporate additional opportunities for students to develop communication skills with other health professionals. This program also takes very seriously the importance of exposing students to health careers in rural settings and works with the community to recruit these students to their area.

For information, visit the OKAHEC web site:
http://ahec.okstate.edu/research/ahec/burdick.html
or contact Michelle L. Griffith, M.S., program coordinator, at (918) 584-4368 or mlgriffith@chs.okstate.edu.

The Rural Interdisciplinary Training Network

- Southeast AHEC, Poteau
- Northwest AHEC, Enid
- Choctaw Nation Health Care Center, Talihina
- Family Practice Residency Clinic, Enid and Garber
- OKAHEC Program Office
- Oklahoma Rural Health Policy and Research Center.
- Oklahoma State University Center for Health Sciences College of Osteopathic Medicine
- Oklahoma State University, Stillwater
- University of Oklahoma Health Sciences Center, Oklahoma City and Tulsa
- University of Oklahoma, Norman
- Northeastern State University, Tahlequah
- Southwestern Oklahoma State University, Weatherford
- Midwestern University, Chicago, IL

SOWEGA Georgia's TEACH Academy Program Available to AHECs and HETCs

Dear Center and Program Directors:

Is your state experiencing serious shortages in its health care workforce? Georgia certainly is, and these shortages are even more severe in rural areas.

For many years our center has offered classroom presentations, health career camps, and after-school health career clubs in order to interest young people in pursuing health professions. During our time in classrooms with students, we noticed teachers and guidance counselors did not have a clear understanding of many health careers. So, over the past 12 months, our staff developed a program to address this need — to educate educators about the careers in health care. We named the program *TEACH Academy* – "*Teachers Exploring and Advocating Careers in Health;*" our goal is to enable educators to become advocates, recruiters, if you will, for health professions.

In July 2002, SOWEGA-AHEC hosted the first TEACH Academy. We recruited 65 educators from 22 mostly-rural counties in southwest Georgia. Participants were math and science teachers, health occupations teachers and guidance counselors. During the three-day program, educators learned about trends in health care, manpower shortages in health professions and how to use new software to enhance teaching about health careers. They shadowed five to seven health professionals in hospital and private practice settings, and met each day in teams to share experiences and ideas. TEACH participants reported:

"This was the most organized, informative, and useful summer workshop I have attended in 29 years in education."

"My experience at TEACH has been a wonderful learning situation. I am starting to place students in jobs in my mind."

"The shortage of health care workers was very real. This information will be very valuable to my students."

"TEACH was an eye-opening, 'hands-on' experience."

TEACH Academy was so successful it will be offered during the summer of 2003 by the six Georgia AHECs. This three-day program transformed the participants; they left excited and equipped to make a difference in the lives of their students and their communities.

SOWEGA-AHEC has created a *TEACH Academy Instruction Manual* which details every aspect of planning and implementing the program. This guide contains step-by-step instructions, sample letters, brochures, grids, a budget, resources, forms and ideas for planning TEACH Academy. If your service area and state are experiencing a health care manpower crisis like Georgia's, TEACH Academy may be an important step toward solving the problem. If you have questions, contact Peggy Cole, TEACH Academy Coordinator, at pcole@sowega-ahec.org.

Pam Reynolds, MN, MEd
Center Director, SOWEGA-AHEC, Albany, Georgia

Did you know . . .

. . . that serving on the NAO Membership Committee is

1) less painful than a tetanus shot,

2) a great way to get acquainted with AHEC colleagues, and

3) a direct connection to decision-making for NAO dues structure, Interest Groups, and more.

Contact Membership Committee Co-chairs Teresa Hines at 210.567.7800 hinest@uthscsa.edu or

Jeanne Solis-Daigle, 337.989.0001 director@swlahec.com to join the committee.

Successful Launch for NAO Website

The new NAO Web site has been launched, thanks to the efforts of a team headed by Rosemary Orgren, Program Director of the New Hampshire AHEC.

"Thank you very much to all who sent photos for the NAO Web site! The response was fabulous, and we got many fine images that reflect who we are and what we do. They have been incorporated into the design and the content is continually being uploaded," Rosemary said.

www.nationalahec.org

SOUND OFF!

Stress Response Desensitization

If I remember some of my physiological psychology from a long time ago, there is a process called stress response desensitization. It means that a body can mobilize its resources for "fight or flight" only so many times before it has to rest. This may be delayed for a while if the stress is increased each time — which forces the body to kick in. But after so many stressful events, the body has to rest.

What does this have to do with AHEC? I am afraid it might have a lot to do with AHEC. Each year now we go to our statewide and regional advisory boards and AHEC "friends" — twice a year actually — and try to mobilize them to go to bat for AHEC with state and federal legislators. How many times can we "go to the well" before the well runs dry? What are our boards going to think after a while: "Why should we keep backing this horse that others want to put to pasture?" What is our staff to think: "Why should I invest my future in this organization?"

We in Oklahoma have been fortunate so far. The federal allocations have actually grown a little for us, and we have so far been able to weather the state budget crises (an annual thing recently). All bets are off for next year, however. If we survive it will because of local support by our boards and friends who have been great — and who I am whipping up again. We shut the Governor's switchboard down last year when he tried to cut AHEC from the budget! But I am concerned: when will the AHEC "body" simply shut down?

(Postscript: we are working very hard to modify our programs to have concrete outcomes and trying to follow, follow, follow our students so we can prove it. I don't think anything else will solve this problem. I hope we have time to make the case.)

Richard Perry
Director
Oklahoma AHEC

Loss of Family Values Seen as Root Cause of Many Illnesses

As a family physician of nearly 25 years I have seen a lot of illnesses and met many persons and their families. It seems that recently Health Care Disparities is on the lips of every practitioner and government agency. But the real core of the problem is being nicely ignored. America is changing and America's health is changing as its family values, and moral spirit has been compromised.

I recently ran across a statistic that as few as six percent of African American children see their mothers and fathers together by the age of 17. That figure only climbs to 30 percent for American Caucasians. This is horrible.

'As we ponder why many cultures have higher rates of drug abuse, sexually transmitted diseases, HIV, diabetes, hypertension and heart disease, we seem oblivious to the fact that everything we learn, from our potty training to how we eat at the dinner table and settle conflict, is learned in our homes.'

As we ponder why many cultures have higher rates of drug abuse, sexually transmitted diseases, HIV, diabetes, hypertension and heart disease, we seem oblivious to the fact that everything we learn, from our potty training to how we eat at the dinner table and settle conflict, is learned in our homes.

Fatherhood and the lack thereof has become a joke as the majority of our television programming portrays fathers as comedic, ghastly and intolerant characters who can't be counted on for anything serious. My Dad was not like Bernie Mac or Raymond. The American culture seems to have lost its sense for standing up for anything as clearly right or wrong as we all cautiously avoid "judging anyone." In the process, our families and the institution of marriage have disintegrated into sham relationships, which exist for tax benefits and to avoid embarrassment. Yes, I do see this related to diabetes, hypertension, coronary artery disease, teen pregnancy, smoking and depression. Statistics confirm that 50 percent of the real causes of death are related to habits and lifestyle.

Where are habits and lifestyles acquired? Primarily through family and familial interaction. The American kitchen is the most important room of any house, as children meet over meals daily and are allowed portions of their mother's and father's thought processes as they process each day of life played out before there loved ones. When this process is lost or distorted through divorce, living together and plain old outright marital hostility, you can bet this effects the future thought processes and behaviors of our children.

From my childhood I remember the tremendous emphasis on "Don't Be a Litterbug" or "Only You Can Prevent Forest Fires." These were effective campaigns that changed the way many Americans thought. If we want to fix the horrible medical statistics we see now and stop underserved populations from self-destructing such a massive campaign is needed now. Family values do matter, in fact they are everything.

Michael T. Railey, MD, Director of Predoctoral Education
Community and Family Medicine
Saint Louis University School of Medicine
Health Education Center

Speak Out / Opinion
We welcome Letters to the Editor, Opinion Pieces, etc. Send to:
clarihew@u.arizona.edu
Letters are the opinion of the authors and do not represent or reflect the views of NAO. All letters are subject to editing.

National AHEC Bulletin Call for Articles

'Addressing the Needs of the Underserved: Refocusing on AHEC Roots'

The National AHEC Bulletin invites you to submit 500-1000 word articles on strategies that describe how your AHEC/HETC is 'refocusing on our roots' to address the deepening crises in health care and health careers education brought on by budget downturns:

- Approaches devoted to building on assets of new or continuing underserved populations
- Innovative partnerships or collaborations for service learning
- Maintaining quality with reduced resources
- Primary care training and retention models
- Creative professional training and information dissemination methods
- Relieving stress on existing services, (e.g., emergency rooms, clinics)
- Comprehensive initiatives involving C/MHCs and FQHCs and NHSC
- Integrating knowledge and skills of academic centers and communities
- Supporting the missions of safety net systems

Deadline for First Draft of Articles: June 30, 2003

Please submit drafts and photos to: Barbara Clarihew, Editor clarihew@u.arizona.edu
For Editorial Guidelines: see NAO website www.nationalahec.org

AHEC Sustainability Group Seeks Members

The Center Directors Constituency Group is forming a subcommittee to look at the issues of AHEC sustainability. So far 13 Center Directors have expressed interest in participating.

Any others who have an interest can contact Rose M. Yuhos, Southern Nevada AHEC, at rmyuhos@med.unr.edu.

NAO Board of Directors and Committee Chairs

Note: NAO officers are listed on the reverse of this page

Please clip and save this page -- and circulate photocopies to others in your organization

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news

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The NAO 2003 Leadership Conference

What you will explore...

Characteristics of leadership problems
Dynamics and social functions of authority
Strategic principles of leadership
The roots of your leadership style
Concepts of systems thinking in leadership
How to develop new leadership
Creativity in leadership
Re-charged batteries

What you will get...

Ideas…generated by the group for the group
New language…new understanding
Experience…unique opportunities for shared learning
Energy…to get on your feet
Commitments…to individual and collective action

What you will take away...

A clearer sense of who you are as a leader
Enhanced skills in effective leadership
New leadership tools and methods

August 19-22
NAO Board meetings, Orientation

August 20 - 23, 2003 Portland Marriott Hotel Portland, Oregon

For information on the conference, Portland and Oregon, visit

www.ohsu.edu/ahec/NAO/index.html