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Organization**

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professionals to communities,
and communities to better health.

NAO is the national organization that supports and advances the Area Health Education Centers(AHEC) network in improving the health of individuals and communities by transforming health care through education.

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Program Directors &
Center Directors

Connecting Students to Careers, Professionals to Communities and Communities to Better Health

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Connecting Students to Careers, Professionals to Communities, and Communities to Better Health

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President's Letter

Greetings NAO Members and Partners;

After a really quick three months as NAO President I have really felt the impact of our partners at the national level. We all know the importance of partnerships, and everyone, even those who consider themselves to be "loners," have partnerships. I

The quarterly NAO e-news is sent electronically to all Program Directors and Center Directors whose membership in NAO is current. The NAO communications committee designed NAO e-news as an internal document to be forwarded by you to all AHEC employees and others you may choose in your state to increase their awareness of the AHEC community. By forwarding e-news to your employees and stakeholders, the good work of NAO members is shared within your region.

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love the synonyms for the word partner: colleague, ally, confederate, accomplice, and associate. All these words denote individuals who cooperate in some sort of venture, occupation, or challenge. Partnerships are needed for our very survival. Our partners include social ones, spiritual, recreational, intimate, and, of course, business. You can partner on a small scale to accomplish a single, simple task like changing a tire, or it can be an enormous, world-wide, ongoing effort like the International Red Cross.

As I write this, I can see one of my hunting dogs, Dieter, out the back window. Dieter is a nearly 70-pound German Shorthair Pointer. Tall, long, lean and muscular, he is without a doubt a handsome and athletic animal. Where other bird dogs will go through, under, or around five-foot fences, Dieter simply springs over them—usually without breaking stride. Add to this athleticism a very good nose, a strong desire to locate game birds, and the ability to respond to commands in the field, I consider him to be my favorite hunting partner right after my 21-year-old son, Max (although Dieter is a much better retriever than Max!). Partnerships are usually beneficial to both parties; so what does Dieter get out of this? He gets fresh food and water every day, a quick run in the morning alongside me, scratches behind the ears, sanctuary in our bathroom during thunderstorms, and, of course, the chance to bird hunt. However, as with some partnerships, it is not all “peaches and cream.” On moonlit nights he will bark incessantly; he is terrified of thunderstorms, and if he is not brought inside during a thunderstorm, he will likely escape (he is quite the Houdini) and try to run away from the noise, and he is a jealous dog. If he sees you paying attention to one of the other dogs, he will whine, bark, yip, and cry (okay, he does this mostly because, well, he is a German Shorthaired Pointer and he wants you to pay attention to him alone). Is this a partnership? Of course it is. This is just an example of one of the dozens of varied partnerships I function in and around on a daily basis.



NAO President Andy Fosmire with Friend John Mark and Dieter the Hunting Dog

The National Area Health Education Center Organization, with its 52 programs and 232 centers that cover nearly all the states and many territories, enjoys a wide ranging and diverse group of partners. If value of an organization is measured by the loyalty of its partners, AHECs are gold. A countless number of groups and individuals who have had or are engaged in partnerships with AHECs have joined us in advocacy and have visited, called, faxed, e-mailed, and sent letters to legislators in support of AHECs at both the state and federal levels. I am sure some of you shudder when you see a legislative alert come from our Public Policy committee asking you and your partners to

take action. For those of you who feel your one lone voice would not make a difference, you are probably right. But, when you join forces, in *partnership* with others, your lone voice becomes part of the chorus of a common goal. So maybe, when we bark loud and long enough, someone will come and scratch us behind the ears.

I hope to see many of you at the Holiday Inn Key Bridge, Arlington, VA for our NAO Spring Policy Days/Leadership Meeting, April 11-14, 2011 as we move our AHEC partnership forward.

Andy Fosmire, NAO President

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From the Interim Executive Director

In the two months since I've become the Interim Director of the National AHEC Organization, I've been quite busy, as you might imagine. Below are a few of the issues and initiatives that I've been working on. I believe these issues are strengthening our national network of AHECs:

1. I've been working closely with the NAO President and NAO Public Policy Committee to address the AHEC Grant Funding Issue with HRSA: coordinating with the President and Public Policy Committee language, edits, and revisions to the 2011 Grant Guidance.
2. I've been meeting with legislators and members of the HELP Committee to advocate for higher AHEC appropriation and work through AHEC funding with the NAO President and Dale Dirks and Lodriguez Murray from the Health and Medicine Counsel of Washington.
3. I've represented NAO with Andy Fosmire at a University of North Texas (UNT) meeting on creating national algorithm for ensuring cancer patients get the pneumococcal vaccination and utilizing the AHEC network to help train providers on use of the pneumococcal vaccination. I have been exploring possible funding source/partnership opportunities with the UNT Health Science Center.
4. I'll be representing NAO and AHEC on the recently revitalized "Partnership for Primary Care Workforce" Committee as hosted by NACHC.
5. I've represented NAO on the Traumatic Brain Injury Initiative (Dept. of Defense National Intrepid Center of Excellence; National Naval Hospital) and ongoing conference calls and committee work to further this initiative.
6. I've been invited to speak at The Safety Net Medical Home Initiative (SNMHI) at the Initiative's first national collaborative meeting, the "SNMHI Summit 2011: Learn, Share, Transform" in Boston, Massachusetts, March 7-8, 2011.
7. I've been working with the Amgen Philanthropic Foundation and moving forward with a concept paper to have a proposal written for Community Health Worker/Patient Navigator expansion via the AHEC network for no more than \$500K for review by Amgen during the first quarter of 2011. Kelley Withy and Leslie Hargrove are key partners in this effort.
8. I recently met with William Symonds, Harvard University School of Education, who is coordinating a National "Pathways to Prosperity Project/Summit," which will explore pathways leading to healthcare careers. I have been involved in the development of a national conference to explore healthcare workforce of the future, reforms, and innovations in healthcare education, and expanding partnerships with communities of organizations committed to healthcare pathways projects.
9. Additionally, I've been working closely with the team on the NHSC/Collegiate Health Service Corps Expansion Program, and we will be ready to make a full announcement regarding the Program Awardees. We are waiting for the formal approval from HRSA and the NHSC. Once that arrives, we'll send out a formal NAO notification.

I feel tremendously privileged to represent NAO in my role as Interim Director, and will continue working to strengthen the national AHEC network through advocacy efforts, seeking funding opportunities, and enhancing AHEC visibility throughout the county with existing and future national partners. I will keep you all posted!

My very best to you all, and thanks for all you do to further the goals of your local AHEC!

Rob Trachtenberg is now the Interim Executive Director of NAO, and he has a new e-mail address. Please send all NAO correspondences to rtrachtenberg@nationalahec.org.

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AHEC Highlights

1. Massachusetts: AHEC Youth Combat the Influence of Big Tobacco in the Pioneer Valley

Justin Chellman, BA; and Brenda Evans, MPH, Pioneer Valley AHEC

The participants in the Recruitment and Educational Assistance for Careers in Health (REACH) Program, a youth component of the Pioneer Valley AHEC at the Department of Health & Human Services in Springfield, Massachusetts, are continuing their youth against tobacco work for a third year and making a difference in their community.

The REACH program participants are part of The 84 Movement, which helps mobilize youth to take action to protect their communities from the influence of the tobacco industry. In addition to curbing youth tobacco use, the service-learning projects focus on bringing attention to the increasing number of other tobacco products that target youth. "Other tobacco products" refer to products other than cigarettes, such as candy-flavored dissolvable tobacco that is being sold in packages designed to look like breath mints or packs of chewing gum and are becoming increasingly used amongst youth.

As part of their activities during their first-year service-learning project, the REACH participants did research on teenage tobacco use statistics, health issues, and target marketing. From their research they created surveys that they collected from Springfield teens around the city. The students worked on a creative presentation of the results by writing and acting out skits, a tobacco 101 audience quiz infused with a step crew giving the answers to the audience through dance, and a PowerPoint presentation at Springfield City Hall. In attendance were local area youth, community members, school administrators, and members of local government, including the Mayor.

For their second-year project the REACH youth participants conducted community surveys of retail store advertising and availability of the other tobacco products. At the end of the project the REACH youth participants joined over 200 youth from the around the state in Boston and marched to the State House to attend an event with the Commissioner of the Department of Public Health, John Auerbach, and a handful of State Representatives. During the event Commissioner Auerbach presented information from the latest Youth Trends Report that showed while the use of cigarettes was down among high school youth, the use of other tobacco products was on the rise.

After the event The REACH youth shared with Legislators and other attendees what their own personal experiences have been with other tobacco products by walking them through a poster board display designed by the group to highlight the impact of tobacco in the community.

This year the REACH youth have continued their fight against Big Tobacco and have

been conducting surveys of adults and youth in Springfield designed to collect perceptions around the pricing and packaging of other tobacco products bought from the community. Later on they will present the results of these surveys to the Public Health Council and City Council and ask them to pass a resolution in support of The 84's fight against Big Tobacco.

For more information on the REACH Program and the work being done to combat Big Tobacco in Massachusetts, contact Justin Chellman at jchellman@springfieldcityhall.com and visit www.makesmokinghistory.org and www.The84.org.

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2. North Carolina: SEAHEC Family Medicine Residency Expands *By Andy Berner, Communications Specialist, North Carolina AHEC Program*

With almost \$1.8 million in grant funding from the Affordable Care Act, New Hanover Regional Medical Center and Southeast AHEC are collaborating on expanding their Family Medicine Residency Training program by adding two resident physicians in each of the next five years.

The grant will fund the resident physicians beginning with the 2011 school year. By adding two physicians, bringing the program's total to six, the program will be able to expand access to primary medical care, which is typically provided to poor and often uninsured patients in southeastern North Carolina.

During the three-year curriculum, the physicians, who are training to become certified family medicine doctors, will not only treat patients at the program's home clinic at Coastal Family Medicine on Delaney Drive, but will rotate into clinic settings in the community and region, expanding access to care to those sites as well.

Janalynn Beste, MD, program director of the Family Medicine Residency Program, comments, "We are very excited to be expanding our residency program. There is still a vast need for family physicians in southeastern North Carolina and this will allow us to continue filling that need.



New Hanover Regional and SEAHEC have partnered on graduate medical education since 1972. In 1996, after research documented a shortage of healthcare professionals in the region, the specialty of family medicine was added. The program's goal is to graduate specialists to practice in rural settings, particularly nearby locations. The rural counties that make up New Hanover Regional's service area experience a shortage of doctors, and most have poverty rates that exceed the state and national averages.

The program has graduated 40 residents into the family medicine specialty, and about half are practicing in rural North Carolina.

The Coastal Family Medicine clinic handles about 13,000 patient visits a year. Almost two-thirds of its patients either have Medicaid or no insurance. The additional physicians will allow the clinic to reach even more patients who typically have little access to a primary care physician.

The \$1.795 five-year grant is part of a \$167.3 million investment in primary care

residency expansion nationwide under the Affordable Care Act's Prevention and Public Health Fund.

Mark Darrow, MD, FACP, president/CEO of SEAHEC and vice-president for graduate medical education at New Hanover Regional Medical Center, stated: "We are happy to be recognized as a leader in the education of primary care physicians and are proud that our program has received this award. It will certainly strengthen our efforts to train excellent doctors and deliver high-quality health care to those who desperately need it in our area."

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3. Indiana: Center's First Venture into Day-Long Inter-Professional (IPE) Student Learning Activity

By Louise A. Anderson, Director, West Central Indiana AHEC

In May 2010, the AHEC director, along with faculty from the Indiana University Terre Haute Center for Medical Education (THCME) and the Indiana State University College of Nursing, Health and Human Services (CNHHS) departments of advanced practice nursing, athletic training, dietetics, health education, baccalaureate nursing, and social work, began planning for an inter-professional student learning activity to be held in November 2010. The objectives for the activity would be for students to learn about the various professional roles involved in caring for clients and the importance of effective communication among the professions. Faculty collaborated on developing three case studies, which would include practice issues for each of the student professions involved; human simulators would not be used. When the case studies were written, they were "triple-jumped" so students would deal with increasingly complex issues in each jump. Facilitation questions were developed for each "jump." Faculty also identified which classes in their respective departments would have students who knew enough about their own professional role to contribute to the group process. After the case studies were developed, a faculty member mentioned, "I hope the students learn as much as I did" and other faculty agreed.

In August 2010 planners encouraged faculty to release student from class to attend the November activity. The planners also communicated with faculty across campus who had some of the targeted students in their classes. The AHEC director gathered lists of students who would attend the activity and grouped them to make sure there was at least one student from each profession in each group.

Of the 112 students who were scheduled to attend, only eight did not (including five who were not released from class). While the pre- and post-surveys have not yet been analyzed, the overwhelming oral and written feedback was very positive regarding learning what other professionals did when caring for a client. Effective communication was critically important to having a successful outcome for a client with complex physical, social, dietary, environmental, and other issues.

Planning committee members met in December 2010 to debrief the events of the IPE day. They discussed what worked, what didn't, how to make improvements, other possible learning scenarios, what faculty learned from the planning and implementation process, etc. They all agreed that they want to pursue another IPE event for the 2011-12 academic year.

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4. North Carolina: Southern Regional AHEC's Video Defines Healthcare Services and Education through Song, Dance, and Humor

By Karen Mantzouris, Marketing Director, Southern Regional AHEC

Many people have passed by the two-story brick building at 1601 Owen Drive in Fayetteville, across from Cape Fear Valley Medical Center, and wondered "what the heck is an AHEC?" As a healthcare facility and education campus, Southern Regional AHEC functions in such a broad scope of roles that the impact on its nine-county

region can be difficult to fully describe. To showcase Southern Regional AHEC's mission, purpose and services to the community, the staff has produced a fun, sing-along-musical number that tells their story in three simple words: **Learn, Teach, Heal**.

Learn, Teach, Heal is captured on a four-minute video vignette showcasing Southern Regional AHEC's three phases of healthcare outreach in the local community and region. Performed to the tune of 1970s hit "YMCA" (by The Village People), the video opens with a patient's search for quality health care. Lucky for him, a smiling stranger helps him find his "AHEC right there."

Following the patient's recovery, the video switches focus to the continuing education side of Southern Regional AHEC. A classroom full of people are seen settling in their seats as they prepare for a program that will grant continuing education units, commonly known as "CEs" to professionals who must maintain them each year in order to stay credentialed or licensed to practice. "You can get your CEs, you can have a good meal, you can do whatever you feel," tells the song, as a trio of ladies sniff the aromas of their inviting dinner—a long-time a staple of Southern Regional AHEC evening CE programs.

Finally, the video switches focus once more, with a not-so-subtle appeal to medical students in search of a family medicine residency. A group of recently graduated doctors do a Rockettes-style kickline as they begin their first day in their Duke/Southern Regional AHEC Family Medicine Residency Program. This program provides the three-year required training for newly graduated physicians to become board certified in family medicine. Residents are even promised that they'll "get a cool preceptor like me," as Dr. Lenny Salzberg appears in a white coat and sunglasses, giving himself two thumbs-up.

In closing, the video promises that "we will get you healthy, you can get your CEs, or join our residency." As staff, patients and healthcare professionals dance around and hold up their arms in the shape of the letters L, T, and H, there will be no question just how Southern Regional AHEC brings together **learning, teaching, healing** to influence the quality of health care delivered in Cumberland County and beyond.

See for yourself. Check out the video on YouTube - <http://www.youtube.com/watch?v=-xq99svuhNQ>. Sing along. Post a comment and pass it on. This video makes it easy to understand why Southern Regional AHEC, for over 35 years, has been a strong, positive force in the delivery of quality health care and healthcare education, in the community and region.

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5. California: Three Outstanding UCSF-Community Partnership Programs Receive Honors

By Juliana Bunim

Community and University leaders gathered at the Fisher Banquet Room at Mission Bay on Oct. 28, 2010 to recognize the best community partnerships with UCSF at the 2nd Annual Partnerships Celebration.

The partnerships reflect a clear articulation of shared governance, balanced partnership, and strong outcomes.



Carlos Garcia, superintendent of San Francisco Unified School District, right, talks about the district's partnership with the Marie Wattis School at UCSF Benioff Children's Hospital while Mark Laret, CEO of UCSF Medical Center, and the children's hospital team look on at a ceremony on Oct. 28, 2010.

"What sets the winners or best practices apart is how they further and foster our values of partnership," said Wylie Liu, director of University Community Partnerships. "Our reviewers also noted that they resonate in our minds and hearts."

Keynote speaker Irene Sung, MD, chief medical officer for community programs for the San Francisco Department of Public Health, addressed the crowd and praised the University Community Partnership Program for fostering relationships that help strengthen the community and improve lives.

"I really want to honor the office of community partnerships," Sung said, "for helping the community programs that exist to build scientific backing for what they are doing."



Rittenhouse and Allen Meyer, both of the San Francisco Community Clinic Consortium, for partnering with UCSF medical residents and students to provide care to the homeless through Street Outreach Services.

Among those participating in the community partnerships celebration on Oct. 28, 2010 were Carlos Garcia, superintendent of the San Francisco Unified School District (SFUSD); Assemblywoman Fiona Ma, UCSF Chancellor Sue Desmond-Hellmann, MD, MPH; Mark Laret, chief executive officer of UCSF Medical Center, and Sam Hawgood, MBBS, dean of the UCSF School of Medicine.

Mayor Gavin Newsom sent a proclamation declaring it Annual Partnership Day in San Francisco to thank UCSF for its commitment to San Francisco and for improving health worldwide.

"We operate in the city, and one of my aspirations as chancellor is that UCSF is considered a good neighbor," said Desmond-Hellmann.

Awards were given in three categories: student and community, faculty and community, and staff and community.

Student-Community Partnership

The student/community partnership award was captured by Street Outreach Services (SOS), which is the mobile outreach component of the San Francisco Community Clinic Consortium's Health Care for the Homeless program. SOS has provided high quality, non-judgmental health services directly to homeless people in places where they live and congregate since 1988.

SOS partners with the UCSF Internal Medicine Residency Training Program providing unique training opportunities for medical students and residents, exposing them to community-based care.

By traveling to sites throughout the city, the SOS mobile clinic provides urgent and preventive medical care to people on the streets of San Francisco, serving more than 2,000 patients each year.

Faculty-Community Partnership

The partnership called Improving Outcomes for Transition Age Youth and Adults with Developmental Disabilities (CART) was honored in the faculty/community category for its work assisting people with developmental disabilities to access healthcare services.

Key partners are UCSF's Developmental Primary Care, Family and Community Medicine, the Arc of San Francisco, Health Plan of San Mateo, and Golden Gate Regional Center. This interdisciplinary team addresses clinical services, advocacy and in-home support, research in health surveillance, and technical assistance and training for clinicians.



Kevin Grumbach, professor and chair of Family and Community Medicine at UCSF and chief of Family and Community Medicine at San Francisco General Hospital, served as the founding co-chair of the University Community Partnerships Council.

"We truly are an egalitarian partnership," said Mary Giammona, MD, medical director at the Health Plan of San Mateo. "We come from different interests, but it's our commitment to the developmentally disabled people we serve...and through the UCSF grant, we hope we will continue to serve this population in need."

Staff-Community Partnership

The Marie Wattis School at UCSF Benioff Children's Hospital won in the

staff/community category for its partnership with the SFUSD to help children continue their studies while receiving inpatient and outpatient treatment. Operated by Child Life Services, the school is part of the SFUSD and is staffed by credentialed teachers.

Children diagnosed with cancer or other life-threatening diseases face challenges beyond their disease, and are at higher risk for problems, such as school phobia, poor-self esteem, and school re-integration. However, because of this unique partnership, patients at UCSF Benioff Children's Hospital no longer have to fall behind academically while they're receiving treatment because they are taught state-approved school curriculum and receive attendance and coursework credit.

"It's like the little red school house," Garcia said of SFUSD's Marie Wattis School in the UCSF Benioff Children's Hospital. "All the students are different ages, all different subjects, but we make them feel at home and it's a win-win."

The honorees were chosen out of 15 applicants who have an established partnership with one or more community-based organization or agency. The applicants were evaluated by members of the University Community Partnerships Program and council who are comprised of leaders from both UCSF and the community.

UCSF created the University Community Partnerships Program in 2006 to empower the community to partner with the University and vice versa. The program is directed by a 24-member UCSF University-Community Partnerships Council, a group of passionate public service advocates consisting of 12 UCSF representatives and 12 members of the community.

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Health Careers & Recruitment

1. Did Someone Call 911? North-End EMT Collaborative (NEC) Program



2010 North-End EMT Collaborative Class Photo

The United States is in the middle of an EMT emergency, and Central AHEC of Hartford, CT has answered the call with our North-end EMT Collaborative (NEC) program.

By the end of December 2010, 30 African Americans from Hartford, CT will have completed their EMT-Basic training through a new program design by Central CT AHEC in conjunction with Capital Community College. The North-end EMT Collaborative (NEC) began with a six-week Career Readiness class over the summer and included individualized mentoring with the purpose of increasing workforce diversity in the field of emergency medicine.

While Emergency Medical Technicians are in short supply to begin with, African Americans and other racial and ethnic minorities are in even shorter supply. At present, only about 4% of registered EMTs in the United States are African American, yet there seems to be a huge interest in this career among both African American and Hispanic populations. The 30 students in NEC were selected from over 120 diverse applicants to participate in the Career Readiness class at Central CT AHEC before graduating to the EMT-Basic course at Capital Community College. The Phoenix Society of Black Firefighters, the Hartford Fire Department, and the North Central EMS Council are also partners in the collaborative and have provided support for the EMT students throughout the process, including mentoring and job training experiences.

All of the NEC graduates expressed positive feedback about the program after the initial six-week Career Readiness training period that was developed and facilitated by staff at Central CT AHEC. During this portion of the program, students developed their resumes, made academic presentations, improved their basic reading and math skills, and learned about what to expect from a career as an Emergency Medical Technician. The curriculum was specially designed for the target population and included cultural competency training on African American heritage as well as a focus on the importance of working a field where racial and ethnic minorities are so under-represented.

Upon reflecting on his experience, one student named Dominique Daniels said, "I stepped out of my comfort zone using skills I learned and met people that allowed me to grow within the six weeks." Another student, Jennifer Gregor, also noted, "I feel blessed and very fortunate to have been accepted. I can't say enough how grateful I am. I would not have been to get where I'm going if it had not been available." All of the students, who represented an intergenerational mix of people from 18 to 55 years old, learned valuable job skills and became part of a network of individuals who could support and encourage each other throughout their journey.

Central CT AHEC is proud to have taken such a direct role in increasing diversity in the healthcare workforce and is currently looking into renewed funding for this project as well as possible expansion to other under-represented populations.

For more information, contact Karen Piantek at kpiantek@centralctahec.org.

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2. From Vision to Mission: A Collegiate Health Service Corps Approach
By Samia Hussein, Health Careers and Special Projects Coordinator, Central AHEC, Inc. in Hartford, Connecticut

The Collegiate Health Service Corps (CHSC) was first established as a pilot program by the Connecticut AHEC centers in 2006 targeting students at the University of Connecticut. The mission was to expose undergraduates to health careers through service-learning experiences that promote preventative health care to underserved communities. In 2008 the CHSC program went statewide, branching to other Connecticut state universities. More than 350 students have participated in the program to complete over 8,000 hours of service, according to Victoria Lowe, our Statewide CHSC Coordinator.

Central AHEC, Inc. began working with only University of Hartford and Central Connecticut State University when the CHSC first expanded. However, the Fall 2010 semester has brought exponential growth to the program with the addition of

Wesleyan University in Middletown and Trinity College in Hartford. Students from the American Medical Student Association as well as other undergraduate organizations have come together from various majors and backgrounds to participate. In all, 40 students from these schools have been trained in diversity, communication, eliminating health disparities (working with medically underserved populations), professionalism and ethics, and health promotion/education.

For their service-learning projects, many students participate in the "HeartStrong" program, a heart attack and stroke prevention initiative that offers health screenings, workshops, and education to the community. Students' hours of service have been steadily increasing. New service projects are in development, such as the "Freshmen 15 Nutrition & Wellness" project, which, in collaboration with the New Britain YMCA, provides education and resources about eating right and staying healthy. Other service learning projects include the "BLAST Lyme" prevention program and the Summer Migrant Farm Clinic, which provides healthcare to migrant farm workers.

The establishment of the new Rising S.T.A.R (Students To Academic Resources) conference will serve to guide high school Youth Health Service Corps (YHSC) students into the college admissions process with the help of CHSC students. This event will take place at Central Connecticut State University at the end of March with all-day workshops consisting of admissions, financial aid, student activities, clubs/organizations, and a one-on-one session with professors and college students. The goal is to increase the number of diverse high school students pursuing higher education and to help YHSC students transition into CHSC students who will later become diverse health professionals serving under-represented communities.

As a former CHSC member, now the regional coordinator for Central AHEC's CHSC division, Samia Hussein, can tell her students, "I walked in your shoes once before." In this way, students can see some of the many benefits to the CHSC program. As one participant also explained, "It was exhilarating being able to work side by side with individuals who were passionate about improving the greater Hartford community and inspiring students to pursue their interests in the health fields." As always, Central CT AHEC expects 2011 to be a very successful and productive year.

Official Business/Upcoming Events

1. "Great Stories" Sought about Local/Regional/State Collaborations with Community Health Centers

The External Relations Committee (ERC) of the NAO Board seeks info about the strong relationships among regional AHECs and community health centers across the U.S. that are currently unknown to us. These relationships may involve clinical training opportunities for students, board participation, or special projects. Please provide articles that describe these efforts for the purpose of highlighting them through our National AHEC Monday Update and/or *Journal of the National AHEC Organization*. You may forward all articles to Janet Head, EdD, Co-chair External Relations Committee, at jhead@atsu.edu. Thanks in advance for your anticipated support and cooperation to advance the missions of NAO and AHECs across the country. We look forward to highlighting the great work you do.

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2. Info Needed on Vision of PCMH Transformation

Rob Trachtenberg needs your help. He plans to speak about the NAO vision of Patient-Centered Medical Home (PCMH) transformation as part of a national conference in Boston in March. The goal of the Initiative is to help 65 safety net practices in five states redesign their clinical and administrative systems to improve patient experience and health, and bring the benefits of patient-centered care to the nation's most vulnerable populations. Please send all info to rtrachtenberg@nationalahec.org.

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3. Community Health Worker Training

Do you have community health worker (CHW) training in your state? Do you provide it, or do your partners? If you do, please e-mail Leslie Hargrove, NAO CHW Workgroup Co-Chair, lhargrove@cahectx.org to let NAO know what you are doing. If not, would you like to? NAO is applying for funding to provide CHW training support nationally, so let Leslie know if you are interested.

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4. The Job Market

NAO can help you find a job or advertise one! All positions can be posted for a maximum of 30 days. National AHEC members can post job opportunities for no charge! Non-members pay \$100 per listing. For more details go to www.nationalahec.org, then to AHEC Employment. Or you may simply click [here](#) to get to the jobs portion of the Web site.

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5. Save the Date! NAO Spring Policy Days/Leadership Meeting April 11-14, 2011

Stay tuned for more details on this exciting event happening at the Holiday Inn Key Bridge, Arlington, VA.

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