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Fall 2006

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## AHEC: An Investment in the Health Workforce

**Thomas C. Rosenthal, MD,  
NYS AHEC System Director**



*Thomas C. Rosenthal, MD*

Back in 1999, Thomas Wolff, MD, NYS AHEC System Associate Director Emeritus, and I penned a column for the first AHEC Update newsletter under the title "I Have an AHEC Dream."

In it we noted that American medical technology develops tremendous potential but struggles with delivering the right care at the right time and in the right place.

Forty upstate counties and all of New York City's boroughs have federally and state-designated Health Professional Shortage Areas. Primary care departments at New York's medical schools receive weekly phone calls from desperate communities and hospitals seeking generalist physicians. These communities have equally acute needs for dentists, nurses, physical therapists, occupational therapists, pharmacists, social workers, home health aides and other health professionals. Recruitment searches can drag on for two years.

Our dream was to establish a New York State AHEC System capable of delivering community service, not bureaucracy. We envisioned a coordinated statewide network for health professions education that would

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## NYS AHEC System Advisory Board Addresses Primary Care

**Mary J. Sienkiewicz, MBA,  
NYS AHEC System Associate Director**

The September meeting of the New York State AHEC System Advisory Board featured an overview of the Primary Care Coalition by Elizabeth Swain, CEO, Community Health Care Association of New York State (CHCANYS) and Ronda Kotelchuck, Executive Director, Primary Care Development Corporation (PCDC). Thomas Rosenthal, MD, Director, New York State AHEC System provided the context for AHEC's role in primary care and the Primary Care Coalition.

John Ruge, MD, CEO, Hudson Headwaters Health Network provided his perspective of



*John Ruge, MD, CEO, Hudson Headwaters Health Network, Elizabeth Swain, CEO, CHCANYS, Ronda Kotelchuck, Executive Director, PCDC, and Neil Calman, MD, Medical Director, New York Metropolitan Region, NYS AHEC System*

the issues outlined in "Laying the Foundation: Health System Reform in NYS and the Primary Care Imperative," a paper written earlier by Sara Rosenbaum, Peter Shin, and Trevino Whittington of George Washington University, at the request

See *Primary Care* continued on page 7

# AHEC Data Resource Center: Open for Business

Steven Schreiber, PhD,  
Eastern Region Office Director

From the beginning, the NYS AHEC System has realized that access to health, population, workforce, and educational data is critical to the fulfillment of its mission. Strategic planning, resource prioritization, grants development, and program management/evaluation all require current, complete and accurate data. As a result, the AHEC Data Resource Center was created - to provide easy access through the internet to a centralized source of user-friendly data.

For more than a year, access to the Data Warehouse, a component of the Data Resource Center, was made available to over 80 AHEC partners without charge on a trial basis. In addition, the Data Resource Center provided data, mapping and analytical services to community

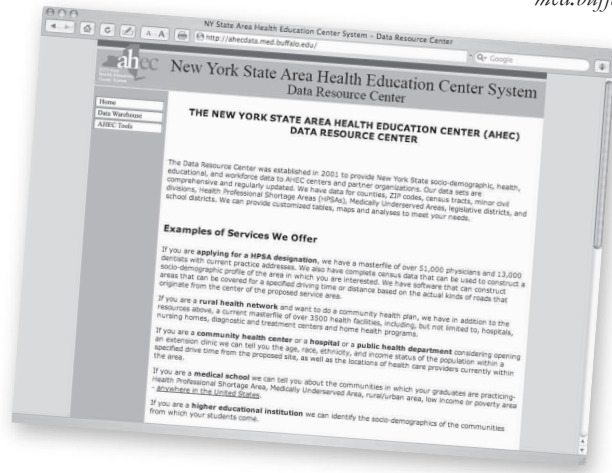
health centers, rural health networks, and organizations such as the Community Health Care Association of New York State, The Primary Care Development Corporation, the New York State Department of Health, and the Medical Society of the State of New York, all without charge.

As the AHEC System matures, the scheduled phase down of federal funding requires that each component of the AHEC System develop sustainability plans. As part of that effort, the NYS AHEC System Executive Council endorsed a plan earlier this year

that implements a modest subscription fee for access to the Data Warehouse and a fee structure for the customized data and mapping services performed for client organizations. For the present, community health centers and rural health networks will continue to receive access to the Data Warehouse without charge.

We invite you to explore the website of the Data Resource Center at <http://ahedata.med.buffalo.edu> to learn

more about our work, the clients we serve, and the ways we might be of help to you. Please feel free to contact us with any questions.



## Developing a Profit Mindset in a Not-for-Profit Setting

Lottie M. Jameson, MS,  
HM AHEC Executive Director

A few months ago I attended a multi-session Sustainability Planning conference. The conference facilitator from Capital Strategists reminded attendees from across the country “not-for-profit is a designation, not a goal.” The facilitator challenged participants to consider not-for-profits as businesses, not charities. How would you answer this question “Are funders and donors *giving* to charities or *buying* services/investing in a mission for someone else’s benefit?” In the business arena, decisions are made based on ROI (return on investment). Clinical, societal or fiscal benefits are deemed important and of high enough value that the investor/purchaser expends resources to attain that investment.

“Not-for-profits are businesses that pursue their mission, rather than chase profits.”<sup>†</sup> Hudson Mohawk AHEC (HM AHEC) is a not-for-profit, which strives to meet its mission and create a return on investment in its 10-county service area. HM AHEC builds partnerships to bring regional “investors” together to recruit, retain and respond to the health care workforce. HM AHEC has partnered with corporations and their foundations, like Boston Scientific, whose support of over \$20,000 provided on-site MASH Camp experiences for elementary school students in health care settings and assisted with Emergency Medical Service (EMS) education to ensure an adequately trained pre-hospital workforce. HM AHEC has diversified its funding streams, as many for-profit businesses do, securing NYS Department of Labor funding of over \$80,000 to implement the Health Care Worker Training Program. This

initiative provided a return on investment through recruitment and retention of home health and community health center employees, who were better equipped to care for their patients upon completion of the program.

All NYS AHEC System centers’ boards of directors play a leadership role in developing sustainability strategies that provide funds, furnish means, keep in existence, and maintain programs so more “mission is accomplished” with the resources available. Brinckerhoff states, “Only financially stable organizations will be able to react quickly to changing needs in their communities.”<sup>†</sup> The needs in health care are rapidly changing with an aging population, fewer health care professionals, and fast paced advances in technology, providing AHECs an abundance of mission-focused initiatives to pursue.

<sup>†</sup> Brinckerhoff, Peter C. *Mission-based management: leading your not-for-profit into the 21st century*. Oak Park: Alpine Guild, 1994.

# NAHEC and Social Enterprise

Richard Merchant, MA, NAHEC Executive Director

Social Enterprise, also commonly referred to as social entrepreneurship, is defined by the North American member organization Social Enterprise Alliance as “An organization or venture that advances its social mission through entrepreneurial earned income strategies.” Social enterprise represents an important area of exploration for AHECs as grant-based funding becomes more scarce.

According to U.K. based Third Sector Enterprises website [www.3se.org.uk](http://www.3se.org.uk), there are three prerequisites related to an organization’s eligibility for serving as a social enterprise:

1. **Enterprise Orientation.** The organization must be “directly involved in producing goods or providing services to a market.”
2. **Social Aims.** The organization must “have explicit social aims such as job creation, training or the provision of

local services. They have ethical values including a commitment to local capacity building. Their profits are principally reinvested to achieve their social objectives. Increasingly social enterprises measure their social impact.”

3. **Social Ownership.** The organization is autonomous and has “governance and ownership structures based on participation by stakeholder groups, trustees, or directors who control the enterprise on behalf of a wider group of stakeholders. They are accountable to their stakeholders and the wider community for their social, environmental and economic impact.”

These prerequisites do, in fact, appear common to AHECs. However, in order to adopt a social enterprise approach, there must be both an intention by the Board of Directors, and a capable willingness by the management to do so.

V. Kasturi Rangan, Professor of Marketing

at Harvard Business School states that: “Most nonprofits make program decisions based on a mission rather than on a strategy. In fact, many nonprofits don’t have a strategy at all. They rally under the banner of a particular cause, be it ‘Fight Homelessness’ or ‘End Hunger.’ And then, since that cause is so worthwhile, many nonprofits engage in grants and programs that are related to it—even if only tangentially. This is the ‘stick and stretch’ syndrome. As a result, many nonprofits are very busy, yet not very progressive when it comes to mission fulfillment.”

If it is to be successful, the social enterprise model requires business acumen from the staff, active support from the Board, and an insatiable entrepreneurial spirit from both. Just as entrepreneurs change the face of business, social entrepreneurs act as the change agents for society, seizing opportunities

See **Social Enterprise** continued on page 7

## WNY R-AHEC Success Story in Leveraging State Funding

Kenneth L. Oakley, PhD, FACHE, R-AHEC CEO

The Western New York Rural Area Health Education Center (R-AHEC), the oldest operational center of nine functioning within the New York State AHEC System, is pleased to report it is having another a banner year in fulfilling mission and building its community/academic partnerships. One of three centers within the State no longer eligible for federal core AHEC funding, the R-AHEC continues to prudently make the best of its baseline state funding to the New York State AHEC System.

Now well established in their eighth year of operation, center staff have come to know and understand that programmatic success and ongoing sustainability are about first developing appropriate strategic

partnerships/alliances and then about emphasizing the delivery of return on investment for those willing to support and/or associate with you.

Leveraging state funding as basic operational support, the R-AHEC has over the past seven years been able to significantly build the center’s service capacity through alliances with acute care providers, academic health centers, community based health and human services providers, and even its fellow New York State AHECs. This has been accomplished while at the same time expanding the center’s overall program/ service offerings and identifying new funding opportunities associated with them.

According to Jane Munro, R-AHEC’s Center Director, “we certainly take pride in the degree of programmatic success and organizational growth our organization

has experienced thus far. Yet I think what we value even more is the sheer number and variety of professional relationships we have been able to foster along the way. Basically, with a local mission to improve health and health care through education, we have the flexibility and latitude to engage in many differing kinds of health education and health workforce related activities and associations. As an entrepreneurial entity, we are not shy to do so. In fact, I’d say we eagerly await our next opportunity to joint venture.”

Examples of the R-AHEC’s grant diversification include a third round of New York State DOH Health Workforce Retraining Funding (\$2.4 million over 6 years) and an Advantage After School (Enrichment) Program for 100 students grades K-8 (\$1.7 million over 5 years). In

See **Funding** continued on page 7

# HCOP Helps Improve Math and Science Ability for Success in Health Professions Programs

**Tina Ruocco,  
CNYAHEC Program Coordinator**

The Central New York Area Health Education Center (CNYAHEC) recognizes that impacting the quality of the health care workforce requires concentrating educational efforts early-on in students' academic experiences. In August 2005, CNYAHEC kicked-off the Health Careers Opportunity Program (HCOP) with funding support from HRSA, the Health Resources and Services Administration.

CNYAHEC incorporated some existing pipeline programs, such as Exploring the Health Professions® and MASH camps, into HCOP and designed several new programs as well. New programs included an after-school

program, Scrubs Club, offered to students in grades 9-12 at three high schools and two intensive summer programs, Summer Institute and Summer Academy, designed for grades 11 and 12 students, respectively.

Broome Community College (BCC) health sciences faculty developed curriculum for the Summer Institute, a six-week program designed to improve math and science ability in high school students entering senior year. These students identified as being interested in the health professions. Students attended the program Monday through Friday on the BCC campus and were paid a stipend for active participation.

All 25 Summer Institute students were pre-tested on math and science related course content. Post-test results revealed that 88% of students increased scores by five or more



*Summer Institute student, Alpa Bhatt, a senior from Union-Endicott High School, learned to apply science and math concepts in every day work as a future health professional.*

points and 36% increased scores by 10 or more points. The highest increase was 15 points. Students received one college credit from BCC for successful completion of Summer Institute. Nearly all of the students (92%) earned a grade of B or better.

Andrea Wade, PhD, MT (ASCP), Chair of BCC's Medical Assisting and Medical Laboratory Technology Departments, believes HCOP can benefit her future students. "Programs like this will have the power to dramatically improve the quality of the health sciences applicant pool. Not only will these students be better prepared academically, but the college experience the Summer Institute provides will help them adapt more quickly to the college learning environment," explains Dr. Wade.

In addition to academic improvement, students participating in Summer Institute reported feeling more secure in their ability to reach their goals. Summer Institute student, Shivam Amin, a senior at Vestal High School, reflected on his experience, "Summer Institute had a huge impact on me. It gave me more confidence and taught me to believe in myself. This is the most important thing in any occupation. If you don't believe in yourself then you can never achieve your goals."

CNYAHEC is proud of the achievements made by the Summer Institute Class of 2006. For more information, contact Tina Ruocco, Program Coordinator, at [truocco@cnyahcec.org](mailto:truocco@cnyahcec.org).



*Carol S. Brewer, PhD, RN*

## **Dr. Carol S. Brewer, NYS AHEC System Nursing Director, Receives 2006 Nursing Research Award**

Dr. Carol S. Brewer is the recipient of the 2006 Distinguished Nurse Researcher Award conferred by the Foundation of New York State Nurses. This annual peer-reviewed award is bestowed on a nurse researcher whose work has truly advanced the nursing profession.

Dr. Brewer is an Associate Professor at the University of Buffalo-SUNY School of Nursing and Statewide Nursing Director of the NYS AHEC System. She is a nationally and internationally respected investigator focusing on the nursing workforce. Through her work with AHEC and the New York State Nurses Association, she has contributed research data that have significantly improved understanding of the nursing shortage in New York State. Her research has been generously funded by the Agency for Healthcare Research and Policy, the Robert Wood Johnson Foundation, the NYS AHEC System Statewide Office, the US Public Health Service and numerous other prestigious organizations and academic institutions. She publishes prolifically and is a widely sought-after speaker, consultant and manuscript and research journal review board member. She participates actively in and is a generous contributor to numerous professional organizations and community service activities.

The Foundation of New York State Nurses is a 501(c)(3) scientific, literary and charitable organization dedicated to improving public understanding of nursing, the nursing profession and human health. For more information about the Foundation and its Distinguished Nurse Researcher Award, please visit [www.FoundationofNYSNurses.org](http://www.FoundationofNYSNurses.org).

# Lottie Jameson Appointed Executive Director of Hudson Mohawk AHEC

Henry Pohl, MD, HM AHEC Board of Directors Chair



Lottie Jameson, MS, CPA

In September, Lottie Jameson, MS, CPA, was appointed Executive Director of the Hudson Mohawk Area Health Education

Center (HM AHEC). Ms. Jameson joined HM AHEC in March of 2005 as their part-time Program Coordinator to develop clinical training and continuing education initiatives and also worked with the Adirondack Rural Health Network in a similar capacity. Prior to that, Ms. Jameson was part of the evaluation team at the School of Public Health, University at Albany, working on a federal Agency for Health care Research and Quality (AHRQ) Patient

Safety Demonstration Project with the NYS Department of Health. Ms. Jameson conducted

qualitative and quantitative evaluation to assess quality improvement efforts with three hospital groups across New York State to decrease medical errors in patients with acute myocardial infarction, pulmonary embolism/deep vein thrombosis and surgical site wound infection. She co-authored the article, *A Review of the Literature Examining Linkages between Organization Factors, Medical Errors and Patient Safety*, in the March 2004 edition of the Medical Care Research and Review journal.

Ms. Jameson received her Masters degree in Health Policy and Administration from the School of Public Health, University at Albany, in 2001. Her interest in community based prevention efforts and coalition effectiveness was the focus of her master's thesis. This interest had been cultivated by her work at a community based alcohol and substance abuse prevention agency from 1993 – 2000. Ms. Jameson graduated from

Siena College in 1985, pursued a career in public accounting, specializing in not-for profit organizations, attaining her certified public accountant's license in 1988.

Ms. Jameson's experience with community based organizations, grant writing, evaluation, and finance will be an asset to HM AHEC as the organization moves out of core federal funding. Ms. Jameson stated, "The HM AHEC mission to develop partnerships that bring the regional community together to facilitate the health care workforce is a good match for my skills and interests. The health career pipeline and workforce initiatives we do in a 10 county service area are challenging and rewarding. We are working hard to recruit, retain and respond to the health care workforce needs. I have lived in rural Washington County all my life, attended college and worked in the Capital Region, making many connections along the way, which I hope will strengthen the foundation laid by the board and staff of HM AHEC since its inception in 2001."

## *BQLIAHEC Partners with Lutheran Medical Center on Health Care Improvement Grant*

Kripa Krishnan, BQLI AHEC Program Associate

Through a grant from the United Hospital Fund, Lutheran Medical Center is expanding its English language classes into a full health literacy program targeting immigrants and senior citizens in southwest Brooklyn. The Volunteer Health Education and Literacy Project's main focus is on medication management and improving the patient-provider relationship. Currently, Lutheran Medical Center serves a community with increasing numbers of Asian, Latino, Russian and Arab populations, many of whom have low English literacy and are wary of large health service organizations. In addition, southwest Brooklyn has one of the highest concentrations of

senior citizens in New York City.

Crucial to the implementation of the program are its volunteers. BQLI AHEC will recruit volunteers who have interest in health from its collaborating high schools. Not only will Lutheran Medical Center get a motivated and diverse group of volunteers, but the student volunteers will also have a unique opportunity to engage with the health care field on a variety of levels. Volunteers will be trained to help patients read and understand prescription drug labels, schedule and organize multiple medications, measure dosages, create a medical journal, as well as identify resources for patients who are uninsured. After completing the training, Health Literacy volunteers can provide up to 90 hours of one-on-one or group health literacy

education sessions to patients and/or community residents at various sites (waiting room, group educational workshops, and/or individual appointments). There will also be off-site outreach to senior centers and English as a second language programs. In addition, the project will help senior citizens navigate the new and complex Medicare prescription drug benefit system.

The student volunteers will be involved in health education and community outreach, as important players in a public health intervention. The volunteers will have the opportunity work in a medical environment, develop speaking and teaching skills, and use standardized health education materials. Through this grant, BQLI AHEC is connecting students to health careers and the community to better health.

# National Primary Care Week

Denise McGuigan, MEd,  
NYS AHEC System Education Specialist

In recognition of National Primary Care Week, an event that is celebrated each October at health professions schools nationwide to introduce health professions students to the importance of community-responsive primary care and to encourage their collaboration as members of future health care teams, the New York State AHEC System sponsored many statewide events. Events that were highlighted include:

## Western Region:

- “The Psychology of Terrorism,” a lecture for medical and other health professions students presented by Dr. Thomas Rosenthal, family medicine physician.
- “Primary Care in the Northeastern US,” a lecture for medical and health professions students presented by Dr. Marino Tavarez, family medicine physician.
- “Alafia Theatre Project,” a performance for medical and health professions students that focused on cultural competency issues among health care professionals and providers.
- Hands-on injection workshop for first year medical students.
- Society of Teachers of Family Medicine Northeast Regional Conference, “Leading the Renaissance: Caring for the Whole Person and the Whole Community,” October 27-29 Boston, MA (four medical students attended on full scholarship and three family medicine residents attended).

## Central Region:

The Family Medicine Student Organization sponsored a series of events including:

- “What is Family Medicine,” an introductory lecture presented by Dr. Andrea Manyon, family medicine physician.
- “Dinner with a Family Doctor,” an evening dinner for medical students and family physicians from private practice and a family medicine residency program.
- “Healthcare disparities in Onondaga

County,” a lecture presented by Dr. Cynthia Morrow, County Health Commissioner.

## Eastern Region:

Several events occurred throughout the month of October, rather than during just one week. There is a strong interest in primary care at Albany Medical College and workshops and discussions are scheduled based on student interest, their level of training, and their medical school schedules. The following were the main sessions held during October.

- “Why Did I Choose Family Medicine? Could it Be Right for You?” A presentation by Dr. Peter Forman, family medicine physician.
- “Cultural Diversity Elective Opportunities,” a lecture in which medical students shared their experiences working in inner-city clinics, rural Alaska, Indian Reservations, and much more.
- Primary Care Panel Meeting – Family Medicine, Internal Medicine, and Pediatrics. At a round table discussion, students heard about the rewards of primary care from practitioners in the field.
- “International Medical Experiences – you can do it too! Africa and Beyond” students shared their experiences, pictures and advice.
- SEX 101 (taking a sexual history),” a lecture for medical students presented by Dr. Peter Forman.
- Regional Family Medicine Conference, October 14 at the Albany Marriott, 25 medical students on full scholarships attended.
- Society of Teachers of Family Medicine Northeast Regional Conference, “Leading the Renaissance: Caring for the Whole Person and the Whole Community,” October 27-29 Boston, MA, 44 students attended on full scholarships and three family medicine residents attended.
- Hands-on GYN exam with manikins, a workshop for medical students
- “Birthing,” a workshop given by Dr. Judy Platt, family medicine physician.
- On-going monthly evening lecture series will continue throughout the year given by AMC graduates in family medicine on various clinical and professional topics of interest to the medical students.

## AHEC Investment

(continued from front page)

connect communities in need with the many quality training programs in the state. Neil Calman, MD, New York Metropolitan Region Medical Director, joined with us to develop a statewide AHEC system with a mission of service and minimal bureaucracy.

Besides facilitating community-based education, the dream made economic sense. Our efforts received encouragement from the NYS Business Council, the state Legislature, the Governor and the Department of Health, the Medical Society of the State of New York, the NYS Academy of Family Physicians, the NYS Dental Society, NYS Nursing Association, the Health Care Association of NYS, Hospital Association of NYS, Iroquois Healthcare Association, SUNY, the professional schools of the state, and community leaders. AHEC is the independent broker facilitating health profession schools, communities, State and Federal agencies, and local business to continually improve the quality of health care through community educational experiences.

Our organizational structure spends less than 4% of funding on administration. Leadership resides in the Centers themselves — it is they who serve. New York’s AHECs have been successful beyond even our wildest dreams. This issue of the newsletter focuses on the NYS AHEC System’s next developmental challenge: sustainability. We have asked to be measured by the quality of our service to communities, educators, and business. The New York State AHEC System has been successful in leveraging state and federal funding with new sources of sustainable support to continue our dream.

The unique qualities of the individual AHEC communities have created several entrepreneurial models. Community needs are dynamic and evolving. Making all of New York an effective campus for training tomorrow’s health care team will always require facilitation. Inspired by the success of our Centers described in this newsletter, we hope our readers will offer new, even more creative ways to sustain more opportunities for service.

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## Primary Care

*(continued from front page)*

of CHCANYS, PCDC and the New York State AHEC System. According to Dr. Rugge, the paper was commissioned to “provide an authoritative, national perspective on the opportunity—and the need—for New York to develop a world-class primary care system, one that would match the excellence and the reach



*Panelists David Irvine, DHSc, RPA-C, Thomas Rosenthal, MD and Elvira Szigeti, PhD, provided insight into the factors that included student interest in primary care careers.*

of this state’s academic medical centers.” Dr. Rugge provided his perspective of the three main areas in the “Laying the Foundation” report, 1) the importance of primary care, 2) status in New York State and 3) what needs to be done to improve the state’s health care system.

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## Funding

*(continued from page 3)*

In addition, after four years of planning a \$1.3 million dollar building complex, the Thiel Hospitality House and R-AHEC Learning Center has been constructed in Wyoming County utilizing almost \$500,000 in funding from the Community Foundation for Greater Buffalo (Thiel Trust) and leveraging a USDA Rural Development mortgage. After the first year of operation, the complex is generating revenue as a rural distance-learning training facility and the Hospitality House is supported by colleges and universities for student housing, and the hospital and community are supporting the housing of medical professionals and families in medical crisis.

A panel presentation regarding training and finance issues of physician, nurse practitioner and physician assistant providers featured Thomas C. Rosenthal, MD, Chair, Department of Family Medicine, School of Medicine and Biomedical Sciences, University at Buffalo; Elvira Szigeti, PhD, RN, Dean, College of Nursing, Upstate Medical University; and David Irvine, DHSc, RPA-C, Director, Physician Assistant Program, Albany Medical College. Panelists focused on factors that affect student interest in primary care careers and trends as well as the administrative and finance issues related to training and practice of primary care providers.

Work groups that discussed policy recommendations regarding system redesign/rightsizing, establishing referral linkages, system models; financial support for capital and operational maintenance and improvement; and workforce development. The meeting concluded with a general session on the New York State AHEC System role and contributions to primary care.

New program initiatives are already pending across the state and even more are on the horizon as the State’s new health care reform movement begins to take shape. It is anticipated that all of our centers will experience substantial growth and development over the next several years. As efforts to expand primary care services and to recruit, retain, and sometimes re-train a dramatically changing health workforce move to the forefront of consideration within this massive restructuring initiative, AHECs will (are expected to) find new means to respond. Speaking on behalf of all nine centers, we embrace this challenge and look forward to it!

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## Social Enterprise

*(continued from page 3)*

others miss and improving systems, inventing new approaches and creating sustainable solutions to change their communities for the better. However, unlike business entrepreneurs who are motivated by profits, social entrepreneurs are motivated to improve communities through the application of profits toward community-based programs. Despite this difference, social entrepreneurs are just as innovative and change oriented as their business counterparts, searching for new and better ways to solve the problems that plague their communities.

AHECs are innately eligible to be social enterprises. Charitable giving by individuals, foundations, and corporations was over \$240 billion in the U.S. in 2002. Over the next fifty years there will be an estimated six trillion dollars of intergenerational wealth transfer that will be flowing into this sector. Additionally, most corporations are involved with social sector issues and nonprofit organizations, and do not function in isolation from the society around them.

Philanthropic entities are, in fact, changing their approach to giving and are seeking ways in which to engage in the process facilitation and outcome measures of their contributions. Such approaches have been loosely, but commonly, referred to as “Venture Philanthropy.” A social enterprise approach to engaging venture philanthropists may indeed offer AHECs a viable option for securing funds for innovative products and services intended to better their communities.

NAHEC has worked very hard to embrace not only the concept, but the practice, of social entrepreneurship. The Board of Directors and management have broken new trail and entered new territory. Interestingly, that new territory affords us new opportunities we had never imagined in our business planning as little as 18 months ago. Perhaps that is why they call it an “enterprise.”

## New York State AHEC System Announces 2007 Nurses Week Essay Contest

Nurses have intriguing and poignant stories to tell. Remember that special patient that reminded you of why you are a nurse? The first time as a student you really knew nursing was the right profession for you? The thrill of using your nursing skills and knowledge to care for your patient? AHEC wants to give nurses an opportunity to share their stories with others.

Prizes to be awarded are \$100 for each local AHEC winner and \$200 for the statewide winner. Winners names will be released to the press during Nurses Week (May 7-13, 2007), and published on the New York State AHEC System website and in the New York State AHEC System newsletter, Update.

Entry information is posted on the NYS AHEC System website at [www.ahec.buffalo.edu](http://www.ahec.buffalo.edu). Entries are due by Feb. 1, 2007.

## New York State Area Health Education Center (AHEC) System

### Statewide Office

Director: Thomas C. Rosenthal, MD  
Associate Director Emeritus: L. Thomas Wolff, MD    Associate Director: Mary J. Sienkiewicz, MBA  
Medical Director: John Brewer, MD    Nursing Director: Carol Brewer, PhD, RN  
Evaluation Director: Linda Kahn, PhD    Education Specialist: Denise McGuigan, MSEd  
Project Manager: Andrea Nikischer, MS    Administrative Assistant: Marcela Hernandez

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### Western New York Rural AHEC

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### Eastern Region

Medical School Liaison: Mary F. Smith, PhD  
Regional Director: Steven Schreiber, PhD  
Department of Family & Community Medicine  
Albany Medical College  
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### Hudson Mohawk AHEC

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### Catskill Hudson AHEC

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### Erie Niagara AHEC

Executive Director: Mary Craig  
355 Linwood Avenue  
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[www.enahec.org](http://www.enahec.org)

### New York Metropolitan Region

Medical Director: Neil Calman, MD  
Regional Director: Maxine Golub, MPH  
The Institute for Urban Family Health  
16 E. 16th Street  
New York, NY 10003  
(212) 633-0800

### Bronx-Westchester AHEC

Executive Director:  
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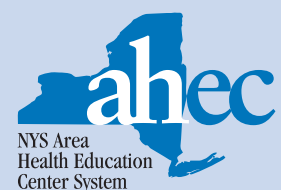
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