LEGAL

- Articles of Incorporation
- By-Laws
- 501(c)3 Application
- Organizational Chart

Biling Fee $20.00

For Use By The Secretary of State

File No. 19870302ND

Fee Paid $20.00

C.B. ----

Date FEB 27 1987

3

NONPROFIT CORPORATION

STATE OF MAINE

ARTICLES OF INCORPORATION

Pursuant to 13-B MRSA §403, the undersigned, acting as incorporator(s) of a corporation, adopt(s) the following Articles of Incorporation:

For Use By The Secretary of State
FILED
January 30, 19 87
Deputy Secretary of State

A True Copy When Attested By Signature
L. Evelin Brower
Deputy Secretary of State

FIRST: The name of the corporation is Katahdin Area Health Education Center

SECOND: The corporation is organized for all purposes permitted under Title 13-B, MRSA, ~~or, if not for all such purposes, then for the following purpose or purposes~~: including, but not limited to, the provision and improvement of the quality, quantity and availability of culturally sensitive health manpower programs and associated educational opportunities in rural Maine.

THIRD: The name of its Registered Agent and address of registered office: (The Registered Agent must be a Maine resident, whose business office is identical with the registered office of a corporation, domestic or foreign, profit or nonprofit, having an office identical with such registered office.)

Name Yvon Labbé

Street & Number 126 College Avenue

City Orono, Maine 04469 (zip code)

FOURTH: The number of directors (not less than 3) constituting the initial board of directors of the corporation, if they have been designated or elected, is 8.

The minimum number of directors (not less than 3) shall be 3 and the maximum number of directors shall be 15.

FIFTH: Members: ("X" one box only)

☒ There shall be no members.

☐ There shall be one or more classes of members, and the information required by §402 is as follows:

SIXTH: ☒ (Check if this article is to apply)

No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in (including the publication or distribution of statements) any political campaign on behalf of any candidate for public office.

SEVENTH: ☒ (Check if this article is to apply. Then *fill in* reference number of *Section 501(c)( )* in first paragraph below.)

Upon the dissolution of the Corporation or the termination of its activities, the assets of the Corporation remaining after the payment of all its liabilities shall be distributed exclusively to one or more organizations organized and operated exclusively for such purposes as shall then qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954, as amended, and as a charitable, religious, eleemosynary, benevolent or educational corporation within the meaning of Title 13B, of the Maine Revised Statutes as amended.

No part of the net earnings of the Corporation shall inure to the benefit of any member, director, or officer of the Corporation, or any private individual (except that reasonable compensation may be paid for services rendered to or for the Corporation in carrying out one or more of its purposes), and no member, director, or officer of the Corporation, or any private individual, shall be entitled to share in the distribution of any of the corporate assets on dissolution of the Corporation.

EIGHTH: Other provisions of these articles, if any, including provisions for the regulation of the internal affairs of the corporation, and distribution of assets on dissolution or final liquidation:

A. The number of persons constituting the initial Board of Directors is eight (8) and the names and addresses of the persons who are to serve as the initial (incorporating) Board of Directors (until the 1987 annual meeting) are listed as follows:

Wayne A. Newell, Indian Township, via Princeton, Maine
Yvon A. Labbé, Alton, Maine
Brian F. Altvater, Pleasant Point, via Perry, Maine
Carol L. Hollenbeck, Milford, Maine
Bonnie Post, Owl's Head, Maine
Phillip Guimond, Old Town, Maine
Richard Doyle, Pleasant Point, Perry, Maine
Steven Dawson, Calais, Maine

B. See Exhibit #1, sections (i), (ii) and (iii), attached.

Dated: 12/4/86

INCORPORATORS	ADDRESSES
Wayne A. Newell (signature)	Street Box 97 Indian Township
Wayne A. Newell (type or print name)	Princeton, Maine 04668 (city, state and zip code)
Yvon A. Labbé (signature)	Street 126 College Avenue
Yvon A. Labbé (type or print name)	Orono, Maine 04469 (city, state and zip code)
Brian Altvater (signature)	Street Pleasant Point
Brian Altvater (type or print name)	via Perry, Maine 04667 (city, state and zip code)
(signature)	Street Red Beach River Road
Steven Dawson (type or print name)	Calais, Maine 04619 (city, state and zip code)
Bonnie Post (signature)	Street 11 Parkwood Drive
Bonnie Post (type or print name)	Augusta, Maine 04330 (city, state and zip code)

Exhibit #1

B. (i) Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3)of the Internal Revenue Code, or corresponding section of any future federal tax code.

(ii) No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

(iii) Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by the Court of appropriate jurisdiction in the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

BY-LAWS
KATAHDIN AREA HEALTH EDUCATION CENTER

Article I: Name and Purpose

1.1 Name The name of this corporation shall be the Katahdin Area Health Education Center.

1.2 Purposes The purposes of the corporation shall be as set forth in the Articles of Incorporation.

Article II: Directors

2.1 Designation The directors of the corporation shall consist of the following:
- (a) Fifteen directors as indicated under sections 2.2, 2.3 and 2.4 below.
- (b) The Executive Director of the corporation, if any, by reason of his or her office shall be an ex officio director, as shall the Director of the University of New England's AHEC program.

2.2 Selection of Directors Members of the Board of Directors shall be elected by the Board of Directors from individuals nominated as follows:
- (a) Two representatives (one consumer and one from a health or educational institution) nominated by each of the three Regional Councils noted under Article VIII,
- (b) One represetative nominated by the four Tribal health directors in Maine acting as the Maine Indian Health Coalition,
- (c) One representative nominated by the board of Northern Maine Action for Franco Americans in Maine,
- (d) One representative nominated by the board of the Maine Ambulatory Care Coalition,
- (e) One representative nominated by the board of the Central Maine Indian Association,
- (f) One representative nominated by the board of the Maine Consortium for Health Professional Education,
- (g) One representative nominated by the commisioner of the Maine Department of Human Services,
- (h) Two representatives from participating educational institutions nominated by the KAHEC board's nominating committee, and
- (i) One at-large representative nominated by the KAHEC board's nominating committee.

2.3 Dissolution of Nominating Organization In the event of the dissolution of any of the nominating organizations noted under section 2.2 (b), (c), (d), (e), (f) or (g) above, the KAHEC board shall amend these by-laws consistent with Article XIII to ensure that a succeeding or comparable organization is designated as a nominating organization.

2.4 Nonparticipation by Nominating Organization In the event that any board of a nominating organization noted under section 2.2 (b), (c), (d), (e), (f) or (g) above fail to nominate a candidate for election to the KAHEC Board of Directors within the ninety days of being notified via a letter to it's principal officer, the KAHEC board shall amend these by-laws consistent with Article XIII to ensure that a comparable or otherwise representative organization consistent with the purposes of this corporation and applicable state or federal laws or regulations is designated as a nominating organization.

2.5 Term of Office Directors shall serve elective terms of two years, except for the Executive Director, and UNE AHEC Director who shall serve ex officio until the termination of his or her employment. At least seven Board members shall be elected on a staggered basis at each annual meeting.

2.6 Limitation of Terms No director shall serve for more than five terms consecutively, and any director so having served shall not be re-seated on the Board until the passage of one year from the termination of his or her last term as director, except that there shall be no limitation of terms for the Executive Director.

2.7 Initial Board The initial or incorporating board of directors shall consist of those individuals noted on the initial Articles of Incorporation of the KAHEC. The incorporating board may elect additional members, consistent with section 2.2, 2.3 and 2.4 above, prior to the KAHEC's 1987 annual meeting if it deems such action to be in the best interest of the purposes of the corporation. At said 1987 annual meeting, lots shall be drawn by incorporating board members (excepting the officers of said incorporating board) to select which members shall be placed in nomination together with additional individuals, if any, nominated for election or re-election consistent with section 2.3 above. This section (2.7) shall cease to be operative following said 1987 annual meeting.

Article III: Board of Directors

3.1 Powers The directors, when duly convened upon notice to all directors, shall control the business and affairs of the corporation.

3.2 Annual Meeting The directors of the corporation shall meet at an annual meeting to be held during the third week of October of each year except that another date not more than thirty days before or after such date may be set by a majority of the Board of Directors. The prinicpal business of the annual meeting shall be the annual reports of the President and the Treasurer to the Board of Directors, the election of officers, and the election of Directors to nondesignated seats upon recommendation of the Board's nominating committee.

3.3 Regular Meetings A regular meeting of the Board of Directors shall be held at least every other calendar month of the year at such place and on such day of the month and at such hours as the Board shall determine by majority vote, and for such purpose the annual meeting of the corporation shall constitute one such regular meeting.

ARTICLE IV: OFFICERS

4.1 Designation The corporation shall have as its officers a President, Vice-President, Treasurer and Secretary. Officers of the corporation shall be officers of the Board of Directors. The officers shall supervise the business of the corporation between the meetings of the Board of Directors.

4.2 Selection of Officers The officers shall be elected by majority vote at the annual meeting, after the election of directors, to serve until the next annual meeting. The Executive Director or other staff may not serve as officers.

ARTICLE V: Powers and Duties of Officers

5.1 President The President shall act as facilitator and presiding officer at all meetings of the officers, Board of Directors or the corporation, and see that an agenda is developed prior to each meeting. The President shall be primarily responsible for communicating with and overseeing the fuctioning of the Executive Director of the corporation. The President shall have the power to sign and execute all contracts and other obligations in the ordinary course of the business of the corporation and in the name and on behalf of the corporation upon authorization of the board. The President shall also be an ex officio member of all committees or councils, make an annual report on the activities of the corporation, and perform such other duties as are or may be prescribed by law, these bylaws, or the Board of Directors.

5.2 Vice-President The Vice-President shall have, in the absence or disability of the President, all the powers of the President and may perform and execute the duties of the President under such circumstances.

5.3 Treasurer The Treasurer, under the direction of Board of Directors, shall have the supervision and control of the collection, holding and disbursement of all of the funds of the corporation. The Treasurer shall cause to be kept accurate accounts and books of account of all financial transactions of the corporation. The Treasurer shall have the supervision of the collection of all monies due to the corporation and the deposit of the same in the name of the corporation, as may be designated by the Board of Directors. At each annual meeting of the corporation the Treasurer shall make in writing a report of the business and conditions of the corporation. These reports shall be preserved upon the records of the corporation. The Treasurer shall furnish from time to time such other reports regarding the business and conditions of the corporation as may be requested by the Board of Directors. If the Board requires it, the Treasurer shall give such bond in such amount as the Board shall determine.

5.4 Secretary The Secretary shall keep the records of the corporation, including the original or a complete copy of these bylaws with any amendments thereto, and shall keep the minutes of the annual meeting and of all meetings of the officers or the Board of Directors. The Secretary shall perform such other duties as are or may be prescribed by law, these bylaws or by the Board of Directors.

Article VI: Staff

6.1 Executive Director The Board of Directors may hire or employ an Executive Director, who shall be an ex officio member of the Board. His or her period of employment shall be determined by the Board of Directors and he or she shall serve at the pleasure of the Board. The Executive Director shall be the Chief Administrative Officer of the corporation. The amount of compensation paid to the Executive Director shall be fixed by the Board of Directors.

6.2 Other Staff The staff shall be hired by the Executive Director upon the policies adopted by the Board.

Article VII: Meeting Procedures

7.1 Quorum The presence of a majority of the Board of Director shall constitute a quorum and shall be necessary to conduct the business of the corporation. If a quorum is not present, a lesser number of directors may adjourn a meeting and the meeting may then be held, as adjourned, without additional notice for discussion purposes only.

7.2 Voting At all such meetings each director shall have one and only one vote. There shall be no voting by proxy. Votes shall be taken by voice vote. Decisions at all meetings shall be made by consensus, except that, consensus failing, at the second meeting at which a matter is discussed the decision may be made by majority vote except as otherwise provided by law or by these bylaws.

7.3 Notice Notice or call of any annual meeting or regular or special meetings of the Board of Directors shall be given by the Secretary or, case of his or her absence, by the President. An agenda shall be included with the notice. Notice for all meetings shall be made at least seven days in advance.

7.4 Place of Meeting Meetings of the Board of Directors may be held at such place as shall be determined by the Board.

7.5 Reimbursement of Expenses The Board of Directors may, but shall not be required to reimburse the members of the Board for their reasonable expenses incurred in attending meetings of the Board. Nothing herein shall prohibit the corporation from reimbursing its directors, officers, or members of committees, subcommittees, advisory groups, councils or staff for reasonable expenses incurred in attendance at meetings or for other actual expenses incurred in the conduct of business for the corporation.

7.6 Rules of Order Questions on procedure for all members of the Board of Directors Committees, Committees and Councils shall be resolved by Robert's Rules of Order, Newly Revised, except as otherwise provided by these bylaws.

Article VIII: Regional Councils and Committees

8.1 Creation of Regional Councils The Board of Directors may authorize the creation, prescribe the selection process and terms, fix the number of members, and define the powers and duties of such Regional Councils as may, from time to time be useful in the conduct of the business of the corporation. Each Council shall select its own Chairperson who must be a member of the Board of Directors. Regional Council members may or may not be members of the Board.

8.2 Regional Council Procedures The Regional Council chairperson may appoint members of subcommittees who may or may not be members of the Board. Each Regional Council may adopt rules for its own government not inconsistent with law, these by-laws or rules and regulations adopted by the Board upon review and formal approval of the Board. Reports of Regional Councils shall be advisory only and shall not be binding on the corporation or the Board. A majority of the members of a Regional Council shall constitute a quorum of the Council and the act of a majority of the members present and voting at a meeting at which a quorum is present shall be the act of the Regional Council.

Article IX: Board Committees

9.1 Creation of Committees The Board of Directors may authorize the creation, prescribe the terms, fix the number of members, and define the powers and duties of such standing committees, or ad hoc and study committees as may, from time to time be useful in the conduct of the business of the corporation. The committee members shall be appointed by the President and each committee shall select its own Chairperson who must be a member of the Board of Directors. Committee members may or may not be members of the Board.

9.2 Committee Procedures The committee chairperson may appoint members of sub-committees who may or may not be members of the Board. Each committee may adopt rules for its own government not inconsistent with law, these bylaws or rules and regulations adopted by the Board. Reports of committees shall by advisory only and shall not be binding on the corporation or the Board. A majority of the members of the committee shall constitute a quorum of the committee and the act of majority of the members present and voting at a meeting at which a quorum is present shall be the act of the committee.

Article X: Conflicts of Interest

10.1 Disclosure Directors, members of committees or councils, and employees shall have an affirmative obligation to disclose the following at any meeting of the Board or its committees or councils:

(a) membership in any organization applying for technical assistance, funds or any other assistance from the corporation.

(b) a financial relationship, whether direct or indirect, with any organization applying for technical assistance, funds or any other assistance from the corporation.

(c) a substantial consultation or assistance in the preparation of an application for technical assistance, funds or any other assistance from the corporation.

(d) any relationship or actions which would tend to raise the appearance of impropriety on the part of the member of a committee, council, director or employee.

10.2 Directors members of committees or councils, and employees shall abstain from voting on any issue before the Board, or its committees or councils consistent with section 10.1 (a), (b), (c), or (d) above.

Article XI: Fiscal Year

The fiscal year of the corporation shall be Oct. 1 to Sept. 30 unless otherwise determined by the Board of Directors.

Article XII: Audits

The books and records of this corporation shall be audited at least on an annual basis. The audit shall be performed by a independent and qualified individual agreed to by the Board of Directors of this corporation.

Article XIII: Amendments

These bylaws may be amended, altered or repealed by two-third (2/3) vote of the directors present and voting at any legal meeting of the Board of Directors of the corporation at which a quorum is present if at least ten (10) working days written notice has been given to all directors that the matter of amendment, alteration or repeal would be taken up at the meeting.

Said notice shall include the nature and rationale for any amendment, alteration or repeal, together with suggested wording, if applicable.

CERTIFICATION

The above Bylaws of the Katahdin Area Health Education Center were passed by the Board of Directors of said corporation by a vote of 8 for and 0 against at a duly noticed regular meeting of the Board on the day of December 1986 at which 8 members of the Board were in attendance.

_____

Secretary
Katahdin Area Health Education Center

Form **1023**
(Rev. March 1986)
Department of the Treasury
Internal Revenue Service

Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code

For Paperwork Reduction Act Notice, see page 1 of the instructions.

OMB No. 1545-0056
Expires 3-31-89

To be filed in the key district for the area in which the organization has its principal office or place of business.

This application, when properly completed, constitutes the notice required under section 508(a) of the Internal Revenue Code so that an applicant may be treated as described in section 501(c)(3) of the Code, and the notice required under section 508(b) for an organization claiming not to be a private foundation within the meaning of section 509(a). **(Read the instructions for each part carefully before making any entries.)** If required information, a conformed copy of the organizing and operational documents, or financial data are not furnished, the application will not be considered on its merits and the organization will be notified accordingly. Do not file this application if the applicant has no organizing instrument (see Part II).

Part I Identification

1 Full name of organization
Katahdin Area Health Education Center

2 Employer identification number (If none, see instructions)
Application attached

3a Address (number and street)
WCVTI #10, River Road

Check here if applying under section:
☐ 501(e) ☐ 501(f) ☐ 501(k)

3b City or town, state, and ZIP code
Calais, Maine 04619

4 Name and telephone number of person to be contacted
Deborah Wheaton (207) 454-2144

5 Month the annual accounting period ends
September

6 Date incorporated or formed
1/22/87

7 Activity codes
059 | 123 | 179

8 Has the organization filed Federal income tax returns or exempt organization information returns? . . . . . ☐ Yes ☒ No
If "Yes," state the form number(s), years filed, and Internal Revenue office where filed.

Part II Type of Entity and Organizational Document (see instructions)

Check the applicable entity box below and attach a **conformed** copy of the organization's organizing document and bylaws as indicated for each entity.

☒ Corporation—Articles of incorporation and bylaws. ☐ Trust—Trust indenture. ☐ Other—Constitution or articles of association and bylaws.

Part III Activities and Operational Information

1 What are or will be the organization's sources of financial support? List in order of size.

1. U.S. Dept. of Health and Human Services
   Public Health Service
   Office of Health Professions
   (Catalog of Federal Domestic Assistance #130824)
2. Public (federal,state) and private grants and/or contracts

2 Describe the organization's fund-raising program, both actual and planned, and explain to what extent it has been put into effect. (Include details of fund-raising activities such as selective mailings, formation of fund-raising committees, use of professional fund raisers, etc.) Attach representative copies of solicitations for financial support.

In cooperation with and under sponsorship of the College of Osteopathic Medicine of the University of New England (Biddeford, Maine), a proposal has been submitted for three (3) years of funding from the U.S. Dept. of Health and Human Services, Public Health Service, Office of Health Professions (reference catalog of Federal Domestic Assistance #130824).

declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and I have examined this application, including the accompanying statements, and to the best of my knowledge it is true, correct, and complete.

X Bonnie Post — (Signature)
President — (Title or authority of signer)
1/22/87 — (Date)

Part III Activities and Operational Information (Continued)

3 Give a **detailed** narrative description of the organization's past, present, and proposed future activities, and the purposes for which was formed. The narrative should identify the specific benefits, services, or products the organization has provided or will provide. If th organization is not fully operational, explain what stage of development its activities have reached, what further steps remain for it to become fully operational, and when such further steps will take place. (**Do not state the purposes and activities of the organization in general terms or repeat the language of the organizational documents.**) If the organization is a school, hospital, or medical research organization, include enough information in your description to clearly show that the organization meets the definition of that particular activity that is contained in the instructions for Part VI-A.

In 1985, a group of health workers, community leaders and academics met to discuss ways in which the provision of health professions education could be enhanced in rural (norhtern) Maine, an area of serious socio-econonmic depression. From that interaction, a proposal for planning funds was submitted by the University of New England to the U.S. Dept. of Health and Human Services (c.f.d.a. #13.824) to develop an "area health education center" that would: a)Develop and support clinical training and education for physcian and other health professions students in rural areas b) Develop/expan and support continuing professional education programs for health professionals in rural areas., and c) Develop and support projects to encourage Native Americans, Franco-Americans and other minority and/or disadvantaged populations to undertake educational activities leading to the health professions. An active advisory committee has met on a monthly basis, has met with representatives of health, educational, Native American, Franco-American and other appropriate groups,has conducted a regional needs assessment, and participated with University of New England staff in developing multi-year plans and funding proposals. Currently the incorporation process is being finalized and a director and secretary are being hired.

4 The membership of the organization's governing body is:

a Names, addresses, and titles of officers, directors, trustees, etc.	**b** Annual compensation
Board of Directors: Bonnie Post, Owls Head, ME (President) Richard Doyle, Pleasnt Point Reservation, Perry, ME Vice-Pres. Carol Hollenbeck, Milford, ME (Secretary) Yvon Labbe, Alton, ME (Treasurer) Wayne Newell, Indian Township, Princeton, ME Brian Altvater, Pleasant Point Reservation, Perry, ME Phillip Guimond, Old Town, ME Steven Dawson, Calais, ME	N O N E

Part III Activities and Operational Information (Continued)

c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? . . . . . ☐ Yes ☒ No
If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons?" (See the Specific Instructions for line 4d.) . . . . ☐ Yes ☒ No
If "Yes," explain.

e Have any members of the organization's governing body assigned income or assets to the organization, or is it anticipated that any current or future member of the governing body will assign income or assets to the organization? . . . . . ☐ Yes ☒ No
If "Yes," attach a complete explanation stating which applies and including copies of any assignments plus a list of items assigned.

5 Does the organization control or is it controlled by any other organization? . . . . . ☐ Yes ☒ No
Is the organization the outgrowth of another organization, or does it have a special relationship to another organization by reason of interlocking directorates or other factors? . . . . . ☐ Yes ☒ No
If either of these questions is answered "Yes," explain.

6 Is the organization financially accountable to any other organization? . . . . . ☒ Yes ☐ No
If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

To the U. S. Dept. of Health and Human Services, Public Health Service, Office of Health Professions through the University of New England, College of Osteopathic Medicine.

7 a What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken.

Basic Office Equipment

b To what extent have you used, or do you plan to use, contributions as an endowment fund, i.e., hold contributions to produce income for the support of your exempt activities?

Not at all.

8 Will any of the organization's facilities be managed by another organization or individual under a contractual agreement? . . . . . ☐ Yes ☒ No
If "Yes," attach a copy of each contract and explain the relationship between the applicant and each of the other parties.

Part III Activities and Operational Information (Continued)

9 a Have the recipients been required or will they be required to pay for the organization's benefits, services, or products? . . . . . [X] Yes [ ] No

If "Yes," explain and show how the charges are determined.

Health professions students and/or health professionals may be charged fees that will cover part or all of the costs of providing educational and training programs.

b Does or will the organization limit its benefits, services, or products to specific classes of individuals? . . . . [X] Yes [ ] No

If "Yes," explain how the recipients or beneficiaries are or will be selected.

Health professions students, health professionals and/or minority disadvantaged individuals.

10 Is the organization a membership organization? . . . . . [ ] Yes [X] No

If "Yes," complete the following:

a Describe the organization's membership requirements and attach a schedule of membership fees and dues.

b Describe your present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotional material used for this purpose.

c Are benefits, services, or products limited to members? . . . . . [ ] Yes [ ] No

If "No," explain.

11 Does or will the organization engage in activities tending to influence legislation or intervene in any way in political campaigns? . . . . . [ ] Yes [X] No

If "Yes," explain. (**Note:** *You may wish to file* ***Form 5768****, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation.)*

12 Does the organization have a pension plan for employees? . . . . . [ ] Yes [X] No

13 a Are you filing Form 1023 within 15 months from the end of the month in which you were created or formed as required by section 508(a) and the related regulations? (See General Instructions.). . . . . [X] Yes [ ] No

b If you answer "No," to 13a and you claim that you fit an exception to the notice requirements under section 508(a), attach an explanation of your basis for the claimed exception.

c If you answer "No," to 13a and section 508(a) does apply to you, you may be eligible for relief under regulations section 1.9100 from the application of section 508(a). Do you wish to request relief? . . . . . [ ] Yes [ ] No

d If you answer "Yes," to 13c, attach a detailed statement that satisfies the requirements of Rev. Proc. 79-63.

e If you answer "No," to both 13a and 13c and section 508(a) does apply to you, your qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider your application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date you were formed (see instructions)? . . . . . [ ] Yes [ ] No

Part IV Statement as to Private Foundation Status (see instructions)

1 Is the organization a private foundation? . . . . . [ ] Yes [X] No

2 If you answer "Yes," to question 1 and the organization claims to be a private operating foundation, check here ▶ [ ] and complete Part VII.

3 If you answer "No," to question 1, indicate the type of ruling you are requesting regarding the organization's status under section 509 by checking the box(es) below that apply:

a Definitive ruling under section 509(a)(1), (2), (3), or (4) ▶ [ ]. Complete Part VI.

b Advance ruling under ▶ [X] sections 509(a)(1) and 170(b)(1)(A)(vi) or ▶ [ ] section 509(a)(2)—see instructions.

(**Note:** *If you want an advance ruling, you* ***must*** *complete and attach two Forms 872-C to the application.)*

Part V Financial Data

Statement of Support, Revenue, and Expenses for the period beginning October 1, **19** 86, **and ending** September 30, **19** 87.

Note: *Complete the financial statements for the current year and for each of the three years immediately before it. If in existence less than four years, complete the statements for each year in existence.* ***If in existence less than one year, also provide proposed budgets for the two years following the current year.***

Support and Revenue	1	Gross contributions, gifts, grants, and similar amounts received	1	10,400.00
	2	Gross dues and assessments of members	2	
	3 a	Gross amounts derived from activities related to organization's exempt purpose (attach schedule)		
	b	Minus cost of sales	3c	
	4 a	Gross amounts from unrelated business activities (attach schedule)		
	b	Minus cost of sales	4c	
	5 a	Gross amount received from sale of assets, excluding inventory items (attach schedule)		
	b	Minus cost or other basis and sales expenses of assets sold	5c	
	6	Investment income (see instructions)	6	
	7	Other revenue (attach schedule)	7	
	8	**Total support and revenue**	8	10,400.00
Expenses	9	Fundraising expenses	9	
	10	Contributions, gifts, grants, and similar amounts paid (attach schedule)	10	
	11	Disbursements to or for benefit of members (attach schedule)	11	
	12	Compensation of officers, directors, and trustees (attach schedule)	12	2,759.60
	13	Other salaries and wages	13	793.00
	14	Interest	14	
	15	Rent	15	900.00
	16	Depreciation and depletion	16	
	17	Other (attach schedule)	17	2,129.84
	18	**Total expenses**	18	6,582.44
	19	Excess of support and revenue over expenses (line 8 minus line 18)	19	3,817.56

Balance Sheet
(at the end of the period shown above)

Assets			
20 Cash: a Interest bearing accounts	20a	5,325.13	
b Other	20b		
21 Accounts receivable, net	21		
22 Inventories	22		
23 Bonds and notes (attach schedule)	23		
24 Corporate stocks (attach schedule)	24		
25 Mortgage loans (attach schedule)	25		
26 Other investments (attach schedule)	26		
27 Depreciable and depletable assets (attach schedule)	27		
28 Land	28		
29 Other assets (attach schedule)	29		
30 **Total assets**	30	5,325.13	
Liabilities			
31 Accounts payable	31		
32 Contributions, gifts, grants, etc., payable	32		
33 Mortgages and notes payable (attach schedule)	33		
34 Other liabilities (attach schedule)	34		
35 **Total liabilities**	35		
Fund Balances or Net Worth			
36 Total fund balances or net worth	36	5,325.13	
37 **Total liabilities and fund balances or net worth** (line 35 plus line 36)	37	5,325.13	

If there has been any substantial change in any aspect of your financial activities since the period shown above ended, check the box and attach a detailed explanation ☐

Part VI Non-Private Foundation Status (Definitive ruling only)

A.—Basis for Non-Private Foundation Status (Check one of the boxes below.)

The organization is not a private foundation because it qualifies as:

	✓	Kind of organization	Within the meaning of	Complete
1		a church or a convention or association of churches	Sections 509(a)(1) and 170(b)(1)(A)(i)	
2		a school	Sections 509(a)(1) and 170(b)(1)(A)(ii)	
3		a hospital or a cooperative hospital service organization or a medical research organization operated in conjunction with a hospital	Sections 509(a)(1) and 170(b)(1)(A)(iii)	
4		a governmental unit described in section 170(c)(1)	Sections 509(a)(1) and 170(b)(1)(A)(v)	
5		being organized and operated exclusively for testing for public safety	Section 509(a)(4)	
6		being operated for the benefit of a college or university that is owned or operated by a governmental unit	Sections 509(a)(1) and 170(b)(1)(A)(iv)	Part VI.—B
7		normally receiving a substantial part of its support from a governmental unit or from the general public	Sections 509(a)(1) and 170(b)(1)(A)(vi)	Part VI.—B
8		normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions)	Section 509(a)(2)	Part VI.—B
9		being operated solely for the benefit of or in connection with one or more of the organizations described in 1 through 4, or 6, 7, and 8 above	Section 509(a)(3)	Part VI.—C

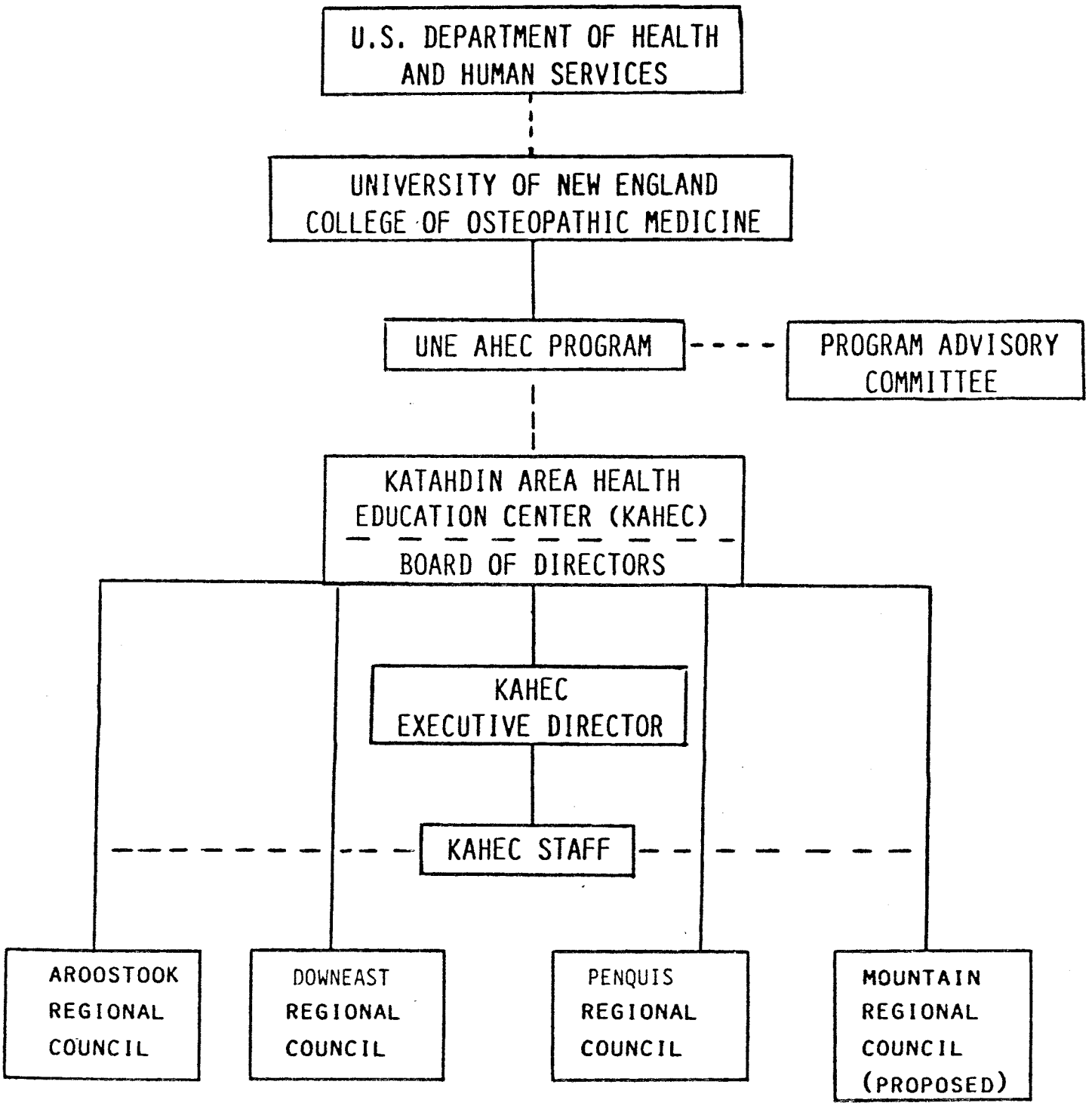
B.—Analysis of Financial Support (Complete if you checked box 6, 7, or 8 above.)

	(a) Most recent tax year 19 ..87..	(Years next preceding most recent tax year) (b) 19 ..88..	(c) 19 ..89..	(d) 19 .90..	(e) Total
1 Gifts, grants, and contributions received	$48,714.00	$405,649.00	$472,762.00	$373,568.00	$1,300,693.00
2 Membership fees received					
3 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513					
4 Gross investment income (see instructions for definition)					
5 Net income from organization's unrelated business activities not included on line 4					
6 Tax revenues levied for and either paid to or spent on behalf of the organization					
7 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge)					
8 Other income (not including gain or loss from sale of capital assets)—attach schedule					
9 Total of lines 1 through 8	$48,714.00	$405,649.00	$472,762.00	$373,568.00	$1,300,693.00
10 Line 9 minus line 3					
11 Enter 2% of line 10, column (e) only					26,013.

12 If the organization has received any unusual grants during any of the above tax years, attach a list for each year showing the name of the contributor, the date and amount of grant, and a brief description of the nature of such grant. Do not include such grants on line 1 above—(See instructions).

(continued on next page)

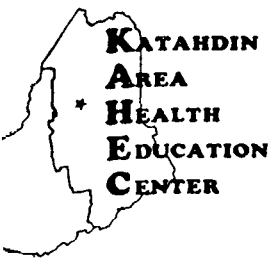
AHEC/KAHEC Organizational Structure



SOLID LINES INDICATE DIRECT AUTHORITY/LEGAL RELATIONSHIP
DOTTED LINES INDICATE COOPERATIVE/COLLABORATIVE RELATIONSHIP

BOARD OF DIRECTORS

MINUTES/DEVELOPMENT



KATAHDIN AREA HEALTH EDUCATION CENTER

Serving the Other Maine

KAHEC CENTRAL
222 East Annex Bldg.
Beddington Road
Orono ME 04469
(207) 581-2371

KAHEC DOWNEAST
WCVTI #10
River Road
Calais, ME 04619
(207) 454-2144 Ext. 48

KAHEC PENQUIS
18 Belfast Hall
Texas Avenue
Bangor, ME 04401
(207) 581-6038

KAHEC AROOSTOOK
Northern Me. Med. Ctr.
43 East Main Street
Fort Kent, ME 04743
(207) 834-3114

BOARD OF DIRECTORS

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Health Planner
Passamaquoddy Tribe
Pleasant Point
Perry, Maine 04667

TREASURER
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Administrative Director
Downeast Health Services, Inc.
3 Oak Street
Ellsworth, Maine 04605

SECRETARY
Yvon Labbe
Director, Franco-American
Resource Opportunity Group
126 College Avenue
Orono, Maine 04469

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University of Maine
Orono, Maine 04469

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Passamaquoddy Tribe
Pleasant Point
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Executive Director
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Professions Education
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Fort Kent, Maine 04743

Bonnie Post, Director
Maine Ambulatory Care Coalition
233 Water Street, PO Box 2508
Augusta, Maine 04330-2508

BOARD OF DIRECTORS Continued

Randy Schwartz, MPH
Bureau of Health
State House Station 11
Department of Human Services
Augusta, Maine 04333

Carole Webber, RN
Director of Nursing
Oceanview Nursing Home
Lubec, Maine 04652

AS OF JUNE, 1988

KAHEC BOARD OF DIRECTORS (Initial)

President	Bonnie Post, Executive Director	Maine Ambulatory Care Coalition
Vice Pres.	Richard Doyle, Health Planner	Passamaquoddy Tribe Pleasant Point
Treasurer	Yvon Labbe, Executive Director	Franco-American Resource Opportunity Group, University of Maine
Secretary	Carol Hollenbeck	Central Maine Indian Association
	Philip Guimond, Health Director	Penobscot Tribe Indian Island
	Wayne Newell, Health Director	Passamaquoddy Tribe Indian Township
	Deborah Wheaton, Director	Technical Nursing Program Washington County Vocational and Technical Institute
	Steven Dawson, Clinical Psychologist	
	Brian Altvater, Health Director	Passamaquoddy Tribe Pleasant Point

UNE AHEC PROGRAM

KAHEC Organization Meeting
January 28,1986
Houlton

Participants:

Maliseet Band: Carol Nickerson, Health Director; Norma Fortin, Health Planner
Passamaquoddy Tribe: (Indian Township) Bo Yerxa, Heath Planner;
(Pleasant Point) Brian Altivater, Health Director; Richard Doyle, Health Planner
Penobscot Tribe: Philip Guimond, Health Director
UNE AHEC Program: Shirl Weaver

Discussion

The meeting was convened at approximately 10:00a.m. by Carol Nickerson, meeting hostess, with Bo Yerxa serving as meeting facilitator until Shirl Weaver's arrival. The committee discussed a series of issues:

1. AHEC Programs: Shirl Weaver distributed to each of the members a notebook containing a descriptions of each of the federal AHEC programs, and encouraged each to scan the program descriptions as a means of getting some ideas about the kinds of programs that could be incorporated within KAHEC. Discussion of the descriptions was deferred to a latter meeting.

2. Resources/KAHEC Membership: Norma Fortin reviewed a list of northern Aroostook County health care agencies she compled (attached.) In the discussion, Norma offered to expand her list to include all of Aroostook County, and Bo Yerxa agreed to compile a similar list for Washington County. Shirl Weaver reviewed two lists of possible resource persons, one suggested by Yvon Labbe and Claire Bolduc and a second suggested by Bonnie Post of the Maine Ambulatory Care Coalition. The list proposed by Labbe and Bolduc pointed up the presence of additional bilinqual ethnic groups (Irish and Swedish) in Aroostook County. The members proposed that Shirl formally invite the Maine Ambulatory Care Coalition to appoint a representative to the KAHEC Planning Committee. There was general agreement that additional committee members will be identified through the needs assessment process.

3. KAHEC Themes: In an extended discussion regarding KAHEC programs, individual members described their views on the focus and perspective of KAHEC programs. There was consensus on four themes: emphasis of programs should be on health education/promotion; health professions student training, in particular, should provide trainees with insight into the rural culture and rural human services systems; all programs should be developed from the perspective of comprehensive health care (public health orientation); and all programs should consciously attend to cultural issues. The tribal community health services, described as

providing comprehensive primary health care through professional services and educational programs offered by physicians, physicians assistants, dentists, nurses, nutritionists, substance abuse counsellors, and social workers, were proposed as the model for public/comprehensive health care. In the discussion regarding culturally sensitive training programs, a number of individuals were proposed as possible resource persons:

Berry Dana (Penobscot school staff person)
Dr. Frank Seibert (Orono, bilinqual specialist)
Joe Nicholas (Passamaquoddy language instructor)
Gilbert Albert (UMK, Franco-American bilinqual education)

4. Revision of the Budget: Shirl Weaver proposed changes in the first year budget to facilitate the work of the Planning Committee. Members endorsed the proposal for hiring an on-site field coordinator, contracting the services of a part-time secretarybe to support the work of the Committee, and expanding the travel budget to support Committee members' travel.

5. Needs Assessment Planning: A discussion regarding a process to identify the central issues which KAHEC programs should address, ended in a proposal that the next meeting focus on clarifying a productive process. Shirl Weaver proposed that a resource person be sought who could participate in the next meeting to assist the committee exploring options. Norma Fortin agreed to approach a UMO faculty member whose expertise in community development might be useful to the group. Shirl Weaver proposed that the UNE Undergraduate Dean, Mike Morris might also be a useful resource person.

6. NEXT MEETING: The next meeting will be Wednesday, February 12, at Indian Island.

7. The meeting adjourned at 4:00 p.m.

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UNE AHEC PROGRAM

KAHEC Organization Meeting
February 12, 1986
Indian Island

Participants:

Central Maine Indian Association: Carol Hollenbeck, Communications Specialist
F.A.R.O.G.: Yvon Labbe, Director
Maliseet Band: Norma Fortin, Health Planner
Passamaquoddy Tribe: (Indian Township) Wayne Newell, Health Director; Bo Yerxa, Health Planner
(Pleasant Point) Brian Altivater, Health Director; Richard Doyle, Health Planner
Penobscot Tribe: Philip Guimond, Health Director; Pat Knox, Health Planner
UNE AHEC Program: Mike Morris, Shirl Weaver

Discussion:

Phil Guimond, meeting host, convened the meeting at 11:00 a.m. and turned the meeting over to Shirl Weaver. Following introductions of new members, Shirl Weaver briefly summarized the previous meetings and proposed that the day's meeting be devoted to re-examining the question of what means should be used to determine the issues to be addressed by the KAHEC. She turned the meeting over to Mike Morris to facilitate a group process intended to help the committee members (1) clarify their own thinking about the KAHEC, and (2) to illustrate one type of group process which could be used for a large needs assessment forum. The remainder of the day was devoted to a formal group process which allowed members to:

- express their concerns about the KAHEC concept/process;
- clarify their expectations for the day's meeting;
- specify problems, needs and opportunities the KAHEC might address;
- confirm whether they supported producing a regional forum;
- establish categories for forum participants;
- propose a list of resource persons to assist in the development of the needs assessment forum;
- evaluate the group process

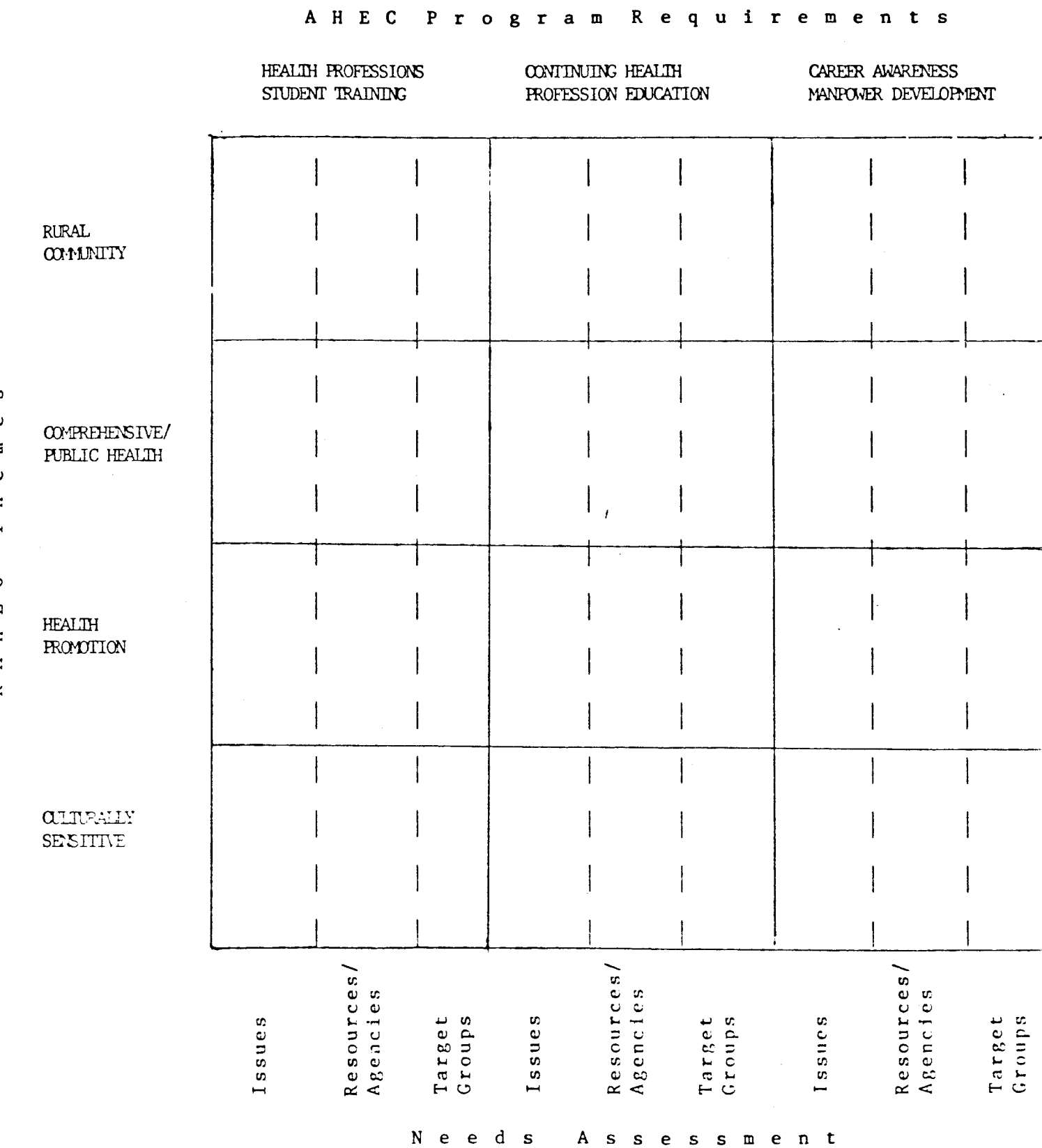
Conclusions:

The attached documents describe the outcomes of the group process. The committee members expressed satisfaction with the group process. They endorsed the idea of a regional forum and the use of a similar group process. It was agreed that Shirl Weaver should contact the resource people to invite them to participate in the next meeting and then forward to each of them a description of the KAHEC project. It was also agreed that each member would develop and bring to the next meeting a list of names of individuals (including addresses) within their communities/contacts, representing as many of the KAHEC forum participant categories as is appropriate.

The next meeting is scheduled for March 20, 1986, with Yvon Labbe as host. The meeting will be held at the Labor Education Center Conference Room on the UMO campus (128 College Avenue, Orono).

The meeting adjourned at 3:30 p.m.

K A H E C P L A N N I N G



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ELEVEN HILLS BEACH ROAD, BIDDEFORD, MAINE 04005 (207) 283-0171

UNE AHEC PROGRAM

KAHEC Organization Meeting
March 20,1986
U of Maine, Orono

Participants:

Brian Altvater, Claire Bolduc, Richard Doyle, Norma Fortin, Phil Guimond, Yvon Labbe, Mike Morris, Wayne Newell, Bonnie Post, Shirl Weaver, Bo Yerxa

Place: Labor Education Conference Center, University of Maine, Orono, hosted by Yvon Labbe

Discussion:

The meeting convened at 11:00 and Bonnie Post and Claire Bolduc were welcomed and introductions made.

1. Bo Yerxa summarized the AHEC Directors Meeting at Williamsburg, W. Va. highlighting the AHEC staff's position that AHEC funding will continue despite Gramm Rudman, due to reputation and effectiveness of the program and lobbying efforts of the established AHEC programs. The grant application cycle for the KAHEC full three-year competitive grant is expected to be announced late this summer and due in early fall. This means that the Planning Committee has a great deal of work to do within the next six months.

2. Copies of resource persons lists for the needs assessment forum were distributed to each member for review. In considering a process for reviewing the lists Mike Morris suggested that the AHEC office collate the lists on a regional basis and distribute the compiled list to members for additions.

3. Discussion turned to the process for the needs assessment. Shirl Weaver distributed a draft of an outline for a needs assessment process. In the lengthy discussion of the outline that followed modifications in the process were suggested and adopted by the Committee.

3.1 Objective data available from various state offices should be gathered by the AHEC staff.

3.2 Some data available from other agencies may not be completely adequate for our purposes. Critical review of the data to ascertain its appropriateness for our purposes will be necessary. Where the data is not adequate some means of gaining satisfactory data will have to be determined by the Committee. Continuing professional education needs assessment was particularly noted in this regard.

3.3 Community issues in addition to those listed on the outline should be included. (See revision of the needs assessment process outline)

3.4 Discussions with individuals and/or groups of individuals within specific areas of the service area need to be conducted prior to the forum. These discussions should be arranged to accommodate the individual situation. Individuals on the Committee assumed responsibility for organizing local meetings in their respective constituencies. Members, including the AHEC staff also agreed to participate in other group meetings as the convener thinks is appropriate.

The purpose of these local meetings is to: hear local issues; clarify how the AHEC could deal with such issues; and to invite individuals to the regional forum.

It was decided that a brief description of the AHEC/KAHEC program is needed. Carol Hollenbeck agreed to work with Shirl Weaver to develop an information brochure.

3.5 Members agreed that some process for following up the regional forum will be necessary in order to develop more specific KAHEC goals and plans.

4. Discussion regarding the regional forum process brought forth suggestions and questions for the process, including:

- multi-cultural interaction should be emphasized
- people with similar concerns should have an opportunity to share ideas
- some issues may be geographic specific--how does the process deal with that?
- should small groups be designed to ensure a discipline mix or a geographic mix?
- what should be the stimulus for the small groups?

It was decided that the next meeting, some time during the week April 21-25, be devoted to discussing the design of the forum. And that another pre-forum meeting be set for the week of May 12-16.

The date and place for the regional forum was established:

Saturday June 7, Memorial Union, University of Maine, Orono

5. The meeting adjourned at 3:00 p.m.

SAW/Recorder

KAHEC PLANNING COMMITTEE MEETING
Indian Township
5/16/86

Present: Wayne Newell, Rick Doyle, Phil Guimond, Debbie Wheaton, Orin Evans, Ynon Labbe, Bo Yerxa and Shirl Weaver

1. Bo's presence as support staff (via the UNE) was acknowledged.

2. The specifics for the mini-workshops or regional forums leading into the over-all KAHEC Forum were discussed. Yvon Labbe and Clair Bolduc have scheduled two community workshops in the Franco communities of the St. John Valley on the 23rd and 24th. Bo will accompany and provide staff support. Rick Doyle (and Bo) will do one or two workshops on the reservations.

3. A considerable discussion (2½ hours) ensued regarding the structure and group processes planned for the June 7th forum. Previous outlines were reviewed and accepted or modified. Roles for planning committee members were reviewed. Last minute check-lists were developed tasks assigned.

4. The next KAHEC committee meeting was set for July 10th at 10 a.m. at the Pleasant Point Health Center.

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ELEVEN HILLS BEACH ROAD, BIDDEFORD, MAINE 04005 (207) 283-0171

MEMORANDUM

TO: Shirl Weaver, Project Director BO

FROM: Bo Yerxa

RE: Individuals Interest in the KAHEC Planning Committee

DATE: July 8, 1986

I expect the planning committee will be discussing how an expanded group might best be structured to ensure appropriate representation of various disciplines/organizations/settings.

The following individuals are those who have indicated an interest in serving on the committee thus far:

Caroline Dube
Childbirth Educator, Health Center Board Chair
Rural Health Center
Aroostook
Franco

Sandra Hoover
Anthropologist
University of Maine
Penobscot
Unknown

Terry Morton
Health Administrator, Educator, Psyc. Nurse
Community Health and Counseling Center
Regional (4 county)
Unknown

Katherine Musgrave
Nutritionist, Educator
University of Maine
Penobscot
Unknown

Betty Osgood
Social Worker, Nurse
Adolescent Pregnancy Program (MDHS)
Aroostook
Anglo/Franco

Molly Stone
Staff Development Director, Nurse
St. Joseph's Hospital
Penobscot
Unknown

Deborah Wheaton
Nurse, Educator
Vocational Technical Institute (W/UMM)
Washington
Unknown

Diana White
Health Administrator, Nurse
Occupational Health Program
State-wide
Unknown

Late addition!

Steven Dawson
Clinical Psychologist
Private Practice
Washington County
Unknown

RECEIVED
AUG 4 1986
AHEC

KAHEC PLANNING COMMITTEE MEETING
Pleasant Point 7/10/86

Present: Wayne Newell, Rick Doyle, Phil Guimond, Shirl Weaver, Bo Yerxa

1. Discussion and review of Forum participant inventory tabulation. Agreed that the resulting data was very similar to that resulting when the planning committee went through the process at Penobscot in terms of problems, issues and opportunities. Central health issues are related to public health education/promotion, with personal/community education deficits and resulting slow-coming behavioral changes being significant barriers to resolution of problems or conditions.

AHEC program might be helpful in exposing local communities to successful models at health education/promotion as part of student's training activities.

Retention and training of health providers are persistant problems in rural health care delivery systems, with the availability/non-availability of educational opportunities (CPE and academic) seen as a problem factor for nearly all types of providers.

The need for a mechanism/process to evaluate the effectiveness of education and prevention programs was stressed, particularly to provide feedback to community advisory committees, and funders. Rick described the PRECEED model as one well-accepted technique for evaluation of health education programs. (Ref: Green, L. et al, Health Education Planning: A Diagnostic Approach, Mayfield Publ.Co., 1980 and Green, L, "Toward Cost-Benefit Evaluation of Health Education: Some Concepts, Methods and Examples." Health Education Monographs, Vol. 1, Supplement 1, 1974, (pp. 34-64). The potential for the KAHEC to work with both health staff and community members in understanding/applying the PRECEED model was discussed.

The Centers for Disease Control/Maine Bureau of Health's joint "Planned Approach to Community Health" (PATCH) project was also briefly discussed. Shirl will be exploring the potential for future use of this model.

2. Bo reviewed recent staff activities in light of need/constraints to get pilot project firmed up by the time of multi-year grant proposal submission (anticipated October date). He requested the planning committee to provide some guidance or priority-setting around the three primary federal AHEC goals/activities and the KAHEC target area.

Resulting suggestions stressed the need to firm up the development of student training sites at Tribal Centers, appropriate Washington County sites, and (if there is immediate interest) in Aroostook. The opportunity for organizing around the lack of continuing professional education Downeast (Washington and Hancock Counties) was noted, together

with the less pressing needs to work on the issue with existing organizations in Aroostook, Piscatuquis, and Penobscot counties. Health careers work would likely have to wait until planning year 2 for proper emphasis.

Shirl suggested that committee members representing health centers put together information, such as:

- Are the centers interested in having students (physicians, nurses, social workers, etc.) on-site for clinical training?
- Are there students (what disciplines) presently receiving such clinical training?
- If so, how might the KAHEC project initiate/enhance that activity?
- How many physician (or other) students could train (at any one time, annually) at center?
- What are limitations, if any, of center for student clinical training?
- Are there particular community/cultural needs?

3. Shirl announced visit by Rosemarie Diliberto, DHHS AHEC project officer, scheduled for August 13-15. It was agreed that she should visit reservations, health centers, migrant clinic and possibly meet with Planning Committee members when Ms. Diliberto's schedule is firmed up. Tentative plans call for:

Aug. 13 - UNE campus, travel Downeast
Aug. 14 - Washington County
Aug. 15 - FAROG Center, Planning Committee meeting at Penobscot

4. The need to broaden the planning committee was discussed. Bo's ~~notes~~ on individuals ~~who~~ have expressed interest in joining was ~~reviewed~~. Some criteria for membership mentioned included, discipline, practice setting, geoethnic base, rural experience/focus and, in general, to represent or have linkages to groups that are important to the KAHEC goals.

The concensus at the group was to immediately invite Katherine Musgrave (UMO nutritionist-educator), Steve Dawson (private clinical psychologist) and Debbie Wheaton (WCVTI nurse-educator) to join the group.

It was further agreed that committee members and/or staff would meet with Caroline Dube (Eagle Lake Health Center), Terry Morton (CH&CS, Bangor), Betty Osgood (MDHS, Caribou) and Molly Stone (St. Joseph's Hospital) to ascertain their interest/availability/appropriateness for participating in the planning process.

Although Diana White (Maine Labor Group on Health) was probably not fully available, her interest/expertise was noted and a desire to involve her with specific and appropriate areas was noted.

A discussion of physician participation/non-participation ensued. Some issues discussed included the political problems related to activities of some Washington County physicians who seem to be hostile to and organizing against rural health center programs, as well as, the D.O. practice act and the resulting limitations on functioning of P.A.s in rural health centers. All acknowledged these problems as key to the KAHEC development.

5. Adjourned at 4:30 p.m.

Minutes typed by Eleanor M. Stevens

KAHEC Advisory Committee Meeting
Penobscot Nation
August 15, 1986

Present:

Committee - Pat Knox, Richard Doyle, Phil Guimond, Ivon Labbe, Katherine Musgrave, Debbie Wheaton, Steve Dawson, Bonnie Post

Staff - Shirl Weaver, Priscilla Miller, Bo Yerxa

Guests - Rosemary Deliberto, Diane Murray

1. A summation/update on needs assessment process was given by Shirl. The bottom line is that the Forum and follow-up essentially correlated to the needs/opportunities identified by the planning committee at Penobscot in April. Aspects stressed included net working, primary care, community education and prevention, health professions training that is reality based/culturally sensitive/wholistically oriented, opportunities for formal (academic) educational growth (career ladders), integration of physical/mental health.

2. There was a staff activities update by Bo and Shirl. Institutional contacts since the last meeting included: Aroostook Mental Health Center (Bob Vickers), UMFK nursing program (Marjorie Lawson), Husson nursing program (Ann Ellis), UMO nursing program (Dean Simmons), Dahl-Chase Pathologists (Dr. Chase), Taylor Hospital (Mary Guyot), MDHS (Family Services Program) (Betty Osgood), Community Health & Counseling Center (Chris Taylor, Terry Moore). Shirl also discussed her recent activities with the Maine Consortium for Health Professions Ed, some options/issues relating to coursework/curriculum in trans cultural health/education. She will be making a presentation to the N.E.O.A. in Rockland Sept. 26th.

3. Discussion then focused on concrete steps the group needs to take towards developing a work plan, with considerable questioning of and input from Ms. Deliberto. Areas noted included:

- -3-year proposal due Nov. 21st
- -budget should be firmed up for that period
- -potential training sites should be identified
- -center board should be formed (incorporated)
- -bylaws should be drafted/developed
- -job descriptions should be drafted/developed
- -discipline priorities should be drafted/developed
- -center location should be firmed up

It was also clarified that by year 3, at least 75% of the federal AHEC funding to UNE should be "passed through" to KAHEC board for actual program implementation.

The question of how many centers and where it/they might be located was discussed without resolution. The Down East and central Penobscot areas were proposed, but the needs of the Northern Aroostook area were recognized. The constraint of needing to place 7 physician students at all times in each center led to a discussion of the possibility of establishing one "center" with up to two additional local offices.

4. Committees were set up as follows:
    a) By-laws to consist of Debbie, Yvon and Bo to meet 8/21 in Orono
    b) Disciplines to consist of Debbie, Steve, Rick, Bonnie and Bo to meet 8/22 in Calais

5. After considerable discussion, the next KAHEC advisory committee meeting was set for 10:30 a.m. on Sept. 6th in the Houlton area. Bo will arrange a place and try to do a mailing to Aroostookans who have evidenced some interest in the KAHEC project.

KAHEC Planning Committee
"Disciplines" committee meeting
Calais, 8/22/86

Present: Rick, Steve, Bo, and (belatedly) Debbie

1) The need/desire for the KAHEC to work with various disciplines was discussed in light of federal guidelines, expressed regional needs and previous discussions of the full planning committee.

2) The following disciplines/areas were noted (in rough order of priority):

   a) physicians - federal mandate
   b) nurses - result of numbers, regional need, new entry-level legislation
   c) social workers - sense of need, variety of roles, numerous practice setting opportunities.
      A discussion of the potential for developing some generic community/mental health focus that could include multiple aspects of social workers, (clinical, casework, community organizing, advocacy) with other "mental health" disciplines/roles such as psychologists and substance abuse counselors was enthusiastically undertaken, without a clear resolution as to how that might be structured.
   d) rad techs - vis-a-vis the newly proposed "limited" licensure requirements for non-physicians and non-rad techs, such as P.A.s, N.P.s, and/or R.N.s who do X-rays in rural health centers and physician's offices.
   e) Therapists
      - OT
      - speech and hearing
      - PT
   f) Health planners/ administrators
   g) Nutritionists

3) These disciplines were further broken down into clinical/practicums and continuing professional education as follows:

   a) Clinical/practicums -
      i. physicians
      ii. nurses
      iii. social workers/ substance abuse counselors
      iv. OT's (and rehab counselors?)
      v. Nutritionists
   b) Continuing prof ed -
      i. nurses
      ii. rad techs (limited)
      iii. Social workers/substance abuse counselors/mental health counselors
      iv. Health planners/administrators

KAHEC Advisory Committee Meeting
Community Health Services
Indian Township
September 23, 1986

Present:
Committee - Wayne Newell, Bonnie Post and Debbie Wheaton
Staff - Shirl Weaver and Bo Yerxa

1) Review of minutes

Under item #4 of 9/6 meeting, Bonnie noted that the rural health centers at Eastport, Lubec, Harrington and Bucksport all have adolescent pregnancy projects.

2) Staff update

The Communitiy College of Maine plan by UMA Prez Connick was distributed. The plan notes that Maine is 50th in U.S. in % of population involved in post-secondary education, and proposes a telecommunications system (at an initial cost of $20 mil for hardware and $10 mil for software with a projected $3 mil annual operating cost) to meet that need.

Bo discussed his meeting, with the Community Health & Counseling Services' Washington County Staff. He found that several of the clinicians had experience in supervising BSW/MSW students in other settings. While there seemed to be some enthusiasm, the reaction could be summed up in the words of one counselor as "we're willing to take on most anything with the understanding and support of administration."

Shirl discussed her meeting with the Family Services Program staff. She found only one MSW among the group and little interest in participating in any additional formal (academic) education in the social work area. There was expression of interest in receiving consultation and technical assistance from MSW's (which they don't feel they are effectively getting via MDHS). The group also discussed the lack of opportunities to learn about class/cultural educational differences.

Shirl also discussed various meetings concerning the AHEC within UNE and COM, including:

a. A meeting within the COM with deans/faculty which resulted in some "qualified" (but not clearly active) support to address D.O./P.A. and Practice Act issues. The Deans also indicated they wish the AHEC target area to be expanded to include the entire state, thereby facilitating student physician placements, prior to submission of the final proposal.

b. A meeting with the COM's Family Practice Advisory Committee who seemed somewhat supportive of the AHEC concept and willing to deal with both D.O./P.A. and D.O/M.D. issues. However, the group apparently felt that they wanted the AHEC project to go forward on a state-wide basis, and predicated their full support on that requirement.

3) In light of the two above groups perceived "demand" that the AHEC target area be expanded from the northern most underserved five counties to the entire state, a spirited discussion ensued.

It was noted that the potential for placing 21/7 physician students in rural health centers for training was constrained by the apparent reluctance of COA (and MOA) to have D.O. students supervised by M.D.'s.

The public statements by representatives of the MOA (which includes osteopathic hospitals in it's membership) to the effect that "they" want to "do away" with rural health centers were also noted as political barriers between rural health centers, the osteopathic profession and possibly (by extension) the AHEC project.

The pros and cons of expanding the AHEC target area statewide were noted as follows:

PROS	CONS
-Easier to get training slots for physician students	-Resources will go to So. Maine
-Likelyhood of continued state funding	-May fail to deal with "hard" issues (DO/MD, DO/PA)
-Possibility of closer relationship with MCHPE	-Some docs in non-HMSAs might oppose funding
-Could serve urban Francos	-May be easier to prove need for state funding on regional basis
-If board is culturally-sensitive, project could have broader impact on health prof. ed.	-Single center would ill-serve all of expanded area (esp. rural areas)
-Could buy into more health prof ed/training programs	-Cultural emphasis on Native Americans and Franco Americans could be lost
	-Might get into more turf issues (between varieties of docs, educational institutions, etc.)

Following this discussion, the committee voiced stong opposition to going state-wide with the project, which is intended for underserved areas.

However, staff was advised to look at data for several contiguous counties in the event that some tinkering with the service area is advisable and/or necessary.

4) By-laws discussion

In the discussion of the by-laws committee report, there were concerns voiced in several areas.

Bonnie was quite articulate concerning several perceived problems which, in the light of the emerging power dynamics noted under #3 above, could be considered deficiencies. They included:

a. the top-down, self-perpetuating potential of the board
b. the lack of a membership base or association open to all with an interest (and with voting rights at an annual meetins).
c. the potential for domination by providers and/or urban centers.

She suggested that some structure that provided for regional adivisory boards or councils, possibly with an overlay of special-interest advisory bodies (Native American, Franco-American) would be appropriate to facilitate a representative process.

Bo was directed to contact AHECs in Mass and Colorado to see if they were aware of mechinisms/structure that could balance the by-laws committee's work with the above-noted concerns and help make the AHEC process, and the providers/consumers involved, more representative/responsive to the needs of certain constituencies and rural areas.

5) The next meeting will be at the Labor Education Center (next to the Le Centre Franco-American) on College Avenue in Orono at 10 a.m. on October 16th. Please make an effort to attend and participate!

KAHEC PROJECT
ADVISORY COMMITTEE MEETING
10/16/86

1. The minutes of the previous meeting were reviewed and approved. It was noted that we need to edit minutes so that they are not "too revealing" to others.
2. D.C. Report and Group Discussion
   A. Shirl reported on her meeting with OHP staff in D.C. Points included:
      1. Cherry Tsutemida is not supportive of a state-wide target area, but does support adding 4 additional counties. The group discussion reflected relief that we were not to be pushed to a tate-wide target area. It was felt that if the future funding prospects are linked to a broader target area, that a nine-county area that was rural and underserved was acceptable providing that expansion from five to nine counties was phased in with the second three-year implementation grant (FY 91-93). This would allow time for involving local agencies/individuals from those four counties in needs assessment and planning activities, as well as ensuring that funding is appropriate to expanded activity levels. Bottom line on expanded target area is placement sites for student doctors and we should be frank regarding phasing in slots/counties.
      2. We should continue to attempt a cooperative relationship with MCHPE. We can't fund them directly, though we don't conflict due to different legislative basis.
      3. Working with graduate medical education is possible if we can explicitly show it will draw doctors out to participate with KAHEC. Working with M.D.'s is desirable but not necessary. The committee agreed that if graduate ed was incorporated into project, we should work with both D.O's and M.D.'s.
      4. Strategies for continuation beyond expiration of AHEC legislation ('88) focus of D.C. meeting participants. Next year's budgets look about the same, with more emphasis on geriatrics and aides training for family/general practioners.
      5. KAHEC Proposal due Dec. 15th (draft by Nov. 15th).
      6. We need to focus on multidisciplinary or crossdisciplinary approaches.
      7. "COBRA"--Omnibus Reconciliation Act allows rural health centers to function as PPO's in some cases.
3. Maine Council of Nursing Services Administrators.
   A. This group is meeting with invited nurse educators to discuss implications of new nurse practice act due to kick in in '95. By '95 nurses students are projected to be down 24% in Maine and 35% nationally.
   B. Debbie raised possibility of clinical preceptorships for nurses as part of curriculum and possible role of KAHEC. The group was supportive of 6-8 week clinical clerkships at end of BSN programs, and the potential of facilitating a "pilot project" beyond the Penobscot Valley that could also be part of clinical training for satelliting an ADN upgrade program.
4. Bylaws and Articles
   The bylaws were once again reviewed and chewed over. On the right track. Suggestions for change were made with a goal of finalizing for action in Nov. or Dec. The need to expand purposes in Articles from five counties to nine counties or rural Maine was noted. The need to differentiate in bylaws between regional councils and committees/task forces was noted. A strong desire to effectively address issue of ethic representation was reiterated.

5. Miscellaneous
   A. Training Needs/Plan Development
      1. Physicians training is pretty well taken care of via COM.
      2. Nurse training will be looked at in terms of person power/training needs and possible specific projects by Shirl, Debbie, Bonnie
      3. Social worker training by Shirl and Bo.
   B. A need for regular board development sessions/workshops was expressed.
   C. The next meeting will be Nov. 6th in Orono (FAROG Centre).

University of New England

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ELEVEN HILLS BEACH ROAD, BIDDEFORD, MAINE 04005 (207) 283-0171

AHEC Planning Office, WIKIKONOL-EYIK Learning Center
Princeton Box 805, Passamaquoddy Indian Township, Maine 04668

TO: Members, KAHEC Planning Committee

FROM: Bo Yerxa, AHEC Field Coordinator

SUBJECT: Meetings

DATE: 11/24/86

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1. Since the PLanning Committee's last meeting dealt almost exclusively (for six hours) with critically reviewing the first draft of our implimentation proposal, and since a copy of the revised proposal will be forthcoming to y'all from Shirl, I will be sending out no further minutes from that meeting.

2. Our next Planning Committee meeting will be held on Thursday, Dec. 4th, at 10 a.m., at Le Centre Franco-Americain, 126 College Ave., Orono. Our primary task will be (groan) the final review of the revised implimentation proposal and incorporation. Please make every effort to attend and participate!

3. You should have received from the Maine Department of Human Services a brochure on a conference "Facing the Challenges of Health Care in Rural Maine" to be held in Bangor on Dec. 11th. Co-sponsored by the Bureau of Medical Services, the Maine Ambulatory Care Coalition and Region 1 U.S. Public Health Service, this conference will address key issues of concern to us all, including several which have been raised in the KAHEC needs assessment process. To facilitate your participation in this conference, the UNE AHEC office will reimburse you for the conference registration fee and (if needed) mileage. If you have not yet received a brochure, call 289-2716 prior to the Dec. 1st registration deadline.

KAEHC Organizational Meeting
December 5, 1986
Orono

Present:
Planning Committee - Wayne A. Newell, Indian Township Health Center
Yvon Labbe', Franco-American Resource Center
Bonnie Post, Maine Ambulatory Care Coalition
Brian Altvater, Pleasant Point Health Center
Richard Doyle, Pleasant Point Health Center
Deborah Wheaton, Washington County Vocational Technical Institute
Carol Hollenbeck, Central Maine Indian Association
Bery Kornreich, Maine Public Health Association
Staff - Shirl Weaver, UNE AHEC Project Director
Bo Yerxa, UNE AHEC Field Coordinator

Discussion:
1. The third draft of the funding proposal was carefully reviewed. Participants commented favorably on the over-all quality improvement of this version. Changes suggested included:

a) Moving the mobile clinic from the UNE AHEC scope of work to the KAHEC.
b) Moving all (or most) of the Transcultural Health Advocacy/Curriculum Development project from UNE AHEC to KAHEC.
c) Moving a .5FTE coordinator's position/funding from UNE AHEC to the KAHEC.
d) Including (limited licensure) rad techs as an area of manpower/ training needs assessment.
e) Adding a 1 FTE position to coordinate the activities of the Multi-cultural Youth Program.

With only minor further modification, there was a unanimous vote to approve the proposal.

2. The fourth draft set of by-laws for the Katahdin AHEC were reviewed. The following issues were discussed and/or changes made:

a) Article II - Sections 2.16 and 2.3 should include the UNE AHEC Director as an ex officio member of the board.
b) Article II - A section should be added to clarify that the initial incorporators shall function as the board of directors until the KAHEC gets on it's annual meeting cycles.
c) Article II - There was some discussion as to the most appropriate mechinism for ensuring that off-reservation Native Americans are represented. It was agreed to leave Central Maine Indian Association as a designated seat for that purpose.
d) Article V - The wording "upon authorization of the Board" was added to the third sentence under 5.1 (signing of contracts on behalf of the board).
e) Article VII - There was some discussion as to the appropriateness of the consensus process, rather than the more usual majority vote process for decision-making. It was felt that the consensus process, when responsibly utilized , facilitated the airing of all points of view and resulted in dicisions that all parties could support. It was felt that consensus was more culturally appropriate for target populations involved. It was agreed that there would be an extra burden on staff to have issues with timelines to the board two

meetings before any deadline. It was agreed that there should be board training in the consensus process on a periodic basis. It was agreed to leave the consensus section (7.2) as written.

f) Article VIII - It was agreed to split this article into two (VIII Regional Councils, and IX Board Committees) for the sake of clarity, and to include wording under Creation of Committees that explicity stated that the President appointed committee members.

With the above-noted modifications, the by-laws were approved by consensus.

3. The Article of Incorporation were reviewed. Changes/additions were made as follows:

a) The target area was changed to rural Maine from "five northeastern counties of" Maine
b) Yvon Labbé agreed to serve as the KAHEC's "Registered Agent" (at least until it's first formal annual meeting).

With the above-noted modifications, the Articles of Incorporation were approved by consensus, and signed by five of the committee on behalf of the whole.

4. Upon the recommendation of the nominating committee, and following group discussions, the officers of the Board of Directors were selected by consensus. They are:

President - Bonnie Post
Vice President - Richard Doyle
Secretary - Carol Hollenbeck
Treasurer - Yvon Labbe'

5. Staff and logistical needs were discussed. It was agreed that immediate staff openings should be via the University of New England, which would give the board time to ensure a solid funding base, develop personnel policies, arrange permanent office space, etc. Steps taken include:

a) It was agreed* to have UNE hire Eleanor Stevens (Bo's present half-time secretary through the Indian Township Tribal Government) on a full-time, temporary (1/5 through 9/30/87) basis @5.25 per hour.
b) It was agreed* to have UNE hire a full-time, temporary Director for the KAHEC.
c) It was agreed* to offer the acting Director's position to Deborah Wheaton through September of 1986, at an annualized salary of $23,500. It was felt that her background as a health professions educator, her active participation as a member of the Planning Committee, and her expressed intention to enter graduate school in the fall of '87, made her an excellent choice to serve as the Director in an acting capacity (with a minimum of time lost) so that the goals of the 02 contract year could be worked on in a timely and effective mannner.
d) It was agreed that chronic deficiencies, in the physical facility made it imperative for the Field Coordinator to move the office. It was agreed that the Director and Field Coordinator should be located as close together as feasible. It was agreed that the Field Coordinator should explore space options in the Calais area (Calais Regional Hospital, Washington County Vocational Technical Institute) that would suffice at least to the end of the current fiscal year.

*Note that these items were agreed in the context (due to the late hour) of a dwindling number of board members that left, in effect, an executive committee towards the end of the discussion. Therefore, it was felt that decisions a, b, and c immediately above would be provisional upon the President's consultation with and agreement forthcoming from those board members whose schedules required them to leave by 6 p.m.

6. The next KAHEC board meeting will be held at 10 a.m. on January 13, 1987, at Le Centre Franco-Amēricain, 126 Avenue du Collēge, Orono.

KAHEC BOARD MEETING
1/21/87-Bangor

Present:
Board--Bonnie Post, Richard Doyle, Yvon Labbe', Brian Altvater, Wayne Newell, Steven Dawson
Staff--Deborah Wheaton (KAHEC), Shirl Weaver, Priscilla Miller, Bo Yerxa (UNE AHEC)

1. The meeting was called to order by President Post at 6:30 p.m.

2. It was announced that time constraints imposed by the need to reschedule the meeting forced the Board development activity to be deferred to our next meeting.

3. Reports:
   a. Secretary
      In the absence of the Board Secretary, the minutes of the December 5th meeting were reviewed and accepted by concensus.
   b. Treasurer:
      Thus far, there has been nothing to report as there has been no direct funding received.
   c. Staff
      Shirl and Bo reported on a variety of activities, primarily focusing on the need to get the continuation grant proposal to Washington, D.C. by December 30th. Bo has been moving office furniture in and out of barns and offices. Shirl wha been working with C.O.M. to develop schedules for seventy-two (72) medical students for the upcoming year.

4. Old Business:
   a. Staff
      1) Debbie's draft consulting contract, as acting Director, was reviewed. The consensus was to pay her at a rate of $100 per day, to retroactively pay her for nine(9) days already worked and to pay her at the same rate for a maximum of five days per week through February 28th (by which time, if not sooner, she should go on as staff.)

      2) The draft job descriptions for the KAHEC Secretary/Administrative Assistant were reviewed. It was agreed that qualifications should include "experience with and/or sensitivity to other (non-Anglo) cultures" as well as "bilingual ability desirable".

      There was also considerable discussion of proposed pay rate for this position, with several members concerned that it was not set higher than the $4.80/hour with an increase to $5.00/hour after a month's probation. Although the severe budgetary constraints were acknowledged, it was felt that un-utilized funds for secretarial staff during January could free up to $1000.00 which could be utilized to set a higher salary. Debbie was instructed to advise candidates for this position that the post-probationary salary would be set by the Board at its next meeting based on a fuller review of fiscal data, with the implication being that a higher rate could be established if appropriate.

4a Continued

There was a review of the draft "mini personnel Policies" Debbie developed for the Secretary/Administrative Assistant position, and they were approved by consensus with the direction to clarify vacation time to accrue at one day per month.

It was consensed that Debbie have the authority to hire for the the Secretary/Administrative Assistant position, consistant with the reccomendation of the Interview Committee. The Interview Committee will consist of Brian, Bo, and Debbie. They will hold interviews on January 23 and 26 in Calais.

b. Office Space

Debbie and Bo reported on progress and options available to the KAHEC for office and support services. They included two rooms totaling 280-300 square feet presently being rehabed in the basement of the Calais Regional Hospital which could be had for $200-250 per month. The alternate proposal was for a five room suite (with kitchenette and bath totaling 800-900 square feet) adjacent to the Community Health and Counseling Center and Day Care Center at the Washington County Vocational Techinical Institute. A communication from WCVTI Director, Ron Ren was reviewed, wherein he stated that he could offer this space, with utilities, phone, copying and possibly postage services at a rate not to exceed $425 per month at least through next August. All present agreed that this was a generous, and the preferred, offer. Debbie was advised that if the postage were not included, she should attempt to negotiate the rental figure downward.

It was agreed that this option was "do-able", if UNE can provide an approriate level of financial support to reflect their staff's (Bo's) utilization of this space. Shirl and Bonnie agreed to work out an acceptable deal.

It was agreed by consensus that the staff move into the W.C.V.T.I. space based on a maximum (including services)rent of $425 per month, contingent on the KAHEC Executive Committee and UNE working out an acceptable support level.

4c. Other fiscal/personnel issues

There was discussion of the option of securing a fiscal/personnel agent versus attempting to do it ourselves. Although several groups (Downeast Health Services, Washington-Hancock Community Agency) have offered to provide these services on an interim (4-6 month) basis, it was the consensus that the KAHEC undertake these responsibilities almost immediately. Debbie was advised to arrange workers' compensation coverage prior to hiring a Secretary/Administrative Assistant. The Interviewing Committee was advised to carefully examine the bookkeeping ability of candidates. It was felt that, given the small size and limited resources of the KAHEC, that responsible financial management could be provided by utilizing the "One-Write" system of checking and bookkeeping. The application for a federal employee ID number was signed off on.

d. Review and Revision of Articles of Incorporation and By-Laws

Following review of previous effort by UNE"s lawyer and project staff, several "fine-tuning" revisions were made to these documents. As amended and adopted by concensus, they are attached to these minutes as the official and effective corporate instruments. The articles will be filed with the Secretary of State within the week.

5. New Business

a. Committees

KAHEC committees deemed necessary in the immediate future include personnel, program, and finance. Bonnie and Debbie will survey board members' interests and Bonnie will assign committees accordingly.

b. 501(3)3/tax exempt status

Bo reported that the Application for Recognition of Exemption was complete save for one item, which he feels he should review with an attorney. He knows one experienced in non-profit law who can be had for lunch, and will get the application out within two weeks.

c. Checking Account

Debbie was given authority to establisha bank and checking account (One-Write System). Those approved to sign checks include Bonnie, Debbie, and the (to-be-hired) secretary/administrative assistant.

KAHEC BOARD MEETING

MINUTES--2/19/87--ORONO

Present:
Board--Bonnie Post, Richard Doyle, Yvon Labbe', Brian Altvator, Steve Dawson
Staff--Deborah Wheaton, Bo Yerxa
Guest--Karen Harland (Training Consultant)

1. The meeting was called to order by President Post at 6:30 p.m.

2. Board Development Session
Mrs. Harland and board members spent nearly an hour in a training session on the whys/hows of the concensus decision-making process. Major points of discussion included:

A. What is concensus?
A nonviolent decision-making process in which a group takes no new action--that is, not consented to by all the members.

B. Assumptions
Everyone has some of the truth
No one has all of the truth
Everyone is of value, therefore,
No one is coerced or over-ridden
Everyone has the right to speak
Everyone has the responsibility to listen
Decisions are not made at the expense of people

C. Why Concensus?
Usually means better decisions
Means consistant with ends
More (solid) support for actions
Positive values strengthened

D. Concensus Process
1) A Problem/Concern is raised & discussed
   a) Be clear about what needs to be decided
   b) Establish what group's current position is
2) Brainstorm Possible Proposals
   a) All possibilities
   b) Narrow list to one of few
3) Proposal(s) Discussed
   a) Communicate with people not present to check out their opinions (which can be accomplished in good faith by prior notification of issues to be discussed and folks who can't be present taking responsibility for letting others know their concerns for discussion at meeting)
4) A Sense of the Meeting is Stated
5) If No Objections, Agreement is Adopted
6) If Objection, No Action Taken Until they are Satisfied
   a) non-support
   b) reservations
   c) standing aside
   d) blocking
   e) withdrawal from group
   f) fall back

Note--additional materials and references on concensus are attached to these minutes for those members who did not attend.

3. Reports

A. Secretary

In the absence of the Secretary, the minutes of the January 21st meeting were reviewed and accepted. Additionally it was noted that there had been inquiries from the Board President and Priscilla Miller regarding the Oct. and Nov. minutes. Upon staff review and search, the October minutes were found not to have been distributed. This was done at this meeting, with the Board declining to accept due to the lack of opportunity for prior review. The November meeting was exclusively a board review of the draft proposal and was taped in its entirety by Priscilla, with the assumption being that a synopsis would result from that tape (reference memo from Yerxa to KAHEC Planning Committee of 11/24/86).

B. Treasurer

A discussion took place on the appropriate responsibilities of the Treasurer and his role vis-a-vis the Finance Committee chair and the staff (Admin. Asst.). It was agreed that both the Treasurer and Finance Committee Chair were the "watchdogs" on money matters for the board as a whole.

C. Staff

1. Debbie and Bo reported on a variety of activities they had been involved with over the past month, primarily a plethora of administrative minutiae focusing on start-up functions, as well as numerous meetings. Both expressed and felt a need to refocus activities on external interaction with education and health service providers, and the need for guidance from the Program Committee in setting a work plan.
2. Debbie discussed the MACC-sponsored Rural Health Conference she attended in particular the board development workshop, distributing materials with the request that board members review those materials.

Note: At this point, the meeting veered from the set agenda. This recorder will attempt to order the subsequent discussion into a standard reporting outline.

--Bonnie surveyed the Board as to any specific assignments they might have for the staff. Suggestions included:

a) keep eyes/ears open for multicultural bibliography (esp. Franco American)
b) be actively aware of peoples perceptions of multicultural issues around health
c) prepare outline of clinical placement process for M.S.W.'s--Bo
d) get work plan integral to the actual funded grant agreement KAHEC is presently funded under and develop a comparative sheet on stated goals/objectives and actual progress towards those goals/objectives
e) get out and see people!

--There was also some discussion and confusion expressed as to exactly <u>what specifically</u> the role of the KAHEC was in linking students/schools with health service providers/training sites, and how the ideals of the KAHEC were manifested in that process.

4. Old Business

A. Finances and Financial Reporting

In the process of reviewing the financial report sheets distributed by Debbie, certain changes in format were requested.

B. Committees

1. There was some discussion of the committee concepts. Some board members apparently felt that the board as presently constituted is so small that committees are unnecessary and all business should be conducted in full board meetings. The minority opinion was that committees are helpful in allowing in-depth discussion and analysis of particular issues, and that active committees can greatly reduce the length of full board meetings. As no concensus or resolution emerged, the three committees will go forward as previously agreed.
2. Finance Committee
   Steve will chair. Members include Brian, Yvon, and Wayne. It was requested that this committee draft a budget through September 30. Debbie stated that after reviewing the Federal regulations governing grantees, it was evident to her that the budget could be revised and a copy along with rationale statement be sent to the AHEC Program Director, Shirl Weaver, for review.
   NOTE: this committee will meet again on 3/04/87 at 6:30 p.m. at KAHEC.
3. Personnel Committee
   Brian will chair. Members include Rick. This committee met 2/18/87 at the KAHEC and drafted an ad for the permanent KAHEC Director. The draft was distributed and the Board decided to act on this at next meeting.
   NOTE: this committee will meet again on 2/27/87 at 10.00 a.m. at the Pleasant Point Health Center.
4. Program Committee
   Rick will chair. Members include Carol and Yvon.
   NOTE: this committee will meet on 3/6/87 at 1:00 p.m. at Le Centre Franco American. Again on 3/23/87 at 6:00 p.m. at same location.

C. Contracts

It was noted that contracts still needed to be negotiated/finalized between the KAHEC and WCVTI and UNE.

D. Budget Revisions and Pay Rate

A decision on revisions in the budget and pay rate for the Adminstrative Assistant/Secretary was deferred to the next meeting. Said decision will be retroactive to the end of the Admin. Asst./Sec. probationary period.

5. New Business

A. Board Expansion

It was agreed that there is a real need to expand and diversify the Board of Directors. It was further agreed that Bo should sound out Barry Kornreich and if he is willing to serve, he should be voted on at the next meeting.

B. Committee Expansion

Bo brought up Lila Finley's interest in becoming involved in KAHEC activities It was agreed that her interest (and willingness to serve on the Program Committee) was noted. Her letter and resume was distributed to the Board members.

There was a need expressed by the President to develop "protocols" for non-board members to serve on board committees.

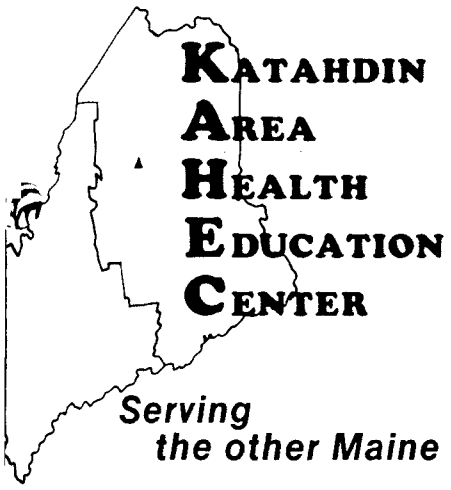
C. National AHEC Conference

Debbie presented current information concerning the National AHEC Conference:
Location: Tucson, Arizona
Dates: June 7-10, 1987
Registration Fees: $425.00--Early Bird $400.00--Double $700.00
Includes: lodging, course materials, all meals except Monday dinner
Air fare: currently 3 round trip tickets purchased @ $390.00 each
Leaving Portland, Maine June 7 @ 11:30 a.m. to Tucson
Departing Tucson June 11 @ 11:00 p.m. to Portland, Maine
Deb reported that we could save $60.00 per ticket @ this time if we departed from Boston versus Portland. The Board felt the need for the staff to explore Air Fare rates further and present at the next Board meeting.

D. Next Meeting

Monday, March 23 at 7:00 p.m. at Le Centre Franco American.

April 1987



KATAHDIN AREA HEALTH EDUCATION CENTER

Serving the other Maine

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River Road
Calais, Maine 04619
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* Just received word Carol is leaving the state 5/1/87.

KATAHDIN AREA HEALTH EDUCATION CENTER
PROGRAM COMM. MEETING

MEETING DATE: August 26, 1987 MINUTES BY: Bo Yerxa

MEMBERS PRESENT: Richard Doyle, Yvon Labbé, Wayne Newell

MEMBERS ABSENT: Brian Altvator (board member), Mary Ellen Newell, Bo Yerxa (staff)

GUESTS

TOPIC	DISCUSSION	ACTION
1. Updates		
A. Native American Youth Aspirations Project	A. Dicussions included the potential of designing curricular materials that would address issues of culture, self-esteem, culture, apsirations, culture, school retention, culture and career awareness. The potential for utilizing video technology was raised. It was noted that the $17K available for FY 88 is not a lot of money and that it called for a cooperative approach with other groups (refencen 7/20 committee meeting). The need for a broader-based effort, possibly kicked off by some type of retreat or conference, was discussed.	A. Rick and Wayne will coordinate outreach for a planning meeting in September.
B. Occupational Therapist	B. No meeting was set for August (reference 7/20 committee meeting). Sense was to wait for Dr. Ross' arrival.	B. Deferred
C. Social Work	C. Per diection at 7/20 meeting, Bo: 1.has received a response indicating interest from the U of M Social Work Program. 2.Maine NASW President Kim Strom is very interested in doin a comprehensive survey Of Maine social workers--where they are, what their backgrounds are, what their continuing education and academic awards are, etc..	C. 1.Meeting with UM faculty, Ross & Yerxa set for 9/30/87 2.Meeting with Maine NASW executive committee, chair of State Board at Social Worker registration, ross & Yerxa set for 10/9/87

KATAHDIN AREA HEALTH EDUCATION CENTER

BOARD MEETING

TOPIC	DISCUSSION	ACTION
C. Social Work Cont'd.	3.Research indicates fiber optic system not viable resource outside USM/UMA/UM in forseeable future. Need to explore hospital satellite systems(s).	3.Bo will explore & present on satellite system at next committee meeting.
	4.Bo indicated that MSW student, Grace Brace, is available to work on community organization and development of projects associated with social work piece of contract/work plan. She can work about 20 hours/week for 4-5 months and would require "around" $5/hour and some expenses.	4.It was agreed to recommend the board approve this so that progress could be made on the work plan. Bo will clarify financial requirements.
2. Staff Issues		
A. Executive Director	A. Ross will definitely be on board the 8th. It seems UM will be unlikely to come up with anything towards his salary in FY 88. He has pushed back start-date for individual research grant to Dec. 1 in hope of working something out.	A. None required
B. Regional Coordinators	B. It was noted that only 10 resumes were in hand for the 3 positions. It was noted that screening of candidates would be deferred to 9/17, as the September board meeting had been rescheduled from the 3rd (due to the unavailability of both the board president & vice-president). Concern was expressed that only one application was received from Aroostook County. The change in board meeting date was een as an opportunity to re-advertise in Aroostook with a due date prior to 17th. Bo indicated that President Post had suggested holding interviews regionally on the morning following regional meetings. That would allow one or two volunteers from the regional meetings to participate in interviews with Dr. Ross and interested/available board members, and possibly enhance the process of Council Development.	B. Staff was directed to re-advertise the Regional Coordinator's position for one week only in the St. John Valley Times and Presque Isle Star Herald, with a due date for resumes prior to the 9/17/87 Board Meeting (September 14/15).

KATAHDIN AREA HEALTH EDUCATION CENTER

BOARD MEETING

TOPIC	DISCUSSION	ACTION
B. Regional Coordinators Continued	Bo shared AHEC Program Director Weaver's expressed concern that the recruitment process was being thrown off schedule and that the KAHEC "will lose salary monies if staff (regional coordinators) are not on board 10/1/87." In referring to his contract manual, Yvon noted that the program quarterly activity plan called for staff to be recruited during the 02 current fiscal year, which is being done (interview/job offers will happen in September). The program quarterly activity plan calls for the Centers to be fully staffed during the 1st quarter of the 03 year, which will certainly be the case. Brian expressed that it was unrealistic to get all the regional coordinators aboard by 10/1 even if interviews were set for the 2nd week in September, as originally hoped. All expressed a sense that a one-week delay did not seriously throw progress off track.	
C. Administrative Support Staff	C.Bo requested guidance as to the desirability of advertising for Admin. Assist. and Secretarial positions. The sense of the group was to defer action until Dr. Ross' arrival.	C.Appropriate to defer
4. Office Space		
A. Executive Director	A.A large office has been made available for the KAHEC/Ex. Director on the Orono campus (East Annex). Due to the unsettled nature of our agreement with the U of M, costs are uncertain. Ross would like to move in ASAP, but President Post thinks said agreement should be finalized prior to moving in, which may push the moving into October.	A.None required (dependent on negotiations

KATAHDIN AREA HEALTH EDUCATION CENTER

BOARD MEETING

TOPIC	DISCUSSION	ACTION
B. Penquis Region	B.Apparently one or two offices at Univeristy College (Bangor campus) with access to a conference room is available if agreement with UM is consummated. Several present expressed view that central/regional office separation might actually be a positive development (although there may be personnel/ fiscal implications). Bo requested guidance as to wheter staff should explore options and was advised not to.	B.None required (dependent on negotiations)
C. Downeast/Fundy Region	C.Bo indicated that he had negotiated a one-month extension to the KAHEC-WCVTI lease agreement due to expire 8/31/87. That would allow Ron Renaud to meet with his administrative staff and discuss numerous internal/ external needs for space and the priorities/ conditions under which it might be made available. It would also allow the KAHEC Board to further discuss options for this office. Bo noted that there was no space available at UMM or with Cooperative Extension (Machias). There is at least one private-space office option in both Machicas and Ellsworth that he has found. Discussion by committee members indicated a strong preference for retaining the office at the WCVTI if possible.	C.It was agreed to recommend to the full Board that the WCVTI option be pursued.
D. Aroostook Region	D.Discussion focused on the likelihood of the Aroostook Office siting being somewhat linked to where that regional coordinator resides (possibly at an ACAP office (Presque Isle, Van Buren) or UMFK).	D.None Required
4. Review of Draft Contracts/ Agreements		
A. UM and Husson Nursing	A.Discussion reflected the sense that both of these should probably wait until Jim Ross is aboard.	A. Defer

KATAHDIN AREA HEALTH EDUCATION CENTER

BOARD MEETING

TOPIC	DISCUSSION	ACTION
B. Coop Agreement (AHEC/KAHEC)	B.Bo shared AHEC Director Weaver's concern that neither the FY 87 or FY 88 cooperative agreement has been signed (as relected in her letter to President Post of 8/25). He also shared President Post's sense that the process of development was not truly a mutual or cooperative process, and that her concern is that this does not bode well for future AHEC/KAHEC interactions and her expressed need to discuss the agreement and associated issues with the full board and receive their authorization prior to signing off. At least part of Dr. Weaver's (and Priscilla Miller's) concerns, as expressed, relate to a 30-day turn around from the AHEC office to the feds and back that is needed to draw down funds. They feel that if the agreement isn's signed and in by the end of September, it may well affec the availability of contract funds to meet payroll and other expenses in October. Considerable discussion ensured, with members perceiving merit both in Weaver's and Post's concerns. President Post's concern that she not exceed the bounds of her authority and desire to consult fully with the board was appreciated. AHEC Director Weaver's concern that this situation not lead to a fiscal problem that impeds the KAHEC's credibility or ability to progress towards objectives was appreciated. The group expressed some dismay that the apparent urgency of these timelines had not previously been made apparent to the Board. The committee agreed that the chair should contact President Post and seek clarification of the situation. They also agreed that he should express their sense that it might be prudent to sign off on the agreement, if the lack of such action truly jeopardizes the on-going	B.Committee Chair Doyle will contact President Post to clarify the situation and express the program committee members' concern that the availability of funds to progress on program activities not be jeopardized by any misunderstanding or miscommunication.

TOPIC	DISCUSSION	ACTION
B. Coop agreement Continued	availability of funds necessary for program activities. They also agreed that some communication/interactional problems might be emerging that could affect the thus-far good relationship between UNE and the KAHEC ant that every effort to clarify issues, and, if substantitive problems exist, resolve them (whether contractually-related or otherwise) in as timely and cooperative a manner as possible.	
5. Externally Initiated Programs	5. The sense of the group was that support solicited from the Maine Labor Group on Health for a Converence on Solvents and Health, and from the hospital education directors (CHEQUE) for assistance in developing training materials for clinical staff put into management positions were both interesting concepts that likely merited support. However, the sense was that the board/KAHEC currently had "a full plate", and that prudence indicated it would be best to have staff aboard before committing resources.	5. Appropriate to defer

KATAHDIN AREA HEALTH EDUCATION CENTER
BOARD MEETING

MEETING DATE: June 12, 1987--Call to Order 1:00 p.m. MINUTES BY: Deborah Wheaton

MEMBERS PRESENT: Bonnie Post, Rick Doyle, Yvon Labbe, Brian Altvator, Bery Kornreich

MEMBERS ABSENT: Wayne Newell, Steve Dawson

GUESTS Bo Yerxa, Deborah Wheaton

TOPIC	DISCUSSION	ACTION
I. Minutes of 3/23/87		1. Approved
II. Reports of Officers, Staff, & Committees		
A. Treasurer		
1. Financial Statement	1. It was noted the % of budgettotal left compared to % of fiscal year expended was considerable. However Deb explained that there was projected heavy expenses for June (retroactive rent, advertising expenses and quarterly fringe benefit costs) which will bring the budget and expenses within reasonable comparison.	1. Financial statements accepted as presented.
2. Budget Revision	2. Letter from Shirl Weaver, Program Director regarding approval of budget revision distributed.	2. Budget revision (as approved by all) stands without amendments.
B. Program Committee		
1. AIDS Conference	1. It was recommended to have a male participate on the multicultural reaction panel and at the Houlton Conference to have a non-homosexual AIDS client in the conference, use an evaluation tool to address the cultural segment specifically. Also the potential for an AIDS Conference in Hancock County was questioned.	1. Debbie will arrange the recommendations and Bery will provide Debbie with a needs assessment update of the County on the 25th and will go from there.
2. Native American Youth Development	2. Rick met several people at Conference who will be forwarding information to him. A concern for development and need of subcommittee was expressed.	2. Have program committee meet soon on this segment and to involve Maine Indian Ed--Rick to contact & set up meeting with pertinent people

KATAHDIN AREA HEALTH EDUCATION CENTER

BOARD MEETING

TOPIC	DISCUSSION	ACTION
C. Personnel Committee 1. Policies for Recruitment & Selection of KAHEC Staff	1. Several amendments were made to the language distributed: A. to have temporary recruitment & selection policies for Acting Director, B. screening committee to be the KAHEC board until October 1, and C. to have screeing committee to meet as soon as possible to review the applicants.	1. Temporary recruitment & selection policy for KAHEC director was amended and approved as amended. (Amended policy to be retyped and distributed along with copy of all applicants' vitae.) Screening committee to call in 5-6 top preferences by 6/16 and then meet 6/17 5-8 p.m. Personnel Committee to meet again on permanent personnel policies' language.
III. Old Business A. Time of Board Meetings	A. Considerable discussion took place surounding 1. length of past meetings, 2. the day of the week for meeting, and 3. the time the meeting should start.	1. Meeting to run no longer than 3 hours. 2. Meeting to take place the first Thursday of every month (thus next meeting will be 7/2/87). 3. Time of the meetings will be from 2:00--5:00 p.m. 4. Meeting Place--Le Franco American Center 5. Board Members responsible to call Director in advance if unable to attend meeting.
IV. New Business A. Draft Bochure	A. No discussion	A. Draft Brochure language to be reviewed by board with recommended changes prior July 2 meeting--Amendments to be made at that time.
B. Regional Councils	1. Need for draft brochure to distribute to potential regional council members discussed. 2. Networking in Aroostook & Washington Counties elaborated on by Deb & Bo. 3. Need to do more in Penobscot & Piscatiquis Co.	B. Debbie & Bo to pursue
C. Board Seats	1. Discussed board seats for CMIA, Penobscot Nation, and MCHPE. Concensus reached CMIA should have opportunity to fill seat now, Phil should be contacted, should wait for MCHPE to fill own board seats giving all equal opportunity to have KAHEC seat.	1. Debbie to write to CMIA 2. Brian to call Phil to see if he is interested in his prior seat. 3. Bonnie to let us know when MCHPE seats are filled.

KATAHDIN AREA HEALTH EDUCATION CENTER

BOARD MEETING

TOPIC	DISCUSSION	ACTION
D. Marty Rammel @ UNE	1. Marty willing to do a project for KAHEC this summer @ no cost to our budget 2. Board felt they would accept offer. 3. Suggested needs assessment survey in target areas for Physical Therapist and Occupational Therapist--to do in collaboration with Bureau of Children With Special Needs.	D. Bonnie to get back to Marty.
E. Mobil Van	1. It was felt that any party wishing to use van prior to October would have to submit a proposal and undergo expense of repair. 2. It was also felt that creative planning could get the van to areas of need if necessary. 3. All felt we could submit a letter to program for van to be issued prior to contract date if warranted.	E. Follow up on (if van is actually needed this summer).
F. Meeting with Dale Lick	1. Bonnie outlined the meeting that Rick, Yvon, Deb & she had with Dale Lick--responded favorably to KAHEC goals and aspirations --offered space on either campus --named several people for us to meet and potentially work with --offered space for regional offices 2. all offers would need negotiating with give and take for both parties. (See memo for more details)	1. Debbie to draft a letter to Lick for Bonnie. 2. Follow up meeting with other people Lick suggested. 3. Bonnie to write or call Louis to clarify space issues.

KAHEC PROGRAM COMMITTEE
MARCH 6, 1987

Members Present: Yvon Labbe', Richard Doyle, Carol Hollenbeck
KAHEC Staff: Deborah Wheaton
AHEC Staff: Bo Yerxa

Rick opened the meeting by asking the group to work on two specific ideas:
1. Define the purpose of the Committe, and
2. Outline a direction for which the Committee should be going or involved with

Bo Yerxa brought up two points which the Committee considered
1. Being that the Committee should use the goals and objectives of the AHEC/KAHEC Proposal as an outline for their actions. Maybe using the time table for that project, making sure that we keep up with that.
2. Giving direction to roles and responsbilties of the staff that the Center is involved with--Debbie, some of Bo's and our relationships with the AHEC Program. The staff will do leg work, collect information the Committe directs it to, Committee wants to function as the decision maker.

There was discussion on defining or developing methods of assessment to find out what types of areas this Committee should be looking at.

I. Defining the Purpose of the Committee
The formal definition is to read -- The Program Committee is the committee responsible for clarifying, redefining program goals and objectives; direct and monitor the progress of the goals and objectives in light of the diversity that exists in the committee, the board, and eventually the client groups.

II. Three Main Areas of Concern for the KAHEC Project.
A. Clinical Education
B. Continuing Education
C. Recruitment of individuals from underserved and multicultural communities to the health professions

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A. Clincal Education
We need someone to take leadership in the different groups that we have--being that Deborah Wheaton needs to be more involved with getting the nurses programs integrated into different systems due to her background and...

Bo would work with the MSW"S AND Shirl Weaver would work with the DO's--all collaborating as necessary.
Actions to come would be to identify sites, formulate contracts between the sites and to contact other health providers, facilities, agencies that we have not yet contacted.

B. Continuing Education
Basically we need to be collecting what's out there already;
How it's relevant to our project and attempt to build a needs assessment network. This would also be valuable to our resouce cneter development. Carol Hollenbeck brought up the NARIS System which Rick will investigate.
NARIS System is Native American Research Information Service. Bo stated that he has much information--which will be discussed at the next meeting.

C. Recruitment Underserved & Multicultural
   1. Guidance Counselors--identifying successful counselors so that we could learn how to go about encouraging multicultural students to go into health professions.--develop a component of a workshop for the counselors to discuss multicultural health professions recruitment
   2. Health Centers & Health Fairs--make sure information is getting out there into the communities about the different types of opportunites, institutions agencies, KAHEC, Colleges etc. make sure these health fairs has a display and literature available to the public.
   3. Develop a working committe on how to plan to effect or take action in relation to Indian Youth Development that was mentioned in the Grant Proposal
   4.. Aspirations Conference at UMO in April--write a letter to planners to see if we could include a component on aspirations of the multicultural youth or youth with low self-esteem. Similar conference should be geered to and come from within multicultured groups.

D. Other Issues
   1. Need to meet with UNE staff --trip or next meeting to be held in Biddeford
   2. See and up and ongoing AHEC PROGRAM__TRIP TO Massachusetts was proposed-- to be stated at next Board meeting so that ideally the whole board could go and/or at least the Program Planning Committee.
   3. To get some projects up and going right now--Debbie suggested that simple workshop on AIDS with current experts--discussion panels, invite school communities, health professions, investigate more--- Bo said he could very easily do a presentation on career ladders for underserved, multicultural people and he thought that maybe he'd develop some kind of advertisement on that line to distribute.

PROGRAM QUARTERLY ACTIVITY PLAN: 02 Years

ACTIVITY	03 1	2	3	4
Center Development				
Articles of Incorporation approved				
Board of Directors	x			
Federal office		x		
Filed		x		
Temporary Director hired		x		
Permanent Director recruited		x		
Center staff recruited			x	
Regional Council development		x		
Board of Directors meetings	x...	x	x	x
Contractual agreements finalized				
UNECOM/KAHEC		x		
UNECOM/Resource schools		x		
KAHEC/Education programs			x	
Develop personnel policies		x		
Develop student policies and procedures		x		
Medical Student Training Planning				
Confirm Class of 1989 rotation assignments		x		
Confirm rotation objectives				
Family Practice Advisory Committee			x	
UNECOM Curriculum Committee				x
Clarify objectives with clinical trainers				x
Social Work Program Planning				
Conduct Washington County program orientation	x			
Develop W.C. community program support network	x			
Identify W.C. sites for courses and library support		x		
Identify W.C. clinical training sites		x		
Enroll W.C. students in pre-clinical courses		x		
Occupational Therapy Program Planning				
Meet with KAHEC area O.T.s		x		
Survey KAHEC O.T. service users		x		
Recruit O.T. supervisor		x		
Nursing Program Planning				
Confirm program practicum objectives		x		
Confirm practicum assignments			x	
Survey community hospital nursing executives			x	
Plan outreach programs			x	

Activity, Cont'd	1	2	3	4
Native American Youth Development				
Initial discussions	x			
Identify organizational group		x		
Preliminary planning		x		
Continuing Professional Education Planning				
Coordinate planning with MCHPE	x			
Identify CPE issues for 03 year programs				
Community health centers		x		
Community mental health centers		x		
CHEQUE		x		
Independent providers		x		
Transcultural Health Planning				
Identify potential interest group members	x			
Send information to potential members		x		
Contract publication for TCH articles				x
Career Development Planning				
Confer with school counselors association		x		
Identify target schools for programming		x		
Coordinate program plans with resource schools			x	
Program Evaluation Development				
Develop initial outline	x			
Consult with evaluation advisor		x		
Finalize plan		x		
Program Advisory Committee review			x	
KAHEC Board of Directors briefing				x

KATAHDIN AREA HEALTH EDUCATION CENTER
BOARD/PROGRAM MEETING MINUTES

DATE: October 8, 1987 MINUTES TAKEN BY: Bo Yerxa

PRESENT: Bonnie Post, Yvon Labbe, Rick Doyle, Bery Kornreich, Wayne Newell Jim Ross, Bo Yerxa

ABSENT: Phillip Guimond, Steve Dawson, Brian Altvator

ITEM	
1. Secretary's Report	1. Several modifications were agreed upon--Amend minutes in 6A. Delete "poor" and "Ladies Agreement" changing to Director Weaver agreed that UNE would not alter UNE policies and procedures without prior consultation with the KAHEC. Note: regulations was mis-spelled. The consensus was to approve as modified.
2. Treasurer's Report	2. The consensus was to approve as presented.
3. Job Descriptions	3. The consensus was to approve the Executive Director and Regional Coordinator job descriptions per the discussion in the planning session. The Executive Director will bring an Administrative Assistant redraft job description to the 10/29/87 meeting.
4. Staff Positions	4. Administrative Assistant--Jim should go ahead and advertise for AA Aroostook Regional Coordinator--Jim should continue recruitment process and (hopefully) bring recommendation on the 29th. Downeast and Penobscot Regional Coordinators--Make an offer to Bo and Claire for Regional Coordinators positions based on $23,200 with overall fringe of 17.5% and seek approval of salary rate from Program Office based on getting the money from non-program areas of the budget. Jim will develop proposal for benefits within existing fringe budget, as well as reviewing/revising draft personnel policies.
5. Center Office Staff Administrative/Fiscal Implications	5. It was consensed that the KAHEC would hire its own staff and manage its own fiscal matters (rather than attempting to push all through UM system). Jim will draft fiscal policies for next meeting.
6. Non-Board Member Comm. Participation	6. Non-board member committee participation policy-- accepted as amended in planning session.
7. Office Locations	7. Aroostook--preferrably in Fort Kent area. Downeast--OK at WCVTI (consensus was to approve)

ITEM	
	Penobscot--probably at University College Central--222 East Annex Building, UMO
8. Proposals from UNE MSW Program	a. Continuing Education Workshop--Jim and Bo presented a workshop outline in the area of substance abuse from Don Degraffenreid of the UNE MSW program. Although they have some concerns around the proposed cost/profit sharing, they recommended going forward with the workshop as it would meet some requirements vis-a-vis the KAHEC workplan with minimal negative budget impact. Negative board comments included the concern that the proposal did not show sensitivity to cultural/ linguistic factors, the fact that "no one knew the presentor or his qualifications, the need for a reactor panel, not following up the AIDS workshop with something of lessor quality or "draw", the need for more comprehensive needs assessment. Bo pointed out Don's attached resume/personal background statement, the likelihood that not all continuing educatin workshops would address as broad (big) an interest/audience as did the AIDS workshop, the fact that substance abuse was identified as high priority in last spring's Downeast social worker needs assessment and the need to produce some continuing ed activities in the current quarter. Following some suggestions for Jim to explore in terms of working with Don to address board concerns (especially around culture/language, reactor panel, etc.), the board decided not to accept this proposal at all.
	b. Social Work graduate assistant--It was agreed that there was good potential for developmental progress presented by the opportunity to utilize (as an intern) UNE MSW student, Grace Brace, to work on need/program planning for social worker continuing education. The consensus was to bring her aboard for 10 (8-12) hours a week at a stipend consistant with the approved budget.
9. All other agenda items	9. Deferred.

KATAHDIN AREA HEALTH EDUCATION CENTER
BOARD (PROGRAM) MEETING MINUTES

DATE: October 8, 1987 MINUTES TAKEN BY: Bo Yerxa

PRESENT: Bonnie Post, Yvon Labbe, Rick Doyle, Bery Kornreich, Wayne Newell, Jim Ross, Bo Yerxa

ABSENT: Phillip Guimond, Steve Dawson, Brian Altvator

ITEM	
Financial Issues:	
1. FY '88 Budget	1. The FY '88 budget was reviewed (in light of Jim's memo of 10/8/87 on budget Considerations--see attached) and options were discussed. The work group agreed that Jim's options for budget changes to cover his agreed-upon salary seemed approrpriate (Item #2 of memo)-- the transfer of the NIH research award and the projected workplan/budget modification was appropriate, since it would free up a minimum of $22,589 for reallocation within the KAHEC budget. He was advised to go forward with Sponsors Programs, with the understanding that the comprehensive fiscal convolution would not be clear until.....(Item 3 of memo)
2. Item 4--Regional Coordinator	2. Regional Coordinators' Salary & Fringe--There was discussion as to whether the board wanted just the Executive Director on the UM payroll and to ask UM to provide fiscal management services, or to have the whole grant run through UM with all staff on UM payroll (with full employee benefits). 7% fringe available for health, life, etc...Bonnie suggested a Maine Hospital Association-linked group health/ beneies package--The need to rework personnel policies was pointed out.
Personnel Issues	
3. Job Descriptions	3, Executive Director--modified Primary Responsibilites 1, 2, 3 as noted in attached. Regional Coordinator--okay, but striking out "as needed" (per attached) Administrative Assistant--Executive Secretary & Assistar reducing job description still needed All job descriptions should have statement affirming committment to diversity/pluralism--Ensures that all activities are carried out recognizing the pluralist nature and cultural diversity of populations served.

KATAHDIN AREA HEALTH EDUCATION CENTER
BOARD/PROGRAM MEETING MINUTES

DATE: 10/29/87 MINUTES TAKEN BY: J. Ross

PRESENT: Bonnie Post, Yvon Labbé, Rick Doyle, Bery Kornveich, Bo Yerxa, J. Ross

Phillip Guimond

ABSENT: Wayne Newell, Brian Altvator, Steve Dawson

ITEM	
1.) Secretary's Report:	1. Several modifications were discussed. Item 8A in minutes of 10/8 meeting was amended. Consensus was to approve as modified.
2.) Treasurer's Report:	2. Consensus was to approve as presented.
3.) Photocopying:	3. The anticipated demand for photocopy one in the first operational year was discussed. In the previous year approximately 50k copies were run-and this is expected to increase to 60-75k this year. UMO can provide access at 10¢ a page; Transco can provide a SAVIN 7035 under lease at a cost of .05¢-.06¢ per page. Consensus was to obtain copying via the lease option.
4.) Life Insurance, EXECUTIVE DIRECTOR:	4. The Whole Life Insurance plan of the Executive Director associated with his previous group plan. The cost of converting the 150k Life and Disability was $699.80/QUARTER. Ross suggested a term life at 55.86/QUARTER until the benefit package can be worked out. The consensus was to approve.
5.) Bank Account:	5. A KAHEC account has been opened at Maine National in Orono; when McBee systems has checks ready funds will be transferred from Calais. Signature authority for this account will be for Labbé, Kornreich and Ross.
6.) Aroostook Regional Coordinator	6. It was the consensus that Ross make an offer for the Aroostook Coordinator position to Ms. Arlene Keaton of Fort Kent, ME. It was agreed that the salary would be $22,000/annum with a FB rate calculated at 17.5% of salary.

BOARD/PROGRAM MEETING MINUTES
DATE: 10/29/87

ITEM	
7.) KAHEC /UMO Coordinator	7. It was agreed that Ross follow-up on the 10/29/87 meeting with President Lick, Greg Brown and Brenda Cook and provide a Cooperative agreement between KAHEC and UMO for Board review and approval. Agreement should include a discussion of (1) Penquis Office space and cost (2) Center Office in Orono (3) UMO contribution to Director salary beginning December 1988 and FB, and (4) agreement on indirect from KAHEC sponsored/generated extramural funding.
8.) NIH Grant Transfer	8. The consensus was to move ahead with the transfer of the NIH/NIRA award from CWRU to UMO; Contingent upon approval of AHEC program office.
9.) KAHEC Fiscal Policies	9. Consensus to adopt as amended.
10.) Personnel Policies	10. Consensus was to accept those discussed and amended in the work session earlier in the day- with the remainder to be discussed at the next scheduled meeting 11/19.
11.) Downeast Regional Office	11. Consensus to approve the lease agreement thru June, 1988 with the option for a 90 day renewal with agreement of KAHEC and WCVTI.
12.) Travel Reimbursement	12. It was agreed that reimbursement for travel in the 1987-1988 fiscal year will be the .21¢/mi. budgeted, and that this will be retroactive to 10/1/87.
13.) KAHEC Payroll	13. It was agreed that the KAHEC payroll be prepared by Ms. Jane Heikkinen until other arrangements can be made.
14.) MOSAIC/DATAbase Technical Assist-ance	14. It was the consensus of the Board that line items on the current budget designated for the MOSAIC and Transcultural Data Base 6381 and technical assistance (3600) be expended as required for these items/services.
15.) Other Agenda Items	15. Deferred

KATAHDIN AREA HEALTH EDUCATION CENTER
BOARD/PROGRAM MEETING MINUTES

DATE: 11/19/87 MINUTES TAKEN BY: J. L. Ross

PRESENT: Bonnie Post, Yvon Labbe, Rick Doyle, Brian Alvator, Berell Kornreich, J. Ross, Peggy Dumond, Carol Webber

ABSENT: Wayne Newell, Steve Dawson, Phillip Guimond, Priscilla Staples

ITEM	
1.) Secretary's Report	1.) Secretary Labbe presented the minutes from the meeting of 10/29/87; consensus was to approve without amendment.
2.) Treasurer's Report:	2.) Consensus was to approve as presented. The board requests that a change in the format for budget reports be made to facilitate understanding, e.g. % expended be reported as for the month and % YTD added.
3.) Executive Director's Report:	3.) Ross updated the board on staffing and board expansion from the regional councils. Arlene Keaton has accepted the position of Regional Coordinator for Aroostook County and will begin November 30, 1987. Representatives to the board from the Downeast Region are: Priscilla Staples, R.N., MSN, Director of Nursing, Downeast Hospital, Machias Peggie Dumond: LSW, Care Manager, Eastern Maine Aging Agency, Ellsworth Alternate: Carol Webber, R.N., Director of Nursing, Oceanview Nursing Home, Lubec. Representatives to the Board from the Penquis Region are: Dale Morill, RRT, Coordinator Education Services, Mayo Regional Hospital, Dover-Foxcroft. Barbara Higgins, R.N., MSN, Chair of Nursing, EMVTI; Alternate: Dolores Curtis, R.N., Director of Nursing, Mayo Hospital, Dover-Foxcroft. Representatives from Aroostook County are expected to be named at the next scheduled council meeting, December 8th.

ITEM	
4.) Memorandum of Agreement KAHEC/UM	4.) The draft memorandum of agreement between KAHEC and UM was reviewed and discussed in detail. Board members expressed concern around items 3, 7, 8 and 9 of the proposed agreement. Item 3: As written, the return of 40 percent of indirect costs applies only to the NIH New Investigator Award which is expected to transfer. The return of indirect at this rate is a principle strategy envisioned to meet program needs as federal funding declines. It was the consensus of the board that the agreement needed to clearly state that a return of 40 Percent of indirect costs applied to subsequent grants, awards, contracts and/or cooperative agreements initiated or sponsored by KAHEC through UM. Items 7-8: Clarification was requested, e.g. an organizational chart, on the position of KAHEC in relation to other programs under the VP for Cooperative Extension. It was suggested that the affiliate status of KAHEC, and its autonomous position be reflected in the language of these items, e.g. Asst. V.P. for CES, KAHEC and FAROG. Item 9: Clarification was requested regarding the agenda envisioned for future negotiations. The board directed Ross to return to UM and seek the changes and clarification requested. It was the boards wish to have the memorandum updated for discussion at the next scheduled meeting.
5.) Personnel:	5.) The job description for the Administrative Assistant and Secretary were reviewed. The language relating to the "Nature of the job" was amended to reflect an awareness cultural sensitivity and the rural constituency, consensus was to approve as amended. The board requested that KAHEC personnel policies be updated to reflect amendments made to date, and be placed on the work session and board agendas for December 3rd.
6.) Budget:	6.) Board consensus was to approve the recommendation of the budget committee to accept the budget revision submission. Ross was directed to prepare and submit the request to the AHEC Program office.

ITEM	
7.) Fringe benefits:	7.) Ross described the single fringe benefit package prepared to date-that of BROGUE associated of Bangor. The pros and cons of the package were discussed, as were the limitations of meeting minimum benefits with the funds available. Consensus was to seek other options which would meet staff needs under current budget constraints. Ross informed the Board of a scheduled meeting with Whyte financial planning on 11/22. It was suggested that a possible tie in with UNE as a group be pursued as well. The board requested an update on December 3rd.
8.) UM/Husson Nursing Agreements:	8.) Consensus of the board was to accept the "boilerplate" cooperative agreement designed for UM/Husson Nursing programs, and to begin to develop the appendices.
9.) KAHEC Work Plan:	9.) The proposed KAHEC Work Plan/schedule for the current year received board approval.
10.) Letters of Support:	10.) The UM/USM request for a letter of support for the MSW initiative was considered. KAHEC has idendified the tremendous need for academic and continuing education programs in social work throughout its service area. The KAHEC supports programmatic initiatives which meet the needs of providers and consumers in rural Maine, and the consensus was to indicate this in support of the MSW request.
11.) Board Expansion:	11.) The board approved the following positions: A.) Human Services: Randy Swartz will be approached regarding his interest. B.) Physician: The cooperative agreement with the Feds requires at least 1 physician on the Board of Directors. President Post was to approach Dr. Johnson of Harrington, while Ross and staff were to identify other(s) who might be asked to serve in this capacity. It was suggested by Berell Kornreich that an occupational medicine specialist would be appropriate.

ITEM	
	C.) Central Maine Indian: Ross was directed to work with his staff to develop this position. D.) Maine Consortium: Ross was directed to communicate with Elaine Maison to identify who would represent this group. E.) Educational Representatives: It was board consensus that Husson Nursing be asked to participate. The second position remains unfilled pending further discussion. The Board requested clarification regarding the physician seat on the board, procedure for by-law changes and the process of executive committee carry over from the planning to the delivery year.
12.) Annual Meeting:	12.) The first Annual Meeting of the KAHEC Board of Directors was convened. It was the consensus that the President's Report, and the election of officers, should be deferred until board expansion is complete. The meeting was subsequently adjourned.

KATAHDIN AREA HEALTH EDUCATION CENTER
BOARD/PROGRAM MEETING MINUTES

DATE: 12/3/87 MINUTES TAKEN BY: J.L. Ross

PRESENT: Bonnie Post, Yvon Labbe, Rick Doyle, Peggy Dumond

ABSENT: Wayne Newell, Steve Dawson, Phillip Guimond, Priscilla Staples, Barbara Higgins, Dale Morrill, Brian Altvator, Bery Kornreich

ITEM	
1.) Secretary's Report:	1.) Secretary Labbe presented the minutes from the meeting of 11/19/87. The discussion relating to the UM social work request was that the communication should clearly reflect (A) KAHEC identified need for academic and continuing education programming in our target area (B) support for educational efforts in general which meet the needs of providers and consumers in rural Maine. Consensus was to approve as amended.
2.) Treasurer's Report:	2.) None was given as we are only beginning the fiscal month.
3.) Personnel Committee: Recommendation; Administrative Asst.	3.) Ross updated the Board on the selection of an Administrative Assistant. The first choice, Mrs. Nancy King, has expressed interest in the position, but does not want a full-time position at present. Staff (Ross, Bolduc, YERXA and Heikkinen) involved in the interviewing were unanimous in their opinion that Mrs. King was clearly the most qualified for the position. Ross requested that he be permitted to offer Mrs. King the position on a trial basis at 32 hours per week. Consensus was that Ross should pursue the appointment, and be allowed to offer a salary in the range of $6.50-$7.50 per hour.
4.) Personnel Recommendations: Personnel Policies:	4.) The Board Recommended all full time salaries employees be given 10 sick day, 2 personal days and 10 vacation days per year. Salaried employees not covered by the National Fair Labor Standards Act will receive five days compensatory time.

ITEM	
	Other personnel items were reviewed and edited for Clarification. Consensus was to approve as amended.
5.) Personnel Recommendations: Fringe Benefits.	5.) Ross updated the Board on progross relating to the fringe benefit package. The plan put together by T. Whyte of Portland offered comprable coverage with two major advantages over that of Travelors, i.e. a maximum of 3 enrollees and lower cost with Blue Cross/Blue Shield. Ross also discussed the possibility of enrolling under the UNE program. It was Board Consensus that Ross should follow-up on the UNE connection and report back to the Board, possibly with a recommendation.
6.) Personnel Recommendations: Budget: 1988-1989	6.) Ross requested direction regarding the 1988-1989 budget. The Board requested that a proposed budget modeled on that contained in the original proposal be made available for review as soon as possible; a budget refecting salaries etc. offered in year 1.
7.) Program Recommenda- KAHEC/UM Agreement	7.) The latest version of the memorandum of understanding between KAHEC/UM was reviewed. It was Board Consensus that Ross should return to UM around two major points: (A) Item 3: It was the Board suggestion that the following language be added... There will be a return of 40% of indirects on other joint efforts unless agreed upon otherwise by both parties.
	7.) (B.) Item 8: KAHEC is autonomous and independent; it is perceived that KAHEC should report directly to the VP for Research and sponsered Programs, and not through the VP for CES. It was also suggested that an alternative may be to remove items 7-9 from the agenda all together.
8.) Program:	8.) William Whittaker, Assoc. Prof. of Social Work, met with the KAHEC Board to describe and discuss the planned MSW program at UM, and explore the possibility of cooperation with KAHEC. The Board made a number of suggestions, e.g. waiver of GRE for non-traditional students with relevant experience, targeting of recruitment in KAHEC service

ITEM	
	area. Whittaker suggested these and other points be formally presented to the MSW department.
9.) Program Recommendation: 1988-1989 Proposal	9.) The Board directed Ross to make a draft proposal available as soon as possible for review and comment. The next Board Meeting has been scheduled for December 17th. The agenda will involve the completion of the 1988-1989 proposal.
10.) Request for support for WABANAKI-ACADIAN Conference.	10.) The request for support was discussed and the nature of the conference considered. Consensus was to approve $1000 from Native-American Youth Development with the understanding it would be replaced from Indirects if required. Ross was directed to work with the Conference Planning Committee to ensure KAHEC concerns were addressed.

KATAHDIN AREA HEALTH EDUCATION CENTER
BOARD/PROGRAM MEETING MINUTES

DATE: 12/17/87 MINUTES TAKEN BY: Jim Ross

PRESENT: Bonnie Post, Yvon Labbé, Barbara Higgins

ABSENT: Brian Altvator, Richard Doyle, Peggy Dumond, Philip Guimond, Berell Kornreich, Wayne Newell, Priscilla Staples, Dale Morrill

ITEM	
1. Secretary's Report	1. Secretary Labbé presented the minutes of the 12/3/87 Board Meeting. Following a discussion regarding the nature of KAHEC's support for the development of new academic programs, consensus was to approve as ammended on item 1. Discussion was also held on the need to follow-up on the presentation of Bill Whittaker on the Orono MSW program and the developing relationship with the KAHEC. The Board requested that Ross and Labbe convey to Mr. Whittaker several points as soon as possible, including (A) the need of the MSW program to encourage and programatically take strong, affirmative steps to ensure participation of minority and non-traditional students. (B) to develop a time-table for an MSW academic outreach program for practicioners in rural Maine as soon as possible. (C) to substitute experiential learning for GRE's in student screening (D) to take into consideration the cultural/linguistic barriers to standard tests like the GRE, e.g. programmatically develop criteria of evaluation for France and Native Americans which takes into consideration the anticipated lower verbal scores on standardized tests. (E) Include in the development of the MSW curricula an awareness of and sensitivity to Maine's Cultural Pluralism.
2. Treasurer's Report	2. Consensus was to approve as presented.
3. Executive Director's Report	3. Ross reported on several issues of interest, including: (A) Post-graduate medicine: A meeting was held with EMMC Family Practice program to discuss the development of FP rotation in the KAHEC service area. Two areas, Community Medicine

ITEM

and OB were suggested. KAHEC staff will be working toward identifying possible rotation sites in Jannuary, with a formal proposal developed in February.

(B) Nursing: Agreements with UMO Nursing will await arrival of the new Director of Nursing in January. Husson Nursing is very receptive and seeks assistance in developing placements for 12 students during the summer, and is especially interested in transcultural placements. It is anticipated that appendices to the cooperative agreement may be developed and completed by February.

(C) Continuing Education: The developing relationship with the VACHEP was discussed. KAHEC has been asked to participate on the VACHEP educational committe and planning committee. The KAHEC has also joined the Maine Consortium for Health Education Professions. The MCHEP Executive Director, Elaine Mason, will represent that group on the KAHEC Board of Directors.

(D) Personnel: Mrs. Nancy King has joined KAHEC as Administrative Assistant to the Director.

(E) Offices: Bangor Office will be ready by January 1, as will Fort Kent. Northern Maine Medical Center will provide space (450± sq. feet for $250/mo.) plus access to hospital watts line and copying at .03 per page.

(F) Grant Transfer: The NIH has decided to transfer the NIRA award directly to KAHEC.

The Board discussed the implication of this change with regard to the developing relationship with the U of M. It was the consensus of the Board that 50% of the indirect costs be returned to the University and that Ross returns to the U of M and discuss changes in the memo of understanding, specifically around agreements on sharing of indirects and affiliation and bring an updated version to the Board on Feb. 10.

(G) The OT model Clinical Training Program was described and the cooperative agreement discussed. The Board wished to amend two points; i.e. OT assistance in developing an evaluation instrument and in crediting the KAHEC with participation in subsequent publications etc. Consensus was to approve as amended.

BOARD/PROGRAM MEETING MINUTES
DATE:_____

ITEM	
4. Recommendations: Budget Committee: 1988 - 1989 Proposal	4. Consensus of the Board was to approve as amended during the work session.
Program Committee: 1988 - 1989 Proposal	Consensus of the Board was to approve as amended during the work session.
5. New Business	5. Date for the next Board Meeting is scheduled for Wednesday, February 10th from 2:00 - 5:00 p.m.

KATAHDIN AREA HEALTH EDUCATION CENTER
BOARD/PROGRAM MEETING MINUTES

Date: 2/10/88 Minutes Taken By: J. L. Ross

Present: Bonnie Post, Peggy Dumond, Yvon Labbé, Berell Kornreich, Elaine Mason, Philip Guimond, Barbara Higgins, Terry Polchies, Shirley Weaver, Jim Ross

Absent: Brian Altvator, Wayne Newell, Priscilla Staples, Dale Morrell

Item:

1. Secretary's Report	1. Consensus was to approve as submitted.
2. Financial Report	2. Consensus was to approve as submitted.
3. Executive Director's Report	3. There was discussion around the Wabanaki-Acadian Conference scheduled for May of this year in Orono. At a previous Board Meeting discussion had centered around bringing Native American students to attend the Conference. In a subsequent meeting with Ted Mitchell, it was pointed out that the University had had previous experience attempting such a program. It was pointed out that it is extraordinarily difficult to maintain control of a large number of students who are brought in for such an occasion, and particularly if it is considered over a two day period. It was suggested, therefore, perhaps a better approach would be to attempt to integrate the program with the curriculum of the Native American and Franco American school systems by having teachers attend the Conference and provide them with support material. It was also emphasized that every attempt should be made to ensure that student/parent representation is present at this Conference. It was considered that logistically this would be an appropriate alternative to attempting to bring in large numbers of students. Ross was directed by the Board to contact Jim Bishop, coordinator of the Conference, to insure that Brian Smith, Superintendent of Indian Education, was brought up to date on the purpose of the Conference and the program being developed. Mr. Smith's cooperation would then be solicited in integrating the program into the Native American school curriculum. Subsequently, it was the consensus of the Board to approve the Executive Director's report.

4. Mr. Louis Fourman

4. In response to an invitation from the KAHEC Board of Directors, Mr. Louis Fourman of the University of Maine Cooperative Extension Service attended the Board meeting. Mr. Fourman discussed the current and developing relationship betweeen the University of Maine, the KAHEC, and the Cooperative Extension Service. Mr. Fourman pointed out that he had been actively involved in the first meeting with President Lick around how to align the University of Maine with the KAHEC. Mr. Fourman related some of the discussion around the recent internal reorganization of the University of Maine under President Dale Lick, and discussed in part the decision-making in relation to alignment of the KAHEC with the Cooperative Extension Service. Mr. Fourman then described the general organization of the Cooperative Extension Service, for example, that there is a lay group in each community in partnership with the University of Maine and the Cooperative Extension Service. The same was true of the Federal Government and the Cooperative Extension Service, that there was an effective working partnership between the Cooperative Extension Service, the community and the Federal Government. It was evident that this was a model not unlike that being developed by the KAHEC, therefore, it seems that there was a relatively easy match in terms of organization purpose. Mr. Fourman provided the Board of Directors with a brochure describing briefly the Cooperative Extension Service and discussed the points of overlapping initiatives/goals between the Cooperative Extension Service and the KAHEC. After a brief description of the PATCH Program with which the Cooperative Extension Service is involved, Mr. Fourman responded to an inquiry by Dr. Weaver regarding the working relationship between Cooperatiave Extension Service and the KAHEC. It was pointed out that the KAHEC would have access to the facilities and the professional staff, both on campus and throughout our nine county service area. It was suggested that we would be able to take advantage of this and include the Cooperative Extension professional staff in our continuing ed programs, e.g., continuing ed around nutrition for the elderly. Mr. Fourman pointed out that the affiliation with the Cooperative Extension Service was envisioned as a facilitating mechanism to enable us to effectively

communicate with the Vice-President for Research and Public service, and the President of the University. Mr. Fourman suggested that perhaps the KAHEC might want to consider developing a campus advisory committee as an additional communication tool, particularly as it relates to developing interest by this University in developing a health professions program.

5. Report by Dr. Weaver

5. Dr. Shirley Weaver, AHEC Program Officer, reported on the AHEC meeting held in February in Washington. Dr. Weaver advised the KAHEC Board that we could anticipate a site visit in April or May by four members of the national organization which will include 3 members of the National Review panel, Ms. Cherry Tsutsumida and a staff person. Dr. Weaver reiterated three points that were emphasized by Ms. Tsutsumida at a meeting in Bethesda in February. At the Federal level, they are going to be interested in seeing the principal points of interest during the site visit. First is a demonstrated connection with the community and community committment to the AHEC and its objectives. Second, some evidence of progress around the graduate medical education piece. She pointed out that post graduate medicine is a requirement on the part of the Feds for an AHEC. Third, very important, she pointed out that they are going to want to see some sort of plan in terms of long term financing. They will be particularly interested seeing the initial development of some plan to support the AHEC and its program during the post-federal support period. The panel coming on this site visit will want to meet with the KAHEC Board of Directors, etc., and also see pieces of the program. It was pointed out that the Federal level, will decide which program elements to examine. We will have some influence on their decisions relating to this, but the initiative will come from them in response to the review of the continuation program we submitted. We should be hearing something relating to the site visit within the next several weeks. This will be a very important visit. We will need to develop some material, both around the graduate medical education piece and, particularly, the long term financing for this site visit. I also hope that all of the Board of Directors will be able to make themselves available to meet with these individuals during this time. It is expected that this will be a three to four day site visit. As more information

becomes available, I will forward it immediately to you.

6. Board Expansion Selection

6. It was the consensus of the KAHEC Board of Directors that the Department of Human Services position on the KAHEC Board of Directors be offered to Mr. Randy Schwartz, Director of Health Promotion and Education. Mr. Schwartz has several years experience with the Massachusetts AHEC and is the Director of the Office of Health Promotion and Education and would be a valuable asset to the KAHEC. Ross was instructed to prepare a letter to Mr. Schwartz inviting him to take a position on the Board of Directors, and to communicate the invitation to Mr. Ives and to Mr. Greenburg. There was a lengthty discussion relating to the second educational institution appointment on the Board of Directors, as well as the physician appointment. The University of Maine and Dr. Bernard Chase had been suggested as possible participants. It was the consensus of the Board at this time that a decision be deferred until the next regularly scheduled Board meeting. Ross was asked to prepare a list of the current composition of the KAHEC Board of Directors and the persons filling those positions, to be distributed to all Board members for their review. It was requested that the March 17th Board meeting focus upon the issues of by-laws, and the need to amend these in relation to Board expansion and selection.

7. KAHEC/UM Memorandum of Understanding

7. It was the consensus of the Board of Directors to approve the Memorandum of Understanding between the KAHEC and the University of Maine. The only additional modifications in this Memorandum of Understanding relate to Item 1, where the specific language describing the KAHEC would be included, and Item 6, where the cost of space at the Bangor campus needs to be renegotiated in light of our up-front investment in preparing the room for occupation.

8. Fringe Benefits

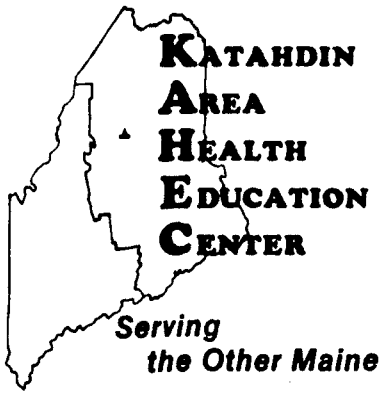
8. Ross briefly described the fringe benefit package most recently brought before the KAHEC staff. He requested that the Board give approval to pursuing this particular package if his staff was in agreement on it. It was the consensus of the Board that this be approved.

9. Payroll Package

9. Ross requested the Board's approval to engage the payroll services of the bank in Orono. This would greatly facilitate the entire bookeeping system and permit direct deposit of checks for KAHEC's staff. The payroll service would also provide quarterly reports, final reports and a W-2 for all staff at the end of the year. It was the consensus of the Board that this be approved.

10. March Board Meeting

10. The date of St. Patrick's Day, March 17th, was decided upon as the next regularly scheduled Board meeting, between 2 and 5 p.m. at the FAROG Center, College Avenue, Orono. The need to develop a regular schedule of Board meetings well in advance so that they can be scheduled by Board members was emphasized. Such a schedule will be developed and decided upon at the March 17th meeting. There being no further new business, the meeting was adjourned.



KAHEC Central
222 East Annex
Beddington Road
Orono, Maine 04469
(207) 581-2371

MONTHLY FINANCIAL STATEMENT

AS OF 1/31/88

	ACTUAL BUDGET	JANUARY EXPENSES	YTD EXPENSES	REMAINING BALANCE
Salaries	159,851.00	9,857.76	27,194.17	132,656.83
Fringe	27.453.00	1,127.67	3,203.50	24,249.50
Consultants	37,344.00		10.50	37,333.50
Supplies	39,842.00	1,156,59	9,130.67	30,711.33
Equipment	18,710.00	3,386.20	8,829.80	9,880.20
Staff Travel	35,336.00	1,511.85	3,548.88	31,787.12
Other Costs				
Recruiting	2,400.00	88.84	633.09	1,766.91
Preceptors	4,400.00	-0-	-0-	4,400.00
PA	2,856.00	-0-	-0-	2.856.00
Social Work	11,430.00	188.76	386.26	1,104.74
Board of Dir.	3,135.00	182.50	535.12	2,599.88
Regional Council	900.00	-0-	123.77	776.23
Transcultural Health	4,281.00	-0-	3,281.00	1,000.00
Mobile Med Van	6,210.00	-0-	-0-	6,210.00
Continuing Ed	4,508.00	187.70	187.70	4,320.30
Space Rental	21,600.00	1,213.26	3,705.26	17,894.74
Trainee Costs	23,393.00	-0-	-0-	23,393.00
Totals	403,649.00	18,901.13	60,769.72	342,879.28

Claire Bolduc, Coordinator
enquis Region

Arlene Keaton, Coordinator
Aroostook Region

Bo Yerxa, Coordinator
Downeast Region

KATAHDIN AREA HEALTH EDUCATION CENTER
BOARD/PROGRAM MEETING MINUTES

Date: 3/17/88 Minutes taken by: J. L. Ross

Members Present: Rick Doyle, Berell Kornreich, Peggy Dumond, Elizabeth Pinette, Mary Bennett-Williams, Terry Hamm-Morris, Elaine Mason, Carole Webber, Barbara Higgins, Dale Morrell, Yvon Labbé, Dolores Curtis and Randy Schwartz

Members Absent: Brian Altvator, Wayne Newell, Priscilla Staples, Bonnie Post,and Terry Polchies

Item:	
1. Secretary's Report	1. Consensus was to approve as presented.
2. Treasurer's Report	2. Consensus was to approve as presented. Treasurer requested a change in format to reflect proportion of expenditures YTD (year to date). Ross was requested to forward change to B. Kornreich for format approval prior to next regularly scheduled meeting. Ross notified the board that the NIH award had been successfully transferred, and that a budget revision would be forthcoming.
3. Executive Director's Report	3. Consensus was to approve as presented.
4. By-laws: Role of Secretary	4. KAHEC secretary requested that the by-laws be amended to read: "the secretary shall keep, or cause to be kept,...". Consensus of the board was to approve the request to propose an amendment to this effect.
5. By-laws: Expansion of Board Members	5. The Board of Directors disucssed the relative merits of expanding membership beyond the current 15 persons designated in KAHEC by-laws. Mr. Doyle discussed the role of the Native-American community in KAHEC and requested that a second seat be designated for representation by the Maine Indian Health Coalition. Mr. Kornreich suggested that a seat on the Board of Directors be specifically designated for a physician representative as mandated by the AHEC Cooperative Agreement.

After further discussion in consideration of Board expansion, it was the consensus of the members present that a proposal to amend the KAHEC by-laws to increase membership from 15 to 17 (1 additional seat for the Maine Indian Health Coalition; 1 physician-designated seat) be accepted and voted upon at the next regularly scheduled meeting.

6. Board Expansion

6. Mr. Labbé brought up for discussion the possibility of offering the second board position for a representative of an educational institution to the University of Maine (the first being filled by Husson College). It was the consensus of the board that this would be appropriate. Ross was asked to invite President Lick to join, and in the event he was unable to participate to appoint a representative from the University.

7. Board Elections

7. It was the consensus of the board that the current Executive Committee (B. Post, President, R. Doyle, Vice-President; B. Kornreich, Treasurer, and Y. Labbé, Secretary) be asked to continue to their present positions until the next annual meeting, scheduled for November, 1988.

It was also the consensus of the board that a nominating committee be appointed in June for the purpose of board elections.

8. Role of KAHEC Board

8. A general discussion regarding the role of the KAHEC board of directors was held. Each member was asked to relate their perspective, both as a board member, and the role of KAHEC itself. Perhaps the most repeated theme was the need to develop a long-range plan which would identify the needs of the State and develop a coherent strategy to address these needs. It was commended that consideration be given to developing working committes (e.g. budget, program, continuing education, nursing, etc.) building on board expertise and including advisory support as needed.

9. New Business

9. A. Petty Cash:
The executive director requested permission to allow each regional office to keep $100 petty cash on hand, which would be turned over on request with proof of proper expenditure. Approval was given by the Board.

B. Penobscot "Running Free":
Rick Doyle brought before the board a request from the Penobscot Nation for support of a program, "Running Free", aimed at Native-American Youth. The purpose being self-esteem, aspirations, leadership, and to provide a valued alternative to chemical dependency.

It was the consensus of the board that the program described fell within the general perception of the Native-American Youth initiative. Mr. Doyle and Mr. Ross were asked to work with the planning committee on the" Running Free" program to develop a full proposal to be brought before the board at its' next regularly scheduled meeting. Mr. Schwartz recommended that the possibility of video-taping the program (perhaps for MPBN) be explored.

10. Meeting Schedule

10. It was the consensus of the board that a regular schedule of meeting times would facilitate planning and improve attendance. Consensus was that the 4th Thursday of each month was possible for all present and the schedule was set as such.

11. April Board Meeting

11. The next regularly scheduled board meeting will be on Thursday April 28th at the F.A.R.O.G. Center Annex - log building next door. There being no further new business, the meeting was adjourned.

Bd 6/11/88

KATAHDIN AREA HEALTH EDUCATION CENTER
BOARD/PROGRAM MEETING MINUTES

Date: 5/16/88 Minutes taken by: J. L. Ross

Members Present: Bonnie Post, Richard Doyle, Yvon Labbé, Berell Kornreich, Peggy Dummond, Dale Morrill, Dolores Curtis, Terry Polchies, Barbara Higgins, Elizabeth Pinette, Elaine Mason

Members Absent: Brian Altvator, Dr. Mary Bennett Williams, Ms. Terry Hamm-Morris, Wayne Newell, Priscilla Staples, Randy Swartz and Carole Webber

Item:	
1. Secretary's Report	1. Consensus was to approve as presented.
2. Treasurer's Report	2. Consensus was to approve as presented.
3. Executive Director's Report	3. Consensus was to approve as presented.
4. Executive Committee: Continued Service	4. Ms. Bonnie Post announced her resignation as President of the Board of Directors of the Katahdin AHEC. Ms. Post has held that position for the last eighteen months. At the last annual meeting in November of 1987, board development was not yet complete and expansion was still underway. At that time Ms. Post was asked to continue as President of the KAHEC and agreed to do so. Now that board expansion is nearing completion, Ms. Post feels that the time has come to step down as President. Contributing to her decision was the felt need to take a stronger advocacy role for the Maine Ambulatory Care Coalition (MACC), the organization she represents on the Board of Directors. The Board of Directors expressed their appreciation for the time and energy that Ms. Post put in as president of the KAHEC and the role she planned in its development during the critical early stages. The Vice President of the KAHEC, Mr. Richard Doyle, Health Planner for the Passamaquoddy will assume the responsibilities of President. There was a consensus of the Board of Directors that the office of Vice-President remain unfilled until the next annual meeting. A nominating committee for the executive officers for the KAHEC will be formed at the June meeting for the purpose of nominating officers for

consideration at the next annual meeting. In the event that President Doyle is unable to attend the board meeting Yvon Labbé , Secretary of the KAHEC, will be responsible for the meeting. Mr. Barry Kornreich has agreed to continue to serve as Treasurer of the KAHEC.

5. Native American Youth Leadership Program

5. Mr. Doyle brought the KAHEC Board of Directors up to date on the summer Native American Youth Leadership Program. Mac Hall is scheduled to be in Maine the week of May 16th and meet with the planning committee on the 20th. Mr. Hall is serving as a consultant around the youth leadership program. The intent is to build this component into the regularly scheduled youth program to be held in July. A full proposal and request for funds will be forthcoming at the next regularly scheduled KAHEC board meeting the last Thursday in May.

6. Penobscot Nation: Running Free Summer Camp

6. The proposal received from the Penobscot Nation requesting support for the running free program to be held in June of this year was reviewed and commented on by the Board of Directors. The consensus was that the program addresses self esteem and awareness in a culturally appropriate manner and therefore falls within the general guidelines of the Native American Youth Development initiative. Terry Polchies representing the Central Maine Indian Association questioned why the Central Maine Indian Association had not been specifically listed in the running program. It was the consensus of the board of directors that conditional approval be given to support of the running free program; conditional upon CMIA being invited to participate in the program. This invitation has been extended and received. Claire was directed to work with the organizers providing the support request.

7. Wabanaki Acadian Conference

7. Mr. Labbé reported on the progress to date on the program to be held over two days in May on the Wabanaki and Acadian Affecting Presence in this geographic region. Brochures describing the program were provided to all board members. Mr. Labbé expressed that the content and nature of the program were exceeding even his expectations as the conference has been originally conceptualized. This should be a very exciting program and all KAHEC board members were invited to attend.

8. Undergraduate Medicine

8. Ross reported that a combination of largely unknown circumstances had combined resulting in the loss of five placements for UNECOM students at Indian Township. The first of these was to be in June of this year. The KAHEC staff is working with Dr. Craig Lenz,clinical coordinator of students placements, to secure a June rotation for that student. Other students are scheduled beginning in September and give some greater period of time to locate suitable preceptors and practice sites. President Doyle expressed his intention to speak with Health care planners at Indian Township and to see whether the confusion could be resolved and the students rotated through that facility. He will report upon these discussions at the next regularly scheduled board meeting.

9. Recommendations of Personnel Committee: Liason

9. It was the consensus of the board of directors that the executive director should serve as liaison between the Executive Director, staff, Personnel Committee, and the Board of Directors, and that an appropriate mechanism or sufficient mechanism exists for staff to express any concerns they may have with the personnel policies, program development and delivery.

On a related matter it was the consensus of the board of directors that staff should be invited to attend all regularly scheduled board meetings if they so wish. It was requested that (1.) staff not sit at the board table, and (2) it was emphasized that the staff was there for the purposes of providing information or explanation

when requested by the executive director or a member of the board and not to participate in the decision making process. Given these two conditions it was the consensus of the board that the staff would be welcome to attend.

10. Personnel Committee Recommendations: Changes in Policy Language

10. It was the consensus of the board of directors that the changes in policy languages requested by KAHEC staff be specifically be laid out side by side for personnel committee review. Recommendations relating to these changes in language will be made at the next regularly scheduled borad meeting.

11. Personnel Committee Recommendations: Staff Request For Additional Comp. Time

11. The Board of Directors discussed at some length the staff request for five additional days of comp time. It was the consensus of the board that for the three regional coordinators initially hired, an additional 5 days of comp time be provided for each. Contributing to this decision was (1.) the misunderstanding initially around the discussions related to vacation/comp time. But more importantly,the consensus of the board of directors is that these additional five days be in recognition of the effort that the regional coordinators have put in, for the job well done by each, and in consideration of the demands placed upon their time. Consequently, at present the three regional coordinators have available to them 20 days of leave , 2 personal days, and 12 days of sick time. The personnel committee will review the current policies and decide whether this should become a permanent part of the personnel policy.

12. Opposed Ammendments to KAHEC Bylaws: Role of the KAHEC Secretary

12. It was the consensus of the board of directors that the languague be accepted to read that the secretary shall keep or cause to be kept... With regard to board expansion it was the consensus of the board of directors that the proposed extended membership be accepted. This expands the KAHEC Board of Directors from 15 to 17 persons. There will be one additional representive of the Maine Indian Health Coalition, and a board designated seat for a physician.

Physician nomination was deferred until the regularly scheduled board meeting. Next Ross was requested to contact Dr. Mary Bennett Williams to have her inquire as to whether Drs. Dahl or Chase would be interested in service in this capacity on the KAHEC Board of Directors.

13. Grant Submission:

13. The proposal submitted with public administration at the University of Maine. It was the consensus of the board that Ross's request for a sub committee to deal with such situations where RFP's are received but insufficient time exists before the deadline to take before a full board, be approved. Ms. Post, Mr. Kornreich, Ms Mason and Mr. Labbé agreed to serve on such a committee.

14. Needs Accessment Manpower Employability Survey

14. The Board of Directors considered a request to allocate funds in support of a Needs Assessment Manpower Employability Survey. Ross's request to allocate some portion of the monies from the NIH award to conducting a manpower employability survey this summer. Ross expressed the need to accomplish this in order to realistically begin getting together a loan forgiveness program with the training initiatives we are undertaking. Ross was directed to attempt to recruit the services of a work study student to begin to put a proposal together which would outline the manpower employability survey in greater detail. He was instructed to bring this proposal back to the next regularly scheduled board meeting.

15. National Site Visit: Dr. Weaver

15. Dr. Shirley Weaver met with the board to discuss the upcoming national site visit team on the 9th and 10th of May. Dr. Weaver pointed out that this site committee was particularly interested in 2 items; First, evidence of KAHEC's connectedness to the community and second, some plan or evidence of external funding and support upon the cessation of federal funding for the AHEC. Dr. Weaver was confident that the KAHEC has come a long way in its short operational history and should have

no problem of either of these points of interest.

The next regularly scheduled board meeting will be on Thursday, May 26th. The agenda of that board meeting will be to discuss the process of decision making relating to external funding. The need to establish sub-committees focused upon specific program initiatives will be discussed and established.

KATAHDIN AREA HEALTH EDUCATION CENTER
BOARD/PROGRAM MEETING MINUTES

Date: 5/26/88 Minutes taken by J. L. Ross
Members Present: Rick Doyle, Terry Hamm-Morris, Dr. Mary Bennett Williams, Peggy Dummond, Terry Polchies, Yvon Labbé, Dale Morrell, Gail Dana, Jim Ross and Claire Bolduc.
Members Absent: Bonnie Post, Berell Kornreich, Dolores Curtis, Barbara Higgins Elizabeth Pinette, Elaine Mason, Brian Altvator, Wayne Newell, Priscilla Staples, Randy Swartz and Carole Webber

1. Secretary's Report	1. Consensus was to accept as presented.
2. Treasurer's Report	2. Consensus was to accept as presented.
3. Executive Director's Report	3. Due to the absence of the Executive Director while attending the National Site Visit and the AHEC National Conference, there was no written report this month. Ross presented a brief verbal report. Much of the attention was focused upon the national site visit team and the results of that visit. The Board expressed some concern and confusion with regard to the residency program. They have asked additional information with regard to the residency program be included in the Executive Director's Report for the next regularly scheduled board meeting. They wish clarification as to exactly what needs to be done and what current strategies are envisioned. Dr. Mary Bennett Williams noted that EMMC has hired a new director for the Family Practice Residency Program. This new director will assume the position on July 1 of this year. Dr. Williams suggested that Ross contact this individual, if possible, and attempt to lay the groundwork with the new director which will closely involve Katahdin AHEC with the residency program and develop an outreach initiative.

4. Personnel Policies, Language Change per Staff Request

4. The consensus of the Board of Directors was to approve the request for change in the language of personnel policies as requested by the staff. The only edit suggested and accepted by consensus on the part of the Board of Directors was under Item C. The language shall read "KAHEC will provide health and accident insurance coverage for employees." The remainder of the suggested language will not be included in the current personnel policies.

   Ms. Terry Hamm-Morris requested that the manner in which the fringe benefit package for the KAHEC staff has been established be reviewed, specifically it is requested that Ross explore restrictions on possible limitations on non-profit organizations in regard to providing cafeteria plans. She suggested that Winter Associates in Brewer, specializing in non-profit agencies, might be available to provide expertise and advice on this matter. Alternatively, it was suggested that the University of New England provide the legal service required by the center whenever such professional advice is needed.

5. Husson Nursing Agreement Response

5. It was the consensus of the Board of Directors that the agreement between the Husson School of Nursing, the KAHEC and the University of N. E. AHEC Program be approved.

6. Orono Nursing Agreement

6. The Board of Directors requested that Ross and Ms.. Bolduc return to the Orono School of Nursing and discuss a number of changes in the agreement with them.

   The current agreement delivered by the University of Maine in Orono changes substantially from that initially envisioned for this current year. The consensus of the board that the goals and objectives outlined in this agreement certainly reflect those which we hope to achieve in the course of the next 18 months. However, it must be kept in mind that the current agreement and funding should apply only

to efforts which should be undertaken and completed by the end of September of this year. The board requests that the agreement reflect the direction originally envisioned, i.e., that the Katahdin AHEC support the rural health elective via clinical faculty and administrative staff in curriculum development, a possible site visit to Georgia Southern University to examine the rural health program of that institution, and the development of preceptor sites and rural health electives for nursing students. Both can be accomplished before the end of our current fiscal year. The overall goals set forth in the agreement should be kept in mind, however, and supported as far as possible in the next fiscal year.

7. Health Manpower Survey

7. The request of the Executive Director for support to undertake a manpower survey between June 15th and the end of September was approved by the Board of Directors. It was the consensus of the board that Ross be permitted to reallocate up to $7,000 to accomplish this task.

8. Update: Native American Summer Youth Leadership

8. Rick Doyle updated the board on the Native American Summer Youth Leadership Camp scheduled for later this summer. He reported that Mr. MacIlen Hall met with the planning committee for the summer youth program on the 20th of May. His insight into leadership programs and the development of culturally appropriate programming was well received and provided a number of insights which will be incorporated into this summer's program. Mr. Doyle also reported that discussions were underway and that Mr. Hall my be invited back as technical assistant in developing staff expertise for this program. Mr. Doyle had a provisional budget prepared by the committee requesting support by the Katahdin AHEC for the summer youth leadership program. The total request was for the amount of $4,000. It was the consensus of the Board of Directors that approval be given upon receipt of the final budget and acceptance by the Executive Director.

9. Update: Penobscot Nation Running Free Program

9. Gail Dana of the Penobscot Nation and Terry Polchies of CMIA discussed the Running Free Program and the difficulty inherent in including CMIA under the current structure for this year. They have entered discussions as to how CMIA might be included in subsequent programs. Mr. Polchies expressed his satisfaction with the discussions and therefore the monies appropriated at the previous board meeting for the Running Free Program will be made available upon request to the Penobscot Nation.

10. CMIA Youth Two Thousand

10. The Central Maine Indian Association has requested the KAHEC Board of Directors to support the efforts in sending six off reservation Native American Youth between the ages of 10 and 18 to a planning program in DC, with two chaperons, to become involved in the Native American Youth 2000. They have requested support to enable them to include 50 off reservation Native American youth in the 2000 program to be held in September. The request was for support in the amount of $7556 and it was the consensus of the board of directors that this request be approved and support be given.

11.NIH Grant Transfer

11. Ross reported that he had been informed that the grant transfer in fact would be made within the week, that a request for a check had gone to the personnel department responsible for allocating those monies on a monthly basis.

11. A. Co-op RFP

Co-op submission with the UMO bureau of public administration.
Ross reported that the development of rural health center had been dropped. The Bureau of Public Administration felt that they could not undertake this effort without region wide emphasis and were unable to do so at this time. Similarly, the KAHEC while envisioning a role, in this program on a state-wide basis is clearly beyond our call to be attempting to do this regionally.

12. Wabanaki Acadian Conference

12. Secretary Labbé reported on the two day Wabanaki Acadian Conference that was held in May. He reports that it was relatively well attended by interested parties and considered the conference to be a tremendous success. Discussions are currently underway by the organizers of the conference to determine a method, hopefully a monograph, by which the results of the conference can be disseminated to a wider audience.

13. New Business

13. Regional Office Support: Executive Director Ross requested that the Board of Directors give approval for the use of indirect monies for regional office support. Specifically, a word processor and printing capability, i.e. a Mac Plus Computer and Image Writer for each of the three regional offices. All offices, with only half time secretarial support available to them, have been experiencing tremendous difficulty keeping up with the flow of paper and communication that is required of them on a regular basis. Ross expressed concern on the impact it was having on program success as well as staff morale. It was felt that the ability to do word processing would facilitate the process of communication, and would make more efficient use of the half time secretarial available. It was the consensus of the Board of Directors that approval be given for this purchase with indirect monies.

14. Physician Representative to the KAHEC Board of Directors

14. Dr. Mary Bennett Williams reported that she had inquired of both Drs. Dahl and Chase regarding their interest in participating in the KAHEC Board of Directors. Dr. Dahl it seems is extraordinarily busy and perhaps may not be able to devote the time necessary for participation. Dr. Chase did express an interest in serving on the KAHEC Board of Directors and in participating actively in the development of the program initiatives. It was, therefore, the consensus of the

Board of Directors that Dr. Chase be invited to fill the physician designated seat on the Board of Directors and that Ross convey an invitation to him as soon as possible. It was also suggested that perhaps that first major role that Dr. Chase might play is to assist in developing an initiative around the residency requirement for the KAHEC program.

15. Process/Program Development

15. Time was expiring for the regularly scheduled Board meeting. It was suggested that the agenda of the next scheduled Board meeting on June 23rd be structured as follows:

1. 12:00 - 1:30 should be devoted to the development of sub-committees which would include executive, personnel, budget, program, grants and alternative funding strategies.

2. 1:30 - 4:00 regularly scheduled Board Meeting.

It was strongly suggested that this structure be routinely employed for board meetings. In this manner it is hoped that the process of discussion can take place in the time allocated. This will also allow board members attending from Northern Aroostook County, for example, to return.

INITIAL PLANNING PROPOSAL

('85-86)

No. of pages 249

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

TRAINING GRANT APPLICATION

FOLLOW INSTRUCTIONS CAREFULLY

TYPE	ACTIVITY	NUMBER
		1U76PE 00208-01
REVIEW GROUP		FORMERLY
COUNCIL/BOARD (Month, year)		DATE RECEIVED

1. TITLE OF TRAINING PROPOSAL (Not to exceed 56 typewriter spaces)

Catalog of Federal Domestic Assistance No. 13.824

2. PROGRAM ANNOUNCEMENT AREA

3. DISCIPLINE, SPECIALTY OR FIELD OF TRAINING

"Multidisciplinary"

4. PROGRAM DIRECTOR

4a. NAME (Last, first, middle initial)
Bruce P. Bates, D.O.

4b. HIGHEST DEGREE

4c. SOCIAL SECURITY NUMBER

4d. MAILING ADDRESS (Organization, Street, City, State, Zip code)
University of New England
College of Osteopathic Medicine
11 Hills Beach Road
Biddeford, Maine 04005

4e. POSITION TITLE

4f. DEPARTMENT, SERVICE, LABORATORY OR EQUIVALENT

4g. MAJOR SUBDIVISION

4h. TELEPHONE (Area code, number, extension)
207-283-0171

5. HUMAN SUBJECTS:

☒ NO ☐ YES ☐ Exemption # _____

- OR -

☐ Form HHS-596 enclosed

6. DATES OF ENTIRE PROPOSED PROJECT PERIOD (This application)

From 10/1/85 Through 9/30/88

7. RECOMBINANT DNA:

☐ NO ☐ YES

8. APPLICANT ORGANIZATION (Name and address)
University of New England
College of Osteopathic Medicine
11 Hills Beach Road
Biddeford, Maine 04005

9. OFFICIAL IN BUSINESS OFFICE TO BE NOTIFIED IF AN AWARD IS MADE (Name, title, address, and telephone number)
Bernard Chretien, Business Manager
University of New England
11 Hills Beach Road
Biddeford, Maine 04005
207-283-0171

10. ENTITY IDENTIFICATION NUMBER
1010233257A1

11. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Name, title, and telephone number)
Charles Ford, Ph.D., President-Elect
University of New Enland
11 Hills Beach Road
Biddeford, Maine 04005

12. TYPE OF ORGANIZATION (See instructions)

☒ Private Nonprofit

☐ Public (Specify Federal, State, Local): _____

13. PROGRAM DIRECTOR ASSURANCE:

I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

13a. SIGNATURE OF PERSON NAMED IN ITEM 4a. "Per" signature not acceptable
Bruce P. Bates

DATE 12/13/84

14. CERTIFICATION AND ACCEPTANCE:

I certify that the statements herein are true and complete to the best of my knowledge and accept the obligation to comply with the Public Health Service terms and conditions if a grant is awarded as a result of this application. A willfully false certification is a criminal offense (U.S. Code, Title 18, Section 1001).

14a. SIGNATURE OF PERSON NAMED IN ITEM 11. "Per" signature not acceptable
Chas W Ford

DATE 12/13/84

KAAEC Planning Grant Application (partial)

PHS-6025-1
(Rev. 10/82)

OMB No. 0935-0065
Expires 9-30-84
Dk-ASC

SUMMARY OF TRAINING PROPOSAL

GIVE A BRIEF DESCRIPTION OF TRAINING PROGRAM (Limited to this page).

A. PURPOSE AND PROGRAM CHARACTERISTICS

Funding is requested to plan, develop and operate a Native American centered AHEC program in eastern and northern Maine. The proposed Katahdin Area Health Education (KAHEC) program will augment and extend the resources of the UNE College of Osteopathic Medicine and Divisions of Nursing (in conjunction with the St. Mary's School of Nursing), Physical Therapy, Occupational Therapy, Life Sciences and Human Services to operate a community-based multidisciplinary education program in a catchment area with major shortages of physicians, nurses and allied health professions. This program will conduct the majority of its activities at the ambulatory health centers at three reservations and in area community hospitals which care for the Native Americans and remote, rural disadvantaged populations of the area. The program will address all the primary care educational areas defined in the program guide as well as other health-related and social services professions that impact upon primary care. An integral component of the program will be the development of Transcultural Health Care curriculum components that will be integrated into the overall KAHEC plan in order to provide a more culturally apprpriate curriculum.

B. TRAINEES: The Katahdin Area Health Education Center will provide clinical education programs for pre-doctoral and post-doctoral medical students from the UNE College of Osteopathic Medicine. Also participating in clinical education programs will be Nurse Practitioner students, and undergraduate students in Nursing, Physical and Occupation Therapy, Environmental Analysis, counseling (areas such as substance abuse and mental health) socia work, geriatrics and special education among others, from the UNE Divisions noted above. Also, pre-doctoral students in dentistry and undergraduate students in areas such as denta hygene, speech therapy and others will be involved in clinical training within the KAHEC program as manpower assessments indicate needs and as linkages are established with appropriate schools in Maine and other New England states.

C. TRAINING FACILITIES

Clinical training sites in both discipline specific and multidisciplinary training programs will initially be provided in three of the five counties in the catchment area. In each county the facilities are to be those listed and other sites yet to be determined.

Washington County:

Health Center, Passamaquoddy Tribe, Indian Township, Maine
Health Center, Passamaquoddy Tribe, Pleasant Point, Perry, Maine
Calais Regional Hospital, Calais, maine

Potential Washington County sites include Downeast Community Hospital in Machias and three ambulatory rural, health centers.

Penobscot County:

Health Center, Penobscot Nation, Indian Island, Old Town, Maine
James A. Taylor Osteopathic Hospital, Bangor, Maine

Potential Penobscot County sites include St. Joseph Hospital and Eastern Maine Medical Center in Bangor, Maine and rural, ambulatory care centers in the County.

Aroostook County:

Potential sites include Houlton Regional Hospital, Houlton, Maine and rural ambulatory health centers throughout the county.

DETAILED BUDGET FOR FIRST 12 MONTH BUDGET PERIOD COMBINED

DIRECT COSTS ONLY	GRANT NUMBER	I.D. NUMBER

A. NONTRAINEE EXPENSES

PERSONNEL *(Do not list trainees)*		TIME OR EFFORT (%/HRS.)	DOLLAR AMOUNT REQUESTEED *(Omit Cents)*		
NAME	TITLE OF POSITION		SALARY	FRINGE BENEFITS	TOTAL
SUBTOTALS →			$ 124,071	$ 17,680	$ 141,751

CONSULTANT COSTS	$ 9,000
EQUIPMENT *(Itemize)*	$ 15,800
SUPPLIES *(Itemize by category)*	$ 16,050
STAFF TRAVEL	$ 17,900
OTHER EXPENSES *(Itemize)*	$ 7,600
SUBTOTAL OF SECTION A →	$ 208,101

B. TRAINEE EXPENSES

TRAINEE COSTS	STIPENDS	Predoctoral — No. requested:	$
		Postdoctoral — No. requested:	$
		Other *(Specify)* — No. requested:	$
		TOTAL STIPENDS →	$
	TUITION AND FEES		$
		TOTAL TRAINEE COSTS →	$
TRAINEE TRAVEL *(Describe)*			$
		SUBTOTAL OF SECTION B →	$
TOTAL DIRECT COST *(Add Subtotals* **A** *and* **B)**		→	$ 208,101

TOTAL MATCH - $ 55,193

DETAILED BUDGET FOR FIRST 12 MONTH BUDGET PERIOD

UNE/Project Office

DIRECT COSTS ONLY	GRANT NUMBER	I.D. NUMBER

A. NONTRAINEE EXPENSES

PERSONNEL *(Do not list trainees)*		TIME OR EFFORT (%/HRS.)	DOLLAR AMOUNT REQUESTED *(Omit Cents)*		
NAME	TITLE OF POSITION		SALARY	FRINGE BENEFITS	TOTAL
	- See Budget Summary -				
SUBTOTALS →			$ 93,871	$ 13,140	$ 107,011

CONSULTANT COSTS TBA - Transcultural: Curriculum Development $4,000 TBA - Evaluation: $2,000	$ 6,000
EQUIPMENT *(Itemize)* Office Furnishings and Equipment at Project Office - See Summary for Details -	$ 12,775
SUPPLIES *(Itemize by category)* General Office $2,500 Postage $2,000 Printing/Photo Copying $5,000 Subscription, Publications $1,000 Telephone $4,000	$ 14,500
STAFF TRAVEL Out-of-State $4,400 In state $7,000	$ 11,400
OTHER EXPENSES *(Itemize)* Space Rental $6,100	$ 6,100
SUBTOTAL OF SECTION A →	$ 157,786

B. TRAINEE EXPENSES

TRAINEE COSTS	STIPENDS	Predoctoral — No. requested:	$
		Postdoctoral — No. requested:	$
		Other *(Specify)* — No. requested:	$
		TOTAL STIPENDS →	$
	TUITION AND FEES		$
		TOTAL TRAINEE COSTS →	$
TRAINEE TRAVEL *(Describe)*			$
		SUBTOTAL OF SECTION B →	$
TOTAL DIRECT COST *(Add Subtotals A and B)*		→	$ 157,786

PHS-6025-1
(Rev. 10/82)

UNE MATCH - $35,781

DETAILED BUDGET FOR FIRST 12 MONTH BUDGET PERIOD INDIAN TOWNSHIP KAHEC

DIRECT COSTS ONLY	GRANT NUMBER	I.D. NUMBER

A. NONTRAINEE EXPENSES

PERSONNEL (Do not list trainees)		TIME OR EFFORT (%/HRS.)	DOLLAR AMOUNT REQUESTEED (Omit Cents)		
NAME	TITLE OF POSITION		SALARY	FRINGE BENEFITS	TOTAL
	- Se Budget Summary -				
SUBTOTALS →			$ 30,200	$ 4,540	$ 34,740

CONSULTANT COSTS TBA - Legal: Development of Contracts	$ 3,000
EQUIPMENT (Itemize) Office Furnishings and Equipment at Indian Township/KAHEC - See Summary for Details -	$ 3,025
SUPPLIES (Itemize by category) General Office $600 Printing/Phot Copying $250 Postage $200 Telephone $500	$ 1,550
STAFF TRAVEL Center Director & Staff	$ 6,500
OTHER EXPENSES (Itemize) Meeting Costs $1,500	$ 1,500
SUBTOTAL OF SECTION A →	$ 50,315

B. TRAINEE EXPENSES

TRAINEE COSTS	STIPENDS	Predoctoral	No. requested:	$
		Postdoctoral	No. requested:	$
		Other (Specify)	No. requested:	$
			TOTAL STIPENDS →	$
	TUITION AND FEES			$
			TOTAL TRAINEE COSTS →	$
TRAINEE TRAVEL (Describe)				$
			SUBTOTAL OF SECTION B →	$
TOTAL DIRECT COST (Add Subtotals A and B) →				$ 50,315

PHS-6025-1
(Rev. 10/82)

CENTER MATCH [illegible]

BUDGET ESTIMATES FOR ALL YEARS OF SUPPORT REQUESTED

DIRECT COSTS ONLY

BUDGET CATEGORIES	FIRST PERIOD (Same as Page 3)	ADDITIONAL YEARS OF SUPPORT REQUESTED			
		2nd YEAR	3rd YEAR	4th YEAR	5th YEAR
A. NONTRAINEE EXPENSES					
PERSONNEL *(Salaries and fringe benefits)*	$ 141,751	$ 163,838	$ 173,229	$	$
CONSULTANT COSTS *(Include fee and travel)*	9,000	16,000	11,000		
EQUIPMENT	15,800	4,000	1,500		
SUPPLIES	16,050	19,050	26,050		
STAFF TRAVEL	17,900	25,900	27,900		
OTHER EXPENSES	7,600	7,600	7,600		
SUBTOTAL OF SECTION A	$ 208,101	$ 236,388	$ 247,279	$	$
B. TRAINEE EXPENSES *(See Instructions)*					
TRAINEES COSTS — STIPENDS — PREDOCTORAL	No. / $	No. / $	No. / $	No. / $	No. / $
TRAINEES COSTS — STIPENDS — POSTDOCTORAL	No. / $	No. / $	No. / $	No. / $	No. / $
TRAINEES COSTS — STIPENDS — OTHER	No. / $	No. / $	No. / $	No. / $	No. / $
TRAINEES COSTS — TUITION AND FEES					
TOTAL TRAINEE COSTS					
TRAINEE TRAVEL		7,000	46,800		
SUBTOTAL OF SECTION B	$	$ 7,000	$ 46,800	$	$
TOTAL DIRECT COST EACH YEAR *(Add the subtotals of A and B)*	$ 208,101	$ 243,388	$ 294,079	$	$
TOTAL DIRECT COST FOR ENTIRE PROPOSED PROJECT PERIOD ——————————▶	$ 745,568				

BUDGET JUSTIFICATION: For *all* years, explain the basis for the budget categories requested, following the application instructions for form page 3.

INDIRECT COST REQUESTED: ☒ YES ☐ NO If "YES," at 8 % rate.

BUDGET JUSTIFICATION

PERSONNEL

Project Director: This position will be a faculty appointment and will be responsible for all AHEC activities at the University of New England, relating to Center Directors in the design and implementation of contracts, teaching programs, etc. The Project Director will represent the project externally and bear ultimate responsibility for programmatic and budgetary decisions.

Center Director: This position will be located at the Center site and will be responsible for the various training programs at the center, patient education programs, meeting the Center's obligation in the placement of students within the center and the satellite center and in meeting the center's responsibilities under the AHEC Program requirements.

Administrative Assistant: this person will be responsible for:

- 0 Developing and monitoring fiscal operation of the AHEC,
- 0 monitoring the agreements between the center(s) and UNE,
- 0 providing written evidence of active participation by the AHEC affiliates,
- 0 providing documentation of the meetings of the AHEC Advisory Board,
- 0 monitoring performance of the contract and reporting directly to the KAHEC Project Director,
- 0 handling all budgetary and contracting activities necessary to support center(s),
- 0 handling all budgetary and contracting activities necessary to support center(s),
- 0 handling arrangements for students.

Secretary: a full time secretary will be located at the project office and a half-time secretary at the Indian Township center.

Coordinators: (Allied Health and Transcultural) These positions will be filled by the Directors of the Divisions of Nursing, P.T., O.T., Human Services, Life Sciences and Liberal Learning (Transcultural) who will serve on the Educational Planning Task Force. The UNE views the first two years of planning and development of the curriculum (Objectives II, IV & V) as critical to the success of the project and plans to have the members of Educational Planning Task Force devote considerable time to this effort. It is also important to have the Division Directors responsible for this component due to the levels of decisions (establishing clinical sites, curriculum) necessary.

The first year amount reflects the teaching and administrative load that they will give up within their division to devote to the project and the Task Force. In year 03 and subsequent years the time and load is reduced to 10% and is picked up by the UNE in its entirety.

Budget Justification (cont.)

CONSULTANTS:

Support is requested to provide consultants for necessary legal work, development of the Transcultural Curriculum and outside evaluation.

EQUIPMENT:

Grant funds are sought to equip the Project Office (Project Director, Administrative Assistant and Secretary) and the center office (Center Director and Secretary) that will be used at the Indian Township KAHEC site. There is no office equipment currently available for these persons at either UNE or Indian Township. In addition to standard office equipment such as desks, files, etc., a computer/word processor is being requested to handle scheduling, fiscal reports, increase document production, etc., in lieu of a second secretary.

SUPPLIES:

Grant funds are sought for supplies needed to support the activities of the Project and the Center including telephone installation and services, postage, printing, desk supplies, and office consumables. Because the 01 year of the Project is directed toward developing plans and curriculum, it is expected that there will be significant costs in consumable supplies and communicating with off-campus resources, both by mail and telephone.

STAFF TRAVEL:

Grant funds are sought to support the extensive costs of travel both to Washington for AHEC meetings and to the Indian Township/KAHEC site and future sites. In addition to staff travel, funds are budgeted for Educational Planning Task Force members to travel to on-site meetings.

OTHER EXPENSES:

Meeting Costs: Grant funds are sought during the start-up years to cover the costs of meetings for the Center Advisory Committee.

Space Rental: The project will be totally dependent on grant funds to provide temporary space for the AHEC office at UNE. In 1984 the UNE initiated a capital development program to build additional classrooms for the medical school. When completed (1989) space will be available in Stella Maris Hall for AHEC offices. Until this construction is completed there is no space anywhere on campus for additional offices. We propose leasing temporary (mobil) office space until such time as construction and permanent remodeling can be completed. The first year budget provides for leasing (300/month), Transporting ($800) set-up ($1,200) and reconfiguring ($500) a mobile unit which would provide approximately 650 sq. ft.

BUDGET SUMMARY
UNE/PROJECT OFFICE
First 12 Months

PERSONNEL:

NAME & TITLE	% TIME	UNE MATCH	SALARY REQUESTED	FRINGE REQUESTED	TOTAL REQUESTED
Bruce Bates, D.O., Associate Dean	15%	$12,141	- 0 -	- 0 -	- 0 -
TBA - Physician Liaison	25%	- 0 -	12,500	$ 1,750	$ 14,250
TBA - Project Director	100%	- 0 -	$30,000	4,200	34,200
TBA - Administrative Assistant	100%	- 0 -	17,000	2,380	19,380
TBA - Secretary (Project)	100%	- 0 -	10,400	1,456	11,856
Eileen Bateman, M.A., Nursing Coordinator	15%	- 0 -	4,173	584	4,757
Susan Bemis, M.S. , Physical Therapy Coordinator	15%	- 0 -	4,995	699	5,694
Judith Kimball, Ph.D. , Occupational Therapy Coord.	15%	- 0 -	4,494	629	5,123
Jeannie Hamrin, Ed.D., Human Services Coordinator	15%	- 0 -	3,468	485	3,953
David Bernstein, Ph.D., Life Sciences Coordinator	15%	- 0 -	3,150	441	3,591
Norman Beaupre, Ph.D., Transcultural Coordinator	15%	- 0 -	3,691	516	4,207
David Manyan, Ph.D., Associate Dean, Basic Sciences	5%	1,986	- 0 -	- 0 -	- 0 -
Charles W. Cornbrooks, D.O., Chairman, OP & P	5%	2,750	- 0 -	- 0 -	- 0 -
Spencer Lavan, Ph.D., Chairman Medical Humanities	5%	1,579	- 0 -	- 0 -	- 0 -
R. McGhee, D.O., Chairman, Internal Medicine*	5%	400	- 0 -	- 0 -	- 0 -
S. Springer, D.O., Chairman, OB/Gyn *	5%	250	- 0 -	- 0 -	- 0 -
P. Hommes, D.O., Chairman, Pediatrics *	5%	300	- 0 -	- 0 -	- 0 -
J. Chase Rand, D.O., Chairman, Family Practice *	5%	400	- 0 -	- 0 -	- 0 -
Ronald Mertens, D.O., Chairman Surgery *	5%	600	- 0 -	- 0 -	- 0 -
Arthur VanDerburgh, D.O., Chairman, Pathology *	5%	750	- 0 -	- 0 -	- 0 -
Sue Plimpton, M.P.H., Coord. Community Health	5%	1,000	- 0 -	- 0 -	- 0 -
Hadley Hoyt, D.O., Assistant To Associate Dean/Clinical *	5%	350	- 0 -	- 0 -	- 0 -
Wilbur Cole, D.O., Assistant to Special Consultant to the Dean	5%	750	- 0 -	- 0 -	- 0 -
Patricia Newborg, Coordinator Clinical Affairs	15%	2,175	- 0 -	- 0 -	- 0 -
Andrew Golub, Librarian	15%	4,350	- 0 -	- 0 -	- 0 -
		$ 29,781	93,871	$ 13,140	

Total Salary & Fringe Requested $107,011
Total Salary & Fringe $136,792

* Less Then Full-time Budgeted Positions

ONSULTANTS:	UNE MATCH	REQUESTED	TOTAL
TBA - Legal: Development of Contracts	$ 3,000	- 0 -	- 0 -
TBA - Transcultural: Curriculum Development	- 0 -	$ 4,000	- 0 -
TBA - Evaluation	- 0 -	2,000	- 0 -
Total	$ 3,000	$ 6,000	$ 9,000

EQUIPMENT:			
1 Computer/Word Processor & Software @ $5,000		$ 5,000	
1 Electric Typewriter @ $1,000		1,000	
2 Calculators @ $125		250	
1 Dictaphone/Transcriber @ $1,000		1,000	
2 Double Pedestal Desks @ $450		900	
1 Secretarial Desk @ $525		525	
1 Computer Work Station		400	
3 Credenzas @ $300		900	
3 Bookcases @ $150		450	
2 Executive Chairs @ $150		300	
1 Lateral Files @ $500		500	
1 Upright File at $200		200	
Secretary Chair @ $100		100	
Guest/Conference Chairs @ $100		800	
1 Conference Table @ $450		450	
Total Equipment	- 0 -	$12,775	$ 12,775

SUPPLIES:			
General Office	- 0 -	$ 2,500	
Postage	- 0 -	2,000	
Printing/Photo Copying	- 0 -	5,000	
Subscriptions, Publications, Etc.	- 0 -	1,000	
Telephone	- 0 -	4,000	
Total Supplies	- 0 -	$14,500	$14,500

STAFF TRAVEL:			
Out-of-State -.4 National Office/ Meetings/yr. at $550/person/trip (2 days) x 2 persons		$ 4,400	
In State- Project Director - 550 miles (round trip) x 30 trips & visits to other sites x .20 mile & per diem =		$ 5,000	
ucational Planning Task Force - 550 miles (round trip) x 5 trips x .20 & per diem =		$ 2,000	
Total Travel	- 0 -	$11,400	$11,400

OTHER EXPENSES:	UNE MATCH	REQUESTED	TOTAL
Meeting Costs			
Project Advisory Committee (3)	3,000		
Total Meeting			
Space Rental			
Project Office (UNE), Lease			
Temporary Space (650 sq. ft.)			
- yearly rental 56 x 12 unit at $300/month		$ 3,600	
- set up and reconfiguration		2,500	
Total Other	$3,000	6,100	$ 9,100
TOTAL UNE MATCH	$ 35,781		
TOTAL REQUESTED		$ 157,786	
TOTAL UNE/PROJECT OFFICE			$ 193,567

BUDGET SUMMARY

Indian Township/KAHEC

First 12 Months

PERSONNEL:

NAME & TITLE	% TIME	CENTER MATCH	SALARY REQUESTED	FRINGE REQUESTED	TOTAL REQUESTED
TBA, Center Director	100%		$25,000	$3,500	$28,500
TBA, Secretary	50%	-0-	$5,200	$1,040	$6,240
Wayne Newell, Director Community Health Services	5%	$1,450	-0-	-0-	-0-
Scott Treatman, D.O. Medical Director	20%	$12,000	-0-	-0-	-0-
Bo Yerxa, Health Planner	5%	$1,000	-0-	-0-	-0-
Mary Treatman, P.A. Physician's Assistant*	10%	$550	-0-	-0-	-0-
Hugh Hartman, R. P.H. Pharmacy Director*	5%	$750	-0-	-0-	-0-
Paul Farkas, D.M.D. Dentist	2%	$580	-0-	-0-	-0-
Sonja Dana, R.N. Human Services Coordinator	2%	$480	-0-	-0-	-0-
Alan Majka, M.S. Nutritionist*	2%	$75	-0-	-0-	-0-
Totals		$16,885	$30,200	$4,540	
Total Salary and Fringe Requested					$34,740
Total Salary and Fringe					$51,625

CONSULTANTS:	UNE MATCH	REQUESTED	Total
TBA, Legal Development of Contracts		$ 3,000	$3,000

*indicates less than full-time position

	CENTER MATCH	REQUESTED	TOTAL
EQUIPMENT			
1 Electric Typewriter @ $1,000		$1,000	
1 Double Pedestal Desk @ $450		450	
1 Credenzas @ $300		300	
2 Bookcase @ $150		300	
1 Executive Chair @ $150		150	
1 Secretarial Desk @ $525		525	
1 Secretary Chair @ $100		100	
1 File Cabinet @ $200		200	
Totals	-0-	$3,025	$3,025
SUPPLIES			
General Office		$600	
Postage		$200	
Printing/Photocopying		$250	
Telephone		$500	
Totals	-0-	$1,550	$ 1,550
STAFF TRAVEL			
Center Director & Center Staff	-0-	$6,500	$6,500
Other EXPENSES			
Meeting Costs			
Center Advisory Committee(3)		$1,500	
Space Rental			
Lease Office and Study for Staff, Students, and Library (300 sq. ft.) at $8.50 per square ft.	$2,530		
Totals	$2,530	$1,500	$4,030
Total Center Match	$19,415		
Total Requested		$50,315	
Total Center Cost			$69,730

BUDGET SUMMARY/COMBINED

Year 02 - FY 87

The second year's budget is greater then the first by $35,287. This increase is made up as follows:

PERSONNEL		
* Increase of 5% for all staff	$ 7,087	
* Continuing Education Coordinator ½ x - hired	10,000	
* Center Secretary to full time to handle increase work load	5,000	
Total Personnel		$ 22,087
CONSULTANTS		
* TBA Preceptor Training and Development	$ 7,000	$ 7,000
EQUIPMENT		
* No new office equipment (decrease)	($15,800)	
* Video Tape and Bio-Feed back equipment for training and health education projects	$ 4,000	
Total Equipment		($11,800)
SUPPLIES		
* Increase in Supplies to reflect activity and publication of preceptor manuals.		$ 3,000
STAFF TRAVEL		
* Increased travel as satellite sites are developed and Preceptor Training program is carried out.	$ 8,000	$ 8,000
OTHER EXPENSES: (no change)		
TRAINEE COSTS		
* Pilot Programs - per diem 52@ 40/wk	$ 2,080	
(12) students at 1 month each) mileage 6,600 @ 20	1,320	
Housing 300/month	3,600	
Total Trainee Costs		$ 7,000

Direct Cost	
Total Increase For Year 02	$ 35,287
Year 01 Direct Costs	208,101
Total Year 02 Direct Costs	243,388

BUDGET SUMMARY/COMBINED

Year 03 - FY 88

The third year budget is greater then the second by $50,691; the increase is made up as follows:

PERSONNEL

* Increase of 5% for all staff	$ 8,216	
* Hire Associate Director	28,500	
* Reduce Division Directors to 10% time and eliminate reimbursement	(27,325)	
Total Personnel Increase		$ 9,391

CONSULTANT

* Reduce Legal and Transcultural Consultation	($5,000)

EQUIPMENT

No new educational Equipment	(4,000)	
Office Equipment for new staff	$ 1,500	
Total Equipment (decrease)		($2,500)

SUPPLIES

* Increase in cost and utilization of supplies	$ 7,000

STAFF TRAVEL

* Increase in cost and utilization of travel	$ 2,000

OTHER EXPENSES:

TRAINEE COSTS

1 student/month/program
max of 10 programs x 12
= 120 students/year x 4 weeks
= 480 student weeks

- per diem 52 weeks to 480 weeks at $40/week	$17,120	
mileage 6600 to 66,000 miles x .20	11,880	
housing 1 site to 4 @ $300/month/site 12 months	10,800	
Total Trainee Costs Increase		$ 39,800

Total Increase for Year 03	50,691
Year 02 Direct Costs	243,388
Total Year 03 Direct Costs	294,079

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I. PROJECT DESCRIPTION

A. Program Summary

The University of New England College of Osteopathic Medicine (UNECOM) and undergraduate College Divisions of Nursing. Physical Therapy. Occupational Therapy. Life Sciences. Human Services and Liberal Learning propose to establish a Native American centered AHEC at the tribal reservations of eastern and northern Maine. Medically underserved communities surrounding the tribal reservations will also participate in the program. The program's overall goal is to establish centers of learning where multidisciplinary teams of health professional students can participate in culturally appropriate clinical education experiences in sites serving Native Americans. Franco-Americans (as the project expands to northern Aroostook County) and rural disadvantaged populations in the five county area of eastern and northern Maine. This goal will be accomplished by the establishment of clinical education sites where health and social services professionals and students can participate in delivering more culturally appropriate health care and health education services, by providing comprehensive continuing education to health professionals and by agressively recruiting health professional students from this population.

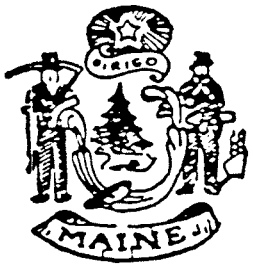
This project will be known as the Katahdin Area Health Education Center (KAHEC). Katahdin, Maine's highest mountain, is centrally located to this project and holds considerable tradition and spiritual meaning to Maine Indians specifically and to all Mainers in general.

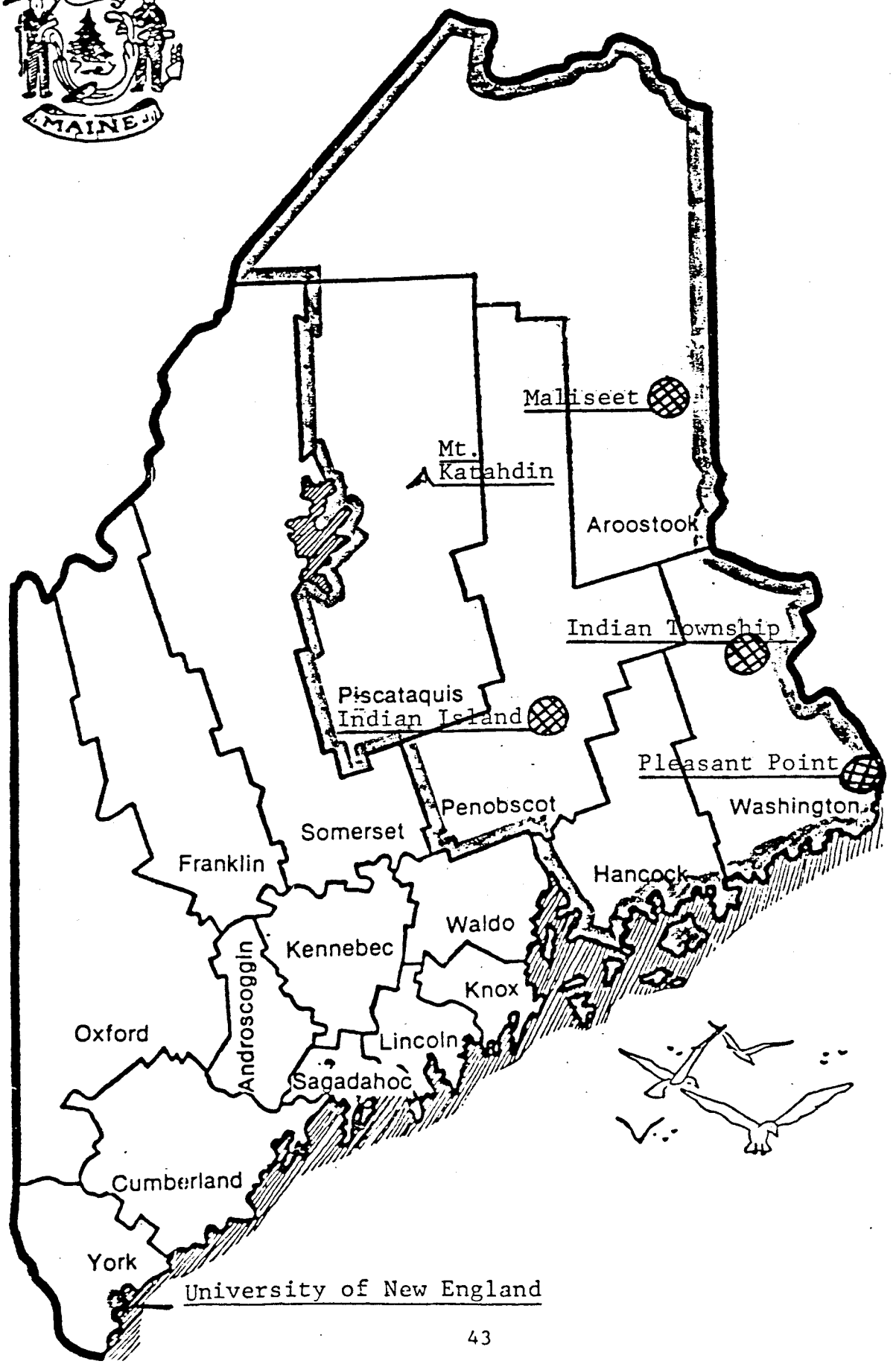
During the first year of the project an AHEC office will be established at the UNECOM with a Project Director. Administrative Assistant. and support staff as necessary. The Katahdin Area Health Education Center (KAHEC) will be located at the Passamaquoddy Reservation at Indian Township in northeastern Washington County. Planing for this center will commence during year 01 of the project. Planning for satelite centers at the Passamaquoddy Reservation at Pleasant Point in southeastern Washington County, the Penobscot Reservation. Indian Island, Old Town in Penobscot County and the Houlton Band of Maliseet Reservation in Houlton in Aroostook County, will begin in year 02. Plans for additional satelite centers throughout the five county area will be developed as needs assessments are completed and linkages established.

Each reservation has been determined to be a medically underserved area. In addition each reservation is located in or near federally designated medically underserved areas (HMSA). The Passamaquoddy Indian Township center and Pleasant Point satelite center and the Penobscot Indian Island satelite center will use primary care. clinical facilities located on the reservations. the Maliseet satelite center will utilize primary care. clinical facilities located in the Houlton area.

MAINE

Figure 1





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Program areas include primary care physician training. medicine. nursing. physical and occupational therapy. counseling. (mental health. substance abuse. etc.) special education and environmental health analysis. Pharmacy and dental education will be developed. When all sites are operating (yr 04) approximately six postdoctoral. twelve predoctoral and sixty undergraduate students per year will be involved in training with a maximum of 480 student weeks by year 04. Criteria for student selection will include: ethnic and residency origin (Native and Franco American Students and students from the catchment area). academic performance. interest in primary care services. desire to work in rural/underserved communities. belief in multidisiplinary approach to health and capacity to work in a bicultural Native American or as the progam expands to northern Aroostook County, Franco-American. oriented setting.

Major KAHEC components are: assessments of health manpower needs, educational needs. continuing professional education needs, as well as development of curriculum. learning resource center(s), health career opportunity programs, health education training programs. implementation and evaluation of curriculum and the development of primary care clinical training

The KAHEC will expand and enhance the existing transcultural healthcare component already in place in the curriculum of most UNE programs to prepare all students and staff participating in the KAHEC for a bicultural clinical environment. Of particular note is the transcultural healthcare component of the Occupational Therapy curriculum (Appendix B) developed with the assistance of the Division of Liberal Learning.

Strong links and networking systems are in place to support this program and are elaborated upon in the proposal. The basis for a viable long-term project rests on the institution's solid commitment to the AHEC concept. to the institution's strong commitment to and experience in remote site. clinical training in all programs, a sound educational planning and implementation strategy and mutually supportive relationships between the University divisions, collaborating institutions and disciplines. The University of New England believes that it demonstrates the depth and preparation to carry out a multifaceted education program to improve health care services and enhance the quality of life for Tribal members and residents of eastern and northern Maine.

B. Project Background

1. UNE In Perspective

In 1984, UNE has grown to become the fourth largest private educational institution in Maine in terms of revenue. In 1984 UNE experienced record undergraduate admission inquires and enrollment. A budget of nearly $10 million has been approved for FY 1985. UNE facilities are operating near capacity and it is especially pleasing to point to the first new construction on the campus in six years. The new Sanford F. Petts University Health Center (a 10.000 sq. ft. teaching and service facility) dedicated this fall, is the first of several facilities being planned. Also, the receipt of a grant from the Florence and John Schumann Foundation to fund Community Health Education Services for the Elderly represents the first step in a planned program for medical and health care services for the elderly.

The University, established in 1978 through the affiliation of Saint Francis College and the New England College of Osteopathic Medicine and expanded in 1981 with the addition of the College of Health Sciences, has chosen as its primary field of education the areas of biological sciences and health care - both mental and physical. Related programs in human services, education and managerial sciences are also part of the University's education plan.

The College of Osteopathic Medicine is Maine's only medical school and New England's only Osteopathic medical school. Graduates receive the Doctor of Osteopathy Degree upon completion of a 4-year graduate curriculum and are primarily trained to become family practice physicians skilled in both health promotion and illness prevention as well as the delivery of illness care.

The College of Health Sciences offers baccalaureate programs in Physical Therapy, Occupational Therapy and Nursing with programs in Medical Technology, Communicative Disorders, Health Psychology, Medical Office Management and others being considered.

St. Francis College (no religious affiliation) programs have moved strongly toward career education and the physical sciences. Its Division of Human Services confers B.A. and B.S. degrees in Human Services, Elementary Education and Secondary Science Education as well as certificate programs in Special Education and Gerontology.

The Division of Life Sciences confers B.S. degrees in Marine Biology. Medical Biology. General Biology. Environmental Analysis. and Chemistry-Environmental Toxicology. A special arrangement with the Massachusetts College of Pharmacy and Allied Health Sciences enables completion at UNE of the first two years of the B.S. in Pharmacy Degree.

Creative program development has prompted the University to establish extensive cross registration and cooperative relationships. College Acceleration permits gifted students to complete their secondary schooling as freshmen. The 3 - 4 program enables similarly talented collegians to enter the College of Osteopathic Medicine before completing their undergraduate degree. The Individual Learning Program accommodates students with diagnosed learning handicaps or deficiencies such as dyslexia. speech or hearing impairments, to afford them the support services to achieve their collegiate potential. The University's Learning Assistance Center offers a comprehensive tutorial and study skill resource program for students not adequately prepared in their high school years,

Today. the University of New England is a uniquely focused institution. blending traditions of liberal learning and academic discipline with the special rigors of professional education in medicine, health care. human services, managerial studies and the biological sciences. It is small among universities, emphasizing close interaction of faculty. students and practicing professionals in each degree discipline.

2. Experience With Interdisciplinary. Decentralized Education

The University of New England is uniquely positioned for interdisciplinary educational programming. UNE offers a fairly comprehensive health professions curriculum with faculty and students in Osteopathic Medicine. Nursing. Physical Therapy. Occupational Therapy. Gerontology. Counseling. Social Services. pre-Medicine. pre-Pharmacy, Environmental Analysis and others. working together on a small campus.

UNE is small. Bureaucracy is held to a minimum. Faculty and staff throughout the graduate and undergraduate programs are known to each other and collaborate on projects and courses. The Schumann Foundation grant on health education services for the elderly was developed in a concerted effort by faculty and staff from nearly every program. as was this proposal.

UNE without its own teaching hospital relies on off campus sites for ninety-five percent of all clinical clerkships. Additionally, the curriculum for all health and human services professions have as a major component, clinical training, on a year-round, on-going basis. The staff for each program is capable and experienced in running decentralized education - it is integral to the curriculum, the schedule and everyday life. The capability of UNE staff is evident in the success and growth of our clinical training sites that now span the United States.

3. Rationale and Assumptions

Traditionally, Maine has had to look to the out-of-state institutions for its health professions manpower. Prior to the formation of the UNE, Maine had no medical physical or occupational therapy schools, hence programs for developing primary care professionals in their fields had to rely on out-of-state institutions. Because of the orientation of these out-of-state institutions, their programs tended to focus on or be located near the larger more urban, Maine medical centers.

The results of past efforts, while often initially successful, have not had long term staying power. There has not been the "commitment to Maine" necessary to continue the efforts as outside funds were reduced. The prime example of this situation is the Tuft's AHEC program established in 1974.

Due to this lack of in-state health professions educational institutions, Maine residents have had to go outside the state for professional training. Since medical professionals tend to locate where they are trained or because they become accustomed to urban medical centers, many do not return to practice in rural, remote parts of Maine.

The University of New England is now able to offer Maine an alternative. UNE is the only medical school and the only school offering physical and occupational therapy as well as other health related programs in Maine. UNE is committed to Maine and to the development of regionalized, clinical and field-based health professional education.

We think that the approach presented in this proposal, which focuses AHEC activity on the rural health centers and ambulatory clinics serving the poorest, most rural areas in Maine - rather then areas surrounding the more affluent urban medical centers - holds the potential for benefits in the following areas:

a. To the student/intern, through exposure to practice patterns typical of rural primary health care settings, without the substantial high tech equipment and support services associated with larger, urban in-patient facilities.

7. KAHEC Project Organization and Administration

Structure

Diagrammatic representations of the organizational structure for the proposed Katahdin Area Health Education (KAHEC) project and the Indian Township/KAHEC follows. The organization chart sets forth the responsibility of the Project Director who will be located at the University of New England College of Osteopathic Medicaine and the center director, who will be located at the Passamaquoddy Indian Reservation, at Indian Township in Northeastern Washington County.

Project Administration

The College of Osteopathic Medicine will be the prime contractor and the KAHEC program will become part of the administrative structure of the College of Osteopathic Medicine. The Project Director will be appointed by and report to the Associate Dean for Clinical Affairs and will carry a faculty appointment with academic and administrative rank appropriate to the responsibility of this position. The Project Director will provide full time, administration, planning and staffing for the project.

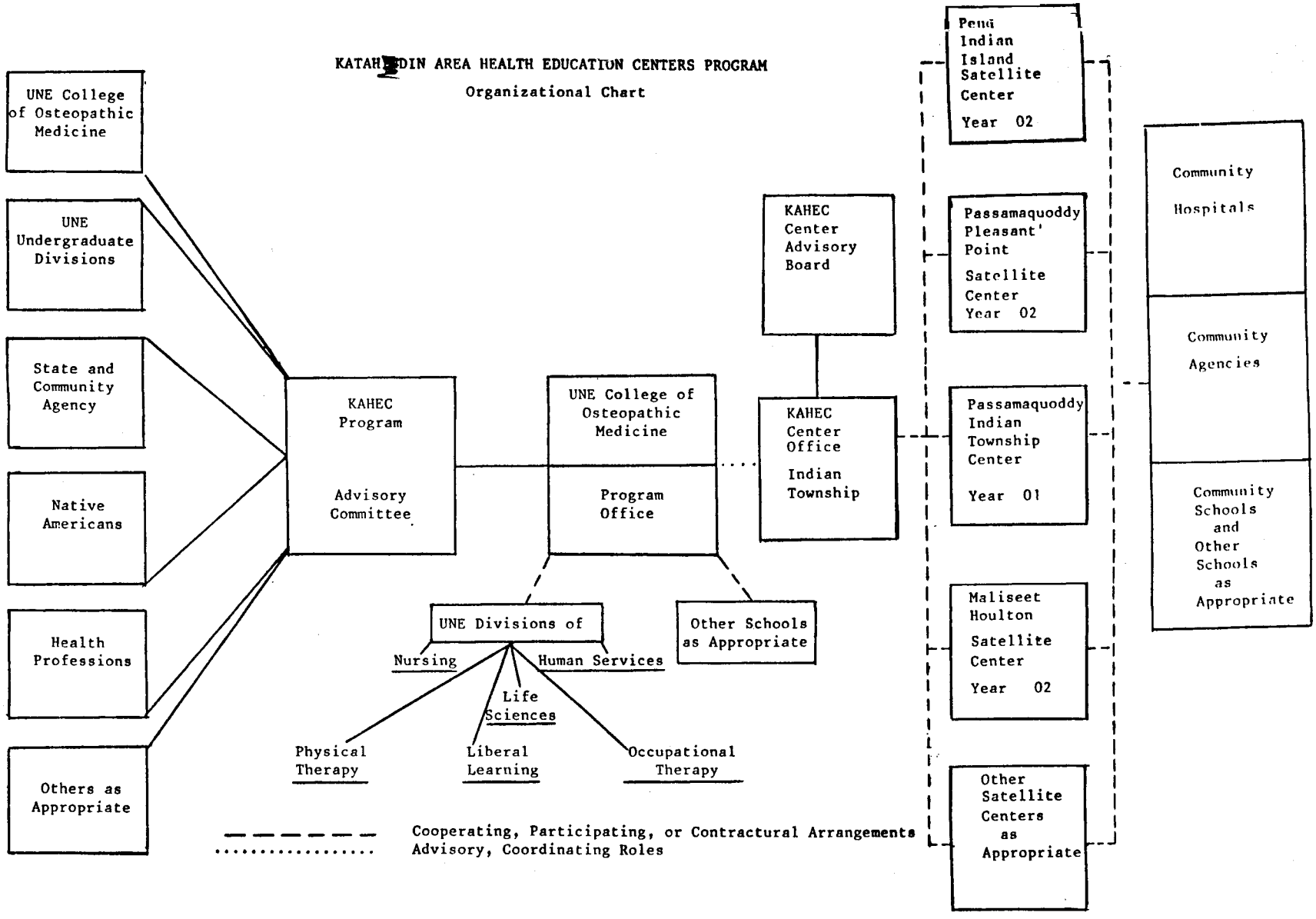
The area health education center program will become part of the administrative structure of the College of Osteopathic Medicine.

KAHEC Project Staffing and Infrastructure

The KAHEC Project Director and staff will be responsible for providing the technical expertise required to establish the KAHEC Center programs. The project staff will include the Project Director, Physician Liaison, Administrative Assistant and Secretarial support.

The Project Director and staff will insure the Center's ability to facilitate multidisciplinary programs; for example, continuing education programs in allied health, medicine, nursing, and pharmacy, the National Health Service Corps, the Learning Resource Center, and the High School Health career Program. The staff will also be responsible for developing educational support programs which will provide services to enrolled health professions students.

The Project Director will be responsible for all KAHEC activities at the University of New England, relating to the Center Director in the design and implementation of contracts, the coordination of teaching programs, etc. The Project Director will represent the project externally and bear ultimate responsibility for programmatic and budgetary decision.


KATAHDIN AREA HEALTH EDUCATION CENTERS PROGRAM
Organizational Chart
UNE College of Osteopathic Medicine
UNE Undergraduate Divisions
State and Community Agency
Native Americans
Health Professions
Others as Appropriate
KAHEC Program
Advisory Committee
UNE College of Osteopathic Medicine
Program Office
KAHEC Center Advisory Board
KAHEC Center Office
Indian Township
UNE Divisions of
Nursing
Human Services
Life Sciences
Physical Therapy
Liberal Learning
Occupational Therapy
Other Schools as Appropriate
Penobscot Indian Island Satellite Center Year 02
Passamaquoddy Pleasant Point Satellite Center Year 02
Passamaquoddy Indian Township Center Year 01
Maliseet Houlton Satellite Center Year 02
Other Satellite Centers as Appropriate
Community Hospitals
Community Agencies
Community Schools and Other Schools as Appropriate
Cooperating, Participating, or Contractural Arrangements
Advisory, Coordinating Roles

The Project Director will coordinate all activities of medical and other undergraduate trainees. This will include working with the relevant discipline in curriculum design and program integration. He/she will also oversee planning and operation of graduate educational activities for the program, primarily the design and implementation of internship or residency training.

The Physician Liaison, appointed by the Associate Dean of Clinical Affairs, will work closely with the Project Director, serving as liaison with all medical school clinical personnel and the individual(s) responsible for evaluating the clinical teaching performance of all KAHEC personnel.

The Project Administrative Assistant, under direction of the Project Director, will be responsible for:

* developing and monitoring the fiscal operation of the AHEC.
* monitoring the agreements between the Katahdin Area Health Education Center, the UNE and its Divisions and the KAHEC affiliates,
* providing written evidence of active participation by the AHEC affiliates,
* providing documentation of the meetings of the AHEC Advisory Board,
* monitoring performance of the contract and reporting directly to the KAHEC Project Director, and
* handling all other budgetary and contracting activities necessary to support the Center.

This position will also be responsible for multiple activities including arrangements for student housing, recruitment of all personnel and establishment of job placement services for trainees within the community.

In addition, project staff will prepare an evaluation strategy for the Center Director to enable assessment of the goals and objectives of the Center. In concert with the Project Director, the Center Director will develop plans for the operation of the KAHEC/Indian Township for years 01, 02 and 03, and for KAHEC/Pleasant Point, KAHEC/Indian Island and KAHEC/Maliseet during project years 02 and 03. These plans will be subject to approval of the Center Advisory Committee.

In year 01. staff personnel will begin to organize the activities of the Learning Resource Center. The center's activities will be transferred by year 02 to the Area Health Education Center.

Beginning with the placement of health professions students in year 02. The project office staff, in cooperation with faculty. will be responsible for monitoring the quality of the educational experience. The staff will provide consultation to the Center on training in health education, assessing health manpower and continuing professional education needs, planning residency training, implementing continuing medical education activities, and developing clerkships, internships preceptorships, placement services for students in the health professions, and other activities included in the Program Plans Section.

Educational Planning Task Force

An Educational Planning Task Force will be established and will be responsible for developing project educational training objectives. This ad hoc committee will report to the project advisory bodies through the Project director. This group will also be responsible for developing an evaulation protocol for use in collecting and analyzing all data necessary for establishing the KAHEC training component. Necessary data will include but not be limited to:

(a) the status of health manpower in the KAHEC area
(b) the status of health manpower continuing education needs in the KAHEC area
(c) projections of health manpower supply and needs for a ten-year period and
(d) counts of the numbers and types of students who are being trained and/or recruited through KAHEC program.

Project Advisory Committee: A Project Advisory Committee will be established to provide overall review and guidance to program plans and actions.

Membership on the committee will consist of representative from UNE. Government agencies, state and community agencies, professional associations, Indian Nations and others. A partial list of agencies to be solicited for representation is as follows:

* UNE Medical School and Undergraduate Divisions
* Governor's Office
* Maine Department of Human Services
* Maine Senate
* Maine House of Representatives
* Maine Ambulatory Care Coalition
* Medical Care Development
* Maine Osteopathic Association
* Maine Medical Association
* Maine State Nurses Association
* Maine Physical Therapy Association
* Maine Occupational Therapy Association
* Maine Pharmacy Association
* Maine Consortium for Health Professions Education
* University of Maine/Machias
* University of Maine/Orono
* Passamaquoddy/Indian Township
* Passamaquoddy Tribe/Pleasant Point
* Penobscot Indian Nation
* Houlton Band of Maliseet Indians
* Calais Regional Hospital
* Downeast Community Hospital
* Washington County Bd. of Commissioners
* Downeast Health Service
* Other target area Health and Social Services Agencies as they are identified

Fort Kent ?

The KAHEC Project Advisory Committee will meet at least three times per year to assist the project director in developing overall policy and programs. Conference calls will be arranged as necessary to insure adequate coordination.

8. University of New England's Participation

Nature of Involvement

The proposed Area Health Education Center Project will offer the College of Osteopathic Medicine a unique opportunity to bring together the faculty of the total University to launch an integrated effort at decentralized education of health and social services professions students in a culturally appropriate clinical setting. The UNE College of Osteopathic Medicine and six undergraduate divisions will participate in the project. The precise amount and nature of their involvement in the project will be specified during the planning and development years. Tentative plans for involvement are outline below:

Initially the UNE and its components will participate in the project. However, as needs are assessed it is expected that linkages with other schools in Maine such as the University of Maine (Machias and Orono) and schools of Dentistry and Pharmacy in other New England States will be developed.

College of Osteopathic Medicine

Martyn Richardson, D.O., Dean

Within the College of Osteopathic Medicine the following departments have committed at this time to assist in the planning and development of the KAHEC program:

Basic Sciences. Dr. David Manyan, Associate Dean
Anatomy
Biochemistry and Nutrition
Pharmacology
Physiology
Microbiology

Clinical Affairs. Dr. Bruce Bates, Associate Dean
Radiology
Pediatrics
Internal Medicine
Surgery
Family Practice
OB/Gyn
Pathology
Osteopathic Principle and Practice.

The COM has been described in the introduction and some of its curent programs and activities have been detailed in section II, plans for year 01-03.

The College of Osteopathic Medicine will maintain an active role in the KAHEC project throughout the planning. development. and implementation years. However. the nature of this involvement will change. depending upon the state of the project. During the planning year the College of Osteopathic Medicine Department of Clinical Affairs will provide necessary leadership to establish the program. coordinate planning activities and to foster cooperation among the professionals involved. In the development phase. COM will provide the necessary leadership and expertise to support the KAHEC director and staff. enabling them to assume responsibility for the many KAHEC programs and activities. In the implementation phase the College of Osteopathic Medicine will focus upon providing training and continuing education at the following levels.

Pre-doctoral Level: The College Of Osteopathic Medicine will develop programs to place its students in the center and its affiliates for clinical clerkships and preceptorships in family practice and other disiciplines as they become involved with the program.

Post-doctoral Level: The College of Osteopathic Medicine will provide consultation in the development of rotating internships and family practice residency training.

Continuing Education: The College of Osteopoathic Medicine and the Office of Continuing Education as well as other groups identified during the planning year will develop programs. under the direction of the KAHEC, to provide continuing medical education to health providers in the target area. This program will be made avaiable to all professionals within the areas. including National Health Service Corps Personnel.

Division of Nursing
Eileen J. Bateman. M.A.,B.S.N., R.N.. Director

The Division of Nursing will assist with the planning and development of the overall program and will plan and implement clinical training components for nursing students at the center. The Division will also be involved in the planning and development of training programs in master level nursing specialties, (for licensure as Nurse Practitioners) as identified by needs assessments in the target area and in development and implementation of continuing education programming for nurses.

Division of Physicial Therapy
Susan A. Bemis. M.S.. B.S.. B.A.,RPT. Director

The Division of Physical Therapy will assist with the planning and development of the overall program and will plan and develop clinical training rotations at the center sites. The Division will also participate in developing continuing education activities for physical therapists in the target area.

Division of Occupational Therapy

Judith G Kimbal. Ph.D., M.S.. B.S..OTR Director

The Division of Occupational Therapy will assist with the planning and development of the overall program and will develop clinical training rotations at the center sites. The Division will also participate in developing continuing education activities for occupational therapists in the target areas and if enough occupational therapists are not available will strive to provide contract therapists and/or consultants to fill the void. The Division is particularly interested in developing programs to enhance clinical training in the areas of fetal alcohol syndrome, developmental disabilities and work related injuries.

Division of Life Sciences

David Bernstein. Ph.D.. M.S.. B.S.. Director

The Division of Life Sciences will assist with the planning and development of the overall program and will develop field based training rotations for students in environmental analysis within the target area. The Division will also assist with the recruitment of Native Americans and area residents into its pre-medicine and pre-pharmacy programs and help in developing continuing education programs as needed.

Division of Human Services

Jeannie Hamrin, Ed.D., M.A.. B.S.. Director

The Division of Human Services will assist with the planning and development of the overall program and will develop clinical or cooperative education programs for its students in the fields of counseling. gerontology, and special education. The Division will also assist in the planning and development of special programs such as substance abuse and mental health as well as continuing education programs as needed.

Division of Liberal Learning

Norman Beaupre. Ph.D.. M.A.. B.A.. Director

The Division of Liberal Learning will assist with the planning and development of the overall program and will assist in the development of Transcultural Health Care components educational for all KAHEC curriculum.

This component will involve transcultural curriculum development at the center sites as well as the Univerity and its implementation is viewed as integral to the success of the program as a whole.

Additional linkages

All of the University's Colleges and division are expected to participate in the program and are ready to enter into agreements. In the later stages of the planning and development of the project and after thorough needs assessments are carried out it is expected that linkages with other schools such as the University of Maine (Machias and Orono) and schools of Dentistry and Pharmacy in other New England states will be developed.

Linkages have been created with all of the possible satellite facilities mentioned in other sections of the proposal. These and other linkages with health departments, medical and other professional groups will be further developed and strengthened as project planning proceeds.

During the planning and development years, input from community residents will be actively sought. Linkages with residents and Tribal groups are most important to the success of the KAHEC program. The number of contacts already established will be expanded and developed in the early stages of the KAHEC project.

Expected University Participation/Endorsements

As evidenced by the letter of endorsements from Dean Richardson. Division Directors and President-Elect Ford the project has the full support of the University as it enters into its planning year.

In terms of the long range plans, this proposal comes at a particularly significant time. The University has reached a point in its short history where it is financially, administratively and academically mature, and is ready to assume a larger role in the delivery of health care services and resources to Maine and to the New England region.

Our strong history of community based clinical training throughout our curriculum confirms a willingness of faculty to serve as preceptors and to assign students to remote sties.

Potential Effectiveness

The bulk of this proposal is a testament to the potential for effectiveness of the University of New England and its College of Osteopathic Medicine in carrying out the proposed project activities.

Written Agreements

The University of New England is a small, independent, co-education university charted under the laws of the State of Maine. The University of New England College of Osteopathic Medicine and six divisions within the College of Undergraduate studies will be involved in the activities of the KAHEC project.

If it becomes necessary to develop linkages with other institutions permission is requested to sub contract with those entities.

Potential To Meet Regulation Requirements

One purpose of the planning year will be to assess the University's ability to meet regulation requirements for the AHEC program. The ultimate goal for the clinical training component will be to reach a level of 10% of all clinical training to be carried out in the KAHEC target area. The ability of UNE to meet the "ten-percent line" requirement will depend upon the population density, case volume and mix of the KAHEC center and satellite centers. Once all satelite centers are operational it is not unreasonable to expect UNE to meet the ten percent requirement.

Since ninety-five percent of all the University's clinical training is done away from UNE the in-house mechanisms and support systems are in place. Planning and development will focus on the development of culturally appropriate curriculum and scheduling and development of the on-site systems and supervision that will be necessary.

With reference to the development of rotating Osteopathic Intership, with 3 Maine Hospitals and the possible development of a non-hospital based residency program by one of them, the potential for meeting the requirements is there. The ability to meet that potential will be studied during the planning year.

Potential For Long Range Funding

The potential for long range funding of KAHEC in Maine is excellent. The health centers are integral parts of each reservation's Tribal Government and are funded by a yearly appropriation from the Indian Health Service as part of the treaty obligations of the federal government. The reservation health centers also receive income through third-party billings (BC-BS, Medicaid, etc.) for service to eligible patients. The UNE is committed to this project, to its clinical training component and its mission as a health care resource for the State of Maine.

Letters of endorsement included with the application from State Government leaders, area agencies, etc., show considerable potential for long range supports.

II. COLLEGE OF OSTEOPATHIC MEDICAL SCHOOL'S PLANS FOR 01-03 PROGRAM YEARS.

A. Introduction

One of the underlying philosophies in the development of all AHEC programs is careful attention made to the planning process. HHS in its guidelines has requested that the first year serve as the time for all concerned educational entities and interested groups to come together in the design and implementation of the AHEC. This planning phase during the first year assures that a viable and accountable response be developed with active participation in and discernment made on the educational needs of health manpower in medically underserved areas.

Therefore. the KAHEC planning activities will build upon this philosophy and permit all interested parties in Maine, particularly those in the educational community and health care delivery systems in the target areas, to become involved and provide input in the KAHEC design process. Our initial efforts at seeking support from many and varied agencies and interested parties support this assertion.

It must be clearly understood that each KAHEC activity developed will be based upon findings identified and outlined during the initial planning phase. The following section describes the schedule of specific planning activities for the project.

B. Background and Current Activites

Educational planning efforts during the first twelve months will be directed at developing the necessary agreements, commitments, curriculum. and infrastructure to make possible a quality primary care training experience for interns, residents, medical students and allied health personnel in the KAHEC/Indian Township, the first of four planned AHECs. The overall goal is to establish a center of learning where interested health professional students and eventually. Native American and other target area students can participate in culturally appropriate clinical learning experiences in sites serving Native Americans and rural eastern and northern Maine residents.

The planning process for this Center has already begun as a result of contacts and meetings with individuals in the Community Health Services of the Passamaquoddy Tribe. Experience to date indicates that the interest and cooperation necessary to achieve this goal exists among the tribal leaders, tribal and area health professionals and academic health professionals. The challenge during the first year of the project is to mobilize the extensive array of resources and talent available to the project and to develop an overall plan which meets the needs of educators, health care providers and people of the region. In meeting this challenge the project will build on a

variety of ongoing tribal and University community-based education and outreach activities such as those outlined below:

College of Osteopathic Medicine

The curriculum of the UNE is designed to produce Osteopathic family practice physicians who are skilled both in health promotion and illness prevention and in the delivery of illness care. In order to educate this type of physician, the basic and clinical science foundations of the curriculum are augmented by a strong program in human behavior and community medicine.

After an initial program in the principles of human behavior, the student has the opportunity to see those principles in action during the freshmen preceptorship.

Throughout the community medicine curriculum. the student learns how to work as an integral part of the health care team. The student also becomes familiar with the wide range of community health needs and the corresponding services offered by various community health agencies.

The COM curriculum is divided into three sections: On-campus Basic and Clinical Science. Preceptee Training and Clerkship Training.

The Office of Clinical Affairs is the major out-reach and community focused entity within COM and coordinates both the Preceptee and Clerkship training. The KAHEC office will be located in the Office of the Associate Dean for Clinical Affairs.

Preceptee Training: While classroom learning is important and basic to medical practice, it is vital that students also have the opportunity to observe the techniques and practices about which they are learning and to observe the roles of other health care providers who form a vital segment of the health care system. The college's preceptorship program is designed to meet these objectives. Part of the preceptorship training curriculum is taught in conjunction with the on-campus curriculum and occupies about four hours of each teaching week. Students rotate through many types of facilities and health care delivery offices as part of this program. Freshmen observe physicians and patients as well as the roles of various health care providers. Sophomore and junior students participate in providing health care insofar as their skills allow. The preceptorship program enables students to observe the practice of medicine while learning the theory of medicine in the classroom.

During the clinical training of the junior and senior years, students also participate in preceptorship training on a full time basis. Other programs may call this "ambulatory-based care" training. During the seventeen months of clinical training, students have eight weeks of required ambulatory care preceptorship training.

Clinical Clerkship Program: All medical school students leave campus in January of their junior year to begin full time clinical training, which continues through the summer and the senior year. During these seventeen months, fourteen months are spent in hospitals, eleven of which are required rotations and three of which are electives. Elective rotations, which must be approved by the Associate Dean for Clinical Affairs, are usually used by students to gain experience in medical specialty and/or possible intership hospitals. The core set of rotations, in which all students will participate, are: internal medicine, surgery, obstetrics/gynecology, pediatrics, psychiatry, general practice (hospital based), and emergency medicine. As time permits, rotations in other services may be included. For each discipline, there is a set of skills, techniques, and knowledge competencies that each student is expected to master, thus standardizing, to the extent possible the training programs at the various institutions.

The clerkship rotations are conducted in community hospitals and health facilities, primarily in New England but also throughout the Northeastern United States. As in the didactic curriculum, the clinical clerkship curriculum also emphasizes preparation for osteopathic general practice.

Division of Nursing

The nursing program at the University of New England is specifically designed to meet both the needs of registered nurses who wish to upgrade their academic credentials and for the student interested in becoming an R.N.

For the student interested in becoming an R.N., UNE maintains a cooperative relationship with St. Mary's Hospital School of Nursing, Lewiston, Maine. Plans have already begun on formulating a two week rotation for student nurses through the KAHEC sites.

During the 01 and 02 years of the program the Division of Nursing will explore the development of a Master's program in Nursing specialties to prepare RN's for Nurse Practitioner roles.

Division of Occupational Therapy

The Occupational Therapy Division's Curriculum is based on a practice-delivery model, as it is felt that this model best reflects the strengths and mission of UNE as it strives to increase awareness of health needs and train practitioners to meet those needs in norther New England.

Occupational Therapy as taught at the UNE is a holistic science in that it emphasizes the health of the individual in terms of his/her productive participation in society. In keeping with the overall University of New England mission, Occupational Therapy students not only study the medical interventions, but all the complex psychological and sociocultural aspects which contribute to maintenance of health. Problems, impediments or disruptions in a person's health, and therefore, the ability to perform any of his/her occupations, is life disrupting to the person and others around him or her. The occupational therapist is viewed as a facilitator or catalyst who helps maximize the quality of a person's health through improving occupational choices, within complex, biological, psychological, and sociocultural systems.

The four year curriculum combines a pre-professional core program with junior and senior level professional courses, including fieldwork experience at clinical sites in the U.S. Students admitted to the program begin as pre-occupational therapy majors; in the Spring semester of their Sophomore year, qualified students are admitted into the upper level major program (Professional Portion).

In the program the student is exposed to:

1. Normal human development, functions, structure, and systems and how these interact to influence health maintenance.

2. Biological, psychological, and sociocultural conditions that may interfere with optimum functioning.

3. Medical interventions that may be used to treat these conditions.

4. Occupational Therapy procedures and activities that may be used to help the individual attain maximal functioning in occupational behavioral ability, choice and satisfaction.

5. Basic research procedures, supervisory and administrative strategies, and health care delivery systems.

6. Practice Delivery: A major strength of the Occupational Therapy Curriculum is its field base. Students are involved in the clinical applicaiton of learning each semester of the professional curriculum.

Field-based, Practice Delivery begins the freshmen year when students participate in a pre-clinical experience in either a hospital, nursing home, clinic, school or other place where Occupational Therapists practice. Students participate in clinical experiences during each of the four semesters of the professional program. In addition, two three-month clinical placements are required beginning in April and continuing through September following the senior year. A third three-month intership is available as a specialty affiliations.

Some clinical experiences take place at the Occupational Therapy Division's own clinic located in a community health agency. This community clinic was developed as a model for rural practice and includes outreach services to other agencies in the form of contract Occupational Therapy services, inservice education and consultation on individual cases as well as Occupational Therapy program development and clinical student training.

Several courses are also taught at the clinic and at cooperating agency sites within the community health center. This unique university clinic, community teaching arrangement was cited by the accreditation team as a strength of the Occupational Therapy program.

Division of Physical Therapy

The four-year curriculum combines a pre-professional core program with junior and senior level professional courses, including clinical experiences at institutions in the Northeast and beyond. Students admitted into the program begin as pre-physical therapy majors; in the spring of their sophomore year, qualified students are admitted into the upper level major program (professional portion).

Throughout the professional program students are exposed to clinical practice via simulated experiences in the laboratory on campus, and real life experiences in the hospital/clinic setting during practicum courses. Students are better able to relate to the patients in a clincial setting because the curriculum integrates steps on a developmental basis. Each body system is related to a variety of age levels. Also, as clinical practice time, a total of 20 weeks, is established around the philosophy that students go to a clinical setting when they are ready - not when the University schedule dictates - students receive clinical reinforcement of academic learning sooner.

In response to its rural Maine setting, the University of New England's Division of Physical Therapy has developed a curriculum philosophy directed at preparing students to work on their own (more independently) in smaller rural settings rather then large medical centers. This philosophy and the resulting curriculum was cited as a strength of the program by the accreditation team.

Division of Life Sciences

The Environmental Analysis program is designed for students interested in the environmental sciences in such fields as water pollution and environmental monitoring as they relate to towns, cities and industries. The primary emphasis in this program is biological rather than chemical.

Emphasis throughout the duration of the Life Sciences program is field experiences and work with many groups and agencies throughout Maine and the Atlantic Seaboard is common.

The University of New England has established a cooperative relationship with the Massachusetts College of Pharmacy and Allied Health Sciences, Boston, MA. During the 01 year of the program the possibility of MSC/AHS cooperating in the KAHEC program will be explored.

Division of Human Services

The Division of Human Services - housing majors such as Education, Human Services (rehabilitation counseling, community health eduction, gerontology, etc) and Psychology - prepares professionals who will be able to perform a variety of therapeutic, educational, supportive and preventive functions for persons of all ages throughout the life span. Early in the academic program students are encouraged to apply their knowledge to work-related experiences. Field placements are usually four-credit, non-paying positions in which students work in day care centers and special education centers, nursing homes, and recreation and rehabilitation centers.

During the junior and senior years, students are given the opportunity to participate in the cooperative education program, which integrates academic studies with field-related human services experiences. Co-op students usually earn money and academic credit for the equivalency of two courses. The practicum in Human Services is a work-related requirement for graduation. Past practicums have included work as psychiatric aides, remotivation therapists, counselors, elderly care workers, assistants with emotionally disturbed adolescents, and corrections and probation officers.

Division of Liberal Learning/Transcultural Component

The Division of Liberal Learning currently assists the College of Osteopathic Medicine's Division of Medical Humanities and Behavioral Medicine in the presentation of curriculum components of Transcultural Healthcare. This assistance includes the introduction of the concepts of transcultural health care and some case studies. The goal of this component, which is integrated throughout the curriculum, is for the student to develop a sensitivity to cultural values other then his/her own.

The Division of Occupational Therapy's curriculum is also provided assistance in presenting a transcultural health care component. The assistance, while similar in design to the medical school's, is more extensive, with case studies, a text and guest speakers. This component was cited in the O.T. accreditation report as an outstanding feature of the program.

During the planning year of the KAHEC program the transcultural health care curriculums of all programs will be evaluated and curriculum segments specific to Native Americans and rural disadvantaged populations will be developed with the assistance of the Division of Liberal Learning, and be incorporated into the KAHEC plans and curriculum for all health and social services professions.

C. General Goals and Project Objectives

In proposing the establishment of the Katahdin Area Health Education Center the University of New England College of Osteopathic Medicine has as its ultimate goal to provide high quality educational settings where multidisciplinary teams of health professional students can participate in culturally appropriate clinical learning experiences in sites serving Native Americans, Franco-Americans and rural disadvantaged populations of eastern and northern Maine.

Many of the linkages so vital to project success among the health professions training programs of the UNE, health care organizations and individuals who provide health care services. community groups and residents who are consumers of health services, are already in place It is anticipated that these linkages will be expanded. broadened, and enriched early in the AHEC project, allowing rapid and expeditious integration of project activities with the health systems in target areas.

The establishment and expansion of these linkages is an essential first step towards providing health education at all levels: health and nutrition education for reservation members and area residents, health career education for potential native American and other interested area students in the health professions. undergraduate and graduate education for native Americans and other interested area health professional students and continuing medical education for health care providers. The provision of high quality health and medical education will create a stimulating and fulfilling working environment for health professionals in a vareity of disciplines and will in turn. attract and retain health professionals for the reservations. Washington County and eventually, rural eastern and northern Maine.

In order to accomplish these general goals the following objectives for the project have been set. These objectives will be accomplished in cooperation with the various educational, training and service organizations described in this proposal.

1. To establish a University-based program office for the KAHEC Project. including the hiring or appointing all staff.

2. To establish and convene at regular intervals an Educational Planning Task Force consisting of representatives of the College of Osteopathic Medicine. Division of Physical Therapy, Nursing. Occupational Therapy. Life Sciences, Human Services. Liberal Learning. other professional programs involved in the project and representatives of the Passamaquoddy Community Health Services.

3. To establish and convene at regular intervals the KAHEC Project Advisory Committee to be composed of representatives from a variety of sources as indicated in this proposal.

4. To establish The Katahdin Area Health Education Center with clinical training sites at the Passamaquoddy reservations of Indian Township and Pleasant Point, the Penobscot reservation at Indian Island Old Town and the Maliseet reservation in Houlton, appoint a Center Director and support staff as necessary and establish an advisory board with representation comprised according to project guidelines.

5. To conduct a health manpower needs assessment of the KAHEC target area. This project seeks to establish a network of rural, clinical training sites based on prototypical models of excellence in health professions training in conjunction with other project activities related to educational planning. A goal of equal importance is meeting the health manpower needs of the target area. This goal will be facilitated through the collection of accurate. current data on health manpower needs in the target area by year 02 for each center.

6. To specify. in cooperation with KAHEC. the medically underserved populations in the areas to be served by the centers.

7. To enter into written agreement with the KAHEC. agreeing to evaluate and be responsible for the quality of students' education. to provide faculty as necessary, and to provide agreed upon funds.

8. To help the KAHEC to develop linkages with the Maine State Department of Human Services and other human services community agencies and organizations.

9. To develop learning resources centers which will provide the KAHEC with resources, teaching techniques and validation of learning resources.

10. To evaluate the effectiveness of the KAHEC in improving the distribution. supply, quality. utilization and efficiency of the health professionals in the target areas.

11. To initiate, in year 02 for the Indian Township/KAHEC, pilot training programs in health education services which will be fully operational by the 03 year. The satellite centers at Pleasant Point, Indian Island and Houlton will commence pilot training programs in year 03 and be fully operational by year 04. This training will concentrate on preparing health professionals to instruct public and patients in disease prevention, nutrition and other subjects related to health maintenance.

12. To conduct, by the end of the forth year (when all sites are operational) of the project, at least 10% of all predoctoral clinical education in medicine, in programs in the target area.

13. To participate, by the third year of the project, in a program for the education of master's level nurse specialties (for licensure as Nurse Practitioners) with special consideration for residents of the KAHEC and those individuals who intend to practice in the area.

14. To initiate in year 02, continuing education programs for target area health professions and to coordinate such programs with the Maine Consortium for Health Professions Education.

15. To initiate in year 02 faculty development activities to equip physicians and other health care providers to be clinical teaching faculty.

16. To promote a multi-disciplinary team approach to health care which will emphasize the importance of medical, nursing, pharmacy, and allied health professionals to its delivery and to expose social services students to primary care delivery.

17. To conduct needs assessments throughout the target area of northern and eastern Maine to identify areas needing AHEC satelite sites.

18. To monitor the progress of the KAHEC in achieving those project activities designated as its responsibility, including, but not limited to, the dissemination of employment and career information, recruitment of minority and disadvantaged students and provision of a training program for residents in the primary care disciplines.

D. Specific Objectives

OBJECTIVE I: To Establish a Project Advisory Committee

A. Purpose of Grant Request

The KAHEC project will be guided by a Statewide Project Advisory Committee composed of representatives of appropriate UNE disciplines, professional organizations, agencies, etc. (see sec. I. B, 6. for list). The committee will hold its initial meeting during the first 90 days of the project. The committee will support planning efforts of the project and assist in the formation of an Educational Planning Task Force.

The Advisory Committee will meet at least 3 times per year. It will review and comment upon proposed short and long-range planning, policy, contracts and the draft planning document for center programs developed by the Educational Planning Task Force.

OBJECTIVE II: To Establish An Educational Planning Task Force to Plan For the KAHEC

A. Purpose of Grant Request

An Educational Planning Task Force will be established with primary responsibility to accomplish Objective III, IV and V described below.

Task Force membership will include, but not be limited to, representatives of or individuals from the following:

University of New England College of Osteopathic Medicine
UNE Division of Physical Therapy
UNE Division of Nursing
UNE Division of Occupational Therapy
UNE Division of Human Services
UNE Division of Life Sciences
UNE Division of Liberal Learning
St. Mary's School of Nursing, Lewiston
Passamaquoddy Tribe/Indian Island
Passamaquoddy Tribe/Pleasant Point
Penobscot Tribe/Old Town
Maliseet Band/Houlton

The membership of this committee will be approved by the Advisory Committee at its first meeting.

The Task Force will conduct regular meetings and consult with the Project Advisory Committee, the Center Advisory Board(s), and any and all individuals and groups it deems appropriate to further the establishment of the KAHEC. In order to insure optimum support among the UNE divisions, it is proposed to use project funds to support their involvement in KAHEC planning activities.

The Task Force will develop a working agenda for the planning year, set priorities in educational planning and develop a timetable for completing the activities described in Objectives II, III, IV and V., meet regularly and keep minutes which report on progress, accomplishments and problem areas. The Task Force will prepare a brief summary report for the Project Director to be used by the AHEC Project Advisory Committee for purposes of setting policy, negotiating collaborative agreements and anticipating obstacles to achieving the educational goals of the project.

The Educational Planning Task Force will direct its attention to planning and developing primary care education programs for each KAHEC and KAHEC satelite program. In carrying out this function the group will also promote strategies related to support for continuing medical education, including: medical self-help, disease prevention, accident prevention, nutrition counseling, health promotion and maintenance strategies substance abuse counseling and to faculty development and training support.

The Educational Planning Task Force will be charged with developing recommendations regarding the scope, focus, and content of primary care training activities at the KAHEC(s) with respect to conformity with Federal program requirements for AHECs. Training programs for medical students, nurses and other health professionals will occur at the reservation health centers and other sites, such as rural health centers serving off reservation indians, as determined during the planning process. Calais Regional Hospital in Calais, Downeast Hospital, Machias, James Taylor Osteopathic Hospital, St. Joseph's and Eastern Maine Medical Center in Bangor and Houlton Hospital, Houlton may also be used as locales for undergraduate and graduate training as well as back-up resource centers for most-graduate trainees at the KAHEC centers.

The Division of Nursing will establish clinical rotations for students nurses at the KAHEC sites and will begin planning for the development of master level nursing specialties programs which may use the sites for training.

The Division of Occupational Therapy. Physical Therapy. Human Services and Life Sciences will all be involved in planning for use of the center as clinical or field based educational sites. The Division of Liberal Learning will serve in a support function to all programs as it plans, develops and implements a transcultural component for each division and COM.

The College of Osteopathic Medicine and the Divisions noted above have developed and sustained community-based training programs in response to the philosophy of helping meet the needs of rural underserved citizens in the region. Past experience in these areas will provide a solid foundation as planning for training in the KAHEC proceeds. No difficulty is anticipated in planning to satisfy the spirit and intent of the program guidelines with respect to this area of training.

A second major focus of activities will be on planning for intership training in the KAHEC Centers and target areas. The specific nature and characteristics of the post-doctoral training program will be determined during the planning phase of the project under the direction of the Project Advisory Committee and its Educational Planning Task Force with input from the AHEC Center Advisory Board. For the purpose of the proposal. two options are being considered.

1. Development of a small free-standing primary care oriented rotating internship at the target sites, and especially designed for remote. rural practice.

2. The development of traditional primary care internships at hospitals serving reservation and off reservation indians in Eastern Maine.

It must be emphasized that, among medical educators, there is increased tendency to discourage the creation of more internships positions. Internship programs are expensive to develop and operate. When viewed from the perspective of increasing numbers of physicians per capita, rising costs of medical care, and increased competition from non-teaching, for-profit hospitals, they are difficult to justify. While the option for creating a new intership should be explored, it is recognized that the goal of providing high quality training emphasizing primary, family medicine in rural areas may be achieved just as effectively and at much less cost to the project by utilizing, but enhancing existing intershipthrough the involvement of interns in out-of-hospital experiences and in a multidisciplinary. rural setting.

In summary, the Educational Task Force will function as a primary care support and development steering committee which will study the issues, establish the curricula and develop the necessary infrastructure to insure a high quality educational experience for trainees in the KAHECs.

B. Evaluative Strategies

The activities and deliberations of the Task Force will be documented through minutes of meetings and memoranda related to activities. The Task Force will develop and present a draft planning document for review and comment by the KAHEC Project Advisory Committee and the KAHEC Center Advisory Board by the end of the eighth month of the project. The plan will be modified to reflect the input of these advisory bodies and finalized for submission in the year 01 annual report. The existence and worthiness of this document as an educational guide for the KAHECs will constitute de facto evidence of the activities of the Educational Planning Task Force.

OBJECTIVE III: To Conduct a Health Manpower Needs Assessment of the KAHEC Target Area

A. Purposes of Grant Request

In addition to utilizing existing data (from Health Manpower Shortage Area designations and State Health Planning Agency Files) the needs assessment will examine, but not be limited to the following areas:

Physical Therapy
Occupational Therapy
Disease Prevention and Health Promotion
Substance Abuse
Mental Health
Environmental Health
Family Practice
Pediatrics
Obstetrics/Gynecology
Nursing
Nursing Specialties/Practitioner
Behavioral Health Practioner
Dentistry
Dental Hygene
Health Administration
Social Work
Pharmacy
Rehabilitation Counselors
Geriatrics and Gerontology personal

A detailed description of the needs assessment including final instrument methodologies, and result interpretation design will be included in the annual report of year 01. By the end of 02, the needs assessment will be completed, results analyzed, and the education components of the KAHEC program will respond to indicators of the needs assessment. The Needs Assessment results will be included in the annual report of year 02.

OBJECTIVE IV: To Conduct An Educational Needs Assessment To Determine The Requirements For Developing A Quality Teaching Site At The Community Health Service Center, Indian Township Maine. and Locate The Necessary Resource To Meet Those Needs

A. Purposes of Grant Request

It is important to the initial success of this project to establish, as precisely as possible, the strengths and weaknesses of the training site with respect to many areas including faculty preparation, adequacy of physical plant, availability of curriculum support facilities and equipment, characteristics of patients, and relationship between the local providers and the various components of the University of New England or other relevant institutions. Funds are being requested to support this activity.

Members of the Educational Planning Task Force or their designees, as appropriate, will be responsible for identifying and describing the curriculum content and support services in all areas related to developing quality training programs, including:

Faculty Development/Preceptor Education
Continuing Education For Faculty
Facility Requirements
Student Housing
Medical Student Education (primary care)
Residency Training
Nursing Education
Nurse Specialty (master's level)
Pharmacy Education
Social Work
Occupational Therapy
Physical Therapy
Environmental Analysis
Substance Abuse Counselors
Other: as the needs assessment and program requirements (i.e. Health Center Opportunity Programs for High School Students) identify.

The Task Force will conduct special educational needs assessments in the following areas:

Preventive Medicine
Nutrition Principles and Counseling
Health Promotion and Maintenance
Trans-Cultural Medicine and Cultural Factors
Maternal and Child Health
Geriatrics/Gerontology
Fetal Alcohol Syndrome
Diabetes
Occupational Health and Safety
Prevention and Treatment of Developmental Disabilities

Planning for model programs in these areas is intended to cut across levels of training and professional career disciplines. These include multi-disciplinary training programs for simultaneous involvement of medical, nursing, and allied health professions students. Resource materials and innovative curriculum strategies will be developed in these priority areas and included in the content of the succeeding developmental (year 02) and operational (year 03) phases of KAHEC.

The members of the Educational Planning Task Force will work closely with the Project Advisory Committee, the AHEC Center Advisory Board(s) the Project Director and Center Director(s) in carrying out the educational needs assessment and will function as consultants in that they will make recommendations to the Director and the advisory bodies. The Task Force will be available to assist the KAHEC and its advisory bodies in developing linkages with local, county and state planning agencies and with other agencies in assessing the health manpower needs of the area.

B. Evaluative Strategies

The educational assessment activities of the Task Force will be summarized and reported as a series of recommendations for the developmental phase (02) of the project. The Chairman of the Educational Planning Task Force will coordinate the achievement of this objective and report to the medical center and KAHEC advisory bodies.

Since this activity will be repeated for AHEC centers at the Passamaquoddy/Pleasant Point. Penobscot, Old Town and Maliseet/Houlton reservations, it will be important to document problems, obstacles or concerns which arise in connection with the educational needs assessment activity. This experience can then be utilized and applied in subsequent assessments of the future sites. This documentation will be included in the annual report for the planning phase.

OBJECTIVE V: To Begin Planning A Primary Care Oriented Curriculum To Be Applied In Meeting The Educational Mission Of The KAHEC

A. Purpose of the Grant

Funds are requested to support the planning and development of a Primary Care Curriculum for the several types of learners who will receive part of their training in the Indian Township KAHEC and other KAHEC Centers. The KAHEC, if it is to have the anticipated and desired impact must be characterized in the following way and be based on four key principles:

1. KAHEC training programs must be developed to reflect the interdisciplinary characteristics of primary care practice, first with respect to the various disciplines which any individual health care provider draws upon to care for patients and second, to highlight the peculiar reliance on teamwork. among physicians, nurses, and others, which promotes comprehensive, continous and appropriate levels of care and is the hallmark of quality primary health care.

2. It is extremely important for the KAHEC to emphasize the trans-cultural aspects of the training program and site. The curriculum must be developed first to respond to the particular needs, interests and cultural background of the Native American. Franco American and rural population to be serve and eventually to the students from there population enrolling in the various programs as a result of the recruitment efforts. This means providing preceptors who are role models for students and patient care experience which emphasizes the psychosocial, economic, cultural. religious and traditional medical influences which impact on the health and well being of Native Americans Franco Americans and rural disadvantaged. KAHEC will require the active. visible participation of the Native American health center staff and Tribal leaders and it will be important to promote maximum involvement in all aspects of the curriculum planning process.

3. KAHEC learning experiences should be designed to motivate learners and develop among them a sense of identity with the mission of delivering quality primary care services to Native Americans and rural disadvantaged. The educational objectives should be clear and easily understood, require active involvement of students and be capable of being evaluated. The UNE is experienced in the area of curriculum development and evaluation for health professions training programs and through the participation of its Faculty Development Training Program and curriculum Committees, the faculty will ensure the development of a curriculum plan which is appropriate to the needs of the learners.

4. KAHEC educational activities must reflect the strong and continuous support of faculty from the UNE and other professional skills, Such support will insure that the learning experiences will be of high quality and promote excellence. These characteristics in turn will result in attracting high caliber students into the KAHEC. Educational activities must also address identified needs in the target area. although they must be further substantiated by the educational needs assessment. Based on information contained in the background section of this proposal the curriculum should be designed to address the health care needs of a population with extensive health problems, particularly in substance abuse and diabetes.

A major goal of this project is to develop a high quality academic health center-backed training site for native American reservations in eastern and western Maine which will be attractive to highly motivated health professional (and eventually. native american health professionals) students. Curriculum planning efforts will be aimed at achieving this goal for KAHEC as soon as possible.

B. Evaluative Strategies

By the end of the planning process, and based on the planning phase activities noted previously, a draft syllabus of field based, pre-clinical, clinical clerkships and continuing medical education experience for NHSC providers and other area health professionals will be completed. This document will reflect a progressive, integrated series of learning experiences within each discipline so that learners may take training at the KAHEC at several points during their education.

The preparation and limited circulation of a draft syllabus of proposed available rotations at the KAHEC Center(s) will be the best evidence of the development of an integrated primary care curriculum. To the extent possible, it is proposed also to make available, as part of the year 01 final report. detailed course outlines including identified resources and faculty to implement the rotations. By the end of the planning phase the project will be prepared to pilot a curriculum for medical students of 4 student weeks and demonstrate the educational partnership developed during the planning year. These pilot rotations will be evaluated during the development phase of the project (year 02) and the data applied to ongoing activities.

OBJECTIVE VI: To Plan For The Establishment Of An On-Site Learning Resource Center For The KAHEC

A. Purpose of Grant Request

It is important to the concept of developing a magnet site for primary care training and support and retention of on-site and regionally located health providers to ensure that resources are made available which are not normally a feature of community-based educational settings. Also, given the bi-cultural orientation of the KAHEC, it will be especially important to backstop the project with additional resources. The planning phase will be used to work closely with the KAHEC advisory bodies and the faculty of the University of New England to determine the nature and scope of the resources needed for a learning center.

Learning Center resources might include: medical and nursing textbooks, audiovisual resources for patient education and counseling (e.g. family planning, home health care, nutrition, lifestyle change, health maintenance, sanitation); computer-assisted instruction models, direct computer linkages with the University of New England's medical library and other on-line resources and learning materials which emphasize community-orientated primary care and the value of clinic epidemiological skills in providing quality primary care services to defined populations. Resources to develop these skills among trainees and community-based faculty are especially pertinent to the reservation health setting of the KAHEC. A learning resource center should also focus on the learning needs of health care providers, both private practitioners and NHSC health professionals in the KAHEC region. Thus, in the planning, the continuing medical education needs of these individuals will be explored and planned accordingly.

B. Evaluative Strataegy

Native American educators and Native American groups around the country will be surveyed to identify the types and sources of appropriate resource materials for the KAHEC. The same information from health professionals in the KAHEC area will also be requested. Staff will work closely with the personnel of the reservation health centers, Calais Regional Hospital and other area hospitals to plan for a suitable staffing and support requirements for such a facility. Specifically, the feasibility of recruiting a bi-lingual educational consultant will be explored in order to facilitate the appropriate use of learning resource materials at the KAHEC. This activity, including the results of the survey will be included as part of the program plan and recommendations to be produced by the end of year 01.

OBJECTIVE VII: To Develop And Establish A Health Careers Opportunity Educational Program For High School Students In The Target Area

A. Purpose of Grant Request

There is a critical need to increase the numbers of health care personnel representing and serving the disadvantaged and/or minority populations. The small percentage from these groups now in health care fields are disproportionately represented in the lower paying occupations because the aspirations of most disadvantaged students are limited by lack of visible role models and inadequate information regarding health careers.

The KAHEC Project will design a Health Career Opportunity Educational Program specifically for recruitment of secondary students for the KAHEC training programs and/or for other training programs in the health professions. Transculturally trained admission staff will be utilized for the program. The program will address employment opportunities in the health professions, available scholarships. delineation of career duties and roles, availability of minority student advisement.

The program will incorporate the following formats:

* Site visits by admission staff to target area high schools
* Brochures/publications on health careers
* Site visits to tribal arranged meetings with native American students
* Multimedia presentations on health careers
* Tours of departments in health professional training programs
* Demonstrations by health professionals
* Career and Academic Counseling
* Local media publicity
* Multi-lingual opportunity education programs

B. Evaluative Strategy

By the year 01. an education-opportunity program plan will be developed by the Task Force for implementation in year 02. This plan will be included in the 01 annual report.

OBJECTIVE VIII: To Develop A Health Education/Health Promotion Program For Health Professionals (HE/HP)

A. Purpose of Grant Request

To train health professionals in the instruction of the public and patients on the following topics:

A. Medical self-help

B. Disease prevention

C. Accident prevention

D. Nutrition principles and status

E. Physical fitness

F. Health maintenance and promotion

G. Nutrition counseling

(Although the HE/HP training program will be free standing, the results from the educational needs assessment will affect its implementation, as implementation of all educational components of KAHEC will be coordinate) All HE/HP programs will be coordinated with the Maine Consortium for Health Professions Education.

B. Evaluative Strageties

By the end of 01 a comprehensive Health Education/Health Promotion training program complete with content, methodologies, and implementation structure will be finalized and available for inclusion and/or review in the annual report.

OBJECTIVE IX: To Conduct An Assessment of Continuing Professional Education (CPE) Needs Of Primary Health Care Providers In The Target Area With Special Emphasis On Determining The CPE Needs Of NHSC Assignees

A. Purpose of Grant Request

To facilitate the delivery of continuing health professional education in the target area an accurate and current assessment of health provider CPE needs is required. NHSC providers will be a special focus of the assessment. A survey instrument will be developed and administered by the Project Director (in collaboration with federal personnel in the Region I NHSC office and the Maine Consortium for Health Professions Education) to all primary care providers in the target area. Based on results of the survey an organized program will be developed to meet CPE needs in the target area, particularly special needs of NHSC assignees which may include consultation services, patient referral systems and temporary substitute services. Educational opportunities provided by NHSC and by other entities will be considered in the response to identified needs.

B. Evaluative Strategies

A needs assessment instrument will be designed and a plan for its administration developed in consultation with appropriate NHSC staff of the Region I Office. In the first quarter the assessment instrument will be administered to National Health Service Corps assignees and other health professionals identified during the needs assessment planning period. The needs assessment design will be included in the 01 year annual report.

OBJECTIVE X: To Establish An KAHEC Project Evaluation Component To Monitor And Evaluate The Activities Of The Planning Phase

A. Purpose of Grant Request

While specific deliverable project accomplishments have been built into each of the preceeding five planning/educational objectives for Year 01, it is important to recognize that a strong project evlauation component is key to establishing the KAHEC. The myraid of planning activities and development of collaborative working arrangements which will encompass the KAHEC Planning Phase must be subject to continuous, on-going scrutiny to be certain that the project meets its objectives. An ad hoc external review committee composed of representatives from the health professions, medical, nursing and allied health students and interns, UNE staff, patient advocate groups and outside expert consultants will be assembled. It will be the responsibility of this committee to review all aspects of the project during the planning phase and make recommendations as appropriate to the chairman of the Educational Planning Task Force, the KAHEC Project Director, and the Center Director. The recommendations will be discussed by the advisory bodies and also included as an external project evaluation component in the year 01 annual report.

B. Evaluative Strategy

Because an effective evaluation and feedback mechanism is crucial to the project, a variety of deliverables have been specified for each of the educational planning objectives. An external review committee, as described above, will be created to determine that the project is meeting federal requirements as well as program objectives and to develop, with input from the Educational Planning Task Force, (Objective II), a long-range project plan.

OBJECTIVE XI: Pilot And Evaluate An Undergraduate Curriculum For Medical Students Of 4 Student Weeks

A. Purpose of Grant Request

Funding is requested in year 02 to provide support for the training of undergraduate medical students in settings affiliated with or supported by KAHEC. Subsequent to pilot testing and refinement, the curriculum will be utilized in the undergraduate training program beginning at the end of the 02 year and continuing through year 03.

B. Evaluative Strategy

By the end of year 02 a curriculum and training plan will be completed and included in the program design component of the grant.

OBJECTIVE XII: Pilot And Evaluate Training Curricula For Allied Health, Nursing, And Other Health Related Professions In Year 02

A. Purpose of Grant Request

Funding is requested to provide support for pilot testing and evaluating (in KAHEC Centers) curricula for allied health, nursing and other health related profession's students in year 02. These curricula will be utilized for undergraduate training programs in all of the above named disciplines.

B. Evaluative Strategy

By the beginning of year 03, a curriculum and a training plan will be completed and pilot tested for each of the above named disciplines and included in the program design component of the grant.

OBJECTIVE XIII: Pilot And Evaluate Training Curricula For Community Health Education And Continuing Education For Area Health Professionals In Year 02

A. Purpose of Grant Request

Funding is requested to provide support for pilot testing and evaluating (in KAHEC Centers) of curricula for Community health education programming and for Continuing Education for health professionals.

B. Evaluative Strategy

By the beginning of year 03 the KAHEC will arrange for and support programs in community health education and in continuing education for area health professionals.

OBJECTIVE XIV: Pilot and Evaluate Preceptor Training Programs For Medical, Nursing, Allied Health And Other Health Related Professionals In Year 02:

A. Purpose of Grant Request

Funding is requested in year 02 to provide support for pilot testing and evaluating of training programs for area health professionals who will act as preceptor to health professional students in the KAHEC program.

B. Evaluative Strategy

By the beginning of year 03 a program for preceptor training for health professionals will be included in the program design component of the grant.

OBJECTIVE XV: To Assist And Support The Devlopment Of (1) A Small. Free Standing Primary Care Oriented Internships In The Target Area. Or (2) To Develop Traditional Primary Care Internships With Area Hospitals Serving The Target Area

A. Purpose of Grant Request

To support internship training which emphasizes primary care to Native Americans and rural disadvantaged students.

B. Evaluative Strategy

By the end of the year 03 the KAHEC will arrange for and support the training of medical residents in the target area.

E. Methodology For The Planning Phase (year 01)

The approach during the planning phase will be to involve those people involved in the development of the proposal. key faculty and staff at UNE and staff at the Community Health Services of the Passamaquoddy Tribe along with the KAHEC Advisory Board in the process of planning the educational mission of the KAHEC and providing on-going evaluation of the project. A series of educational planning objectives has been proposed. Additional objectives include assessments of needs and development of a strategy and mechanism to provide an external project evaluation component.

1. Timetable: The following work plan for year 01 will be followed and further development to accomplish the proposed measurable objectives outlined above.

2. Resources: In carrying out the objectives described above, key faculty from COM and the undergraduate Divisions who can speak for clinical programs, faculty development, continuing education, admissions and others areas of education will be involved. The extensive involvement of all UNE programs in remote clinical training is well documented in the proposal. This experience will be tapped for the benefit of KAHEC.

With respect to curriculum planning, faculty and staff will be selected with the background, experience and commitment to oversee the development of a progressive, integrated, learner-centered curriculum.

3. Collaborative Agreements: Even to begin the educational planning process a certain level of support for this experiment for a variety of programs, agencies and institutions must be assured. These letters of support for developing the necessary collaborative agreements to develop the KAHEC are included in Appendix C.

F. Description of Year 02. Development, and Year 03, Implementation

1. Background

As described in the Educational Planning Phase the KAHEC Project planning year will be used to:

1. Establish methods for planning for decentralized regional education in the health professions.

2. Plan a limited number of educational experiences at the Indian Township/KAHEC.

3. Develop the necessary collaborative agreements to ensure a strong working relationship between educators, health care providers and community and patient groups.

It is anticipated that the Development and Implementation phase activities of subsequent years will be based on the achievements of the first year.

In year 02. planning will begin for KAHEC satellite sites to be located at the Passamaquoddy reservation at Pleasant Point, the Penobscot reservation at Indian Island and the Maliseet reservation at Houlton.

A broad range of clinical education programs will be developed and implemented at Indian Township/KAHEC. These will be pilot-tested during year 02 and become fully operational by the third year of the project.

Because the project proposes to establish four clinical education sites the lessons learned during the planning year for the Indian Township KAHEC will be applied to the educational planning and development activities in the satellite sites at Pleasant Point, Indian Island and Houlton KAHECs. Planning for each successive KAHEC will proceed sequentially (see timetable at end of this section).

The Indian Township KAHEC objectives may be used as a model for subsequent KAHEC sites. They will include: identifying specific educational resources which are needed to establish a magnet teaching center for health professions students; finalizing the curriculum and educational objective for each type of learner who will receive training at the KAHEC; and establish a precise identification of the educational needs of faculty who will teach at the KAHEC. KAHEC objectives for the subsequent include replicating objectives III through XIII as described in the previous section, with appropriate modifications based on the uniqueness of that site and the project evaluation results of the first year.

Description of Methodologies - Years 02 and 03

Introduction: General goals and project objectives were described previously. Specific measurable objectives outlined in the previous narrative will begin during the project planning year 01 and be continued and/or implemented during succeeding project year (02 and 03) and they will be included in the Development Timetable at the end of this section of the proposal. Developmental activities for Pleasant Point, Indian Island and Houlton KAHECs (which begin their planning in year 02 of the project) will proceed suquentially.

1. Timetable/Workplan for Year 01

Year	Month		
FY86	(October)	01	Notice of Award Name Project Director Appoint Center Director (Indian Township) Establish KAHEC Poject Office Recruit KAHEC Staff Form KAHEC Project Advisory Committee
		02	Identify Ad Hoc Committee for External Evaluation Component (Objective X) First Meeting of KAHEC Project Advisory Committee First Meeting Educational Planning Task Force Task Force to begin educational planning and curriculum development (Objective II)
		03	Establish year 01 Project Evaluation Guidelines (Objective X) Identify to HRSA the proposed administrative organizational structure Begin regular meetings of the Educational Planning Task Force Conduct an assessment of continuing education needs of health professionals in the target area. (Objective IX) Task Force to begin developing a health education training program for health professionals (Objective VIII) Begin planning for health manpower needs assessment of Indian Township/KAHEC target areas (Objective) Preliminary Plans completed for conducting an educational needs assessment for Indian Township/KAHEC (Objective IV)
		04	Appoint Indian Township/KAHEC Advisory Board
		05	Complete recruitment of program staff Carry out education needs Assessment Indian Township/KAHEC (Objective IV) Develop meeting schedule for Educational Planning Task Force for remainder of year 01 (Objective II) First meeting of Indian Township/KAHEC Advisory Board
		06	Educational Task Force begin planning a Primary Care Oriented Curriculum for Indian Township/KAHEC (Objective V) Development of mid-year Activity Report by Project Director and staff Completion of agreements between UNE and Indian Township/KAHEC Begin planning for a Learning Center for Indian Township (Objective VI)

07 Continuation of project activities, through Education Planning Task Force. KAHEC Advisory Board

08 Submission of draft educational plan by Educational Planning Task Force to Project Director for review by the KAHEC Project Board

08 Submission of draft educational plan by Educational Planning Task Force to Project Director for review by the KAHEC Project Advisory Committee and the KAHEC Center Advisory Board (Objective II)
Develop and implement a health careers opportunity educational program for high school students in the target area (Objective VII)

09 Submission of a draft curriculum plan for Primary Care Education at Indian Township/ KAHEC - KAHEC Project Advisory Committee and KAHEC Center Advisory Board (Objective V)

10 Preparation of Educational Planning Task Force Final Report (Objective II)

11 Develop final methodology for educational needs assessment including instrument and result interpretation design (Objective IV)
Prepare for pilot testing of curriculum at Indian Township/KAHEC for UNE students (Objectives XI & XII)
Perform Annual Project Evaluation
Perform Annual Center Evaluation
Produce Project Report on Year of Activities

2. Timetable/Workplan for Year 02

Year	Month		
FY87	October	01	Develop meeting schedule for educational planning task for year 02 (Objective II) Educational Planning task force continue planning for training curriculum (Objective V)
		02	Conduct Health Manpower needs Assessment of KAHEC/Pleasant Point, Indian Island and Houlton target areas (Objective III)
		03	Begin a Health Education/Health Promotion training program for Health Professionals (Objective VIII and IX)
		04	Pilot an Undergraduate Training Program at KAHEC/Indian Township in any or all of the following areas, based on recommendations of the following areas. based on recommendations of the Educational Planning Task Force and advisory bodies: 1. Medical Students (Objective XI) 2. Allied Health Nursing and other Health Related Professions (Objective XII)
		06	Development of mid-year activity report by project director and staff
		07	Begin Evaluation of Pilot Training Program(s)
		08	Prepare evaluation report on pilot training program
		09	Modify Training objectives and curriculum as required based on evaluation report
		12	Produce Annual Project Evaluation Center perform Annual Project Evaluation Produce Project Report on Year of Activities

3. Timetable/Work Plan for Year 03

FY 88	October	01	Begin Undergraduate Training Program for Medical Students in KAHE/Indian Township (Objective XI)
		03	Begin Training Programs for Allied Health, Nursing and other Health related profession's students in KAHEC/Indian Township (Objective XII)

10 Pilot a program for Primary-Care Oriented Residency Training in KAHEC/Indian Township (Objective XIV)

12 Begin Primary-Care Oriented Residency Training in KAHEC/Indian Township (Objective XIV)
Produce Annual Project Evaluation
Center provide Annual Project Evaluation
Produce Project Report on Year of Activities

III. DETAILED CENTER DESCRIPTION

A. Introduction:

The initial KAHEC site catchment area has already been described in Section I.. B., 4 and included geographical. socio-economic and health data on the Indian Township KAHEC and the Washington County area. This section will provide a more detailed description of the Community Health Services of the Passamaquoddy Tribe at Indian Township and the development plans for the KAHEC.

B. Catchment Area:

The catchment area for the Indian Township/KAHEC includes the Passamaquoddy Reservation of Indian Township and northeastern Washington County towns of Codyville Plt., Grand Lake Stream. Talmadge. Topsfield. Vanceboro and Waite of the Maine P.C.C.A. #50. (Vanceboro); Bancroft, Orient. Weston. Drew and Prentiss Plts. and Danforth of the Maine P.C.C.A. #51 and Alexander. Baileyville. Baring Plt., Calais. Charlotte. Crawford. Cooper. Meddybemps No. 21 Plt., Princeton and Rabinston from the Maine P.C.C.A. #49 (Calais).

The population served includes the Native Americans living on the Indian Township Reservations and the communities noted above as well as the rural. non-native Americans in the towns noted above. The total population to be served. based on 1980 Census data is slightly over 12,500.

C. Current Services, Programs:

The Community Health Services facility at Passamaquoddy Indian Township is a modern. 9000 square foot building constructed via a mix of Tribal and federal funding in 1983. Located adjacent to the reservation's school at Peter Dana Point Village, the two story, earth-bermed building is designed to maximize passive solar heat gain, with supplemental heat provided by a central wood-fired boiler (with oil back-up). There are ground-level entrances on both levels off two ample parking areas.

The CHS facility is licensed by the State of Maine as a Rural Health Center, and provides on-site primary health care, including medical. dental. mental health/substance abuse and nutritional services.

The upper level houses the clinical services. A major waiting room is served by a receptionist, with a contract care clerk and third-party billing clerk providing auxillary services as. appropriate. from adjacent offices.

The medical clinic wing consists of offices for a nurse, medical records technician, pharmacist, and physician/P.A. There are three patient exam rooms, a laboratory and small pharmacy. Immediately adjacent to this area is the Tribe's WIC director's office, as well as space for the nutritionist, medical social worker associate and community health outreach worker.

Sharing this same waiting room and receptionist is the dental clinic, housing the dentist and dental assistant, and consisting of an office, a two-chair operatory and lab.

The upper level also houses the health department's human services program, which essentially provides counseling and preventive services in the areas of substance abuse and mental health. A smaller waiting area with a clerical support person serves the offices of the human services director, substance abuse consultant, psychologist and substance abuse counselors.

The lower floor of the facility is mainly occupied by the administrative staff of CHS, consisting of the Tribal health director, deputy director, health planner and administrative secretary. The Tribe's general assistance and child welfare programs, which are separately administrated, are also on this level, as are the staff lounge and utility room.

D. Health Manpower Needs Assessment:

As noted in Section I, B, 4 the Indian Township Reservation is a designated HMSA. In addition, (10) adjacent communities in this northeastern section of Washington County have been designated as a HMSA, and joined with 5 other HMSAs constitute over two-thirds of the inhabited townships in Washington County. Another long-term, salient manpower statistic for the Washington County area can be drawn from tables 5 & 6. This table indicates that nearly half of the active physicians in Washington County are in the 55 and up age category (20% are 65 and over) as opposed to 29% statewide.

In addition to the HMSA designations for primary care, Tribal health leaders have also identified several manpower needs in the areas of substance abuse, occupational health, and safety Environmental Health allied health services and disease prevention and health promotion. Object III for year 01 of the project is to conduct a health manpower needs assessment of the KAHEC.

E. Problems to be Overcome:

These problems have been outlined in section I., B., 5. The major problem, identified by both the Tribal Leaders and UNE will be the cultural issues mainly as it relates to the Indian population but also as it relates to the rural, remote, generally low socio-economic culture of the surrounding white population that will be served. As noted the trans-cultural component will be a major aspect of the curricula developed in each program.

F. Center Organization and Administration

1. Structure: The center is run by Community Health Services (CHS) a Department of the Passamaquoddy Tribal Government. The Passamaquoddy Tribe is governed by an elected Tribal Governor, a Lt. Governor and a six man Tribal Council. The Director of CHS is appointed by the Tribal Governor. A diagram of the Indian organization of the Tribal Government and CHS follows.

2. Staffing: The following chart indicates the staff available and the percentage of time they are available at the center as this proposal is written. A "(P)" following the position indicates the position is currently held by a Native American.

3. Development Plans: Funding - As a department within Tribal government. Community Health Services is funded, consistent with federal treaty obligations and law, via an annual contract with the Indian Health Service. As such, the base funding is anticipated to remain stable for the indefinite future. Based on an estimated one student per month per profession, pro-rated shares of staff space and support costs will constitute a significant source of in-kind support to the project. Estimated in-kind available from the Tribe includes:

Personnel:	
Staff-Director, CHS (5%)	$ 1,450.00
Medical Director (20%)	12.000.00
Health Planner (5%)	1.000.00
Physician's Assistant (10%)	550.00
Pharmacy Chief (5%)*	750.00
Dentist (2%)*	580.00
Human Services Director (2%)	480.00
Nutritionist (2%)*	72.00
Staff Sub-Total	$16.982.00
*Indicates less than full-time position	
Space:	
Space ($8.50/square foot X 12 mos. X 300 Space	$ 2,550.00
	$ 2,550.00
Estimated Total In-Kind	$19.532.00

G. Linkages With Other Agencies, Hospital & Agencies

As this project expands from the single rural health center (Community Health Services) at Passamaquoddy Indian Township, linkages with other health and human service organizations are vital. A primary mechanism for doing so would be to include in the planning and development process representatives from the following groups (in priority order):

1. Maine Indian Health Coalition (consisting of the Passamaquoddy Tribe at Indian Township, the Passamaquoddy Tribe at Pleasant Point, the Penobscot Nation, the Houlton Band of Maliseet and the Central Maine Indian Association).

2. Maine Ambulatory Care Coalition (in particular. those members operation rural health centers in the northeastern five counties of Maine).

3. Other ambulatory health care providers in the northeastern five counties of Maine (including Downeast Health Services, Aroostook County Action Program. Washington County Health and Social Services Consortium, Northern Maine RAISE. Community Health and Counseling Services).

4. Maine Hospital Association members in the northeast five counties of Maine.

At present. formal contracts exist between Community Health Services and the U.S. Indian Health Services, the Maine Department of Human Services. the Community Health and Counseling Service. and Calais Regional Hospital.

In addition. C.H.S. and/or individual staff members are associated with the following health-related organizations:

American Osteopathic Association
American Planning Association (Human Services Division)
Calais Regional Hospital - Board of Trustees, Board of Directors
Downeast Association of Physician Assistants
Eastern Regional Council on Alcohol and Drug Abuse
Maine Ambulatory Care Coalition
Maine Association of Planners
Maine Consortium for Health Professions Education
Maine Dental Association
Maine Diabetic Association
Maine Nurses Association
Maine Osteopathic Association
Maine Pharmacists Association
Maine Public Health Association
National Association of Social Workers
National Rural Primary Care Association
Planners Network
Washington County Health and Social Services Consortium

IV. CENTER'S PLANS FOR 01 - 03 YEARS

A. Introduction:

The center's plan for the 01 year of the program essentially parallels the COM plans as outlined in Section II.

B. General Goals and Center Objectives:

In proposing a rural Area Health Education Center to be based at the Passamaquoddy Tribal Reservation's Community Health Services Center the Tribal Government has the ultimate goal of improving and expanding health care services and delivery to the on and off reservation native Americans and rural white population of northeastern Washington County. Many of the linkages so vital to project success among area health agencies, institution and health professionals, community groups and residents who are consumers of health services, are already in place.

It is anticipated that these linkages will be expanded, broadened, and enriched early in the AHEC project, allowing rapid and expeditious integration of center activities with the health system in Washington County.

The establishment and expansion of these linkages is an essential first step towards providing health education at all levels: health and nutrition education for reservation members and area residents, health career education for potential native American and other interested area students in the health professions, undergraduate and graduate education for native Americans and other interested area health professions students and continuing medical education for health care providers. The provision of high quality health and medical education will create a stimulating and fulfilling working environment for health professionals in a variety of disciplines and will. in turn, attract and retain health professionals for the reservation and Washington County.

In order to accomplish these general goals the following objectives for the project have been set. These objectives will be accomplished in cooperation with the AHEC Director and project staff. the center advisory committee and area health associations, organizations. providers and consumers.

C. Specific Goals and Center Objectives

OBJECTIVE I: To Establish A Center Advisory Committee

A. Purpose of Grant Request

The Katahdin Area Health Center will be guided by an Advisory Committee of which at least seventy-five percent of the membership are persons from the population served by the center and will also include non-CHS health care providers in the KAHEC catchment area.

The Center Advisory Committee will hold its initial meetings during the first ninety days of the project and will meet at least three times per year.

The committee will support the planning efforts of the project. provide input into needed services and activities, review and approve the center's proposed programs, policy and contracts and approve the hiring and firing of the Center Director.

OBJECTIVE II: To Establish The Katahdin Area Health Education Center as a Non-profit Entity

A. Purpose of Grant Request

During year 01 of the project the Katahdin Area Health Education Center will be established as a non-profit entity operating under the laws of the state of Maine. The KAHEC will be directed by the Advisory Board established in Objective I and will have the authority to hire and remove the KAHEC Center Director and to enter into contracts with Community Health Services of the Passamaquoddy Tribe and health services at the other target reservations for the provision of services. The office of the KAHEC Center Director will initially be established at the Community Health Services Health Center at the Passamaquoddy Indian Township Reservation.

OBJECTIVE III: To Conduct A Health Manpower Needs Assessment Of The Center's Target Area

A. Purpose of Grant Request

To design and implement a needs assessment plan for the Indian Township/KAHEC Target Area that can be updated on a yearly basis. In addition to utilizing existing data, the needs assessment will examine needs in the following areas:

Health Education
Substance Abuse
Mental Health
Environmental Health
Family Practice
Physical Therapy
Occupational Therapy
Pediatrics
OB/GYN
Preventive Medicine
Nursing
Nursing Specialties/Practitioner
Behavioral Health Practitioner
Dentistry
Dental Hygene
Health Administration
Social Work
Pharmacy
Rehabilitation Counselor
Gerontology Workers

B. Evaluation Strategies

A detailed description of the needs assessment - including final instrument methodologies, and result interpretation design will be included in the annual report of year 02. By the end of 02, the needs assessment will be completed, results analyzed, and reported to the education components of the KAHEC program. The Needs Assessment results will be included in the annual report of year 02.

OPERATIONAL PROPOSAL

('87-88)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

TRAINING GRANT APPLICATION

FOLLOW INSTRUCTIONS CAREFULLY

TYPE	ACTIVITY	NUMBER
		2U76-PE-00 208-01
REVIEW GROUP		FORMERLY
COUNCIL/BOARD *(Month, year)*		DATE RECEIVED

1. TITLE OF TRAINING PROPOSAL *(Not to exceed 56 typewriter spaces)*

Catalog of Federal Domestic Assistance No. 13.824

2. PROGRAM ANNOUNCEMENT AREA

3. DISCIPLINE, SPECIALTY OR FIELD OF TRAINING

Multidisciplinary

4. PROGRAM DIRECTOR

4a. NAME *(Last, first, middle initial)*
Weaver, Shirley A.

4b. HIGHEST DEGREE

4c. SOCIAL SECURITY NUMBER

4d. MAILING ADDRESS *(Organization, Street, City, State, Zip code)*

4e. POSITION TITLE

4f. DEPARTMENT, SERVICE, LABORATORY OR EQUIVALENT

4g. MAJOR SUBDIVISION
College of Osteopathic Medicine

4h. TELEPHONE *(Area code, number, extension)*
207/ 283-0171 ext. 337

5. HUMAN SUBJECTS:

☒ NO ☐ YES ☐ Exemption # _____
OR
☐ Form HHS-596 enclosed

6. DATES OF ENTIRE PROPOSED PROJECT PERIOD *(This application)*

From 10/1/87 Through 9/30/90

7. RECOMBINANT DNA:

☒ NO ☐ YES

8. APPLICANT ORGANIZATION *(Name and address)*

University of New England
College of Osteopathic Medicine
11 Hills Beach Road
Biddeford, Maine 04005

9. OFFICIAL IN BUSINESS OFFICE TO BE NOTIFIED IF AN AWARD IS MADE *(Name, title, address, and telephone number)*

Bernard Chretien, Business Manager
University of New England
11 Hills Beach Road
Biddeford, Maine 04005

10. ENTITY IDENTIFICATION NUMBER

1010233257A1

11. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION *(Name, title, and telephone number)*

Charles W. Ford, Ph.D., President

207/ 283-0171 ext. 306

12. TYPE OF ORGANIZATION *(See instructions)*

☒ Private Nonprofit

☐ Public *(Specify Federal, State, Local)*: _____

13. PROGRAM DIRECTOR ASSURANCE:

I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

13a. SIGNATURE OF PERSON NAMED IN ITEM 4a.
"Per" signature not acceptable

Linda L. Klein

DATE
12/29/86

14. CERTIFICATION AND ACCEPTANCE:

I certify that the statements herein are true and complete to the best of my knowledge and accept the obligation to comply with the Public Health Service terms and conditions if a grant is awarded as a result of this application. A willfully false certification is a criminal offense (U.S. Code, Title 18, Section 1001).

14a. SIGNATURE OF PERSON NAMED IN ITEM 11.
"Per" signature not acceptable

Charles W. Ford

DATE
12/29/86

OMB No. 0915-0060
Expires 2/28/86
Dk-phs17G

DIRECT COSTS ONLY | GRANT NUMBER | I.D. NUMBER

A. NONTRAINEE EXPENSES

PERSONNEL *(Do not list trainees)*

NAME	POSITION TITLE	TIME EFFORT	Hours per week	DOLLAR AMOUNT REQUESTED *(Omit Cents)* SALARY	FRINGE BENEFITS	TOTAL
TBA	Center Director	100	40	$ 28,000	$ 4,900	$ 32,900
TBA	Administrative Asst.	100	40	14,500	2,537	17,037
TBA	Regional Coordinator	100	40	22,000	3,850	25,850
TBA	Regional Coordinator	100	40	22,000	3,850	25,850
TBA	Regional Coordinator	100	40	22,000	3,850	25,850
TBA	Regional Secretary	100	40	12,000	2,100	14,100
TBA	Regional Secretary	50	20	6,000	1,050	7,050
TBA	Regional Secretary	50	20	6,000	1,050	7,050
TBA	O.T. Clinical Supervisor	100	40	27,000	4,725	31,725
Temporary Office Support	300 hrs @ $10/hr			3,000	-0-	3,000
	SUBTOTALS →			$ 162,500	$ 27,912	$ 190,412

CONSULTANT COSTS	See attached for detail	$ 31,373
EQUIPMENT *(Itemize)*	See attached for detail	$ 13,710
SUPPLIES *(Itemize by category)*	See attached for detail	$ 38,105
STAFF TRAVEL	See attached for detail	$ 35,336
OTHER EXPENSES *(Itemize by category)*	See attached for detail	$ 73,320
	SUBTOTAL (Section A) →	$ 382,256

B. TRAINEE EXPENSES

TRAINEE COSTS	Predoctoral Stipends — No. requested:	$
	Postdoctoral Stipends — No. requested:	$
	Other Stipends *(Specify)* — No. requested:	$
	TOTAL STIPENDS →	$
	Tuition and Fees	$
	TOTAL TRAINEE COSTS →	$
TRAINEE TRAVEL *(Describe)*	Osteopathic clerkships 17,875 Nursing clerkships 3,250 Allied health clerkships 2,268	$ 23,393
	SUBTOTAL (Section B) →	$ 23,393

C. TOTAL DIRECT COST *(Add Subtotals of Sections A and B)* → $ 405,649

 MATCHING SHARE 21,378

KAHEC CENTER

DETAILED BUDGET

YEAR 01

PERSONNEL

Name and Position	% Time	Match	Salary Requested	Fringe Requested	Total Requested
TBA - Center Director	100	-0-	$ 28,000	$ 4,900	$ 32,900
TBA - Admn. Asst.	100	-0-	14,500	2,537	17,037
TBA - Regional Coordinator	100	-0-	22,000	3,850	25,850
TBA - Regional Coordinator	100	-0-	22,000	3,850	25,850
TBA - Regional Coordinator	100	-0-	22,000	3,850	25,850
TBA - Regional Secretary	100	-0-	12,000	2,100	14,100
TBA - Regional Secretary	50	-0-	6,000	1,050	7,050
TBA - Regional Secretary	50	-0-	6,000	1,050	7,050
TBA - O.T. Clinical Supervisor	100	-0-	27,000	4,725	31,725
Temporary Office Support 300 hours @ $10/hour	-0-	-0-	3,000	-0-	3,000
TOTALS			$ 162,500	27,912	190,412

KAHEC CENTER DETAILED BUDGET YR 01

	MATCH	REQUESTED	TOTAL REQUESTED
CONSULTANTS			
Board Development - consultant at $150/day x 3(450), travel 275 mi x .21/mile (58), per diem a $87.60 (175)		683	
Undetermined Clinical Faculty 40 hrs. @ $140/hr (5600), travel @ 500 mi/trip x .21 x 10 (1050), per diem @ $27-meals x 10 (270)		6,920	
Transcultural Health Curriculum Development Consultant @ .20 FTE (5600), travel @ 3000 mi x .21 (630) and per diem @ $27-meals x 20 (540)		6,770	
Native American Youth Development			
TBA - Native American to develop youth program .50 FTE (12500), travel 350 mi/trip x 40 x .21 (2940), per diem 40 x $27-meals (1080), supplies (480)		17,000	31,373
SUPPLIES - 3 Offices			
General Office -			
1 @ 2500, 2 @ 1250 ea		5,000	
Postage - 1 @ 1500, 2 @ 1000 ea.		3,500	
Printing/Photocopy			
1 @ 3000, 2 @ 1000 ea.		5,000	
Student orientation brochure		1,305	
teaching references for training sites		5,000	
Publications/Subscriptions			
1 @ 1000. 2 @ 500 ea		2,000	
MOSAIC - multicultural quarterly		3,100	
Telephone		12,600	
350/mo x 12 x 3 offices			
installation 3 offices @ 200		600	
			38,105

KAHEC CENTER DETAILED BUDGET YR 01

	MATCH	REQUESTED	TOTAL REQUESTED
EQUIPMENT			
3 Executive desks @ 300		900	
3 Executive chairs @200		600	
2 Secretarial desks @ 400		800	
2 Secretarial chairs @ 125		250	
2 Vertical files @ 300		600	
4 lamps @ 25		100	
6 bookcases @ 100		600	
3 guest chairs @ 70		210	
2 electronic typewriters @ 1300		2.600	
2 telephone answering machines @ 150		300	
1 slide projector		350	
1 film projector		1,000	
1 overhead projector		250	
1 19" color television monitor		400	
1 VCR 1/2 inch		350	
1 video camera		1,200	
1 computer/software		3,000	
equipment maintenance		200	13,710
STAFF TRAVEL			
Out-of-state: Director - 2 national AHEC meetings @ 800		1,600	
In-State: Director - 30,000 miles/yr x.21/mi ~~(6300)~~, 8 days per diem 87.60 (700), 30 days @ 27/day expenses away from office (810)		7,810	
In-state: Regional Coordinators 25,000 miles/yr x .21 (5250), 40 days @ 27/ per day expenses away from office (1080), 4 days per diem @ 87.60 (350) x 3 coordinators		20,040	
OT Clinical Supervisor 30 trips @ 600 miles/ trip x .21 (3780), per diem @ 87.60 x 15 (1314)		5.094	
State confreences - registration $33 x 24		792	35,336
RECRUITING			
OT Clinical Supervisor		1,600	
Regional Coordinators (3)		3,200	4,800

KAHEC CENTER DETAILED BUDGET YR 01

	MATCH	REQUESTED	TOTAL REQUESTED
PRECEPTORS			
44 months @ $100/		4,400	4,400
SOCIAL WORK PROGRAM DEVELOPMENT			
Staff Assistant		5,000	
travel 30000 mi x .21		630	
telephone		1,000	
rent 300/mo x 4		1,200	
clerical 520 hrs x $5/		2,600	
clinical faculty in-service		1,000	
			11,430
PHYSICIAN ASSISTANT CROSS-TRAINING PROGRAM DEVELOPMENT			
Staff Assistant 420 hrs x $5/		2,100	
travel - 3600 miles x .21		756	
			2,856
BOARD OF DIRECTORS			
meeting expenses 6 x $50		300	
travel - 15 members x 150 miles x 6 meetings/year x .21		2,835	
			3,135
AUDIT			
Annual audit per KAHEC Articles of Incorporation		2,000	2,000
REGIONAL COUNCILS			
meeting cost 6 x $50 x 3 councils		900	
			900
TRANSCULTURAL HEALTH ADVOCACY			
Data management		3,281	
Transcultural in-service		1,000	4,281

KAHEC CENTER

DETAILED BUDGET YR 01

	MATCH	REQUESTED	TOTAL REQUESTED
MOBILE MEDICAL VAN	14,000		
operating expenses:			
insurance (2500), repairs needed (1600)			
yearly maintenance/tuneups (200),			
preparation for trips $120 x 6/yr (720)			
gasoline/oil (800), driver 30 hrs.			
per year @ $10/hr (300)		6,210	6,210
CONTINUING EDUCATION			
12 hospitals - 5 county area			
travel 400 mi x 12 trips x .21		1.008	
supplies		1,500	
administrative support 200 hrs @ $10/		2,000	
			4,508
SPACE RENTAL			
Center Office: 4 rooms @ $300			
per month each x 12		14,400	
Regional Offices: 2 rooms @ 300			
per month each x 12 x 2 sites		14,400	28,800
			$ 73,320

KAHEC CENTER

DETAILED BUDGET YR 01

B. TRAINEE TRAVEL

	MATCH	TOTAL	TOTAL REQUESTED
OSTEOPATHIC CLINICAL CLERKSHIPS			
subsistence - 44 students x $300/mo.		13,200	
travel - 44 students, 506 miles @ .21/mile		4,675	17,875
NURSING CLERKSHIP			
subsistence - 8 students x $300/mo.		2,400	
travel - 506 miles x 8 students x .21/mile		850	3,250
Nursing faculty: .15 FTE 4500 travel 506 miles x .21 x 4 faculty 425 per diem @ 87.60 x 7 days x 4 faculty 2453	7,378		
ALLIED HEALTH CLERKSHIP			
subsistence - 6 students x 3 trips x 7 days x $10/day		1,260	
travel - 840 miles x .40/miles (van) x 3 trips		1,008	2,268
CENTER TOTAL MATCH	21,378		
CENTER TOTAL REQUESTED			405,649
TOTAL CENTER OFFICE (MATCH & REQUESTED)			427,027

DETAILED BUDGET FOR FIRST 12 MONTH BUDGET PERIOD [illegible] CENTER 02

DIRECT COSTS ONLY	GRANT NUMBER	I.D. NUMBER

A. NONTRAINEE EXPENSES

PERSONNEL (Do not list trainees)		TIME/EFFORT		DOLLAR AMOUNT REQUESTED (Omit Cents)		
NAME	POSITION TITLE	%	Hours per week	SALARY	FRINGE BENEFITS	TOTAL
TBA	Center Director	100	40	$ 29,400	$ 5,292	$ 34,692
TBA	Administrative Asst.	100	40	15,525	2,795	18,320
TBA	Regional Coordinator	100	40	23,100	4,159	27,259
TBA	Regional Coordinator	100	40	23,100	4,159	27,259
TBA	Regional Coordinator	100	40	23,100	4,159	27,259
TBA	Regional Coordinator	100	40	23,100	4,159	27,259
TBA	Regional Secretary	100	40	12,600	2,160	14,760
TBA	Regional Secretary	50	20	6,300	1,134	7,434
TBA	Regional Secretary	50	20	6,300	1,134	7,434
TBA	Regional Secretary	50	20	6,300	1,134	7,434
TBA	O.T. Clinical Supervisor	100	40	21,252	3,837	25,089
Temporary Office Support	200 hrs @ $10/hr			2,000		3,000
	SUBTOTALS →			$ 193,087	$ 34,109	$227,195

CONSULTANT COSTS
Undetermined Faculty 9920
Youth Development 4500 Transcultural Health Curriculum Development 6770 — $ 18,190

EQUIPMENT (Itemize)
Office furniture 1365
Electronic typewriter 1200 — $ 3,165

SUPPLIES (Itemize by category)
Audio/Visual 4500 General office 6250 Postage 5000 4 offices
Printing/photocopy 13,563 Publ/Subscription 5950 Telephone 17,000 — $ 52,263

STAFF TRAVEL
Director: out-of-state 1500 in-state 7810 O.T. Clinical Supervisor 5094
Regional Coordinators x 4: in-state 6680 x 4 26,720
State conferences @ 822 x 30 000 — $ 42,214

OTHER EXPENSES (Itemize by category)
Recruit 900 Board of Directors 3135 Continuing Education 2361
Audit 2000 Space rental 29,200
Social Work 9220 Transcultural in-service 1000 Regional Councils 900
Physician Assistant Cross Training 5166 Mobile Medical Van 6210 — $ 72,622
Preceptors 119 - 11,900

SUBTOTAL (Section A) → $415,649

B. TRAINEE EXPENSES

TRAINEE COSTS	Predoctoral Stipends — No. requested:	$
	Postdoctoral Stipends — No. requested:	$
	Other Stipends (Specify) — No. requested:	$
	TOTAL STIPENDS →	$
	Tuition and Fees	$
	TOTAL TRAINEE COSTS →	$

TRAINEE TRAVEL (Describe)
Osteopathic clerkships x 119 - 48,345 Nursing clerkship x 16 - 6500
Allied health clerkship x 19 - 2268 — $ 57,113

SUBTOTAL (Section B) → $ 57,113

C. TOTAL DIRECT COST (Add Subtotals of Sections A and B) → $472,762

PHS-6025-1 (Rev. 12/85)

[illegible] SHARE 45,569

KAHEC CENTER

DETAILED BUDGET YR 02

PERSONNEL

Name and Position	% Time	Match	Salary Requested	Fringe Requested	Total Requested
TBA - Center Director	100	-0-	$ 29,400	$ 5,292	$ 34,692
TBA - Admn. Asst.	100	-0-	15,525	2,795	18,320
TBA - Regional Coordinator	100	-0-	23,100	4,158	27,258
TBA - Regional Coordinator	100	-0-	23,100	4,158	27,258
TBA - Regional Coordinator	100	-0-	23,100	4,158	27,258
TBA - Regional Coordinator	100	-0-	23,100	4,158	27,258
TBA - Regional Secretary	100	-0-	12,600	2,160	14,760
TBA - Regional Secretary	50	-0-	6,300	1,134	7,434
TBA - Regional Secretary	50	-0-	6,300	1,134	7,434
TBA - Regional Secretary	50	-0-	6,300	1.134	7,434
TBA - O.T. Clinical Supervisor	100	8,364	21,262	3,827	25,089
Temporary Office Support 300 hours @ $10/hour	-0-	-0-	3,000	-0-	3,000
TOTALS		$ 8,364	$ 193,087	$ 34,108	$ 227,195

KAHEC CENTER

DETAILED BUDGET YR 02

	MATCH
Personnel	8,364
Youth Development	12,500
Social Work	2,200
Mobile Medical Van	14,000
Continuing Education	1,127
Nursing Faculty	7,378
	$45,569

DIRECT COSTS ONLY | GRANT NUMBER | I D NUMBER

A. NONTRAINEE EXPENSES

PERSONNEL (Do not list trainees) NAME	POSITION TITLE	TIME/EFFORT %	Hours per week	DOLLAR AMOUNT REQUESTED (Omit Cents) SALARY	FRINGE BENEFITS	TOTAL
TBA	Center Director	100	40	$ 23,152	$ 4,283	$ 27,435
TBA	Administrative Asst.	100	40	16,286	3,013	19,299
TBA	Regional Coordinator	100	40	18.191	3,365	21,556
TBA	Regional Coordinator	100	40	18,191	3,365	21,556
TBA	Regional Coordinator	100	40	18.191	3,365	21,556
TBA	Regional Coordinator	100	40	18,191	3,365	21,556
TBA	Regional Secretary	100	40	9,922	1,836	11,758
TBA	Regional Secretary	50	20	4,961	918	5,879
TBA	Regional Secretary	50	20	4,961	918	5,879
TBA	Regional Secretary	50	20	4,961	918	5,879
TBA	O.T. Clinical Supervisor	100	40	-0-	-0-	-0-
Temporary Office Support	300 hrs @ $10/hr			3,000	-0-	3,000
	SUBTOTALS →			$140,007	$ 25,346	$165,353

CONSULTANT COSTS
Undetermined Faculty 6920
Transcultural Health Curriculum Development 1170 — $ 8,090

EQUIPMENT (Itemize)
Equipment maintenance — $ 900

SUPPLIES (Itemize by category)
Printing/photocopy 15,425; General office 6250; Publi/Subscription 7100; Postage 5000 (4 offices); Telephone 16,800 — $ 50,575

STAFF TRAVEL
Director: out-of-state 1600; in-state 7810; O.T. Clinical Supervisor 5094
Regional Coordinators x 4: in-state 26,720
State conferences @ $33x 30 990 — $ 42,214

OTHER EXPENSES (Itemize by category)
Recruit 1600; Board of Directors 3135; Continuing Education 2254
Transcultural in-service 1000; Audit 2000; Social Work 9230
Preceptors-133- 13,300; Regional Councils 900; Mobile Medical Van 6210 — $ 39,629

SUBTOTAL (Section A) → $306,761

B. TRAINEE EXPENSES

TRAINEE COSTS		
	Predoctoral Stipends — No. requested:	$
	Postdoctoral Stipends — No. requested:	$
	Other Stipends (Specify) — No. requested:	$
	TOTAL STIPENDS →	$
	Tuition and Fees	$
	TOTAL TRAINEE COSTS →	$

TRAINEE TRAVEL (Describe)
Osteopathic clerkships x 133 - 54,033; Nursing clerkship x24 9750
Allied health clerkships x 24 - 3024 — $ 66,807

SUBTOTAL (Section B) → $ 66,807

C. TOTAL DIRECT COST (Add Subtotals of Sections A and B) → $373,568

MATCHING SHARE 159,819

KAHEC CENTER

DETAILED BUDGET YR 03

PERSONNEL

Name and Position	% Time	Match	Salary Requested	Fringe Requested	Total Requested
TBA - Center Director	100	$ 9,146	$ 23,152	$ 4,283	$ 27,435
TBA - Admn. Asst.	100	-0-	16,286	3,013	19,279
TBA - Regional Coordinator	100	7,186	18,191	3,365	21,556
TBA - Regional Coordinator	100	7,186	18,191	3,365	21,556
TBA - Regional Coordinator	100	7,186	18,191	3,365	21,556
TBA - Regional Coordinator	100	7,186	18,191	3,365	21,556
TBA - Regional Secretary	100	3,920	9,922	1,836	11,752
TBA - Regional Secretary	50	1,960	4,961	918	5,879
TBA - Regional Secretary	50	1,960	4,961	918	5,879
TBA - Regional Secretary	50	1,960	4,961	918	5,879
TBA - O.T. Clinical Supervisor	100	35,275	-0-	-0-	-0-
Temporary Office Support 300 hours @ $10/hour	-0-	-0-	3,000	-0-	3,000
TOTALS		$82,965	$ 140,007	25,346	165,353

KAHEC CENTER

DETAILED BUDGET YR 03

	MATCH
Personnel	82,965
Youth Development	24,000
Transcultural Health Curriculum	5,600
Social Work	2,200
Continuing Education	2,254
Mobile Medical Van	14,000
Space rent	28,800
	$159,819

KAHEC CENTER

DETAILED BUDGET

YEAR 01

PERSONNEL

Name and Position	% Time	Match	Salary Requested	Fringe Requested	Total Requested
TBA - Center Director	100	-0-	$ 28,000	$ 4,900	$ 32,900
TBA - Admn. Asst.	100	-0-	14,500	2,537	17,037
TBA - Regional Coordinator	100	-0-	22,000	3,850	25,850
TBA - Regional Coordinator	100	-0-	22,000	3,850	25,850
TBA - Regional Coordinator	100	-0-	22,000	3,850	25,850
TBA - Regional Secretary	100	-0-	12,000	2,100	14,100
TBA - Regional Secretary	50	-0-	6,000	1,050	7,050
TBA - Regional Secretary	50	-0-	6,000	1,050	7,050
TBA - O.T. Clinical Supervisor	100	-0-	27,000	4,725	31,725
Temporary Office Support 300 hours @ $10/hour	-0-	-0-	3,000	-0-	3,000
TOTALS			$ 162,500	27,912	190,412

DIRECT COSTS ONLY | GRANT NUMBER | ID NUMBER

A. NONTRAINEE EXPENSES

PERSONNEL (Do not list trainees)

NAME	POSITION TITLE	TIME EFFORT		DOLLAR AMOUNT REQUESTED (Omit Cents)		
			HOURS PER WEEK	SALARY	FRINGE BENEFITS	TOTAL
TBA	Center Director	100	40	$ 28,000	$ 4,900	$ 32,900
TBA	Administrative Asst.	100	40	14,500	2,537	17,037
TBA	Regional Coordinator	100	40	22,000	3,850	25,850
TBA	Regional Coordinator	100	40	22,000	3,850	25,850
TBA	Regional Coordinator	100	40	22,000	3,850	25,850
TBA	Regional Secretary	100	40	12,000	2,100	14,100
TBA	Regional Secretary	50	20	6,000	1,050	7,050
TBA	Regional Secretary	50	20	6,000	1,050	7,050
TBA	O.T. Clinical Supervisor	100	40	27,000	4,725	31,725
Temporary Office Support	300 hrs @ $10/hr			3,000	-0-	3,000
	SUBTOTALS →			$ 162,500	$ 27,912	$ 190,412

CONSULTANT COSTS

See attached for detail — $ 31,373

EQUIPMENT (Itemize)

See attached for detail — $ 13,710

SUPPLIES (Itemize by category)

See attached for detail — $ 38,105

STAFF TRAVEL

See attached for detail — $ 35,336

OTHER EXPENSES (Itemize by category)

See attached for detail — $ 73,320

SUBTOTAL (Section A) → $ 382,256

B. TRAINEE EXPENSES

TRAINEE COSTS

Predoctoral Stipends — No requested — $

Postdoctoral Stipends — No requested — $

Other Stipends (Specify) — No requested — $

TOTAL STIPENDS → $

Tuition and Fees — $

TOTAL TRAINEE COSTS → $

TRAINEE TRAVEL (Describe)

Osteopathic clerkships 17,875
Nursing clerkships 3,250
Allied health clerkships 2,268

$ 23,393

SUBTOTAL (Section B) → $ 23,393

C. TOTAL DIRECT COST (Add Subtotals of Sections A and B) → $ 405,669

PHS 6025-1 (Rev. 12-85)

MATCHING SHARE 21,378

KAHEC CENTER DETAILED BUDGET YR 01

	MATCH	REQUESTED	TOTAL REQUESTED
CONSULTANTS			
Board Development - consultant at $150/day x 2 (450), travel 275 mi x .21/mile (58), per diem a $87.60 (175)		683	
Undetermined Clinical Faculty 40 hrs. @ $140/hr (5600), travel @ 500 mi/trip x .21 x 10 (1050), per diem @ $27-meals x 10 (270)		6,920	
Transcultural Health Curriculum Development Consultant @ .20 FTE (5600), travel @ 3000 mi x .21 (630) and per diem @ $27-meals x 20 (540)		6,770	
Native American Youth Development			
TBA - Native American to develop youth program .50 FTE (12500), travel 350 mi/trip x 40 x .21 (2940), per diem 40 x $27-meals (1080), supplies (480)		17,000	31,373
SUPPLIES - 3 Offices			
General Office - 1 @ 2500, 2 @ 1250 ea		5,000	
Postage - 1 @ 1500, 2 @ 1000 ea.		3,500	
Printing/Photocopy 1 @ 3000, 2 @ 1000 ea.		5,000	
Student orientation brochure		1,305	
teaching references for training sites		5,000	
Publications/Subscriptions 1 @ 1000. 2 @ 500 ea		2,000	
MOSAIC - multicultural quarterly		3,100	
Telephone 350/mo x 12 x 3 offices		12,600	
installation 3 offices @ 200		600	
			38,105

KAHEC CENTER DETAILED BUDGET YR 01

	MATCH	REQUESTED	TOTAL REQUESTED
EQUIPMENT			
3 Executive desks @ 300		900	
3 Executive chairs @200		600	
2 Secretarial desks @ 400		800	
2 Secretarial chairs @ 125		250	
2 Vertical files @ 300		600	
4 lamps @ 25		100	
6 bookcases @ 100		600	
3 guest chairs @ 70		210	
2 electronic typewriters @ 1300		2.600	
2 telephone answering machines @ 150		300	
1 slide projector		350	
1 film projector		1,000	
1 overhead projector		250	
1 19" color television monitor		400	
1 VCR 1/2 inch		350	
1 video camera		1,200	
1 computer/software		3,000	
equipment maintenance		200	13,710
STAFF TRAVEL			
Out-of-state: Director - 2 national AHEC meetings @ 800		1,600	
In-State: Director - 30,000 miles/yr x.21/mi (6300), 8 days per diem 87.60 (700), 30 days @ 27/day expenses away from office (810)		7,810	
In-state: Regional Coordinators 25,000 miles/yr x .21 (5250), 40 days @ 27/ per day expenses away from office (1080), 4 days per diem @ 87.60 (350) x 3 coordinators		20,040	
OT Clinical Supervisor 30 trips @ 600 miles/ trip x .21 (3780), per diem @ 87.60 x 15 (1314)		5.094	
State confreences - registration $33 x 24		792	35,336
RECRUITING			
OT Clinical Supervisor		1,600	
Regional Coordinators (3)		3,200	4,800

KAHEC CENTER DETAILED BUDGET YR 01

	MATCH	REQUESTED	TOTAL REQUESTED
PRECEPTORS			
44 months @ $100/		4,400	4,400
SOCIAL WORK PROGRAM DEVELOPMENT			
Staff Assistant		5,000	
travel 30000 mi x .21		630	
telephone		1,000	
rent 300/mo x 4		1,200	
clerical 520 hrs x $5/		2,600	
clinical faculty in-service		1,000	
			11,430
PHYSICIAN ASSISTANT CROSS-TRAINING PROGRAM DEVELOPMENT			
Staff Assistant 420 hrs x $5/		2,100	
travel - 3600 miles x .21		756	
			2,856
BOARD OF DIRECTORS			
meeting expenses 6 x $50		300	
travel - 15 members x 150 miles x 6 meetings/year x .21		2,835	
			3,135
AUDIT			
Annual audit per KAHEC Articles of Incorporation		2,000	2,000
REGIONAL COUNCILS			
meeting cost 6 x $50 x 3 councils		900	
			900
TRANSCULTURAL HEALTH ADVOCACY			
Data management		3,281	
Transcultural in-servi		1,000	4,281

KAHEC CENTER

DETAILED BUDGET YR 01

	MATCH	REQUESTED	TOTAL REQUESTED
MOBILE MEDICAL VAN	14,000		
operating expenses:			
insurance (2500), repairs needed (1600)			
yearly maintenance/tuneups (200),			
preparation for trips $120 x 6/yr (720)			
gasoline/oil (800), driver 30 hrs.			
per year @ $10/hr (300)		6,210	6,210
CONTINUING EDUCATION			
12 hospitals - 5 county area			
travel 400 mi x 12 trips x .21		1.008	
supplies		1,500	
administrative support 200 hrs @ $10/		2,000	
			4,508
SPACE RENTAL			
Center Office: 4 rooms @ $300			
per month each x 12		14,400	
Regional Offices: 2 rooms @ 300			
per month each x 12 x 2 sites		14,400	28,800

KAHEC CENTER

DETAILED BUDGET YR 01

B. TRAINEE TRAVEL

	MATCH	TOTAL	TOTAL REQUESTED
OSTEOPATHIC CLINICAL CLERKSHIPS			
subsistence - 44 students x $300/mo.		13,200	
travel - 44 students, 506 miles @ .21/mile		4,675	17,875
NURSING CLERKSHIP			
subsistence - 8 students x $300/mo.		2,400	
travel - 506 miles x 8 students x .21/mile		850	3,250
Nursing faculty: .15 FTE 4500 travel 506 miles x .21 x 4 faculty 425 per diem @ 87.60 x 7 days x 4 faculty 2453	7,378		
ALLIED HEALTH CLERKSHIP			
subsistence - 6 students x 3 trips x 7 days x $10/day		1,260	
travel - 840 miles x .40/miles (van) x 3 trips		1,008	2,268
CENTER TOTAL MATCH	21,378		
CENTER TOTAL REQUESTED			405,649
TOTAL CENTER OFFICE (MATCH & REQUESTED)			427,027

DETAILED BUDGET FOR FIRST 12 MONTH BUDGET PERIOD

YAUTC CENTER 02

DIRECT COSTS ONLY	GRANT NUMBER	I.D. NUMBER

A. NONTRAINEE EXPENSES

PERSONNEL (Do not list trainees)		TIME/EFFORT		DOLLAR AMOUNT REQUESTED (Omit Cents)		
NAME	POSITION TITLE	%	Hours per week	SALARY	FRINGE BENEFITS	TOTAL
TBA	Center Director	100	40	$ 29,400	$ 5,292	$ 34,692
TBA	Administrative Asst.	100	40	15,525	2,795	18,320
TBA	Regional Coordinator	100	40	23,100	4,158	27,258
TBA	Regional Coordinator	100	40	23,100	4,158	27,258
TBA	Regional Coordinator	100	40	23,100	4,158	27,258
TBA	Regional Coordinator	100	40	23,100	4,158	27,258
TBA	Regional Secretary	100	40	12,600	2,160	14,760
TBA	Regional Secretary	50	20	6,300	1,134	7,434
TBA	Regional Secretary	50	20	6,300	1,134	7,434
TBA	Regional Secretary	50	20	6,300	1,134	7,434
TBA	O.T. Clinical Supervisor	100	40	21,262	3,827	25,089
Temporary Office Support	300 hrs @ $10/hr			3,000		3,000
	SUBTOTALS →			$ 193,907	$ 34,108	$227,195

CONSULTANT COSTS Undetermined Faculty 6920 Youth Development 4500	Transcultural Health Curriculum Development 6770	$ 18,190
EQUIPMENT (Itemize) Office furniture 1365 Electronic typewriter 1300		$ 3,165
SUPPLIES (Itemize by category) Audio/Visual 4500 Printing/photocopy 13,563	General office 6250 Publ/Subscription 5950	Postage 5000 4 offices Telephone 17,000	$ 52,263
STAFF TRAVEL Director: out-of-state 1600 Regional Coordinators x 4: in-state 6680 x 4 26,720 State conferences @ $33 x 30 990	in-state 7810	O.T. Clinical Supervisor 5094	$ 42,214
OTHER EXPENSES (Itemize by category) Recruit 900 Social Work 9230 Physician Assistant Cross Training 5166 Preceptors 119 - 11,900	Board of Directors 3135 Audit 2000 Transcultural in-service 1000	Continuing Education 3301 Space rental 29,900 Regional Councils 900 Mobile Medical Van 6210	$ 72,622
		SUBTOTAL (Section A) →	$415,649

B. TRAINEE EXPENSES

TRAINEE COSTS	Predoctoral Stipends No requested	$
	Postdoctoral Stipends No requested	$
	Other Stipends (Specify) No requested	$
	TOTAL STIPENDS →	$
	Tuition and Fees	$
	TOTAL TRAINEE COSTS →	$

TRAINEE TRAVEL (Describe) Osteopathic clerkships x 119 - 48,345 Allied health clerkship x 18 - 2268	Nursing clerkship x 16 - 6500	$ 57,113
	SUBTOTAL (Section B) →	$ 57,113

C. TOTAL DIRECT COST (Add Subtotals of Sections A and B) → $472,762

PHS 6025-1 (Rev. 12/85)

MATCHING SHARE 45,569

KAHEC CENTER

DETAILED BUDGET YR 02

PERSONNEL

Name and Position	% Time	Match	Salary Requested	Fringe Requested	Total Requested
TBA - Center Director	100	-0-	$ 29,400	$ 5,292	$ 34,692
TBA - Adm. Asst.	100	-0-	15,525	2,795	18,320
TBA - Regional Coordinator	100	-0-	23,100	4,158	27,258
TBA - Regional Coordinator	100	-0-	23,100	4,158	27,258
TBA - Regional Coordinator	100	-0-	23,100	4,158	27,258
TBA - Regional Coordinator	100	-0-	23,100	4,158	27,258
TBA - Regional Secretary	100	-0-	12,600	2,160	14,760
TBA - Regional Secretary	50	-0-	6,300	1,134	7,434
TBA - Regional Secretary	50	-0-	6,300	1,134	7,434
TBA - Regional Secretary	50	-0-	6,300	1.134	7,434
TBA - O.T. Clinical Supervisor	100	8,364	21,262	3,827	25,089
Temporary Office Support 300 hours @ $10/hour	-0-	-0-	3,000	-0-	3,000
TOTALS		$ 8,364	$ 193,087	$ 34,108	$ 227,195

KAHEC CENTER

DETAILED BUDGET YR 02

	MATCH
Personnel	8,364
Youth Development	12,500
Social Work	2,200
Mobile Medical Van	14,000
Continuing Education	1,127
Nursing Faculty	7,378
	$45,569

DETAILED BUDGET FOR FIRST 12 MONTH BUDGET PERIOD — KAHEC CENTER 03

DIRECT COSTS ONLY | GRANT NUMBER | ID NUMBER

A. NONTRAINEE EXPENSES

PERSONNEL (Do not list trainees) NAME	POSITION TITLE	TIME/EFFORT %	Hours per week	DOLLAR AMOUNT REQUESTED (Omit Cents) SALARY	FRINGE BENEFITS	TOTAL
TBA	Center Director	100	40	$ 23,152	$ 4,283	$ 27,435
TBA	Administrative Asst.	100	40	16,286	3,013	19,299
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TBA	Regional Coordinator	100	40	18,191	3,365	21,556
TBA	Regional Coordinator	100	40	18.191	3,365	21,556
TBA	Regional Coordinator	100	40	18,191	3,365	21,556
TBA	Regional Secretary	100	40	9,922	1,836	11,758
TBA	Regional Secretary	50	20	4,961	918	5,879
TBA	Regional Secretary	50	20	4,961	918	5,879
TBA	Regional Secretary	50	20	4,961	918	5,879
TBA	O.T. Clinical Supervisor	100	40	-0-	-0-	-0-
Temporary Office Support	300 hrs @ $10/hr			3,000	-0-	3,000
	SUBTOTALS →			$140,007	$ 25,346	$ 165,353

CONSULTANT COSTS
Undetermined Faculty 6920
Transcultural Health Curriculum Development 1170 — $ 8,090

EQUIPMENT (Itemize)
Equipment maintenance — $ 900

SUPPLIES (Itemize by category)
Printing/photocopy 15,425; General office 6250; Publi/Subscription 7100; Postage 5000 (4 offices); Telephone 16,800 — $ 50,575

STAFF TRAVEL
Director: out-of-state 1600; in-state 7810; O.T. Clinical Supervisor 5094
Regional Coordinators x 4: in-state 26,720
State conferences @ $33x 30 990 — $ 42,214

OTHER EXPENSES (Itemize by category)
Recruit 1600; Board of Directors 3135; ContinuingEducation 2254
Transcultural in-service 1000; Audit 2000; Social Work 9230
Preceptors-133- 13,300; Regional Councils 900; Mobile Medical Van 6210 — $ 39,629

SUBTOTAL (Section A) → $ 306,761

B. TRAINEE EXPENSES

TRAINEE COSTS	Predoctoral Stipends — No requested	$
	Postdoctoral Stipends — No requested	$
	Other Stipends (Specify) — No requested	$
	TOTAL STIPENDS →	$
	Tuition and Fees	$
	TOTAL TRAINEE COSTS →	$

TRAINEE TRAVEL (Describe)
Osteopathic clerkships x 133 - 54,033; Nursing clerkship x24 9750
Allied health clerkships x 24 - 3024 — $ 66,807

SUBTOTAL (Section B) → $ 66,807

C. TOTAL DIRECT COST (Add Subtotals of Sections A and B) → $ 373,568

MATCHING SHARE 159,819

KAHEC CENTER

DETAILED BUDGET YR 03

PERSONNEL

Name and Position	% Time	Match	Salary Requested	Fringe Requested	Total Requested
TBA - Center Director	100	$ 9,146	$ 23,152	$ 4,283	$ 27,435
TBA - Admn. Asst.	100	-0-	16,286	3,013	19,279
TBA - Regional Coordinator	100	7,186	18,191	3,365	21,556
TBA - Regional Coordinator	100	7,186	18,191	3,365	21,556
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TBA - Regional Secretary	100	3,920	9,922	1,836	11,752
TBA - Regional Secretary	50	1,960	4,961	918	5,879
TBA - Regional Secretary	50	1,960	4,961	918	5,879
TBA - Regional Secretary	50	1,960	4,961	918	5,879
TBA - O.T. Clinical Supervisor	100	35,275	-0-	-0-	-0-
Temporary Office Support 300 hours @ $10/hour	-0-	-0-	3,000	-0-	3,000
TOTALS		$82,965	$ 140,007	25,346	165,353

KAHEC CENTER

DETAILED BUDGET YR 03

	MATCH
Personnel	82,965
Youth Development	24,000
Transcultural Health Curriculum	5,600
Social Work	2,200
Continuing Education	2,254
Mobile Medical Van	14,000
Space rent	28,800
	$159,819

BUDGET JUSTIFICATION

PERSONNEL:

1. UNE AHEC Program Office:

Program Director, appointed year 01 continue to be supported by grant funds.

Program Field Coordinator, appointed in year 02 continue to be supported fully by grant funds for year 03. The Field Coordinator will primarily serve as program liaison and technical assistant to the KAHEC staff to ensure compliance with federal and program guidelines. The Coordinator will also serve as program liaison to selected state associations and state and local health-related agents with which he has established rapport.

Program Administrative Assistant. Funds are requested for this new position. This person will serve as the facilities/resource manager for the Program Office, including managing the grant budget, contracts, office supplies and data systems, and clerical staff, and coordinate communications, including public relations. This person will also provide technical assistance to the KAHEC in establishing and maintaining their grant accounts.

Program Secretary, appointed in the 01 year will be continued on a half-time basis in the 03 year to provide clerical support for the program staff.

Temporary Office Support. Funds are sought to provide 150 hours of clerical support during staff leave time.

Staff Educational Benefits. Funds are sought to support educational expenses of the staff when taking credit and/or certificate courses which are directly related to work, in accordance with OMB Cir. A21 (J-15b) and university policy . During the 01 and 02 years the secretary enrolled in two courses in accounting, one course in office correspondence, and two certificate programs in office management skills for women.

2. KAHEC (Center)

Center Director, appointed in 02 year continue to be supported by grant funds

Center Secretary, appointed in 02 year continue to be supported by grant funds.

Center Administrative Assistant. Funds are requested to establish this position. This person will serve as the facilities/resource manager for the Center, including managing the budget, contracts, clerical staff, and office equipment and supplies; coordinate communications including public relations; and prepare reports as they are required by the Center or Program.

Down East Regional Coordinator. Funds are requested to establish this position. This person will assist the Director in developing programs for the Down East region (Washington, Hancock and Waldo Counties) and have primary responsibility for facilitating the implementation of those

programs, including developing clinical training sites, providing support to students and faculty, coordinating continuing education program delivery, developing and maintaining the KAHEC Down East Regional Advisory Council, establishing a regional resource center, coordinating programming with other regional coordinators, serving as the regional advocate for programing, conducting regional needs assessments as appropriate and maintaining records of service programs.

Mid-coast Regional Coordinator. Funds are requested to establish this position. This person will have primary responsibilities comparable to the Down East Regional Coordinator, above, for the Penobscot, and Piscataquis Counties.

Northern Regional Coordinator, Funds are requested to establish this position. This person will have primary responsibilities comparable to the Down East and Mid-coast Regional Coordinators, above, for Aroostook County.

Western Regional Coordinator, Funds are requested to establish this position in year 04. This person will have primary responsibilities comparable to the Down East, Mid-coast, and Norther Regional Coordinators for Franklin, Oxford and Somerset Counties. This position will be not be established until the 04 year to allow the Center Director time to firmly establish the original program and to develop liaison with regional service and educational agents.

Regional Secretaries. Funds are requested to establish two half-time regional secretarial positions in the 03 year to provide clerical support to the Down East and Northern Regional Coordinators. The existing Center secretary will provide clerical support to the Mid-state Regional Coordinator. Funds are also requested to establish a half-time regional secretarial position for the Western Region in the 04 year, consistent with the establishment of the coordinator position in that region.

Temporary Office Support. Funds are sought to provide 300 hours of clerical support during staff leave time at the three regional offices.

Occupational Therapy KAHEC Clinical Supervisor: Funds are requested to establish an occupational therapy faculty position at the University of New England which is devoted to serving the needs of the KAHEC service area. Since there is only one such training program in the state of Maine and, since there are fewer than 10 occupational therapists serving the rural KAHEC area and no clinical training for O.T. currently taking place in this area, this position is needed in order to establish a viable clinical training program in the KAHEC area and to provide technical assistance to rural service agents and educational institutions which currently have limited or no occupational therapy services. In addition, this person will, with the assistance of the regional coordinators, develop and implement a career awareness program for selected rural and Native American schools: team teach in the UNE Transcultural Health course for Occupational Therapists; and provide technical assistance to the Rakers' Clinic (Washington and Aroostook County migrant health clinics) and other health centers in assessing occupational health and childhood developmental issues.

CONSULTANT COSTS:

1. UNE AHEC Program Office:

Graduate/Pre-doctoral Medical Coordination. Funds are requested for consulting services to the AHEC Program to assist the UNECOM in integrating its predoctoral osteopathic medical training with primary care graduate training in the KAHEC area. Consulting services are also sought to assist the UNECOM in assessing the feasibility of developing a college coordinated internship in the KAHEC area. The person fulfilling these services will necessarily be a physician familiar with the UNECOM curriculum and with graduate osteopathic medical education. Dr. Craig Lenz, DME of Waterville Osteopathic Hospital, pending final approval by UNECOM and the hospital board of trustees, will serve as the consultant. Consulting costs will include fees and travel expenses.

2. KAHEC (Center)

Board Development. Funds are requested to provide technical assistance to the board regarding the AHEC programing and fiscal management, particularly regarding long term funding strategies. This technical assistance will be sought from the Massachusetts Statewide AHEC Office. Funds provide for fees and travel expenses.

Undetermined Clinical Faculty. Funds are requested to provide 40 hours of on-site specialty clinical consulting/training to a total of ten selected clinical training sites. This consulting is intended to enhance primary care training of both health care providers (as continuing professional education) and their trainees by providing case review/consultation for selected primary care management issues. A critical rural health issue is the ~~unavailability~~ of specialist support and applied, ~~directed continuing~~ professional education to rural primary care medical and mental health providers. These funds will be utilized to develop a mechnanism to address these problems as well as strengthening the clinical training of health professions students.

Transcultural Health Educator. Funds are sought to acquire the services of a .20 FTE person to coordinate a transcultural health interest group, edit a quarterly transcultural health publication for the interest group, and to establish a transcultural health resource list (speakers, curriculum specialists, etc.) Consulting costs will include fees and travel expenses.

Native American Youth Development. Funds are sought to acquire the services of a Native American to work with the three Native American reservation communities to develop and implement (a) youth development program(s). The program(s) will address issues of cultural identity, community values, self-esteem, and career aspirations and will be based on community leadership and involvement. Consulting costs will include fees and travel expenses. This collaborative project with be coordinated by the health center directors (members of the KAHEC Board of Directors) of the three reservations.

EQUIPMENT:

1. UNE AHEC Program Office:

Funds are requested topartially equip the office of the additional program staff person, the administrative assistant; to purchase a printer to support the existing microcomputer; and to purchase contractual services to maintain the existing office equipment.

2. KAHEC (Center)

Funds are requested to equip 3 regional coordinator offices, including coordinator and secretarial office equipment: desks, typewriters, chairs, bookcases, files, lamps, and answering machines (to provide telephone coverage when the half-time secretary is absent.) In addition, funds are sought for audio-visual equipment to support training and public relations activities of the coordinators and for a microcomputer for the central office.

SUPPLIES:

1. UNE AHEC Program Office:

Grant funds are sought for office supplies needed to support the activities of the program office, including: postage, desk supplies and office consumables, publications, and printing and photocopying. Included in these costs are the expenses for program public relations, including purrchasing and mailing the AHEC Bulletin to 250 statewide offices. Costs are predicated on 01 year actual expenses.

2. KAHEC (Center)

Funds are sought for office supplies needed to support the central office and two regional offices, including: postage, desk supplies and consumables, publications, and printing and photocopying. Printing and publications are expected to be significant cost items, due to costs of printing student and community information brochures and publishing the transcultural health publication. Funds are also requested to provide telephone services to the three regional offices. Experience during the 01 year has revealed telephone services to be as costly as travel.

STAFF TRAVEL:

1. UNE AHEC Program Office:

Grant funds are sought to support staff travel to coordinate the program activities, including travel between and among the program office, center, regional offices and statewide agencies involved in the AHEC programming; travel to national AHEC meetings as required; and selected state and national meetings which will enhance the AHEC program. Funds are also sought to charter four in-state flights to the most remote sites in the AHEC program. 01 year experience has shown that air travel can make possible meetings involving physicians and other professionals whose time is extremely limited, and is a cost effective way to transport small groups of

people. The UNE President has served as volunteer pilot for flights during 01 year and is expected to continue to provide this service. Travel expenses are predicated on actual mileage and travel costs for the director and field coordinator,who together drove a total of 60,000 miles during the 01 year.

2. KAHEC (Center)

Grant funds are sought to support staff travel to coordinate program activities within their respective regions and between and among the central KAHEC office, the regional offices, and statewide agencies involved in KAHEC programming; Center Director travel to 2 national AHEC meetings as required; staff travel to selected state meetings which will enhance the KAHEC program.

OTHER EXPENSES:

1. UNE AHEC Program Office

Computer services. Funds are sought to rent computer time and contract consultant services in establishing data bases for the program office, conducting special analyses of manpower data available from the state planning office and state professional associations,and for purchasing existing data bases from state offices and professional associations. Experience has revealed that the state planning office and health professions associations collect data which is not routinely analyzed but which they will conduct special analyses for a moderate service fee. It has also been shown that certain information pertinent to the AHEC operation, such as the educational credentials of health professions. Similarly, pertinent ~~health~~ manpower planning data such as retention rates has not been collected by any state or private office. Therefore, the AHEC office will be expanding its data bases in order to provide data services not now available.

Program Advisory Committe. Funds are sought to support the travel expenses of the program advisory committee to meet at least 4 times per year. Travel expenses will be significant due to the geographic distances between UNE and other educational programs involved in the AHEC program. Meetings are planned in Bangor, Augusta, Portland, and in Aroostook County in order to accommodate representatives of disperse insitutions and to facilitate committee members understanding of the AHEC/KAHEC issues.

Space Rental: Space continues to be a critical issue for the University of New England, and will continue to be a problem for several years until approved facilities expansion is a completed. The sudden expansion in new programs and student enrollments has exceeded the already limited faciltiies of the University. Several health professionsincluding the AHEC Program, will have to continue to be housed in temporary rental accommodations. The University and AHEC grant will share these costs.

2. KAHEC (Center)

Recruiting: Funds are sought for recruiting the Occupational Therapy Clinical Supervisor and the regional coordinators.

Social Work Program Development: Funds are sought to support the development of a Washington County (in the 03 year) and an Aroostook County (in the 04 year) University of new England MSW out-reach educational program. Funding will provide for a 0.25 FTE staff assistant to develop a community-based advisory group and assist the faculty with course management and coordinating clinical faculty in-service training. Funding will also support costs of maintaining a field office in the training regions. Funding in subsequent years will include cost of providing resource/learning materials in a selected regional library to support the training program, and development of a clinical supervision training program which will allow MSWs to become eligible for clinical licensure. There currently is only one MSW educational program in the state and an extreme shortage of masters level social workers in rural Maine.

Physician Assistant Cross-Training: Funds are sought to develop a training program to qualify Physicians Assistants for Limited Licensure in Radiologic Technology. Funds would support the Maine Ambulatory Care Coalition in its staff efforts to work with the Maine State Licensure Board of Radiologic Technology in establishing training requirements and with a training facility to establish such a training program. Funds would provide staff assistance and travel to support the developmental activities. Future funding would support actual training program costs. This program is intended to provide an opportunity for the 131 P.A.s who were not "grandfathered" in under the new licensure rules, and particularly those employed by the 20 rural health centers, to obtain cross training.

Transcultural Health Advocacy: Funds are sought to (1) maintain the computer based transcultural curriculum bibliographic data base developed during the 01 and 02 year. The management system will provide a means of maintaining the currency of the data base and distributing the data base electronically or in hard copy to participant educational curriculum planners; (2) provide for in-service training of health professions educators by the transcultual interest group initiated during the 02 year. Transcultural health training is a major component of the KAHEC programming.

On-site Continuing Education: Funds are sought to support the development and production of one major staff conference to be delivered by the CHEQUE group to their 13-member group of small, community hospitals. The emphasis of this training will be on culturally sensitive patient management.

Board of Directors: Funds are sought for bi-monthly meeting expenses and travel for members who live more than 60 miles from the meeting site.

Regional Councils: Funds are sought for bi-monthly meeting expenses for the three regional councils.

Audit: Funds are sought for the annual corporate financial audit required by the KAHEC by-laws.

Mobile Medical Van Maintenance: The University of New England College of Osteopathic Medicine has donated its mobile medical van to the KAHEC. The KAHEC will utilize the van to support student training and services to underserved populations in the KAHEC service area; for example, the Washington County Raker's Clinic (Migrant Health Clinic) has utilized

marginal, donated facilities which are located miles from the migrant work and camp sites. The mobile van will offer a more accessible and more efficient means of delivering clinical services to the migrant workers. Funds are sought to maintain and transport the van to service/training sites.

Space Rental: Funds are sought for renting space for two regional office and the central office which will also house one regional coordinator. Current negotiations with host institutions promise multi-office housing at minimal cost for utilities and maintenance.

FUNDING SUPPORT

MATCHING SUPPORT

	01	02	03	04	05
Program Office	34,252	70,531	126,536	136,255	160,075
Center	16,885	17,729	21,378	45,569	159,819
Total	51,137	88,260	147,914	181,824	319,894

INCOME AVAILABLE FROM OTHER SOURCES: 01 and 02 years

1. State and local government	$ -0-
2. Patient Services	$ -0-
3. Other	$ -0-
4. Total	$ -0-

NON-FEDERAL FUNDING AVAILABLE IN FUTURE YEARS

Future funding sources are unknown at this time. As noted in Section III, future funding strategies will be developed in the 02 year. Current expectations are:

. Medical and Allied health training programs will underwrite all costs associated with their respective programs, including student expenses, and proportional costs of KAHEC administration (staff costs, etc.)

. KAHEC administrative office space will be provided at no cost by host facilities.

. Continuing education efforts will be self-supporting through registration fees.

. Federal and state grants will be obtained to develop specific initiatives

. State grants will be obtained to provide specific services

(e.g. monitor the state Compact Program)

. State AHEC legislation will be proposed when the KAHEC has been sufficiently established and successful to gain legislative support--possibly in the 04 year

BUDGET ESTIMATES FOR ALL YEARS OF SUPPORT REQUESTED KAHEC CENTER

DIRECT COSTS ONLY

BUDGET CATEGORIES	FIRST PERIOD (Same as Page 3)	ADDITIONAL YEARS OF SUPPORT REQUESTED			
		2nd YEAR	3rd YEAR	4th YEAR	5th YEAR
A. NONTRAINEE EXPENSES					
PERSONNEL *(Salaries and fringe benefits)*	$ 190,412	$ 227,195	$ 165,353	$	$
CONSULTANT COSTS *(Include fee and travel)*	31,373	18,190	8,090		
EQUIPMENT	13,710	3,165	900		
SUPPLIES	38,105	52,263	50,575		
STAFF TRAVEL	35,336	42,214	42,214		
OTHER EXPENSES	73,320	72,622	39,629		
SUBTOTAL OF SECTION A	$ 382,256	$ 415,649	$ 306,761	$	$
B. TRAINEE EXPENSES *(See Instructions)*					
TRAINEES COSTS — STIPENDS — PREDOCTORAL	No. $	No. $	No. $	No. $	No. $
POSTDOCTORAL	No. $	No. $	No. $	No. $	No. $
R	No. $	No. $	No. $	No. $	No. $
TUITION AND FEES					
TOTAL TRAINEE COSTS					
TRAINEE TRAVEL	23,393	57,113	66,807		
SUBTOTAL OF SECTION B	$ 23,393	$ 57,113	$ 66,807	$	$
TOTAL DIRECT COST EACH YEAR *(Add the subtotals of A and B)*	$ 405,649	$ 472,762	$ 373,568	$	$

TOTAL DIRECT COST FOR ENTIRE PROPOSED PROJECT PERIOD ——————————► $1,251,979

BUDGET JUSTIFICATION For *all* years, explain the basis for the budget categories requested, following the application instructions for form page 3

Indirect cost requested for KAHEC Center:

YR 01 - $405,649 - 13,710 = 391939 x .08 = $31,355

YR 02 - $472,762 - 3,165 = 469597 x .08 = 37,567

YR 03 - $373,568 - 900 = 372668 x .08 = 29,813

INDIRECT COST REQUESTED: ☒ YES ☐ NO If "YES," at 8 % rate.

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I. PROJECT DESCRIPTION

A. PROGRAM SUMMARY

1. Background

This Area Health Education Center Program is a partnership between the University of New England College of Osteopathic Medicine and the Katahdin Area Health Education Center. The initial AHEC proposal, funded in 1985 for planning and development, grew out of discussions between the University of New England and the Indian Township Passamaquoddy Tribe. These discussions pointed out the acute health manpower needs of the several American Indian reservations and of rural Maine in general, and an interest in cooperative efforts to address those needs. The AHEC Program promised the means by which these two entities, both with limited resources, might do so. The University of New England, having the only school of medicine in the state, met the qualifications for the AHEC grant.

The Katahdin Area Health Education Center (KAHEC), the single center planned for the UNE AHEC Program, is dedicated to the service of rural Maine, and especially its ethnic (Native American and Franco-American) and disadvantaged populations. It was originally proposed that the KAHEC would serve the five (5) northeast counties of the state of Maine, Aroostook, Piscataquis, Penobscot, Hancock and Washington. These counties are distinquished by their size (cumulatively larger than the state of Massachusetts), sparce and dispersed population (approximately 330,000, representing approximately one-third of the state's population), limited health manpower resources (one-third of the area PCAAs are designated manpower shortage areas), significant economic and health problems (parts of these counties represent the poorest and least healthy people in the state), and ethnic diversity (Franco-Americans, Native Americans, and Anglo Americans predominantly.)

Review of the demographic and health data for the state of Maine conducted during the planning year (see the full description of these data in the Needs section) have revealed four additional counties which have health resource needs similar to the originally targetted five counties. As with the original target counties, Franklin, Oxford, Somerset, and Waldo Counties have most of the remaining designated medically underserved or manpower shortage areas in the state, poor health profile, and major problems of health care accessibility. Together the nine county KAHEC service area represents 86% of the state land mass, 41% of the population (480,000), and 60% of the state population which lives below 200% of the poverty level.

All of rural Maine to viewed to have such significant health manpower needs as to require the planned advocacy, resource networking, and educational programing that an AHEC can offer. Therefore,the KAHEC proposes to increase its service area to include these additional counties across the next two years as resources provide.

The issues of rural health care in Maine are revealed in the recent statewide survey of health providers by Bureau of Medical Services, Maine Department of Human Services. Health care-related agencies and providers were asked to list five of the major obstacles that hinder the delivery of primary health care services to their area. In the order of priority the top

concerns the respondents cited were:

Manpower issues: availability, recruitment, retention, reliability, professional isolationism, distribution of existing primary care providers, stability, turnover, professional education programs, lack of medical and non-medical personnel

Transportation: geographic isolation, declining service area population, rurality, elderly population lacks transportation

Lack of health education: lack of understanding of preventive health concepts by consumers, lack of information about local resources and services, little client outreach done by providers, perception that rural providers are directed toward low income population only

Lack of communication/cooperation between: state/local/federal agencies, providers and consumers, various regulators perreporting requirement, rural providers to allow for a good referral network

Lack of specialty clinics/services in rural areas

Negative economic incentive: to deliver a full range of primary care health services to a sparse rural population, poor economic base, lack of critical mass, need to structure services toward productivity and need secondary

Inadequate third-party reimbursement to rural providers: fee structure caters to high tech tertiary vs low tech preventive (care), no reimbursement for inpatient palliative care

Lack of/inadequate health insurance by clients: lack of health insurace, insurance does not cover needed services, insurance does not cover preventive health services

Rural providers are over extended: too many demands on sole health care providers in rural areas, unable to keep to a schedule/appointments, chronically understaffed

These health care needs, coupled with the demographic characteristics of this rural state, dictate a comprehensive manpower training approach by the Area Health Education Center program. Therefore the Katahdin Area Health Education Center programs will:

. conduct clinical training for health professions students (osteopthic medicine, nursing, allied health, physicians assistants, and social work) in rural and primarily ambulatory and comprehensive health care clinical settings which emphasizes the cultural context of the client;

. provide continuing professional education which is accessible and pertinent to the rural, primary health care professional, and which emphasizes patient education in health maintenance;

. develop a health careers resource center and means by which rural and Native American youth can optimize their career options and non-traditional students can pursue health careers;

. link the resources and expertise of the educational institutions and graduate medical education programs to rural health care providers in order make technical assistance readily available;

. establish a community base for planning and supporting health manpower programs to meet local needs

The health professions education resources of Maine are so limited and the health manpower needs of rural Maine so great that coordinated planning will be the key to success. It is necessary,for example, to develop strategies which will allow one-of-a-kind educational programs to systematically address the rural manpower needs for that discipline. The KAHEC programs will, therefore, through contractual arrangements, utilize all of the major educational resources of the state: the major health professions training institutions: Husson College, University of Maine System, University of New England, and the Maine Vocational Technical Institute System; the independent graduate medical education programs; appropriate state departments; and the Maine Consortium for Health Professions Education (continuing professional education.)

Further, the KAHEC will utilize a community development approach to both structuring its organization and to planning and implementing programs. That is, the KAHEC will be structured regionally in a way that encourages community investment in program planning, supports linkage of regional resources, and allows regional monitoring of the effectiveness of those programs. KAHEC regional councils, with the assistance of a regional coordinator will develop proposals for programming to meet regional needs which will be coordinated by the KAHEC Board of Directors to ensure the most effective utilization of resources in meeting the most critical needs.

The Katahdin Area Health Education Center currently has a single office, located on the Passamaquoddy Reserve at Indian Township, and is staffed by a Center Director and secretary. This proposal provides for centralizing the Center office within the service area, by locating the Center office at the University of Maine, Orono, and establishing 4 regional offices (serving Aroostook County; mid-state; Down East; and western Maine) which will be staffed by a regional coordinator. Each regional will establish a regional (advisory) council, which will have representation on the KAHEC Board of Directors and which will determine regional program needs, coordinate implementation of programs, and develop regional strategies for ensuring future funding.

The KAHEC proposes to implement programs which will:

. provide UNECOM students opportunities for clinical training

in rural Maine by establishing ambulatory rural osteopathic primary care clerkships in: community medicine; community mental health; family practice; pediatrics, obstetrics/gynecology, and internal medicine.

. establish rural out-reach programs for post-graduate medical students in order to expand resident supervision of osteopathic medical student training and to enhance medical serivces in the rural, ambulatory setting;

. establish nursing students' clinical education opportunities in rural health care settings; facilitate career mobility for nurses; and facilitate recruitment and retention of nurses for rural health care agencies;

. increase the availability of technical services in rural, underserved areas from occupational, physical and speech and audiology therapists through establishment of rural clinical training opportunities for therapists;

. improve recruitment and retention of social/human services workers in rural Maine by increasing clinical training opportunities for baccalaureate and masters level social/human services students; facilitate career mobility for social/human services workers in rural Maine;

. provide rural health professionals accessible continuing professional education which emphasizes primary care, health promotion and culturally-sensitive health care, especially focusing on those professionals with least access to continuing education;

. establish recruitment and training programs to support Native American and disadvantaged students' pursuit of health professions education;

. establish a multicultural health advocacy network; support development of multicultural heath professions curriculum materials.

. support Self-Determination efforts of the tribal communities, especially with regard to enhancement of training programs for tribal health care providers;

. enhance community approaches to needs assessment and multi-disciplinary-transagency approaches to local health manpower needs; facilitate cooperative community-educational institution-state approaches to rural health care issues.

2. Rationale and Assumptions

Traditionally, Maine has had to look to out-of-state institutions for its health professions manpower. Maine residents have had to go outside the state for professional training. Since medical professionals tend to

locate where they are tained or, because they become accustomed to urban medical centers, few have returned to rural Maine to practice.

Maine contracts with out-of-state medical and dental schools to train a specified number of students. These programs have tried to respond to Maine needs by establishing clinical training programs in the State, for example, Tufts University through the Maine-Tufts AHEC, and more recently the University of Vermont established clinical training programs at the large medical centers in Maine. These programs, while very successful in in enhancing these medical centers and providing excellent specialist practitioners, appear to have had limited impact on the rural areas of Maine. It is particularly difficult for external programs to remain viable, when faced with reduced funding; for example, the Maine-Tufts AHEC medical training program no longer continues.

Rural Maine has relied heavily on the, now phasing out, National Health Service Corps as a source of physicians and dentists. Again, while providing an immediate source of providers, this program has not addressed the chronic manpower shortages of rural Maine. Of the state's sixty-two primary care analysis areas (PCAAs) 32 (29 of which are in the KAHEC service area) have consistently remained on the federal list of manpower shortage or medically underserved areas. It becomes increasingly clear that rural physician manpower is a complex issue; one which does not easily lend itself to simple and externally imposed strategies.

Nor can physician manpower problems be addressed categorically. The physician is one, central, actor in a large cast of interdependent characters necessary to comprehensive primary care for rural people. Rural Maine has a chronic manpower deficiency in all health professions. This deficiency contributes, not only to the inaccessibility of rural health care. but to a general "unfavorable practice environment" for physicians.

The major causes of the shortage of professional level nurses, allied health professions, social workers, etc. are similar to those of the physician manpower shortage: lack of accessible training programs and lack of a planned approach to addressing the manpower needs. Prior to the formation of the University of New England and its College of Osteopathic Medicine in 1978, the state had no indigenous educational programs for medicine, occupational therapy, physical therapy, or masters level social work. There continues to be no state institution which prepares dentists, podiatrics, physicians assistants, nurse clinicians, or nurse practitioners; and there are no graduate programs in the allied health professions, public health, or nursing. Allied health programs at the professional (baccalaureate) level are not offered at more than one institution in the state.

There is increasing political awareness that the rural-urban health care gap in Maine requires a comprehensive strategy. We think that the AHEC should and can be the keystone to such a strategy. That position and the programs outlined in this proposal are based on certain assumptions:

. Rural health care systems are substantively different from urban health care systems; therefore rural health manpower strategies must be tailored to fit the rural context;

. Rural health manpower issues are necessarily inextricably woven

into the socio-economic fabric of region and they are, therefore, "community affairs," more so than "service agency affairs."

. Rural health manpower/service issues require comprehensive planning, involving the state planning office, service agencies, educational institutions, and consumers;

. Comprehensive rural health care planning has not happened in Maine, but the current political environment is conducive to such planning;

. Rural physician manpower strategies must consider the total "practice environment," including the supporting providers and services, means for maintaining competence and currency, community commitment, and the "fit" of the physician and his/her family in the rural context;

. Indigenous and other rural people are most likely to choose and stay in a rural practice setting, therefore, educational programs should be targetted towards this potential student pool;

. Even health professional students whose origins are rural need opportunities during their training to work in the rural setting in order to learn to apply professional theories in that particular context;

. Training students, as in serving as a clinical adjunct faculty member, is a challenging, enjoyable role which greatly enhances the "rural practice environment" for all health professionals;

. Quality educational and clinical training programs can be conducted in non-traditional settings;

. Clinical training programs in non-traditional settings require coordinating, supportive services for both the students and the clinical supervisors;

. Economically disadvantaged people/youth are less likely to be aware of and/or consider attainable a health professions career; hence special efforts are likely necessary to optimize these people's candidacy for such a social role;

. Modern, scientific health professions training does not prepare practitioners for the social roles they will be expected to serve in the rural mileaux; therefore an important part of the rural clinical programs is modeling and training in such roles as: case manager, community organizer, family consultant; which in turn will require students to understand the rural health and human service delivery system, the rural political process, and cultural values and norms of the citizenry.

These facts and assumptions lead us to believe that the Katahdin Area Health Education Center is greatly needed in rural Maine and that the strategies and programs which it proposes can have a positive impact on the manpower crisis in rural Maine.

3. Problems to be addressed

General Demographics and Socio-economic Status

A striking aspect of Maine is it's isolation from the rest of the U.S., an isolation that has traditionally carried over to it's economy and culture, as well as health and educational resources. Maine's 33,215 square mile area make it almost (within 188 square miles) equal to the combined area of all the five other New England states combined. One illustration of it's spacial uniqueness is that it is a longer drive from Kittery, Maine's southernmost community, to Fort Kent, Maine's northernmost community, than it is from Kittery to New York City. With 4,000 miles of convoluted coastline (more than any other state of the lower 48) it can take up to an hour to drive from one rural health center to another located just three miles away across the bay.

With a population of just above one million, fifty percent of whom reside within ninety minutes of the New Hampshire border, Maine is sparsely populated. The Katahdin Area Health Education Center (KAHEC) Project has as it's target area the most rural and poor counties within Maine. As can be seen by reference to Map # 1, the originally proposed (KAHEC) target area is composed of five counties: Aroostook, Washington, Hancock, Penobscot, and Piscataquis. These five counties encompass 57% of the land mass but only 27.7% of the population of Maine. The area (KAHEC +4) targeted for expansion adds the four adjacent counties of Waldo, Somerset, Franklin, and Oxford. This expanded nine-county target area covers 83% of Maine's acreage but includes only 41% of it's population. (See Tables 1 and 2 below)

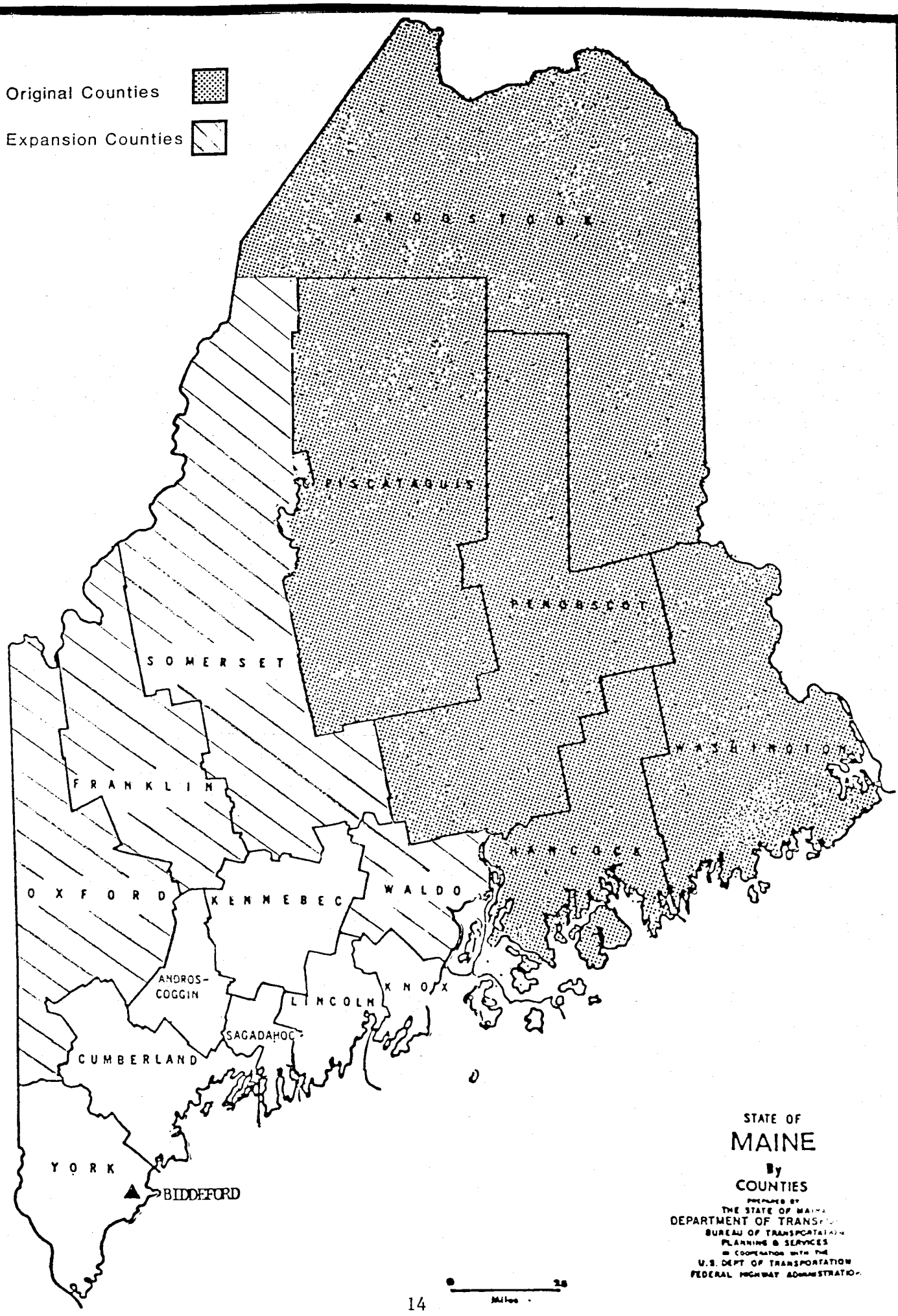
Table 1: Population

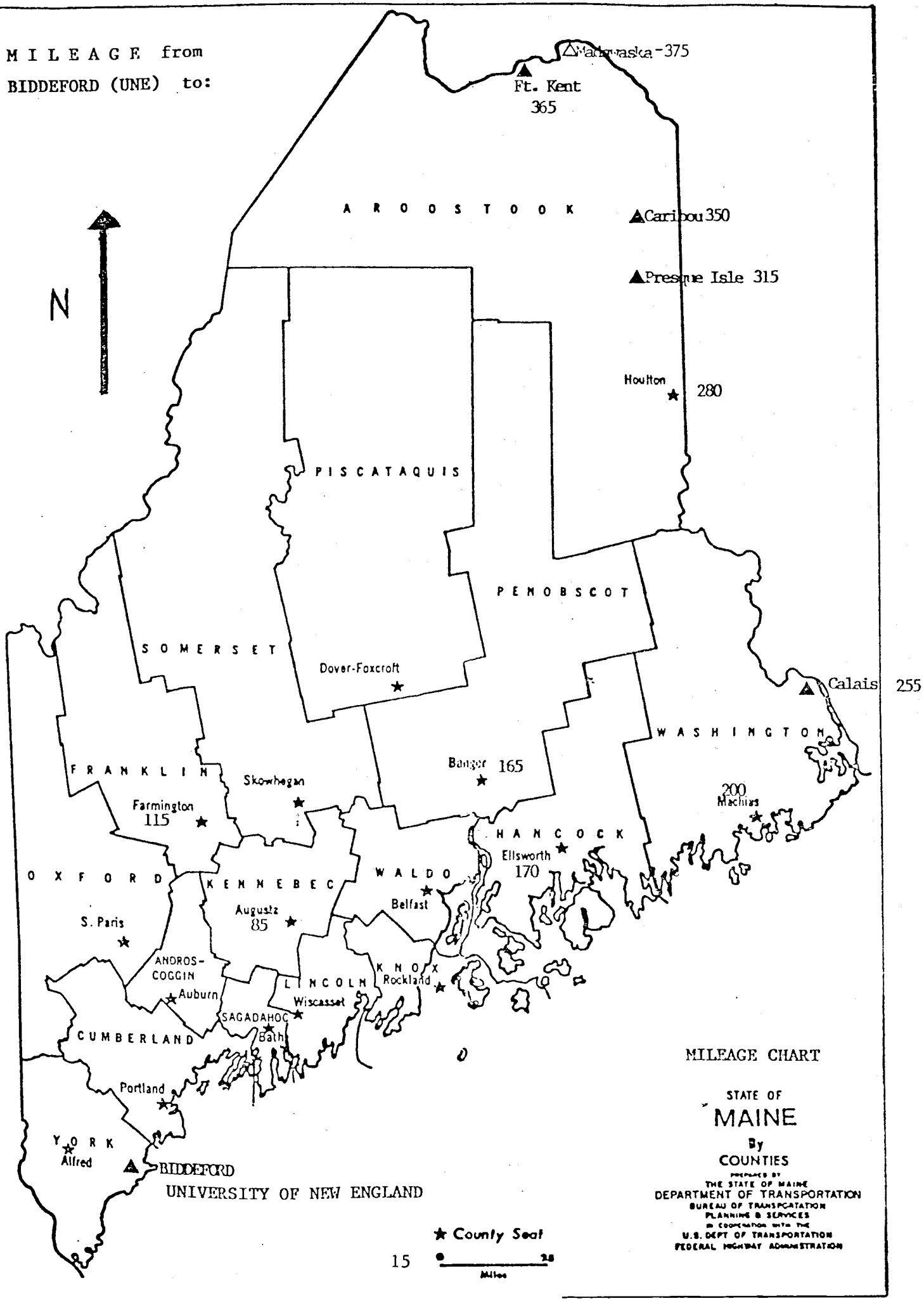
	Actual 1980		Projected 1986	
Area	#	%	#	%
KAHEC	309,014	28.4	324,095	27.7
KAHEC +4	455,654	41.9	480,404	41
Maine	1,087,556	100	1,171,103	100

Table 2: Geographic Characteristics

Area	Square Miles	% area	% population
KAHEC	18,851	57	27.7
KAHEC +4	27,467	83	41
Maine	33,215	100	100

Stretching from Quebec and New Brunswick to the Atlantic, this region is over 80% forested, interspersed with small farms, lakes and rivers. These target areas have a population density of fewer than eighteen persons to the square mile, half that of the state as a whole (See table 3). This sparse population base and larger area leads to obvious problems in the provision of health care and/or education and means that a higher proportion of people than the norm have to travel relatively long distances to obtain these and other services, often under adverse climatic constraints.


Original Counties
Expansion Counties
AROOSTOOK
PISCATAQUIS
PENOBSCOT
SOMERSET
WASHINGTON
FRANKLIN
HANCOCK
OXFORD
KENNEBEC
WALDO
ANDROS-
COGGIN
KNOX
LINCOLN
SAGADAHOC
CUMBERLAND
YORK
BIDDEFORD
STATE OF
MAINE
By
COUNTIES
PREPARED BY
THE STATE OF MAINE
DEPARTMENT OF TRANSPORTATION
BUREAU OF TRANSPORTATION
PLANNING & SERVICES
IN COOPERATION WITH THE
U.S. DEPT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION
Miles


MILEAGE from
BIDDEFORD (UNE) to:
Madawaska 375
Ft. Kent
365
AROOSTOOK
Caribou 350
Presque Isle 315
N
Houlton
280
PISCATAQUIS
PENOBSCOT
SOMERSET
Dover-Foxcroft
Calais 255
WASHINGTON
FRANKLIN
Skowhegan
Farmington
115
Bangor 165
200
Machias
HANCOCK
Ellsworth
170
OXFORD
KENNEBEC
WALDO
Belfast
Augusta
85
S. Paris
ANDROS-
COGGIN
Auburn
KNOX
Rockland
LINCOLN
Wiscasset
SAGADAHOC
Bath
CUMBERLAND
Portland
YORK
Alfred
BIDDEFORD
UNIVERSITY OF NEW ENGLAND
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MILEAGE CHART
STATE OF
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COUNTIES
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Table 3: Population Density

Area	Persons per square mile
KAHEC	17.2
KAHEC +4	17.5
Maine	35.2

Another stiking characteristic of Maine, one not readily apparent to the casual summer visitor or postcard viewer,is it's poverty. Maine's economy is based on forest resources, fisheries, agriculture, food processing, tourism and textiles, all with declining or seasonal occupational patterns. This results in unemployment "spikes" during the harsh winter months and a month to month variation in the number of jobs of 75,000 over the year. Only 42 percent of Maine's workers are fortunate enough to hold full-time (40 hours X 52 weeks) jobs. The more rural counties have the highest unemployment. (See Table 4)

Table 4: Labor Force and Unemployment, '84 (average of county averages)

Area	% pop. in labor force	% pop. unemployed
KAHEC	47.62	7.39
KAHEC +4	46.28	7.94
Maine	47.54	6.17

Northern Maine has lost two-thirds of it's family farms over the past three decades. It's fisheries, tanneries, textile mills and shoe factories are declining precipitously. Fourteen corporations, primarily multi-nationals, own outright 49 percent of the region's industrial forests and control much of the balance. The areas targeted by this proposal have not shared the economic revitalization apparent in Maine's southern "Gold Coast" and, in fact, display many of the characteristics of underdevelopment typical of Third World countries. Conditions of employment and income are likely to worsen. A 1982 state planning document known as "The Two Maines Report" noted and projected increasing regional inequities in economic growth and job opportunities within Maine. Although it's survey areas do not exactly correlate to the areas utilized in the bulk of this presentation, they do offer some insight into these accelerating disparities (See Table 5, below)

Table 5: Two Maines Projections of Growth through 1990

Region	% population	% job growth
Northern(Aroostook)	8	4
Central (balance of KAHEC +4)	40	32
Southern	52	62

A very high poor and near-poor population that enjoys neither very high living standards or economic security is reflected by the fact that <u>two</u> out of every <u>five</u> Maine households have incomes that fall below the 200% threshold of the U.S. Department of Labor's lower living standard, an amount equal to $13,500 for a family of four. (See Table 6) In fact, although Maine's poverty rate is only 1% greater than the U.S. rate, when race and ethnic factors are excluded, Maine has the <u>seventh</u> highest rate of poverty in the nation.

Table 6: Poverty Indicators in Maine

Statewide	# population	% population
Below 100% poverty level	140,996	13
Below 125% poverty level	209,990	19
Below 150% poverty level	282,025	26
Below 200% poverty level	434,470	40

Again, the more rural and northern counties that compose this project's target areas are the most economically distressed. As of this writing, the unemployment rate (not counting "discouraged unemployed") for Washington County in the KAHEC area is nearly three times that of Cumberland County in the South (7.3% vs. 2.6%). Simularly, the northern counties have higher poverty rates, with the percentage below 100 percent of poverty level income at 21.6 percent in Washington County and 16.2 percent in Aroostook County, compared with only 10.5 percent in Cumberland County and 9.8 percent in York County to the south. (See Table 7)

Table 7: Regional Poverty Variations

Area	% below 100% of poverty level
KAHEC	15.14
KAHEC +4	15.14
Maine	12.97

For certain groups in Maine, particularly it's Native American population, poverty indicators are much more depressed. Although Maine has very low percentages of populations that constitute major minority groups elsewhere in the nation, there is still considerable ethnic diversity. The largest single ethnic group are Franco Americans, primarily of Acadian and Quebecois backgrounds, who compose around 39% of the population. Although the census bureau does not collect information on Francos in the manner it does on Hispanics, state data and popular history indicate that Francos have faced considerable prejudice in education, employment and political equity within the region. Maine's largest racial minority continues to be its Native Americans. (See Table 8)

Table 8: Race and Ethnicity

Characteristics	% of population
Race	
Native American	0.41
Black	0.29
Asian	0.27
Ethnicity Franco	$15.^{1}$ to $39.^{2}$
Hispanic	0.46

1 French language proficient 2 Franco ethnicity

The approximately 4500 Native Americans in Maine represent four Tribal groups: Passamaquoddy, Penobscot, Malicite and Mic Mac. Native people have faced extreme discrimination within Maine that is reflected in a variety of socioeconomic indicators, and even the restoration of federal recognition (to all but the Mic Macs) in 1980 has done little to ameliorate the situation. The unemployment rate among Native Americans in Maine is over five times that of the population as a whole and considerably higher than Native Americans (on and off reservation) nationally. Per capita income for Maine reservation

residents, including public assistance, is about 50 percent of that for the average Maine citizens. The percent of Native Americans below 100 percent of the poverty level is nearly three times that of Maine as a whole. (See Table 9) All three Tribal reservations (two Passamaquoddy and one Penobscot) and the majority of Native Americans in Maine reside in this project's target areas.

Table 9: Native American Poverty Indicators

Group	Per capita income, $	% below 100% poverty level
Reservation Residents	2868	37.8
All Maine Native Americans	3863	27.1
All Maine Residents	5768	13.
All U.S. Native Americans	4577	23.7

Educational Status

With over 358,000 (31.9%) of its' adult citizens lacking twelve years of education, Maine is a very poorly educated state, indeed. Just as recent results of the first standardized tests of all 8th-graders in Maine show that students who attended the wealthier schools tended to score better on the six-part tests than did those in poorer districts , residents of the wealthier counties tended to have a high school diploma at a higher rate than did those in poorer, more rural, counties. (See Table 10)

Table 10: Persons 25+ years old lacking high school diplomas, 1980

Area	%
KAHEC	33.2%
KAHEC +4	33.
Maine	31.9

In Maine's minority communities, the incidence of individuals without high school credentials is higher. Although less data is gleaned regarding Franco-Americans than minorities whose numbers are higher elsewhere, a review of 1980 census reports indicates that the two cities with the lowest percent of high school graduates are those that have Maine's highest proportion of Franco-Americans (Lewiston and Biddeford). State figures indicate that 71% of non-English proficient students (including over 43 language groups) in Maine speak French. The University of Maine notes that 16% of incoming freshman speak North American French as a native language.

The data is collected and therefore the situation clearer regarding Native Americans. They lack high school degrees at a rate of two out of three persons on some reserves. Overall only 53.6% of Native Americans in Maine hold high school diplomas, compared to 68.1% of the population as a whole. Of the 46.4% of Native Americans who do not complete high school, 67% drop out before the ninth grade, a phenomenon that has clear implications for intervention strategies. In addition to holding a non-European paradigm or world-view, between 94% (Indian Township) and 100% (Pleasant Point) of reservation students

and even up to 55% (Houlton area survey) of non-reservation Native American students speak a Native language in their homes. Thirty-four Maine school systems report students whose native language is Native American (89% of these being Passamaquoddy). These and other factors pose additional barriers to academic achievement, which is reflected in the fact that only 5.2% of Maine Native Ameicans have achieved a college degree, compared to a 14.4% rate for Maine residents as a whole.

Recent studies by the Governor's Commission on the status of Education in Maine, the University of Maine's College of Education, and the Maine State Planning Office have highlighted a lower level of aspirations among Maine's rural youth that both limit their potential as individuals and ours as a society. In a longitudinal study University of Maine researchers (Cobb, McIntire & Pratt) have found that:

- Rural youth value jobs more and academics less than urban/suburban youth
- Rural youth do not aspire to post-secondary educational opportunities as frequently as urban/suburban youth do
- Rural students are not as academically confident as urban/suburban youth
- Rural parents are perceived as much less often supportive of full-time college than their urban counterparts and more supportive of full-time jobs, trade schools and the military
- Rural students report more often than their urban counterparts that their guidance counselors and teachers do not think they ought to go to college

As a primarily rural state, it should come as no surprise that Maine high school graduates attend post-secondary institutions at a significantly lower rate than do graduates in other states. Maine has generally ranked between 46th and 49th nationally in this catagory. Within the New England region, the disparity in enrollment in higher education is even greater. Maine ranks behind the national average by 1.6% and behind the other five New England states by 3.1%. (See Table 11)

Table 11: Enrollment of 18-65 age group in Higher Education in New England

	%1970	%1981	% Increase
U.S.	7.5	8.7	1.2
New England (except Maine)	8.4	10.2	1.8
-Conn.	7.3	8.2	.9
-N.H.	7.2	8.8	1.6
-Vt.	9.2	9.8	.6
-Mass.	9.5	11.3	1.8
-RI	8.3	11.5	3.2
Maine	6.0	7.1	1.1

Note that although Maine increased the percentage of its population attending post-secondary institutions by 1.1 during the 1970-81 period, nationally participation increased by 1.2% and within the balance of the New England region participation increased by 1.8%. Just to reach the regional average for post-secondary education would require another 20,533 students.

As most health-related professions require post-secondary education, it would seem desirable to address low aspirations and cultural, physical, institutional or other barriers to participation in higher education by rural Maine residents.

Health Status

The target areas share characteristics typical of depressed areas, in higher school drop-out rates, higher teen pregnancy rates (See Table 12), higher incidences of substance abuse and mental health problems, and high rate of family breakups. These factors associated with economic stress and social erosion correlate to higher AFDC rates and numbers of Medicaid-eligible individuals. (See Table 12)

Table 12: Percent Out-of-Wedlock births (average of county averages)

Area	%
KAHEC	18.9%
KAHEC +4	18.4%
Maine	16.3

State health officials consider teenage pregnancies a major health problem in the state, increasing the low birth weight rate, the neonatal death rate, the abortion rate and decreasing the first trimester prenatal care rate.

Table 13: Medicaid-eligible persons (average of county averages)

Area	# eligible	% eligible
KAHEC	45,560	14.1
KAHEC +4	68,651	14.3
Maine	142,513	12.2

Maine's annual crude death rate has fluctuated between 9.1 and 9.7 per thousand since 1975, with the most recent (1983) rate calculated at 9.5. When combined, heart disease (3.8%) and cancer (23%) accounted for 61% of all deaths to Maine residents during that year. In decending order by numbers of deaths, the remaining top ten leading causes of death were: cerebrovascular disease, accidents and adverse effects, chronic obstractive lung disease, pneumonia and influenza, athero sclerosis, diabetes mellitus, suicide, and diseases of the arteries (excluding ather osclerosis), arteries and capillaries. (See Table 14) Maine's rates of death from heart diseases, cancer and chronic obstructive lung disease are higher than the national rates though presently available data are insufficient to pinpoint the causative factors.

Table 14: Crude Death Rates for Major Causes per 100,000

Cause	Maine ('80-82)	U.S. ('81)
Diseases of Heart	361.0	344.5
Malignant Neoplasms	210.8	189.5
Cerebrovascular Diseases	75.2	72.6
Accidents and Adverse Effects	40.9	43.9
Chronic Obstructive Lung Diseases	34.1	28.0
Pnenumonia and Influenza	24.4	24.4
Diabetes Mellitus	14.1	4.6
Chronic Liver Diseases and Cirrhosis	13.7	12.4
Suicide	13.1	12.9

Among Maine's youth accidents were the leading cause of death in 1983 among populations aged 1-14 (55%) and 15-24 (62%), with the rate higher for males than females. Suicide was the second highest cause of death among the 15-24 year-old cohort.

As is the case with economic indicators, mortality data generally shows higher rates in the more isolated, rural and northern areas targeted by the KAHEC project. There are higher over-all mortality rates both among the elderly and for all ages (See Table 15), as well as higher rates for heart disease, cancer, accidents, and liver disease/cirrhosis.

Table 15: Mortality Rates per 1000 (average of county averages)

Area	All ages	Ag e 65+
KAHEC	9.9	57.0
KAHEC +4	9.8	57.2
Maine	9.5	56.1

Table 16: Average Rate of Deaths due to Heart Disease, Cancer, Accidents and Liver Disease/Cirrhosis per 100,000 (average of county averages)

Area	Heart Disease	Cancer	Accidents	Liver/Cirrhosis
KAHEC	386.6	217.5	45.4	14.3
KAHEC +4	381.2	214.	47.7	14.1
Maine	368.1	214.4	40.	13.2

Morbidity data gleaned from hospital discharge reporting indicates that when pregnancy-related discharges are eliminated, the five leading diagnosis groups were circulatory and digestive problems, injuries, and respiratory and genitourinary complaints. Although data is scant, there are indications that dental disease is also a widespread and serious health problem in Maine, although regional variations in rates are unavailable. There is also little hard data available in the area of mental health in Maine. However, the Maine Department of Mental Health and Mental Retardation (DMHMR) estimates that 229,000 Maine citizens experience mental health problems to some degree. The distribution of these individuals within Maine is not known with any degree of certainty, due largely to the reporting limitations of the DMHMR. While the northernmost two of their eight mental health regions are virtually coterminal with the KAHEC target area, the additional four counties included in the KAHEC +4 area are amalgamated with adjacent urbanized counties into vastly different regions which make data extraction highly problematical. Still, it is generally accepted that factors such as low socio-economic status, (un)employment status and isolation correlate to increased incidence of mental illness, therefore we would expect to find a rate greater than the 20% rule of thumb in the more depressed rural areas targeted by this project.

Information on regional variations within Maine related to some prenatal and neonatal care is available, however. Again the data shows worse conditions in this project's target areas in almost every case, reflecting to some extent the poverty and barriers to health services posed by rural isolation, lack of transportation and fewer providers of care. Both fertility rates and low birthweights tend to be higher in the rual areas (See Table 17), the latter likely related to both poorer nutrition and to less adaquate prenatal care available. (See Tables 18 and 19)

Table 17: Five-year Average Fertility Rates (average of county averages)

Area	All ages	Under 18 years
KAHEC	83.9	40.6
KAHEC +4	83.3	39.8
Maine	81.1	37.2

Table 18: Percent of Mothers Receiving Prenatal Care in First Two Months of Pregnancy and of Births with less than 37 Gestation Weeks

Area	% Early Prenatal Care	% Births <37 Gestation Weeks
KAHEC	49.2	5.6
Southern 5 Counties	56.8	4.8

Table 19: Inadaquate Prenatal Care Index Ranking, Neonatal Death Rates and Percent Birthweight less than 2500 grams

Area	IPCI	Neonatal Death	Birthweight <2500g
KAHEC	.93	5.9	5.3
KAHEC +4	.73	6.4	5.8
Maine	.59	5.8	5.3

Health and Medical Resources

Physical Resources -

There are disparities in the distribution of physical resources. Although the percent of hospitals in the target areas is higher than the correlating percentage of population, with one exception (Eastern Maine Medical Center in Bangor) these are small, isolated hospitals offering primary, secondary and emergency tertiary care. They almost universally have no physician "on staff" and offer limited opportunities for professional development.

Maine has a total of forty-three (43) general use hospitals (a decline of three in the 1981-86 period), one hundred and twenty nine (129) free-standing nursing homes and one hundred and eighty seven (187) boarding homes. There are also two state operated psychiatric facilities and one mental retardation facility. Not included in the table is data on the military hospitals at Loring Air Force Base (Aroostook County) which has only 25 acute care beds or the Togus V.A. facility (Kennebec County) which has 571 licensed acute care beds and 60 skilled nursing care beds. Note that the number of hospitals is more highly correlated to the geographic area than to population distribution, which reflects the low population densities and the need for hospital facilities within a reasonable driving distance. (See Table 20)

Table 20: General Acute Care Hospitals and Licensed Beds

Area	Hospitals		Beds		% of Maine's area	%of Maine's pop.
	#	%	#	%		
KAHEC	17	39	1417	31	57	27.7
KAHEC +4	22	51	1761	38	83	41
Maine	43	100	4691	100	11	100

A significant element in Maine's primary care delivery system are twenty three (23) rural health centers and eleven (11) ambulatory health centers. Rural Health Centers are not-for-profit, usually free-standing, facilities with community boards of directors offering broad-based health services to approximately half of Maine's towns in rural areas designated as Health Manpower

Shortage Areas (HMSAs). These areas (and, frequently these rural health centers) have traditionally served as sites for health practicioners with National Health Service Corps or Maine Compact (a state-funded edcuational assistance program simular to the NHSC) service obligations in lieu of repayment. Ambulatory centers are detached extensions of hospitals providing out-patient services under the auspices of a sponsor hospital. Both types of centers offer primary care via physicians, physician assistants and/or nurse practicioners. Many rural centers now offer substance abuse services. Most of these centers are within this project's target area. (See Table 21)

Table 21: Ambulatory Care and Rural Health Centers

	Ambulatory Care Centers		Rural Health Centers	
Area	#	%	#	%
KAHEC	8	73	10	44
KAHEC +4	9	82	15	65
Maine	11	100	23	100

Maine has just three exclusively mental health inpatient or psychiatric hospitals, two of which are state facilities and one of which is a newly privately-operated facility (for which no data is yet available). Only one of these hospitals, the state-operated Bangor Mental Health Institute (BMHI) is located in either of this project's target areas. BMHI provided 48% (102,642 patient days) of the inpatient residential services from state-operated facilities in 1985. Additional in-patient days are provided on an urgent or emergency basis by psychiatic inpatient units of nine general/acute care hospitals within the eight mental health regions state-wide. The only two general hospitals with psyc units in either project target area are The Aroostook Medical Center and Eastern Maine Medical Center (Penobscot County), which respectively provided 2475 and 5045 patient days for a total of 17.8% of all services provided state-wide by these nine general/acute care facilities.

During the early 1970s, the State of Maine's Department of Mental Health and Mental Retardation (DMHMR) made a policy decision to provide non-residential services in the areas of mental health and mental retardation via private, community-based, (primarily) not-for-profit organizations. Therefore, the DMHMR provided funding via contracts and grants to the eight comprehensive mental health centers (CMHCs) that totaled 62% ($8,463,893) of their FY 1985 total revenues of $13,690,914. The department is also funding nearly three dozen smaller, special-purpose community-based programs. To illustrate this non-governmental approach to service delivery, the Bureau of Mental Health, the Bureau of Children with Special Needs, and the Office of Community Support within the Maine Dept. of Mental Health and Mental Retardation employs only 40 full-time professional staff (excluding the two state psychiatric hospitals), compared to the 384.15 FTE professional clinical staff employed by the eight comprehensive mental health centers alone.

Services provided to the public by the eight CMHCs breaks down to 68% professional diagnostic and counseling, 21% outreach/aftercare, 4% day treatment, 4% in-patient/residential support, and 3% speech and hearing. Many of these CMHCs are administratively linked with home health and/or homemaker services.

Of the 384.15 FTE clinical staff referenced above, 147.5 FTEs or 38% are employed by the two CMHCs which serve the KAHEC area. The breakdown by discipline/education of these 147.5 reflects M.S.W.s and bachelors-level mental-health

workers as the mainstay of the mental health centers' counseling staff. (See Table 22) The fact that these 147.5 FTE CMHC staff practicing in the KAHEC area (with 27.7% of the state's population) provided 55.4% of all non-residential mental health services to the 49,566 individuals supported by the Maine DMHMR State-wide may reflect a lack of private (for profit) mental health providers in the KAHEC area, a higher incidence of mental health problems and/or other unknown factors.

Table 22: Clinical Staff Employed by CMHCs in KAHEC area

Discipline	#	%
Psychiatrist	6.5	4.4
Psychologist, Ph.D. LIC	9	6.1
Psychologist, MA. LIC EXAM	5	3.4
Psychologist, MA. Unlic.	1	0.7
Soc. Wk., LCSW	2	1.4
Soc. Wk., MSW	35	23.7
Nurse, MA	0	0
Nurse, BA	26	17.6
Speech Therapist	6	4.1
Occup. Therapist	0	0
MH Worker, MA	4	2.7
MH Worker, BA	44	29.8
MH Worker, Less BA	9	6.1
TOTAL Clinical Staff	147.5	100

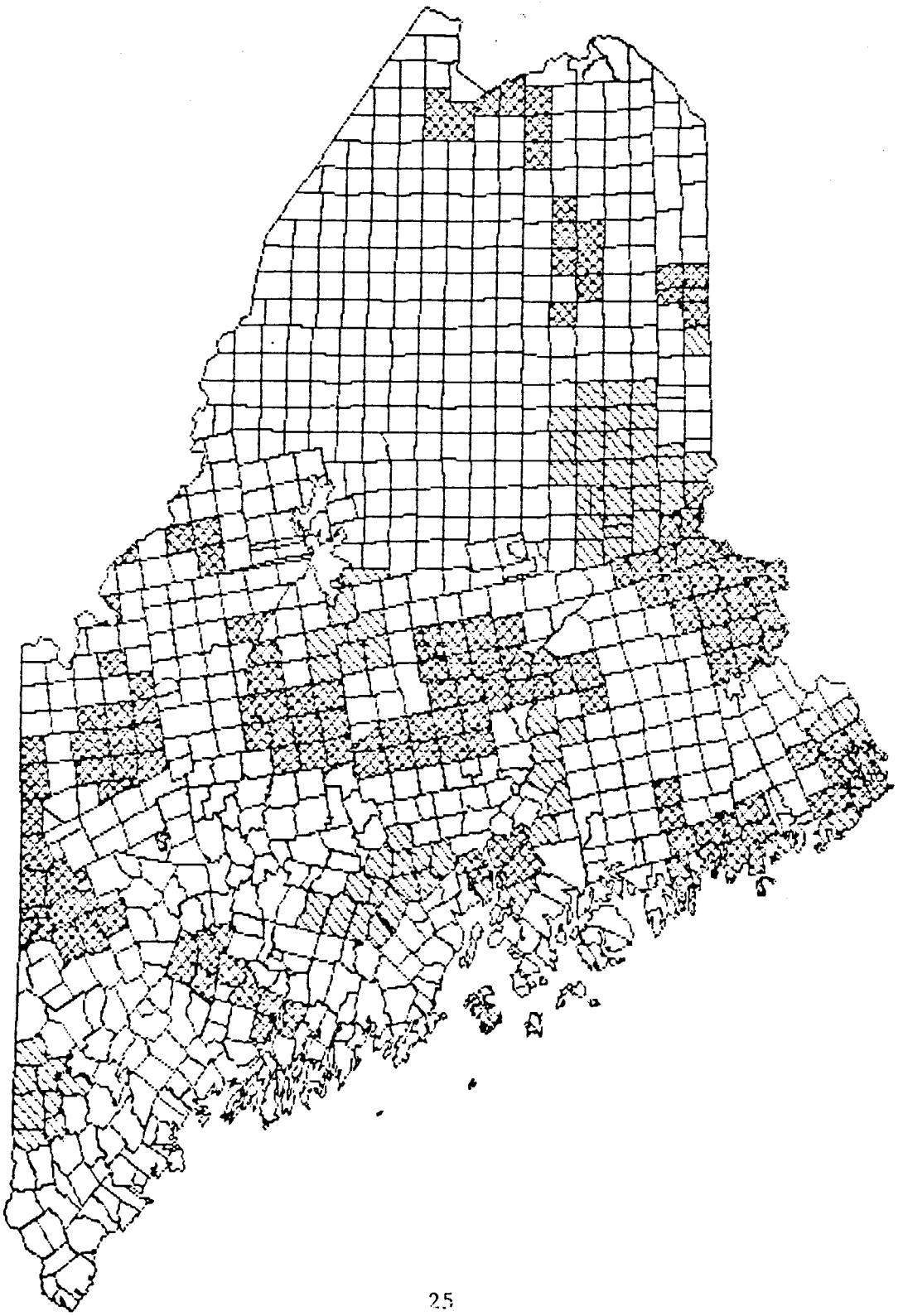
Summary - Health Data Profiles

In 1982-83, the Bureau of Health Planning and Development of the Maine Department of Human Services, using data collected from Primary Care Analysis Areas (PCCAs) developed a formula which served as kind of a "shorthand" or general indicator of both the health status of the areas and of the health resources available in the areas, and allowed the areas to be ranked in relationship to one another. Indicators used in calculating health status scores included: percent of population under poverty,percent of births with low birthweight, rate of births with congenital malformation per 1000 total births, age-adjusted death rate, rate of infant deaths per 1000 population, total hospital discharge rate per 1000 (all ages) and total hospital patient day rate per 1000 population (all ages). Indicators used in calculating health resources scores included rate of hospital beds per 1000 population, rate of ICF beds per 1000 population, rate of SNF beds per 1000 population, rate of boarding home beds per 1000 population, rate of FTE specialist physicians per 1000 population, rate of registered nurses per 1000 population, rate of licensed practical nurses per 1000 population, and rate of dentists per 1000 population.

The initial KAHEC target area includes 31 of the 62 statewide Primary Care Analysis Areas (PCCAs). Ten (10) of those thirty-one (31) PCAAs have designated Health Manpower Shortage Areas. The proposed expanded (KAHEC +4) target area adds thirteen (13) PCAAs for a total of forty-four or 71% of all PCAAs statewide. These PCAAs are among the most deficient in the state in terms of the health status of or access to health resources for the local population, with over ninety percent (90) of them falling in the lower half of all PCAAs ranked on either of those factors. (See Table 23)

PRIMARY CARE SHORTAGE AREAS IN MAINE

JULY, 1983 AND APRIL, 1985



LEGEND: GROUP 2

SOURCE OF DATA: FEDERAL REGISTER OF FEBRUARY, 15, 1985 AND DIVISION OF PLANNING AND ADMINISTRATION

MAP PREPARED BY: DIVISION OF DATA AND RESEARCH
OFFICE OF HEALTH PLANNING AND DEVELOPMENT
BUREAU OF MEDICAL SERVICES
MAINE DEPARTMENT OF HUMAN SERVICES
APRIL, 1985

Table 23: Health Status and/or Health Resource Characteristics In Project Target Areas

KAHEC	KAHEC +4	Percent of PCAAs in the lower half of all PCAAs ranked on:
35.5	34.1	both Health Status and Health Resources
61.3	61.4	Health Resources
64.5	63.6	Health Status
90.3	90.9	either Health Status or Health Resources

Human Resources

Information regarding the distribution, practice setting and educational backgrounds of most health professionals in Maine "is scarce as hen's teeth". Since federal funding for comprehensive health planning ceased, Maine, a limited resource state, shut down it's Health Systems Agency. Data from this section has been collated from a variety of sources, including older surveys that have not been updated or replicated and the hand counting and charting of current professional licenses filed with the state. (Data sources more than two years old will be so indicated).

In Maine, as nationally, maldistribution rather than shortage often has been a major problem in terms of availability of health professionals. In reviewing the data one notes the fact that for almost every discipline, the percentage of professionals in the state who are practicing in the proposed KAHEC target area in lower that the percentage of the general population residing in the area.

In 1982, the four most populous Maine counties of Androscoggin, Cumberland, Kennebec, and Penobscot contained nearly two-thirds (1229) of Maine's active physicians, while the remaining twelve (12) counties contained slightly over one-third (604) of Maine's physicians. Data indicates that the percentage of physicians in rural areas falls behind the percentage of the area's population, which is reflected by the designation of twenty-three (23) primary care shortage areas in Maine in 1985 based on analysis of sixty-two (62) Primary Care Analysis Areas (PCAAs). The percentage of primary care physicians in the initial KAHEC area (which has 27.7% of the state's population) compared to the percent of primary care physicians statewide is lowest for ob/gyn and general internists. The KAHEC +4 area (with 41% of Maine's population) lags behind even more seriously, with shortages in most primary care specialties. Only family practicioners are in relatively equitable supply for the proportion of the region's residents. (See Table 24)

Table 24: Primary Care Physicians (M.D.s and D.O.s) by Specialty in Maine

Area	All PC Specialists		General Pediatrics		General Internal		Ob/Gyn		General Practice		Family Practice	
Area	#	%	#	%	#	%	#	%	#	%	#	%
KAHEC	227	26.9	25	27.7	48	22.8	21	23.6	47	27	86	30.6
KAHEC +4	314	37.2	31	34.4	67	31.8	26	29.2	61	35	119	42.3
Maine	844	100	90	100	210	100	89	100	174	100	281	100

In addition to having more potential patients by virtue of higher population to provider ratios, due to the lower incomes and marginal economy in rural areas, these practicioners will also serve a much higher proportion of Medicaid

patients and individuals lacking health coverage. (See Table 25)

Table 25: Ratio of FTE PC physicians treating Medicaid eligible persons

Area	P.C. phy. to Medicaid patient
KAHEC	1:210
KAHEC +4	1:230
Maine	1:160

Another way in which to ameliorate the problems of maldistribution of primary care phsicians is through the utilization of mid-level health practitioners. The most commmon types of extenders utilized in Maine are the physician assistants and nurse practitioners, both of which are routinely employed in the rural health centers located in underserved areas, as well as in hospital and other private practice settings. In 1983, there were 101 P.A.s and 103 N.Ps practicing in Maine. By 1985, the number of P.A.s registered had grown to 120 (an annual increase of 9.4%), while the number of N.P.s had grown to 257 (an annual increase of 75%). A higher proportion of P.A.s still are more likely to practice in the isolated rural areas than the N.P.s. The N.P.s seem to be increasingly moving towards the Masters degree level for clinical practice, and while some of the twenty (20) specialty areas tracked by the State Board of Nursing (See Table 26) are well-represented in underserved areas, over-all N.P.s are less common in rural areas, than might be expected. Other nursing specialists (not licensed as N.P.s) such as Certified Registered Nurse Anesthetists and Certified Nurse Midwives are also well-represented in the rural target areas, with 28% of the C.R.N.A.s practicing in the KAHEC area and 40% in the KAHEC +4 area, while 50% of the C.N.M.s are practicing in the KAHEC area and 53.4% in the KAHEC +4 area.

Table 26: Nurse Practitioners licensed in Maine by Speciality and Distribution

Speciality	Maine	KAHEC +4		AHEC	
	#	#	%	#	%
Adult Nurse Practitioner (ANP)	5	3	60	3	60
College Health Nurse (CHN)	1		0		0
Clinical Nurse Specialist (CNS)	1		0		0
Emergency Nurse Practitioner (ENP)	1		0		0
Emergency/Prim. Care Nurse Pract. (EPCNP)	2		0		0
Family Nurse Associate (FNA)	101	23	22.8	14	13.9
Family Nurse Practitioner (FNP)	35	13	137.1	9	25.7
Family Plan Nurse Practitioner (FPNP)	2	1	50.	1	50.
Family Plan Nurse Specialist (FPNS)	2	1	50.	1	50.
Geriatric Nurse Practitioner (GNP)	1	1	100.	1	100.
Health Nurse Specialist (Hlth.NS)	1		0		0
Maternal/Child Hlth. Nurse (MCHN)	1		0		0
Nurse Practitioner (NP)	42	24		12	
Ob/Gyn Clinical Nurse Specialist (O/G NS	2	1	50.		0
Ob/Gyn Nurse Practitioner (O/G NP)	12	5	41.7	4	33.3
Occup. Hlth. Nurse Practitioner (OHNP)	1		0		0
Prim. Care Nurse Practitioner (PCNP)	3	3	100.	1	33.3
Pediatric Nurse Associate (PNA)	32	7	21.9	4	12.5
Pediatric Nurse Practitioner (PNP)	11	3	27.3	2	18.2
Prim. Hlth. Care Nurse (PHCN)	1		0		0
TOTALS	257	85	33.1	52	20.2

Although the number of active registered nurses increased from 1979 (5737) to 1981 (6377), an increase of 11.2%, the precentage of active R.N.s still lags behind the percent of the general population in the rural areas. It also seems that a higher percentage of L.P.N.s are utilized, perhaps to partially offset the lower numbers of physicians and R.N.s. Data from 1981 indicated that in the KAHEC +4 area, in only the most populous county (Penobscot) did the ratio of population to active nurse fall as low as 1:150-199, and in two of these counties (Waldo and Somerset) the ratio was 1:300+. (See Table 27)

Table 27: Ratio of Selected Health Professions to Population

Discipline	Nurse Practicioners	Physician Assistants	Registered Nurses		L.P.N.s	
Status	Licensed	Licensed	Licensed	Active[1]	Licensed	Active[1]
Area						
KAHEC	1:6233	1:6233	1:115	1:226	1:247	1:443
KAHEC +4	1:5652	1:6081	1:121	1:249	1:259	1:468
Maine	1"4557	1:9759	1:102	1:321	1:274	1:472

[1] Note active figures based on 1981 data, all other on 1985 licensure data

Review of 1986 licenses current with the state allows charting the distribution of some health professionals within the state. While this review does not reveal active or inactive status, that distinction is assumed to be most significant regarding nurses, of whom nearly half (5000-5500) holding licenses are believed to be inactive. This data indicates that for all providers but P.A.a and L.P.N.s, the supply is disproportionately low compared to the proportion of the general populations in the KAHEC (27.7%) and KAHEC +4 (41%) areas. Of particular interest is the concentration of high levels of health professionals within a twenty-mile radius of Bangor. Although the general population base of the towns in this radius total only about one third (34%+) of the entire 18,851 square-mile initial five-county KAHEC target area, the greater Bangor region has a very high share of the KAHEC area's occupational therapists, speech/hearing therapists and psychologists. (See Table 28)

Table 28: Number/percent of distribution of selected health profesionals

Area	Maine	KAHEC +4		KAHEC		Bangor + radius
Discipline	#	#	%	#	%	% of KAHEC
Primary Care Physicians (FTE)	731.5	277	37.8	201	27.5	35
Physicians Assistants	120	79	65.8	52	43.3	19
Nurse Practitioners	257	85	33.1	52	20.2	46
R.N.s	11447	3982	35	2825	24.7	40
L.P.N.s	4274	1852	43	1313	30.7	31
Physical therapists	566	116	20.5	86	15	44
Occupational therapists	238	43	18	28	12	71
Social Workers (all levels)	959	273	28	207	22	43
Substance Abuse Counselors	144	44	30.5	32	22	53
Psychologists	356	81	22.8	72	20	61
Speech Pathologists&Audiolog.	249	70	28	56	22	63

Educational Issues

There is also a paucity of data available on educational characteristics or levels of health professionals in Maine. Of the three disciplines (physicians, nurses and social workers) initially targeted by the KAHEC board, sketchy information is available only the latter two. A strong two-thirds majority of R.N.s hold only a diploma, and fewer than one-fifth of all R.N. hold a

bachelors/masters/doctorate in nursing. Less than one-tenth of all L.P.N.s have more than their high school diplomas. Maine has recently enacted legislation mandating associate (ADN) or bachelor (BSN) degrees as the minimum entry level for nurses by 1995, which is creating strong interest in developing "ladder" educational programs so that nurses presently practicing can up-grade their academic credentials. (See Table 29)

Table 29: Educational Characteristics of active R.N.s in Maine

Level	#	%
Associate	765	12
Diploma R.N.	4178	66
BSN	829	13
Other Bachelors	383	6
MSN	191	3
Other Masters	66	1
Doctotate	4	0.05

1981 data

Table 30: Educational Characteristics of active L.P.N.s in Maine

Level	#	%
Less than High School	40	3
High School Dimploma	2031	88.3
Associate Degree	149	6.5
Bachelors Degree (or higher)	50	2.2

1979 data

Of 203 social workers working in mental health or human services settings in the Bangor area who were surveyed regarding their interest in a proposed non-traditional M.S.W. program (of which 67% indicated a strong interest) in 1982, the majority held only a bachelors or less. (See Table 31)

Table 31: Educational Characteristics of MSW survey respondents

Level	#	%
Less than high school	7	3
High school diploma	19	9
High school with some college	30	15
Associate Degree	17	8
Bachelors Degree	61	30
Bachelors with some graduate	45	22
Masters (including M.S.W.)	22	11
Doctorate	2	1

1982 data

Another picture emerges from data available from the phasing in of Maine's social worker licensure law over the pasta decade. Many individuals without formal social work education still perform social work functions within private and state agency settings. However, the trend is towards requiring licensure by the State Board of Social Worker Registration, with minimum educational requirements and continuing educational requirements for re-licensure. These regulations have tightened up considerably in 1985-86, creating a hightened need for both academic and CEU program. As can be seen by the chart below, the need is great at the professional practice level. (See Table 32)

Table 32: Licensure/Educational Characteristics of Social Workers

Level	KAHEC area		KAHEC +4	
	#	%	#	%
Licensed Social Worker	100	48	131	48
Licensed Master Social Worker	33	16	42	15
Licensed Clinical Social Worker	39	19	56	20
Licensed, but level unknown	35	17	44	16
Total	207	100	273	100

1. Requires bachelors in social work, social welfare or (with experience) a related field.
2. Requires a Masters or Doctorate in social work or social welfare.
3. Same as #2 above, but with substantial supervised clinical experience.

More extensive surveys, with needs inventories and priorities, undertaken in conjunction with the state and appropriate professional organizations, would seem to be required to develop optional educational programs for the various health disciplines.

4. Measureable Objectives

a. Purpose: This proposal describes (in Section 2) programs which are consistent with the national AHEC program goals and which are part of a comprehensive strategy to address health manpower needs in rural Maine:

AHEC PROGRAM GOAL: to improve the distribution, supply, quality, utilization, and efficiency of ehalth personnel in the health services delivery system

UNE AHEC PROGRAM GOAL: to improve the supply, distribution, ultilization and quality of health manpower in rural Maine through the development of educational programs which intimately link the educational resources of the health professions educational programs with rural health care delivery systems in the context of community planning

KAHEC OBJECTIVES: The objectives of KAHEC educational programs directed towards achieving that central goal, are:

. to establish a formal agreements of cooperation and coordination with the health professions schools in Maine, especially those serving the rural parts of the state;

. to identify local health manpower needs and develop programs which coordinate the educational resources of the cooperating health professions schools towards meeting those needs;

. to develop rural, community-based primary care training for osteopathic medical students and students of at leat two other ~~health-pro~~fessions which ~~emphas~~izes cultural sensitivity, ~~inter-~~disciplinary problem solving, health promotion, and client/patient education;

. to provide accessible continuing education and establish provider communication and exchange networks in order to enhance the professional environment of rural health practitioners;

. to promote culturally-sensitive health care through contining professional education and community awareness strategies;

. to establish programs which emphasize career awareness and personal development in order to increase recruitment and retention of disadvantaged and minority persons in health professions education programs;

. to develop regional community councils which will promote community-based health manpowerplanning and support KAHEC programs;

. to promote health promotion/disease prevention in all educational programs;

. to increase the accessibility of rural populations to health professions education and clinical training programs

b. Evaluation Strategy: The AHEC Office is, during the current 02 year, developing the methodology for evaluating the AHEC Program Office and KAHEC programs. Notwithstanding the caveats offered in the Recommendations of the National AHEC Task Force on Evaluation (1981) regarding the complex nature of evaluating (the national AHEC) programs particularly with regard to demonstrating causal effect, the emerging program evaluation plan will attempt to develop means by which to formatively and summatively assess the effectiveness of the programs' success in achieving both qualitative and quantitative aspects of the program objectives.

There are two imperatives: (1) assessment of project compliance with federal standards; and (2) assessment of project success in achieving stated objectives. Within these parameters the basic evaluation plan will address the following major program requirements and goals:

I. Meets federal requirements of an AHEC program

A. Compliance with program guidelines per "Cooperative Agreements for Area Health Education Centers"

Data Sources: AHEC and KAHEC documentation
. progress reports
. annual reports

B. Maintain financial viability of program

1. success in acquiring federal AHEC operational funding
2. success in acquiring non-AHEC funding for long-term operation

Data Sources: Contracts and financial reports

II. Improve the supply and distribution of health manpower

A. Increase the recruitment of health professionals

Data Sources: Baseline and annual manpower data for service area
Alumni data of participating programs
Program documents on student placements
Service agency reports

B. Increase the retention of health professionals

Data Sources: Service agency retention data
Licensure Board data for selected professionals

III. Link the health professions educational resources to rural health care community

A. Establish the KAHEC
B. Establish the regional councils

C. Establish contractual agreements with educational programs
D. Conduct clinical training in rural communities
E. Conduct continuing professional education programs in rural communities
F. Develop rural out-reach health professions educational programs
G. Sustain programming through course of need

Data Sources: Contracts and agreements
Program information brochures
AHEC and KAHEC progress and annual reports

IV. Enhance the rural practice environment

A. Develop accessible quality continuing education programs
B. Establish clinical training programs
C. Establish interagency communication networks
D. Increase recruitment and retention of supporting health professionals
E. Establish long-term mechanisms for continuing professional education

Data Sources: KAHEC program reports of CPE
CPE participant evaluations
Manpower data
Service agency reports
Interview data

V. Promote culturally-sensitive health care

A. Include transcultural health issues in clinical training
B. Include transcultural health issues in continuing professional education
C. Develop trancultural health interest group
D. Publish transcultural health articles

Data Sources: Clinical training curriculum
CPE programs
Minutes and reports of interest group
Publications
Interviews of providers and clients

VI. Increase recruitment and retention of disadvantaged and minority students in health professions programs

A. Develop career awareness programs in schools
B. Develop career resource center
C. Develop programs directed towards improving Native American youth candidacy for health professions programs
D. Develop programs directed towards improving disadvantaged youth candidacy for health professions programs
E. Develop programs to support advanced training for Native American health services personnel
F. Increase the accessibility of educational programs to Native

American and disadvantaged rural people

Data Sources: KAHEC progress and annual reports
Target school counselling reports
Health professions program admissions reports
Community evaluations

VII. Promote community-based health care planning and link manpower planning to health professions education programs

A. Establish regional councils
B. Include state health planaing agency representatives in KAHEC Board of Directors
C. Include health professions education program representatives on KAHEC Board of Directors and regional councils
D. Participation in appropriate state committees and commissions
E. Sponsor and/or co-sponsor rural health manpower conferences

Data Sources: KAHEC By-laws
Official minutes of Board, Advisory Committee, Regional Councils

VIII. Promote health promotion and disease prevention

A. Incorporate concepts in clinical training
B. Emphasize concepts in continuing professional education
C. Conduct health fairs and health education training in public schools
D. Develop community awareness programs through regional councils
E. Coordinate programming with State Office of Heath Promotion

Data Sources: KAHEC reports
Educational program brochures, curriculum
School and community evaluation

B. Methodology

1. Timetable

The activity plan schedule is described on the next two pages.

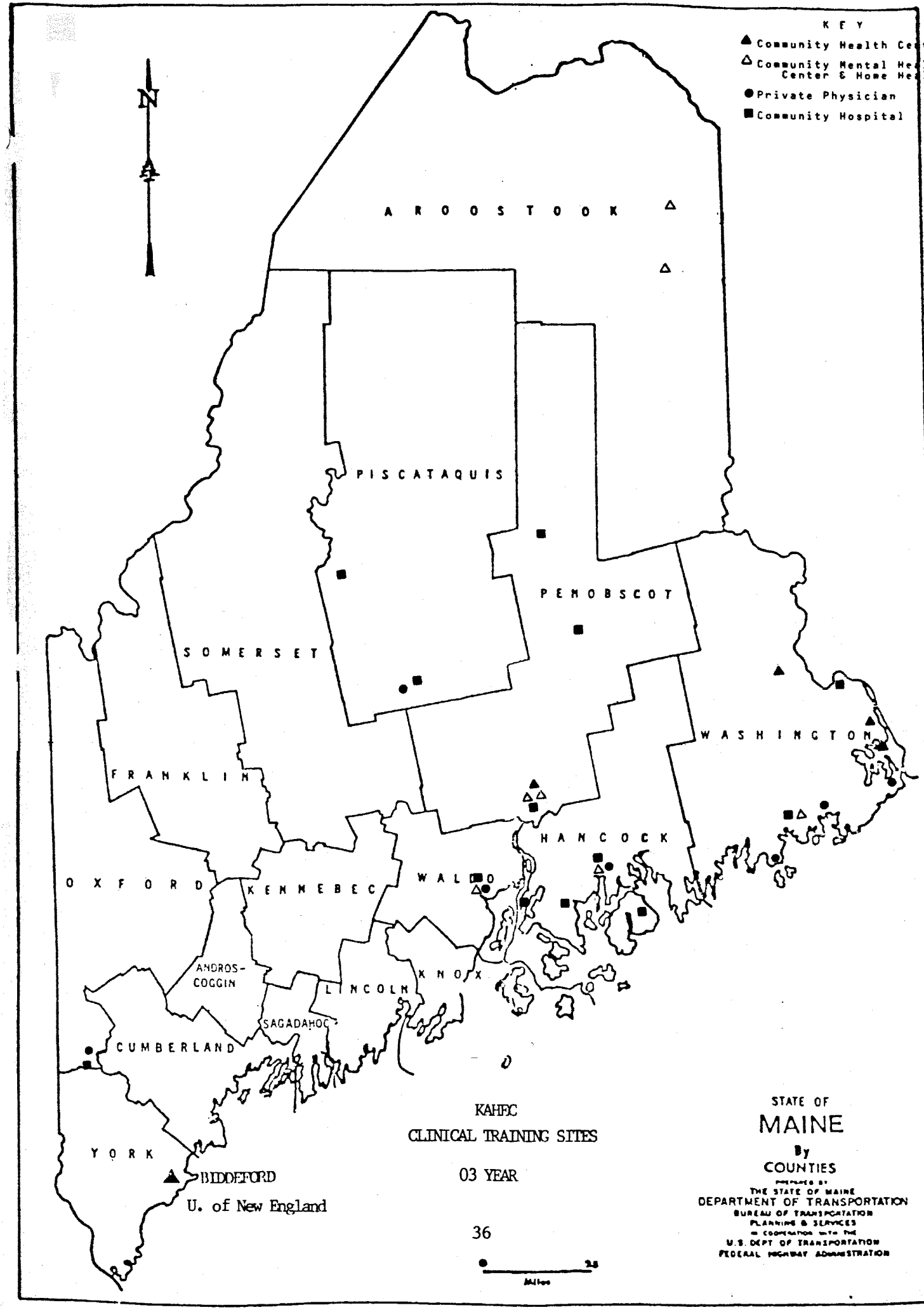
2. Resources

a. The initial educational programs to be involved in the programs described are:

- Husson College - Nursing Department
- University of Maine - School of Nursing
- University of New England -
  - College of Osteopathic Medicine
  - Division of Nursing
  - Division of Occupational Therapy
  - School of Social Work
- Waterville Osteopathic Hospital-
  - General Practice Residency Program

b. The initial clinical training resources to be involved in student training programs are:

- Community health centers (Maine Ambulatory Care Coalition members): Indian Island (Penobscot)
  - Indian Township (Passamaquoddy)
  - Pleasant Point (Passamaquoddy)
  - Eastport Community Health
- Community mental health centers:
  - Aroostook Community Mental Health, Inc. (4 sites)
  - Community Health and Counselling Services, Inc.(4 county sites)
- Bangor(state) Mental Health Institute
- Waterville Osteopathic Hospital Outreach Clinics (part of general practice residency program)
- Community hospitals: Calais Regional Hospital
  - Franklin Memorial Hospital
  - Machais Hospital
- Home health agencies: Aroostook Community Mental Health, Inc.
  - Community Health and Counselling Services, Inc.
- Private physicians: Steve Blythe, D.O., Lubec
  - John Gaddis, D.O., East Machias
  - James Jealous, D.O. North Brdgton
  - Douglas Trenkle, D.O., Ellsworth
  - Donald Underwood, D.O., Guilford
  - Steven Weisberger, D.O. Jonesport
  - Dana Whitten, M.D., Belfast


KEY
Community Health Center
Community Mental Health Center & Home Health Ca
Private Physician
Community Hospital
N
AROOSTOOK
PISCATAQUIS
PENOBSCOT
SOMERSET
WASHINGTON
FRANKLIN
HANCOCK
OXFORD
KENNEBEC
WALDO
ANDROS-COGGIN
KNOX
LINCOLN
SAGADAHOC
CUMBERLAND
YORK
BIDDEFORD
U. of New England
KAHEC
CLINICAL TRAINING SITES
03 YEAR
36
STATE OF
MAINE
By
COUNTIES
THE STATE OF MAINE
DEPARTMENT OF TRANSPORTATION
BUREAU OF TRANSPORTATION
PLANNING & SERVICES
U.S. DEPT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION

3. Collaborative Agreements

Formal contractual agreements between the Katahdin Area Health Education Center and participating education programs and service providers will be written during the 02 year, following federal approval and filing of the KAHEC Articles of Incorporation.

Letters of support from the future partners are included in the appendices.

KAHEC QUARTERLY ACTIVITY PLAN: 03 - 05 Years

ACTIVITY	03 1	03 2	03 3	03 4	04 1	04 2	04 3	04 4	05 1	05 2	05 3	05 4
KAHEC Development												
Center fully staffed	x											
3 regional offices staffed	x											
Regional councils established												
Down East	x											
Mid-state		x										
Northern		x										
Western				x								
Board of Directors meet	x	x	x	x	x	x	x	x	x	x	x	x
Center staff oriented by educational program faculty	x											
Board development in-service		x		x								
Student Training												
UNECOM students enter KAHEC placements			x	.....	.....	.....	.....	.....	.....	.....	.....	.....
Nursing students enter KAHEC practicums	x	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
MSW courses start in Washington County	x	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
MSW students enter KAHEC placements	x	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
MSW courses start in Aroostook County					x	.....	.....	.....	.....	.....	.....	.....
O.T. students enter KAHEC placements				x	.....	.....	.....	.....	.....	.....	.....	.....
P.A. cross-training planned	x	.....	.....	.....								
P.A. cross-training implemented					x	.....	.....	.....	.....	.....	.....	.....
Continuing Professional Education												
Independent practitioners	x	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
CHEQUE (community hospital)	x	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Community health centers		x				x				x		
Community mental health centers			x				x				x	
clinical review in-service	x	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Activity Cont'd	03				04				05			
	1	2	3	4	1	2	3	4	1	2	3	4
Transcultural Health												
Interest group meetings	x	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Annuarl confernece			x				x				x	
Publish newsleter	x		x		x		x		x		x	
Recommend TCH curriculum content			x									
Consultation with educational programs			x	.....	.....	.....	.....	.....	.....	.....	.....	.....
Career Development												
High school health fair		x				x				x		
Jr/Sr H.S. health promotion education	x	x			x	x			x	x		
Native American Youth Development												
Community design program	x	.....										
Program implementation			x	.....	.....	.....	.....	.....	.....	.....	.....	.....
Native American Health Career Camp				x				x				x
Rural Youth Development												
Community designation	x											
Community design program		x	.....									
Program implementation					x	.....	.....	.....	.....	.....	.....	.....
Summer health career program						x						x

II. PROJECT REQUIREMENTS

A. Establish a Program Office

1. Organizational structure

The University of New England serves as the prime contractor, with the College of Osteopathic Medicine being the recipient school. The AHEC Program is located within the office of the Dean of the College of Osteopathic Medicine (UNECOM). The Dean reports directoly to the President of the University. Ultimate responsibility for the AHEC Program rests with the University of New England Board of Trustees. All interactions between the AHEC Program Office and the Board of Trustees are directed through the President.

The AHEC Program Office staff currently consists of three full-time federally funded positions, Program Director, Field Coordinator, and Secretary. The Program Director, Shirley A. Weaver, Ph.D., has a faculty appointment in the Department of Family Medicine of the College of Osteopthic Medicine and in the Divison of Life Sciences within the University College of Arts and Sciences (CAS) and participates in faculty committees in both colleges.

2. Advisory Committee

A Program Advisory Committee consisting of UNE educational administrators (UNECOM Associate Dean for Clinical Affairs, CAS Dean and Division Chair of Nursing, Occupational Health, Physical Therapy, Life Sciences, Human Services and the director of the Transcultural Health Program) was established in the 01 year. In the current 02 year the committee will be expanded to include representatives of the University of Maine System, Husson College, the State Office of Health Planning, the KAHEC Board of Directors, and the KAHEC Center Director. The committee meets quarterly to advise the Program Director on program development and to plan allocation of educational resources for the KAHEC.

3. Health professions schools participation

Administrators of four health professions programs have endorse participation in the KAHEC programs. Formal agreements between the UNECOM and the following programs will be formalized during the 02 year:

- Husson College Nursing Education Program
- University of Maine (Orono) School of Nursing
- University of New England College of Arts and Sciences:
  - Division of Occupational Therapy
  - New England School of Social Work (MSW)

B. Medical School AHEC Participation

1. AHEC Participation

Federal regulations require that each cooperating school of osteopathic medicine provide for active participation in AHEC activities of the administration and faculty.

In 01 year the Associate Dean for Clinical Affairs served as the primary coordinator of AHEC activities within the College of Osteopathic Medicine. In addition, the Program Director, as a member of the Family Medicine faculty, participated in bi-monthly faculty retreats and the UNECOM Curriculum Committee. Periodic AHEC strategy meetings have been held with the University Administrative Council and the President and the administrative officers of the College of Osteopathic Medicine.

Towards the end of 01 year the UNECOM Associate Dean for Clinical Affairs recommended that the Family Medicine Advisory Council serve as the primary UNECOM advisory group to the AHEC program. This group includes the Family Medicine Department Chair, UNECOM Director of Curriculum, Associate Dean for Clinical Affairs, Department of Community and Preventive Medicine Chair, Director of the Family Medicine Residency Program of the Osteopathic Hospital of Maine, and two community physicians. This community serves as the liaison to the osteopathic community and as the departmental curriculum committee. During its monthly meetings the committee reviews and advises the Associate Dean for Clinical Affairs on AHEC clerkship matters. Together with Curriculum Committee and Faculty Retreat, participation in the monthly activities of the Family Medicine Advisory Council promises to be an effective means of coordinating AHEC activities within the college.

2. The 10 Per cent Requirement

The UNECOM curriculum is designed to prepare osteopathic primary care physicians for the New England area. The stated goals of the College of Osteopathic Medicine are congruent with those of the AHEC programs:

1. To develop physicians who understand in depth and will utilize the premises of osteopathic medicine and the holistic approach to health care, thus providing New England with health care that is distinctly osteopathic in philosophy and orientation.

2. To develop osteopathic physicians who realistically perceive their potentials and limitations as physicians and human beings, and whose primary focus is people and health oriented rather than disease oriented.

3. To educate osteopathic general practitioners who are well qualified to practice family medicine and thereby increase the number of qualified primary care physicians in the New England region.

4. To develop physicians who will practice medicine in the underserved rural and urban areas of New England.

5. To provide health care training at an overall lower cost to society than alternate models

6. To continue New England's tradition of leadership in the development of new health care concepts and techniques.

The University of University of New England College of Osteopathic Medicine (UNECOM) is truly a community-based medical school. From its inception the UNECOM has utilized community-based clinical faculty from the entire New England area throughout its four-year instructional program. That is, pre-clinical as well as clinical clerkship professional courses are taught by practicing physicians. The UNECOM has, therefore, few on-campus clinical faculty; subsequently, few academic clinicians are availble to support AHEC-sponsored programs, although community-based faculty will supervise students in the community setting.

Students undertake community-based clinical experiences in each of the four years, with the last seventeen (17) months being regarded the "clinical rotations "(clerkship program.) Of those seventeen months, sixteen (16) months are required. Students enter the clerkship program in January of their third year and complete the program in May of their fourth year. The clinical rotations reflect the primary care orientation of the educational program:

Required Rotations:(scheduled by Associate Dean)

Medicine	2 months
Surgery	2 months
Emergency Medicine	1 month
Obstetrics/Gynecoloty	1 month
Community Hospital	1 month
Psychiatry	1 month
Pediatrics	1 month

Selective Rotations: (required but scheduled by student)

Office-based General Practice	2 months
Medicine (may be subspecialty)	1 month
Institutional Ecuivalency	1 month
Electives	3 months
New England General Practice	1 month
Office-based General Practice	1 month

The AHEC Clerkship Program will be initiated with the Class of 1989 which has 71 students who will enter the clinical clerkship program in January 1988 (the 03 year) and be eligible to undertake AHEC clerkships in June 1988:* With the Class of 1989 will be initiated a curriculum plan which will provide for each student to undertake at least one rotation in the KAHEC area.

03 Year

Total # clerk months	= 9 X 71 =	639
AHEC months required by 10% requirement	=	64 (256 weeks)

04 Year

Total # clerk months, third year	=9 X 70 =	630
Total # clerk months, fourth year	=8 X 71 =	568
Total # clerk months, 04 year	=	1198
AHEC months required by 10% requirement	=	120 (480 weeks)

05 Year

Total # clerk months, third year	=9 X 70 =	630
Total # clerk months, fourth year	=8 X 70 =	560

Total # clerk months, 05 year	=	1190
AHEC months required by 10% requirment	=	119 (476 weeks)

* It should be noted that the clinical clerkship program is scheduled at least 18 months prior to entry into the clerkship program. This means that clinical clerkships for the Class of 1987 and 1988 were scheduled prior to the approval of the current grant. Also, since nation-wide resources are utilized, cancellation or reassignment of rotations is highly discouraged by the clinical dean. In addition, the January through May period of third-year clerkships is restricted to specific rotations. None of the current KAHEC area clerkship rotations meet these specificiation. This restriction allows only 4 months (June through September) in which to meet the 10% requirements for the Charter AHEC Class. Therefore, the 10% requirement will apply to the Class of 1988 but during the fiscal 03 year 10% of the clerkships for that class will not be conducted in the KAHEC area--through the czzourse of the 03 and 04 year the 10% requirement for that class will be met.

The projected time schedule for expansion of the KAHEC clinical training for UNECOM students and the projected resulting total number of KAHEC rotations are as follows:

Project Year	Activity	Number of Clerk Months	Total KCMs	KCMs * Assigned
02/03	Confirm existing clerkships	72	72	44
	Expand number of Community Hospital rotations	10	82	
	Develop Tribal Community Health Center clerkships at 2 centers	18	100	
	Develop AHEC clerkships	12	112	
04	Establish resident out-reach training	12	124	119
	Develop ambulatory mental health pilot clerkship	12	136	
	Develop additional AHEC clerkships	12	148	
05	Expand the resident out-reach training	12	147	133

* KCM = KAHEC Clerk Months = Number of students trained

3. Provide Post-Graduate Training

The University of New England College of Osteopathic Medicine currently does not provide graduate medical education programs. Two osteopathic hospitals, neither in the KAHEC service area, offer Family Practice/General Practice residency programs: Waterville Osteopathic Hospital and the Osteopathic Hospital of Maine (Portland) are intimately involved in the UNECOM educational program. There are two plans by which UNECOM can meet this requirement.

a. Family Practice Residency Out-reach: Primary care residents of both the Osteopathic Hospital of Maine (Portland) and the Waterville Osteopathic Hospital are intimately involved in the training of UNECOM students while on core rotations at the respective hospitals. OHM also has a contract with UNECOM which provides for residents providing service and

student training at the UNE Health Center. Further, the directors of medical education and directors of the family practice residency programs of both hospitals serve in key positions of the College, including: Chair, Department of Family Medicine, clinical faculty, precpetor, and member of the Dean's Advisory Committee and the Family Practice Advisory Council. While the hospital residency programs are independent, their intimate relationship with the UNECOM is evident.

It is in that spirit of mutual commitment to osteopathic medical education that the graduate program directors propose that they participate in the AHEC program. The Waterville Osteopathic Hospital General Practice Residency directors currently establishes satellite clinics in towns of physician need in which their residents provide services and, if they establish an economical patient base, establish a permanent practice when their residency is completed. WOH proposes to include UNECOM clerks in the satellite training program and where possible extend their satellite outreach into the KAHEC area. They further propose to place residents in 1- to 2- month off-site rotations in clinics within the AHEC area. Through this mechanism they propose that it would be possible to revitalize the clerk training program at the osteopathic hospital in Bangor, if the hospital approved, and enhance clerk training in rural health centers. (See the schedule for implementation of this plan noted above.)

b. College-Coordinated Internship: Last year the College of Osteopathic Medicine was approached by the American Osteopathic Association and encouraged to develop a "college- coordinated internship." This concept allows the development of A.O.A.-approved rotating internships in non-traditional settings. The Associate Dean for Clinical Affairs has tentatively proposed several options, neither of which has been studied in depth. One option would involve a three-hospital consortium, with two of the hospitals being located in the KAHEC area. The UNE Academic Council has endorsed the concept and referred the issue to a faculty committee. The AHEC Program Director will be involved in the study of this program.

4. Train Physician Extenders

There are no Physician Assistant, Nurse Practitioner or Nurse Clinician training programs offered in the State of Maine, nor is there any current plans to establish such a program. Employment and educational data with which to assess the need for these practitioners has been virtually impossible to obtain. Current data and reports suggest that the majority of Physician Assistants are employed in the rural health care system, primarily in the rural health centers (330-funded) and community health centers, including those on the Native American reservations. Reports from these employers have not indicated a critical need for more extenders; however, the Maine Ambulatory Care Coalition (as association which includes the majority of rural health centers and clinics) has reported a need for special, cross-disciplinary training for physician extenders. The KAHEC, therefore, proposes to establish a training program that would qualify physician extenders to attain limited state licensure in radiologic technology. The status of physician extender manpower will continue to be monitored and efforts will be made to establish an agreement with out-of state programs, such as the P.A. program at Northeastern University, to place students in KAHEC clinical training sites.

C. Establish an Area Health Education Center

1. Center Development

The Katahdin Area Health Education Center (KAHEC) is in its initial stages of development, having been formally organized at the outset of the 02 year. During 01 year the initial planning included:

. The establishment of the KAHEC Planning Committee, which included representatives of the four tribal health centers, the Maine Ambulatory Care Coalition, Calais Hospital, Washington County Vocational Technical Institute, Maine Public Health Association, the Central Maine Indian Association, University of Maine Franco-American Center, and an independent health provider. The Committee met at least monthly.

. The establishment of a AHEC Program Field Coordinator position and office at the Passamaquoddy Tribal Learning Center to facilitate the development of the Center and to provide staff assistance to the KAHEC Planning Committee. The coordinator, having fifteen years of health and human services experience in the KAHEC service area, has greatly facilitated the out-reach activities of the Planning Committee.

. The development of linkages with health care delivery agencies, regional educational institutions, and public and private health professions associations and agencies to ascertain needs, training potentials, willingness to work with the KAHEC, and to identify potential Board members

. The development and production of a regional forum at the University of Maine (Orono) for service area community leaders, providers, and health professions educators on the technical nature of an AHEC, problems and issues of rural health care, and the opportunities for the KAHEC.

. The establishment of the Center's philosophical framework and primary goals, non-profit corporate structure and by-laws and the election of officers of the initial Board of Directors. The Board currently awaits legal and federal review of its proposed structure. (See the appendices for the Articles of Incorporation and By-Laws.)

. The establishment of the Center's service area to include the nine most rural counties of the state: Aroostook, Franklin, Hancock, Oxford, Penobscot, Piscataquis, Somerset, Waldo, and Washington. This service area includes 86% of the state land mass, 41% of the population, the majority of the state poor, all three Tribal reservations and the majority of off-reservation Native Americans. (These facts are detailed in the needs section above.)

2. Proposed Organizational Structure

a. Board of Directors: The Katahdin Area Health Education Center (KAHEC) will be a not-for-profit educational corporation which will be governed by a 15-member volunteer board of directors. The board of directors will include two representative of the regional councils, one at-large member, and eight designated members, one each from: the Maine Ambulatory Care Coalition; Central Maine Indian Association; Maine Indian Health

Coalition; Action for Franco-Americans in Maine (ActFAME); Maine Department of Human Services; Maine Consortium for Health Professions Education; and two participating educational institutions. The executive director of the Katahdin AHEC and the AHEC Program Director will be ex-officio members of the Board. Continued funding for meeting costs are requested.

b. Regional Councils: The KAHEC is proposing to serve an enormous geographic area for at least two reasons, the demographic data is a compelling argument for inclusion of all rural areas, and because the health professions educational resources are too limited to consider the establishment of more than one center. Given the philosophical approach to the AHEC concept, community-based control, and the pragmatic consideration of long-term survivability, regionalization appears a logical approach.

Therefore, geographically-determined councils will be established, beginning in the 02 year, to ensure (1) community involvement, (2) accurate assessment of needs, (3) timely and appropriate program activities, (4) maximum efficiency and effectiveness of KAHEC staff, and (5) maximum communication and cooperation between and among health care agencies and educational institutions. Current plans propose at least three regional councils, coastal (Washington and Hancock Counties), mid-state (Penobscot and Piscataquis), and northern (Aroostook), to be established in year 03; and a fourth, western (Somerset, Franklin and Oxford Counties), to be established in year 04. Also in the 04 year Waldo County would be added to the coastal regional council.

The councils will be made up of regional health care providers, consumers, representatives of educational programs serving the area, and community representatives. KAHEC staff will serve as council coordinators. The roles of the regional councils are to (1) nominate representatives to the Board of Directors, (2) recommend to the Board of Directors programing needs for the region, (3) provide counsel on programs targetted for their respective area, and (4) to facilitate the implementation of programs.

c. Advisory Committees and Task Forces: Committees and task forces have not yet been established; however, the current preference is to structure interdisciplinary committees to address needs and develop programs. Certain issues, such as increasing accessibility of formal education programs to specific health providers, may best be addressed by discipline-oriented committees, however. Clarification of the functional structure of regional councils and the Board will emerge from the developmental work underway during the current, 02 year.

3. Administration of the Katahdin AHEC

a. Administrative Offices:The original proposal placed the Center at the Indian Township (Passamaquoddy Tribe) reserve, where the AHEC Field Coordinator's office has been located during the 01 year. Facilitieslimitations on the reserve indicate that the current contract can not be continued. Also since the original proposal was submitted the conceptual framework for the structure of the KAHEC has been broadened to include regional councils and coordinators. This new structure requires reconsideration of the location of the Center as well as determination of location for regional offices.

Current negotiations are under way with the University of Maine (at Orono) for sufficient space to house the Center Director, Administrative Assistant, the mid-state coordinator, and the secretary. This placement of the central KAHEC office seems most advantageous. It places the Director approximately equidistant from the regional boundaries and establishes a close relationship with the state university system. Since the University of New England and the University of Maine System represent all of the graduate health professions programs and the vast majority of baccaluareate health professions programs, it is appropriate that these two institutions serve as major partners in the KAHEC effort.

The Calais Regional Hospital (Washington County) has agreed to serve as host for the AHEC Program Field Coordinator and KAHEC staff at least through the 02 year.. This arrangement is also highly desirable, since Washington County has the greatest needs, is the location of the majority of current AHEC area osteopathic clinical clerkships, is the focus for immediate expansion of the MSW educational program, and includes two of the three Native American communities. The Calais Hospital is also a potential community hospital training site for medical and nursing students. Active involvement with the project could greatly facilitate the development of of this training site.

During the 02 year a site for the northern (Aroostook County) regional office will be determined and regional coordinator recuited.

b. Staffing: The KAHEC currently is funded for a 0.75 FTE Director and a secretary. The Board of Directors has nominated a temporary Center Director and a secretary to begin full time in January 1987. The Director and the Program Field Coordinator will work cooperatively to complete the developmental phase of the current grant.

In the 03 year the Center operational administrative plan will be implemented. A permanent full-time Director, an administrative assistant, 3.0 FTE coordinators and 2.0 FTE secretaries will staff the three regional offices, one of which will also serve as Center office. The Coordinators are viewed as the key to the success of the KAHEC plan. As program facilitators they will be responsible for implementing the Center programs in the region to which he or she is assigned, including such activities as: facilitating student clinical placements; maintaining training records; coordinating continuing professional education; carrying out activities recommended by the regional council and approved by the Center Director and Board of Directors; maintaining liaison with regional primary and secondary schools, health care providers, community planners, etc.; and staffing the regional council. (See the appendicies for job descriptions for all staff position.)

D. Establish Linkages to Manpower Needs Assessments

AHEC regulations require the College of Osteopathic Medicine to assist the KAHEC in developing linkages with the appropriate health manpower assessment agencies.

In 01 year the AHEC office established the initial linkages with the Health Planning Office of the Bureau of Medical Services and collected the availale state health and manpower data bases and collected needs assessment data from recent discipline and educational program studies.That data is

summarized in the needs section.

The state health planning agency collects detailed health manpower data from hospitals, nursing homes and related in-patient facilities; however, it does not completely analyze the manpower data for all occupations, nor does it collect data from ambulatory agencies (through which the majority of rural health care services are provided). During the past year the Bureau of Medical Services, Department of Human Services, with BHCDA funding under the Cooperative Agreement for Development of Comprehensive Primary Health Care Services and at the request of the coalition representing community health centers, analyzed state health data according to Primary Care Analysis Area (PCAA), town, county and community health center service area. This data promises to be a better planning tool in establishing medically underserved areas and manpower shortage areas.

However, because of the limited analysis of manpower data by occupational title and delivery service mode, and because of changing practice patterns for certain occupations, the AHEC Office has been unable to verify enanecdotal reports of ambulatory health service agencies of extreme manpower shortages in specific occupations, notably MSW, Physical Therapy, Occupational Therapy, Speech Pathology, Audiology Technology, and Radiologic Technology.

Consistant with its roles as coordinator of UNECOM AHEC activities and in providing technical assistance to KAHEC, the AHEC Program Office staff will continue to monitor state-wide health manpower planning and support certain manpower studies involving rural Maine and which have implications for the KAHEC.

Medicine: The Maine Compact Program of Maine Department of Education and Cultural Services currently contracts out-of-state training for a select number of students in medicine, dentistry, and veterinary medicine. The legislation establishing the Compact Program also authorized funds for a loan program for osteopathic medicine students. . In 1986, as a result of legislation initiated by the University of New England, osteopathic medical students became eligible to repay their state loan by the same mechanism provided to Compact Program students: through service in a state designated underserved area. The AHEC program currently monitors the activities of the Advisory Committee on Medical Education of the Department of Education And Cultural Services which directs this support program, with an eye towards its development as the state replacement for the National Health Service Corps (NHSC) program.

The NHSC program continues to have corps physicians in the field. The Bureau of Medical Services of the Department of Human Services monitors this program and provides technical assistance to Corps physicians. In its recent contract application to the federal government (Cooperative Agreement for Development of Comprehensive Primary Health Care Services, dated August 1, 1986) the Bureau of Medical Services cites as one of its strategies to assist in the retention and recruitment of providers, "become involved in the Katahdin Area Health Education Center Program." In its proposed by-laws, the KAHEC provides for a representative from the Bureau on the Board of Directors as a means of coordinating Center programs with state planning.

E. Ensure Center Programs Comply with Requirements

The AHEC Program Director and Field Coordinator have met with the KAHEC Board of Directors (and its precursor, the KAHEC Planning Committee) on a monthly basis during the 01 year and todate in the 02 year. The Board has reviewed needs data and educational program and service agency proposals for KAHEC programming. The following programs and their rationale are proposed for implementation in the 03 year are consistent with the needs of rural Maine and federal requirements.

General Rationale for Proposed Programming

In general, very little health professions training occurs in the rural areas of the KAHEC catchment area. The one large city in the area, Bangor, monopolizes the health professionals and the in-patient acute medical and mental health beds, hence monopolizes the health professions training in the five counties. The only graduate medical education program in the five county area, the Dartmouth (College of Medicine) Family Practice Residency Program, is housed at the areas largest acute care hospital, Eastern Maine Medical Center (EMMC) in Bangor. UNECOM has discontinued utilization of the osteopathic hospital in Bangor as a core teaching hospital due to the limited patient base and faculty resources.

Two of the three baccalaureate nursing programs in the KAHEC area also use EMMC as their primary clinical training facility. Training, primarily of technical level health care personnel and nurses, also takes place in the next largest cities, Presque Isle and Ft. Kent. which have the next largest hospitals in the area (110 and 70 beds respectively.) The 13 remaining, rural community hospitals provide no training for baccalaureat and graduate health professions programs. Several health and human service agencies do provide practicum placements for baccalaureate and masters level nursing and social work students. The KAHEC will, for all intents and purposes be breaking new ground as it establishes clinical training experiences in rural health and human service agencies.

1. Undergraduate Osteopathic Medical Education

Focus of the UNECOM KAHEC Clinical Training

As we have noted, the goals of the College of Osteopathic Medicine are specificially to prepare graduates to serve as general practice (primary care) physicians in rural New England. Osteopathic physicians view man as a "unified whole of all his components which inter-relate inseparably in functions, physical and psychological." This basic tenet of holistic medicine encourages them to provide both preventive and curative service on a comprehensive and continuing basis. An essential component of the primary care osteopathic physicians role is to appropriately refer patients to specialists and coordinate that care into a comprehensive health care plan for patients of all ages. The curriculum provides students an opportunity to observe and work with health professionals who are a part of the primary health care delivery system. During the first two years students participate in primarily observatory preceptorship experiences which provide them an opportunity to learn the role of many other health professionals; e.g. optometrists, public health nurses,dentists, physical therapists, occupations therapists, substance abuse counselors, speech and hearing

therapists, nutritionists, home health and hospice care providers, etc. In addition, students develop insight and skills related to health promotion and patient education through a focused didactic and experiential program

The KAHEC rural health clerkship rotations will reinforce and extend insights and skills gained through these preclinical experiences by providing opportunities for student physicians to participate as a provider-learner in the decision making process of managing comprehensive primary care. Because students will by now have developed a level of clinical competence which will allow them to provide direct services and to propose management plans, the students will be held accountable for their knowledge of the health care delivery system, their effectiveness in assessing the health care needs of their patients and their ability to efficiently and effectively coordinate utilization of available services appropriate for the long-term benefit of their patients in their family and cultural context. Hence, the KAHEC clerkships are seen as congruent with the curriculum philosophy and goals and an integral part of the teaching-learning strategies of the educational program.

The innovative nature and geographic isolation of the AHEC clerkships will challenge the faculty to develop means of delivering a consistent academic content for required clerkships and conducting reliable and valid student evaluation. Computer-assisted instruction and evaluation recently implemented in the preclinical program will be piloted in the AHEC clerkships starting with the 03 year. The Associate Dean will be placing microcomputers in selected training sites together with CAI instructional programs, as they become available commercially or college-developed, and training clinical supervisors and staff in their utilization. CAI testing methods will also be developed and piloted. Data bases will be developed which will allow analysis of students clinical competence by rotation.

a. Family Practice Clerkships

The KAHEC will provide support services for the 44 student months of family practice clerkship rotations currently scheduled for UNECOM students in the 03 year. Development work, to be initiated in 02 year, will be directed towards establishing for the 04 year an additional 76 student months of clinical clerkship rotations, including transcultural health experiences in the 3 tribal community health centers, and selected other General Practice, Community hospital, and Equivalency rotations. KAHEC support will include coordinating housing, serving as an information center and communication link for providers and students and UNECOM, and facilitating special training sessions.

b. Model Ambulatory Mental Health Clerkship

In addition, KAHEC staff will assist in the development of the model ambulatory mental health clerkship for 12 students per year and assist in the development of an evaluation protocol by which to assess the effectiveness of the model clerkship as compared to the traditional psychiatric (in-patient) clerkship. Initial discussions with the Aroostook Mental Health Services, Inc. and the Bangor Mental Health Institute indicates that there is considerable interest developing such a pilot clerkship.

2. Graduate Medical Education

Placement of primary care residents in rural health care settings, community hospitals and community health centers, is a high priority for the KAHEC, as well as UNECOM. The KAHEC sees rural services for residents as a strategy for (1) enhancing services to the underserved, (2) increasing undergraduate osteopathic medical student rural training options, and (3) improving recruitment and retention of rural primary care providers.

The KAHEC proposes to work closely with selected rural health care centers and community hospitals and the primary care residency programs in the state to establish (an) agreement(s) for residents to provide service and training in rural settings. The KAHEC will also loan the mobile clinic van (which the University of New England has agreed to donate to the Center) to service providers and educational programs wishing to conduct short-term teaching clinics.

3. Social Work Education

There is an acute shortage of social workers who are trained at the masters level and who have been certified by the state as a Licensed Masters Social Worker (LMSW) or as a Licensed Clinical Social Worker, LCSCW, especially in rural Maine. (In accordance with recently adopted state regulations regarding licensure of social workers, masters level social workers must have one year of clinical experience supervised by an MSW, psychiatrist or psychologist to qualify for LMSW licensure and an additional practicum year to qualify for the independent practice licensure, LCSW. The regulations also require continuing education for continued licensure.) In fact, there are few MSW-prepared social services workers and a shortage of such workers prepared at any level in the rural areas of the state. For example, one private multi-county ~~community~~ counseling agency reported currently having 13 staff openings and having an annual counseling staff turn-over rate of 22%; and it has been reported that there are only four MSWs in Washington County. Several social service agencies have proposed their serving as a major practicum site for MSW students, as a strategy to address their staffing needs. As students complete the MSW program they continue to need community-based programs to meet advanced licensure and continuing education requirements.

Until the recent transfer of the Maine component of the University of Connecticut Northern New England program in social work to the University of New England, Maine has had no indigenous MSW educational program. The University of Connecticut program has offered, and UNE continues to offer, a non-residential MSW program in four sites, Portland, Augusta, Lewiston, and Bangor. Despite the multiple teaching sites, program participation requires hours and hours of commuting for human service providers living in northern, eastern, and western counties of the state. The University of Connecticut has had a long standing plan to expand their out-reach program Down East and into Aroostoock County; however, limited resources have precluded development of the plan.

The University of New England MSW program, therefore, proposes to utilize the KAHEC to expedite the development of the plan to expand programing into the Down East area and Aroostook County, first focusing on establishing a Washington County training site. And, the KAHEC also poses to expand

clinical training in Penobscot County and to develop programs to meet the advanced licensure and continuing education needs of social workers in the KAHEC area.

The KAHEC proposes in the 03 year to facilitate the expansion of the MSW program into Washington and Aroostook Counties by (1) conducting a needs assessment, (2) providing staff assistance to support a community network of social service providers, (3) ascertaining tribal social work education and/or technical assistance needs, and (4) developing training resources for two students begining 1988.

4. Nursing Education

The Maine legislature during the past year passed legislation establishing by 1990 two levels of nursing, the A.D.N. and the B.S.N. The Governor has just completed appointing a commission, required by the legislation, to examine the nursing education system to ensure that it is capable of deliverying the required number of graduates. Nursing education programs are currently examining the dilemmas that face them, relative to this legislation. The comprehensive nursing study out which the legislation was proposed, pointed out not only the need for raising the standards for professional nursing service, but the paradox that recruiting nursing students is increasingly difficult, due to low salary scales and increased career options for capable young women.

Many of the nursing education programs in the state of Maine are, therefore, seeking to increase their potential student pool, both by increasing their recruitment efforts to traditional students and by seeking non-traditional students for their programs. Such a strategy poses several challenges that most nursing education programs have not faced. First, nursing educators need to establish rapport with and provide career information to junior and senior high school students. In counties, such as Hancock, Knox, Oxford, Piscataquis, and Washington, which have no professional level nursing education programs this presents at least a logistical problem. Recruiting non-traditional students, particularly those from counties inaccessible to existing programs, poses unique challenges, such as providing some clinical training in home areas and offering courses at times and places more accessible to working-parent-students. Several nursing programs seek the assistance of the KAHEC to meet these challenges.

The KAHEC proposes to assist the nursing education programs at Husson College, the University of Maine and the University of New England by:

- identifying rural practicums for junior and senior nursing students
- developing health care issues forums in junior and senior high schools utilizing nursing and other health professionals faculty as guest speakers
- coordinating health careers programs for junior and senior high schools utilizing resources of the health professions educational programs
- developing mechanisms by which non-traditional students can meet prerequisites for admission to nurse education programs while

sustaining family and job commitments

- developing, promoting, and implementing a model Preceptor Clinical Practicum for senior generic baccaluareate nursing students to develop proficiency in rural community hospital nursing.

- assisting nurse education faculties identify resources to develop bilinqual/bicultural teaching/learning opportunities

- establishing an ADN satellite program in Washington County

The KAHEC will in the 03 year place 8 nursing students in rural practicums, establish a health careers resource network and impact plan for select junior and senior high schools, establish a dialogue between deans, nurses and hospital nursing administrators regarding strategies to increase students awareness and readiness to accept health care challenges in the rural area, promote participation of nursing faculty in the multicultural health interest group, and review nursing education needs in Washington County.

5. Allied Health Education

Anecdotal evidence suggests that not only are there few allied health specialists such as occupational and physical therapists serving rural Maine, but that their numbers are declining, despite the advent of educational training programs in the state. The available data (presented in the needs section above) confirms the subjective data that allied health specialists are located disproportionately in the cities of the state. For example, excluding the Bangor metropolitan area, there are only eight occupational therapists in the five northeast counties. The limited number of therapists compounds the problems of recruiting practitioners to the rural underserved areas through strategic clinical training, since training supervisors are not available. The fact that there are few students from the underserved counties enrolled in allied health educational programs may also reflect lack of role model practitioners in these areas. Changes in practice patterns (from institutions to fee-for-practice) of these practitioners may also compound the problems of data collection and assessment of underserved areas. Current state manpower data for these occupations do not provide adequate insight into state and regional manpower needs or practitioners continuing education needs, nor are national surveys insightful.

The KAHEC will initiate activities which are directed towards analyzing and creatively addressing these allied health manpower needs on a regional basis. Specifically it will:

- identify critical regional service needs and develop strategies by which to address those needs, e.g. arrange "clinic projects" for therapy students and faculty;

- develop at least one clinical training site in each region;

- encourage allied health educators to participate in junior and senior high school health issues forums and career information programs.

In the 03 year the KAHEC will initiate these activities for occupational therapy. The KAHEC will contract with the University of New England Divison of Occupational Therapy to provide 1.0 FTE O.T. to establish clinical training sites, supervisize trainaing experiences for 6 students and to provide technical assistance to schools and service agencies in developing plans to address their service needs. The KAHEC will initiate similar activities in the 04 year for Physical Therapy, and in the 05 year for Speech and Audiology.

6. Native-American Youth Development Program

Assessments of the KAHEC service area during 01 year revealed significant barriers to employing traditional health careers promotion and recruitment strategies for Maine rural disadvantaged youth. As we have previously noted, in the economically disadvantaged counties of Maine (which represents most of the KAHEC service area) approximately one-third of the adults have not completed high school, the high school dropout rate is above the national average, there is the highest reported rate of teenage pregnancy in the nation (Washington County), the state reports New England's highest rate of alcohol and drug abuse amongst its teenagers, and family violence is estimated to be well above the national average. American Indian, Franco-American and Anglo-American community leaders and educators report that these youth have low self-esteem, low motivation to pursue educational goals, and have few or no role models for professional careers. These facts militate against the majority of youth of the rural areas of the KAHEC area having the potential for pursuing health professions careers.

It is, therefore, proposed that health careers programs targetted for the most disadvantaged youth be built on preparatory programs which address the basic issues: motivation, self-esteem, and community support. And, keeping with ~~the philosophical perspective of program advisors, it is proposed that~~ such preparatory programs be developed through the collaborative efforts of the communities concerned, with AHEC resources being used to support community efforts. The University of Maine, the University of New England, the Native American communities, and the Maine Department of Education and Cultural Services, in particular, have persons concerned with and knowledgeable about youth development, multicultural education and related issues who can be a resource to community leaders. In addition, there are a number of U.S. and Canadian national programs for multicultural, rural, and Native American youth development that can serve as models.

During the 03 and 04 years KAHEC will support planning and programming for Native American youth which is being coordinated by the tribal representatives on the KAHEC Board of Directors. During the 04 and 05 years support will be directed towards rural Franco-American and Anglo-American youth.

7. Continuing Education

There is a significant amount of continuing professional and medical education being offered in Maine. The Maine Consortium for Health Professions Education (MCHPE), whose central purpose is coordinating continuing education, describes 30 of its more than 50 members as major CPE providers. The majority of continuing medical education is offered by the major hospitals of Augusta, Bangor and Portland, including the Va Hospital

CHEP program, the University of Maine Office of Health Professions/ Maine/Tufts AHEC special initiatives, and the UNECOM Office of Continuing Education (the only source of A.O.A. Catagory 1 CME.) The MCHPE monthly CPE publication lists an impressive array of CME programs in the state.

Nonetheless, the KAHEC rural health forum, the Department of Human Services survey previously noted, and the MCHPE continuing education needs survey, all completed during this past year, all cite continuing education as a critical need for rural health and human service providers. Discussions with community hospital in-service educators, rural human services agency administrators, and administrators of community health centers point out the need for three kinds of continuing education programing.

First, current topics conference/workshop/lecture. This mode of CPE is most readily available in major cities in Maine. Rural providers express the opinion that they can not or do not take full advantage of the available current topics CPE either because it is offered too far away, they have too few staff to be able to release anyone, or because presentors do not describe means of applying the techniques or theory to their situation. Second, in-service training. Rural providers favor CPE which is designed for their particular situation and which is accessible to many staff. Hospitals have had such in-service programs and designated staff to develop and conduct/coordinate programs. Currently, however, small hospitals training funds are decreasing and small community health centers and human service agencies do not have such training staff positions. Third, continuing academic education for career advancement. As has been emphasized, health professions education is very limited in the state. Outreach baccalaureate and masters level education is beginning to emerge in several professions, notably nursing and social work, but even those programs do not yet meet the needs of the rural providers. Many health-related professions have no in-state ~~graduate programs~~ at all. Implicit in the AHEC philosophy is ~~a~~ fourth mechanism of continuing education: the intellectual challenge and exchange involved in clinical teaching of health professions students. Again, rural providers have had little opportunity to participate in this activity.

If one assumes that the ability of the health practitioner to provide quality health and human services is dependent upon the ability of the provider to stay current in the knowledge and practice of his or her discipline, one must conclude that rural providers in Maine are particularly vulnerable. They are out of the mainstream of the flow of current knowledge and are often in settings where there is limited incentive to stay abreast.

The KAHEC proposes that developing practical and economical mechanisms for deliverying continuing education to rural health providers is a central strategy for both improving the quality of rural health care and for improving recruitment and retention of providers. Several modes of delivery have already been described, i.e. bringing rural providers into the mainstream of health professions education through rural clinical practicums, supporting networks of providers as a means of enhancing intra- and inter-discipline communication on critical health issues and provider needs, and facilitating the development of academic health professions out-reach programs. In addition, the KAHEC proposes to:

. utilize the regional councils to identify CPE needs, to lobby CPE providers to bring programs to the catchment area, and to coordinate

the collective resources to meet regional needs;

- support the production of continuing education conferences designed for specific health provider groups: community hospitals, community health centers, service agencies, and independent provider groups, and deliver the productions to requesting agencies;

- establish contractual agreements with educational institutions/ programs such that faculty of supported educational programs provide technical assistance to providers as part of the institutions cost sharing;

- contract specialist consultants to provide in-service training and clinical review for specific provider groups and their clinical students;

- specifically ensure that NHSC and Maine Compact providers have access to continuing professional education which meets their needs

In the 03 year the KAHEC initiate a coordinating effort which will establish a Down East Regional Council CPE Committee, develop a provider resource data base for the Northern and Down East regions, bring currently available applicable CME programs are brought to atleast two rural sites, and fund at least one health promotion conference to be delivered to the 13 small rural community hospitals, and provide clinical case review in-service sessions in at least four rural community health centers.

8. Transcultural Health Advocacy and Curriculum Development

A central concern of the KAHEC Board of Directors is health promotion and ~~disease~~ prevention. As we have noted a number of rural health needs assessments conducted during the past year have pointed up the need for health professionals to incorporate and emphasize health promotion in their health care management strategies. The experience of members of the Board, however, suggest that health professionals are ill-prepared to provide such consultation taking into account the cultural values and practices and native languages of their clients. The Board has, therefore, established transcultural health awareness a imperative for health professions training programs and consumer education programs which it sponsors.

In 01 year, the AHEC Program Office initiated the development of a Franco-American and American Indian transcultural health curriculum data base which will be completed in year 02. This mini-computer-based bibilographic file will be housed at the Franco-American Resource Oppor-tunity Group (F.A.R.O.G.) Center of the University of Maine (Orono). This data base will be available through direct transmission and hard copy to health professions educators to assist them in developing and refining transcultural health courses for health professions students.

Efforts are also under way to establish a network of health professions educators and practitioners concerned with transcultural health issues. A professor of the Division of Liberal Learning of the UNE College of Arts and Sciences (cooperating allied health training center) serves as the coordinator of the network. The interest group will: serve as an advocacy group for increasing awareness of transcultural health issues; serve as peer

advisors to transcultural health educators; develop strategies for increasing transcultural content in health professions curricula; promote student and faculty research in transcultural health issues; and promote increased awareness of cultural issues in health care delivery.

During this grant cycle the KAHEC will establish a management system for maintaining the bibliographic system and processing requests; communicate cultural health issues to the Maine community through appropriate existing multicultural publications, such as the University of Maine MOSIAC, and produce an annual transcultural health in-service education program for state health professions educators.

III. PROGRESS REPORT

The UNE AHEC Project was been funded for two years, beginning October 1, 1985. The project is still in the first quarter of the 02 year funding. Planning and development of the Katahdin Area Health Education Center (KAHEC) has proceeded in accordance with program goals and federal guidelines.

A. Summary of First Year Progress

1. Establish AHEC Program Office

An office was established in the College of Osteopathic Medicine and a program director, field coordinator and secretary recruited and hired. The office is fully equipped and the staff has become an integral part of the University academic and administrative community.

2. Establish AHEC program advisory committee

An internal (UNE) advisory committee was established. This committee provided guidance to the Director on statewide resources and provided personal linkages to those resources, reviewed program proposals, and provided technical assistance to the KAHEC Planning Committee as requested. In the latter part of the 01 year the UNECOM Family Practice Advisory Committee became the UNECOM advisor to the AHEC Program for development of KAHEC medical student clerkships. That committee will continue as the UNECOM link to the KAHEC program: approving rotations and clinical faculty, monitoring quality of training, and making curriculum recommendations to the Dean and UNECOM Curriculum Committee.

3. Plan One AHEC Center

A Katahdin Area Health Education Center Planning Committee was established in December (within one month of the arrival of the Program Director) and the committee met atleast monthly throughout the first year. During the first year the Planning Committee developed strategies for broadening the base of involvement and established the program priorities.

4. Establish linkages with state health planning agencies and health professions educational programs

The Program staff established communications with each of the state departments which will have particular interest in the activities of the KAHEC: Human Services, Education and Cultural Services, and specific bureaus and offices within each of those departments. Manpower data sources were identified, pertinent state planning documents were reviewed,, and briefings on the KAHEC program were conducted for administrative leaders of key agencies and for state legislators. The effectiveness of these efforts is evidenced by the Office of Health Planning, Bureau of Medicine Services, 1986 Cooperative Agreement for Development of Comprehensive Primary Health Care Services with the federal government cites as one of its strategies to assist in the retention and recruitment of providers, "become involved in the Katahdin Area Health Education Center Program."

Administrators and selected faculty of health professions programs from eleven post-secondary education institutions were interviewed and briefed on the AHEC concept. In addition the KAHEC Planning Committee held a conference on the KAHEC to which educational administrators of statewide programs were invited. Educational institutions were also kept abreast of KAHEC development through the Program Director's participation in the Maine Consortium for Health Professions Education.

5. Establish linkages with potential training sites in the KAHEC service area

On-site visits and briefings of staff of health service agencies were conducted throughout the year. Target agents included: two regional community mental health agencies (repressenting services in five counties); coalition for community health centers (representing more than 20 centers); thirteen rural community hospitals; three regional home health agencies (representing six counties); two osteopathic graduate medical education programs; numerous private providers; and state human service provider systems. In addition, providers in the service area were invited to the KAHEC forum in June, 1986.

6. Establish linkages with continuing professional education providers

The Program Director was elected to the Board of Trustees and Executive Committee of the Maine Consortium for Health Professions Education, the statewide consortium concerned with coordination of continuing professional education. This activity has established communication with the major sources of continuing medical and professional education.

B. AHEC Goals and Objectives - Year 02

The following goals and objectives were proposed for the 02 year in the non-competitive continuation proposal submitted January 1986.

Goal 1. Clarify KAHEC program goals

Objectives:

1.1 Establish program priorities
1.2 Determine program resource needs
1.3 Assess KAHEC training capacity

Goal 2. Clarify KAHEC organizational structure

Objectives:

2.1 Identify participating agents
2.2 Clarify institutional linkages
2.3 Develop contractual agreements
2.4 Propose KAHEC Board of Directors
2.5 Propose AHEC Program Advisory Committee
2.6 Hire Center staff

2.7 Draft KAHEC Articles of Incorporation
2.8 Obtain federal AHEC staff approval of contracts, board, committee and staff

Goals 3. Plan clinical training programs

Objectives:

3.1 Select health professions programs
3.2 Develop transcultural health network and curriculum
3.3 Plan KAHEC Resource Center
3.4 Establish continuing health professions education linkages
3.5 Initiate planning for career development program

Goal 4. Develop alternative funding strategies

Objectives:

4.1 Conduct public relations
4.2 Identify alternative funding sources
4.3 Initiate discussions with potential funding sources
4.4 Develop and submit proposals for funding

Goal 5. Design and implement evaluation plan

Objectives:

5.1 Evaluate program and Center compliance with federal guidelines
5.2 Develop plan for evaluating Center programs
5.3 Develop plan for assessing program impact

C. Progress Towards Second Year Goals

1. Goal: Clarify KAHEC program goals

The major effort of the AHEC Program Director, Program Field Coordinator and the KAHEC Board of Directors has been directed towards this goals. To-date program priorities have been established, programs which will initially participate in the KAHEC have been identified, and potential training sites have been identified. Letters of support and intent to participate have been provided by both educational programs and service agencies. The second quarter of this 02 year will be devoted to clarifying training requirements in order to assess specific training resource needs. In the third quarter specific contractual agreements specifying commitments can be finalized. The efforts to-date are best evidenced by the programs proposed in Section II of this report.

2. Goal: Clarify organizational structure

As a result of planning efforts the KAHEC Planning Committee has determined that a nonprofit corporation provides the only practical means of establishing a center, and that only one center is feasible given the medical school resources of the state. Subsequent to this determination the

Committee: established its members as the initial Board of Directors, developed Articles of Incorporation and By-laws, established officers of the corporation, and designed a structure based on regional advisory councils (described in detail in Section II.) The formal documents describing the organization were forwarded for approval to the national AHEC Office in December 1986.

The Board has deferred hiring a permanent director until continuity of the program can be assured cnadidates. A temporary full-time director and secretary will be hired to start in January. The candidate, a nurse educator who has participated in the planning process, has agreed to serve in this capacity only through the remainder of the 02 year when she will enter graduate school. Official Board action on this position will take place at the January 13 meeting, and employment will be effective immediately.

Formal contractual agreements between UNECOM, KAHEC and participating schools will be finalized for approval in the second quarter of the 02 year. Initial participating educational institutions will include Husson College (nursing), University of Maine (Orono, Nursing), and University of New England College of Arts and Sciences (occupational therapy, nursing, and social work.)

3. Goal: Plan clinical training programs

As noted above and described in Section II, the health programs to be involved in the 03 year implementation have been identified and program administrators have expressed in writing their intent to participate. Development of those plans is moving ahead in a timely fashion. More specifically:

. The AHEC Program Director and/or the UNECOM Associate Dean for Clinical Affairs has met with each of the clinical training site supervisors to confirm cooperation and begin the process of designing the specific clerkshi rotation. That process will continue through the remainder of the 02 year. In January of this 02 year student clerkships assignments, which have tentatively been made, will be confirmed.

. The MSW program coordinator has held an orientation meeting for potential Washington County students and has attended one Washington County social services providers meeting. These meetings have confirmed need and wommunity support for the program. A number of Washington County students have enrolled for core courses which will be held in Penobscot County starting the second quarter of this (02) year, with the understanding that courses will be available in Washington County during the next academic year.

. The first health professions faculty development seminar on transcultural health was held during the 01 year, supported by the AHEC Program and the UNE College of Arts and Science. The guest author, Rachel Spector, R.N., Ph.D., has expressed interest in participating in and helping with the development of a transcultural health interest group. This process is moving

forward even though the coordinator of this project has been in Paris on Sabbatical during the past six months. A key element in the curriculum development process is the development of the bibliography on Native American and Franco-American health professions curriculum initiated by the AHEC Program in the 01 year and coordinated by Central Maine Indian Association. The initial report of this project should be available in the third quarter of the 02 year when the first meeting of the interest group is tentatively planned.

. The Program Director has established linkages with the major providers of continuing professional education through the Maine Consortium on Health Professions Education (MCHPE.) As a member of the MCHPE Board of Trustees and Executive Committee, the Director has established a working relationship with the more than fifty (50) institutions and associations which offer C.P.E. Discussions with the Exective Director of MCHPE regarding the KAHEC serving as a coordinator of appropriate MCHPE-sponsored programs in its service area have been very favorably received. It is expected that a MCHPE Board of Directors planning retreat to be held in January will further clarify this relationship.

Favorable discussions have also been held with another important group which is not a member of MCHPE. The CHEQUE group represents in-service educators of thirteen small community hospitals in the KAHEC service area. These individuals are key contacts in their respective institutions with regard both to establishing community linkages for health promotion education programming and to gaining access to health providers for transcultural health programming. Elsewhere in this proposal we have requested funds to produce a major staff in-service program which will be delived on site at each of the community hospitals.

. Two exploratory meetings regarding Native American youth development progamming have been held during the first quarter of the 02 year. The directors of the tribal community health centers of the three reservations proposed this program initiative as an on-going community effort which will support and enhance existing national Native American health career camps. The directors will continue to serve as the planning committee for this project. The AHEC Program Field Coordinator, who previously worked as a health planner for one of the reservations for five years, will provide staff assistance to this group as required.

. No definitive plans for a resource center have been developed. However, it is clear from the experience of the Program Field Coordinator and the Program Director that the public looks to the AHEC for information on health careers and employment. As health promotion and health careers programs for secondary school children are developed and offered in the KAHEC regions, KAHEC coordinators can be expected to become natural contact points for their constituents. Formal plans for development of a resource center will await KAHEC staffing.

4. Goal: Develop alternative funding strategies

The majority of the planning development efforts of the AHEC Program staff have been guided by the "future funding imperative." Activities to-date have been directed towards gaining statewide recognition of the KAHEC development and emphasized the potential of the KAHEC to help address rural Maine health manpower issues. The success of this effort is evidenced by the previously noted state health planning office BCHDA primary care grant proposal notation of working with the KAHEC as part of their manpower strategy. Statewide awareness of the KAHEC was greatly increased during the Maine Department of Human Services (Bureau of Medical Services) conference on rural health care held during this month (December.) This conference, the first of its kind in Maine, brought together providers, consumers, boards of provider agencies, and state and federal legislators to discuss the health care problems of rural Maine. Both the AHEC Program Director and Field Coordinator were selected by the Bureau to serve as moderators and facilitators of working sessions of the conference.Special attention has also been paid to individually informing state and federal legislators about the AHEC program, and in briefing the leadership of the University of Maine System and regional campuses.

That is, the current long-term funding strategies are intended to inform key decision makers about the AHEC concept and the potential of the KAHEC and to seek limited matching support. This strategy has appeared to be having success, since both one hospital and the University of Maine have indicated a willingness to host KAHEC offices at reduced or no cost. The current strategy is to seek increasing matching funding from the educational institutions which participate in KAHEC programs. Long term, comprehensive funding will necessarily involve other funding sources--sources which are most likely to become committed to the such support when they have benefitted from the KAHEC programs.

It is important to recognize that the host of the AHEC Program is a private institution and an osteopathic medical school, categories of institutions which are not supported by Maine general public funds, and particular entities which are relatively new on the state scene and therfore not well known. This fact requires caution and careful political strategies in developing long term funding. Developing and supporting this funding strategy will be the central concern of the Program Advisory Committe.

Specific future funding sources are unknown at this time. As noted previously the current expectations for institutionalization of the program are:

. Medical and Allied health training programs will underwrite all costs associated with their respective programs, including student expenses, and proportional costs of KAHEC administration (staff costs, etc.)

. KAHEC administrative office space will be provided at no cost by host facilities.

. Continuing education efforts will be self-supporting through registration fees.

. Federal and state grants will be obtained to develop specific initiatives

. State grants will be obtained to provide specific services (e.g. monitor the state Compact Program)

. State AHEC legislation will be proposed when the KAHEC has been sufficiently established and successful to gain legislative support--possibly in the 04 year

5. Design and implement evaluation plan

The parameters of the evaluation plan have been proposed. They are presented in Section II of this proposal. Section II of this proposal also presents the case of federal program compliance to-date. During the second quarter of the 02 year this plan will be refined with the assistance of a consultant and presented to the Program Advisory Committee for approval.

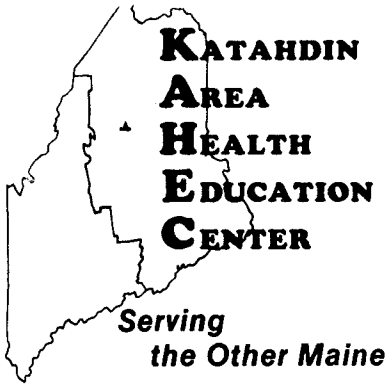
PROGRAM QUARTERLY ACTIVITY PLAN: 02 Years

ACTIVITY	03 1	2	3	4
Center Development				
Articles of Incorporation approved				
Board of Directors	x			
Federal office		x		
Filed		x		
Temporary Director hired		x		
Permanent Director recruited		x		
Center staff recruited			x	
Regional Council development		x		
Board of Directors meetings	x...	x	x	x
Contractual agreements finalized				
UNECOM/KAHEC -		x		
UNECOM/Resource schools -		x		
KAHEC/Education programs -			x	
Develop personnel policies -		x		
Develop student policies and procedures		x		
Medical Student Training Planning				
Confirm Class of 1989 rotation assignments		x		
Confirm rotation objectives				
Family Practice Advisory Committee			x	
UNECOM Curriculum Committee				x
Clarify objectives with clinical trainers				x
Social Work Program Planning				
Conduct Washington County program orientation	x			
Develop W.C. community program support network	x			
Identify W.C. sites for courses and library support		x		
Identify W.C. clinical training sites		x		
Enroll W.C. students in pre-clinical courses		x		
Occupational Therapy Program Planning				
Meet with KAHEC area O.T.s		x		
Survey KAHEC O.T. service users		x		
Recruit O.T. supervisor		x		
Nursing Program Planning				
Confirm program practicum objectives		x		
Confirm practicum assignments			x	
Survey community hospital nursing executives			x	
Plan outreach programs			x	

Activity, Cont'd	1	2	3	4
Native American Youth Development				
Initial discussions	x			
Identify organizational group		x		
Preliminary planning		x		
Continuing Professional Education Planning				
Coordinate planning with MCHPE	x			
Identify CPE issues for 03 year programs				
Community health centers		x		
Community mental health centers		x		
CHEQUE		x		
Independent providers		x		
Transcultural Health Planning				
Identify potential interest group members	x			
Send information to potential members		x		
Contract publication for TCH articles				x
Career Development Planning				
Confer with school counselors association		x		
Identify target schools for programming		x		
Coordinate program plans with resource schools			x	
Program Evaluation Development				
Develop initial outline	x			
Consult with evaluation advisor		x		
Finalize plan		x		
Program Advisory Committee review			x	
KAHEC Board of Directors briefing				x

CONTINUING OPERATIONAL PROPOSAL

1988-89



JAMES L. ROSS, Ph.D.
Executive Director
KAHEC Central
222 East Annex
Beddington Road
Orono, Maine 04469
(207) 581-2371

KATAHDIN AREA HEALTH EDUCATION CENTER

1988 - 1989

CONTINUATION PROPOSAL

Claire Bolduc, Coordinator
Penquis Region

Arlene Keaton, Coordinator
Aroostook Region

Bo Yerxa, Coordinator
Downeast Region

(SEE INSTRUCTIONS)

DIRECT COSTS ONLY

GRANT NUMBER: 5U76PE00208 04

I.D. NUMBER:

A. NONTRAINEE EXPENSES

DOLLAR AMOUNT REQUESTED (Omit Cents)

PERSONNEL (Do not list trainees)

NAME	POSITION TITLE	TIME/EFFORT %	TIME/EFFORT Hours per week	SALARY	FRINGE BENEFITS	TOTALS
James L. Ross, Ph.D.	Executive Director	100		$ 30449	$ 3260	$ 33709
William Yerxa	Reg. Coordinator	100		24360	4385	28745
Claire Bolduc	Reg. Coordinator	100		24360	4385	28745
Arlene Keaton	Reg. Coordinator	100		23100	4158	27258
TBA	Reg. Coordinator	100		23100	4158	27258
Nancy King	Admn. Assistant	100	40	16380	2948	19328
Ruth Smith	Secretary	100	40	12600	2160	14760
Carol Halsted	Secretary	50	20	6300	1134	7434
Cynthia Daigle	Secretary	50	20	6300	1134	7434
TBA	Secretary	50	20	6300	1134	7434
TBA	OT Clinical Supv.	100		10631	1914	12545
TBA	Speech/Hearing Supv			10631	1914	12545
	SUBTOTALS →			$ 194511	$ 32684	$227195

CONSULTANT COSTS

see attached detail — $ 18190

EQUIPMENT (Itemize)

see attached detail — $ 3165

SUPPLIES (Itemize by category)

see attached detail — $ 52260

STAFF TRAVEL

see attached detail — $ 34146

OTHER EXPENSES (Itemize by category)

see attached detail — $ 64714

SUBTOTAL (Section A) → $399670

B. TRAINEE EXPENSES (See Instructions)

TRAINEE COSTS

Predoctoral Stipends	No. requested:	$
Postdoctoral Stipends	No. requested:	$
Other (Specify)	No. requested:	$
TOTAL STIPENDS →		$
Tuition and Fees		$
TOTAL TRAINEE COSTS →		$

TRAINEE TRAVEL (Describe)

see attached detail — $ 71092

SUBTOTAL (Section B) → $ 71092

C. TOTAL DIRECT COST (Add Subtotals A and B) → $ 470762

KAHEC CENTER
DETAILED BUDGET
YEAR 04

PERSONNEL

Position	% Time	Match	Salary	Fringe	Total
J. L. Ross, Ph.D. Executive Director	100	9459	30449	3260	33709
Regional Coordinator: Yerxa	100	-0-	24360	4385	28745
Regional Coordinator: Bolduc	100	-0-	24360	4385	28745
Regional Coordinator: Keaton	100	-0-	23100	4158	27258
TBA: Regional Coordinator	100	-0-	23100	4158	27258
Admn. Assistant: King	100	-0-	16380	2948	19328
Secretary: Smith	100	-0-	12600	2160	14760
Secretary: Halsted	50	-0-	6300	1134	7434
Secretary: Daigle	50	-0-	6300	1134	7434
TBA: Secretary	50	-0-	6300	1134	7434
OT Clinical Supervisor:	100	20908	10631	1914	12545
Speech and Hearing Supervisor:	100	20908	10631	1914	12545
TOTAL		51275	194511	32684	227195

KAHEC CENTER DETAILED BUDGET- YEAR 04

CONSULTANTS	MATCH	REQUESTED	TOTAL REQUEST
Undetermined Clinical Faculty: 40 hrs. @ $140/hr. (5600), travel @ 500 mi/trip x .21 x 10 (1050),per diem @ $27-meals x 10 (270)		6920	
Transcultural Health Curriculum Development: Consultant @ .20 FTE (5600), travel @ 3000 mi x .21 (630) and per diem @ $27-meals x 20 (540)		6770	
Native American Youth Development: Native American youth development personnel, .50 FTE (12500), travel 350 mi/trip x 40 x .21 (2940), per diem @ $27-meals x 40 (1080), supplies (480).	12500	4500	18190
EQUIPMENT			
1 Executive desk @ 300		300	
1 Executive Chair @ 200		200	
1 Secretarial desk @ 400		400	
1 Secretarial chair @ 125		125	
1 Vertical file @ 300		300	
1 lamp @ 30		30	
2 bookcases @ 100		200	
1 electronic typewriter @ 1060		1060	
1 telephone answering machine @ 100		100	
1 dictaphone @ 100		100	
1 dictaphone transcriber @ 350		350	
			3165

KAHEC CENTER DETAILED BUDGET - YR 04

	MATCH	REQUESTED	TOTAL REQUEST
SUPPLIES-KAHEC CENTER AND REGIONAL OFFICES			
General Office			
Center (2500), 4 @ 937.50 ea.		6250	
Postage: Center (2000), 4 @ 750 ea.		5000	
Audio-Visual:		4500	
Printing/Photocopy			
Center (5000), 4 @ 750 ea.		8000	
Student Orientation Brochure		1560	
Teaching references for training		4000	
Publications/Subscriptions			
Center (1000), 4 @ 375 ea.		2500	
Mosaic- multicultural publication		3450	
Telephone			
283.33/mo x 12 x 5 offices		17000	
			52260
STAFF TRAVEL			
Out-of-State: Director- 2 National AHEC meetings @ 740		1480	
In-State: Director-100 trips x 200 mi. @ .21/mi (4200), 80 trips @ 125 mi @ .21 (2100), 8 days per diem 87.60 (700), 30 days @ 27/day expenses away from office (810)		7810	
In-State: Regional Coordinators- 50 trips x 200 mi. x .21 (2100), 68 trips x 125 mi @ .21 (1785), 40 days @ 27/day expenses away from office (1080), 4 days per diem @ 87.60 (350) x 4 coordinators		21260	
OT Clinical Supervisor			
6 trips @ 425 mi/trip x .21 (536), per diem @ 87.60 x 6 (526)		1062	
OT Preceptor Supervisor			
12 trips x 425 mi/trip @ .21 (1071)		1071	
Speech and Hearing Clinical Supervisor			
6 trips @ 375 mi/trip x .21 (473)		473	
State conferences- registration $33 x 30		990	34146

KAHEC CENTER DETAILED BUDGET- YEAR 04

	MATCH	REQUESTED	TOTAL REQUEST
RECRUITING			
Regional Coordinator		900	900
SOCIAL WORK PROGRAM			
Staff Assistant		5000	
travel, 3000 mi x .21/mi		630	
telephone		1000	
clerical 520 hrs. x $5/hr.		2600	
clinical faculty in-service	2200		
			9230
PHYSICIAN ASSISTANT CROSS-TRAINING			
Trainers - 168 hrs. @ $25/hr.		4200	
travel, 4600 mi. x .21/mi.		966	
			5166
BOARD OF DIRECTORS			
meeting expenses, 8 x $37.50		300	
travel- 15 members x 150 mi x 8 meetings per year x .21		3780	
			4080
REGIONAL COUNCILS			
meeting costs, 6 x $37.50 x 4 councils		900	900
TRANSCULTURAL HEALTH ADVOCACY			
Transcultural in-service and data base management		1000	1000
CONTINUING EDUCATION			
travel 400 mi. x 12 trips x .21/mi.		1008	
supplies		1498	
administrative support 125 hrs. @ $ 7/hr.	1127	875	
			3381
VA CHEP, Northern Maine RAISE, MCHP co-sponsership 15 sessions, 32 hrs. each @ $25/hr. ($12000), brochures, supplies (3750).	15750		

KAHEC CENTER DETAILED BUDGET- YEAR 04

	MATCH	REQUESTED	TOTAL REQUEST
MOBILE MEDICAL VAN			
operating expenses: insurance (2500), maintenance (1900), travel preparation $120 x 6/yr. (720), gasoline/oil (800), driver 29 hrs. per year @ $10/hr (290)	14000	6210	6210
PRECEPTORS			
112 mo. x 100		11200	11200
SPACE RENTAL			
Center offices: 3 rooms @ 300/mo. each x 12	10800		
Regional Offices: 2 rooms @ 300/mo. each x 12 x 4 sites	6153	22647	22647
SUBTOTAL SECTION A:			399670

KAHEC CENTER DETAILED BUDGET- YEAR 04

	MATCH	REQUESTED	TOTAL REQUEST
B. TRAINEE TRAVEL			
OSTEOPATHIC CLINICAL CLERKSHIPS			
subsistence-448 student wks. x 75/wk.		33600	
travel-112 students x 425 mi. @ .21/mi.		9996	43596
NURSING CLERKSHIPS			
subsistence-120 student wks @ $75/wk.		9000	
travel-12 students x 375 mi. x .21/mi.		945	
travel-14 students x 129 mi. x 2 x .21/mi.		759	10704
Nursing Faculty: .15 FTE (4500) travel 506 mi x .21/mi. x 4 faculty (425) per diem @ 87.60 x 7 days x 4 faculty (2453)	7378		
ALLIED HEALTH CLERKSHIPS			
OT subsistence:			
Level I-6 students x 14 days @ $10/day		840	
Level II-72 student wks @ $75/wk		5400	
Model OT-48 student wks @ $75/wk		3600	
Travel-16 students x 425 miles @ .21/mi.		1428	11268
Speech and Hearing subsistence:			
18 students x 7 days @ $10/day		1260	
travel-18 students x 375 miles @ .21/		1418	2678
PT subsistence:			
CP I-18 students wks @ $75/wk		1350	
CP II-8 student wks @ $75/wk		600	
CP III-6 student wks @ $75/wk		450	
travel-6 students @425 miles x .21		446	2846
SUBTOTAL: SECTION B			71092
SUBTOTAL: SECTION A			399670
TOTAL DIRECT COST:			$470762
CENTER TOTAL MATCH	121183		
TOTAL CENTER OFFICE (MATCH & REQUESTED)			$591945

KAHEC CENTER
DETAILED BUDGET YEAR-04

	MATCH
Personnel:	51275
Youth Development:	12500
Social Work:	2200
Continuing Education:	16877
Mobil Medical Van:	14000
Nursing:	7378
Space:	16953
Total Match	$121183

PERSONNEL:

Salaries:

Salaries reflect those actually offered to professional staff in year three. It was the desire of the KAHEC Board of Directors to obtain the services of the most qualified persons available, and the salaries are equivalent to those received by professional staff in their previous positions and/or reflect their equivalent experience. In year three these base salaries were: Director, $34,842; Downeast Coordinator, $23,200; Penquis Coordinator, $23,200; Aroostook Coordinator, $22,000; Administrative Assistant, $7.50/hr.

Salaries offered in year threee serve as the basis for these positions in year four. Each position has been budgeted at a five percent increase over year one, and all positions have been budgeted at a fringe benefit rate of eighteen percent. Funds are being requested to continue support for all KAHEC staff personnel employed in the last year.

Western Regional Coordinator: Funds are being requested to establish this position in the coming year. This individual will have primary responsibilities comparable to the Downeast, Penquis and Aroostook Regional Coordinators. The Western Coordinator will permit the KAHEC to extend it's programmatic efforts into Franklin, Oxford and Somerset Counties. At the same time Waldo County will be incorporated into either the Downeast or Penquis regional program. In this manner the KAHEC will realize its objective of delivering programs to the nine most critically underserved, rural Counties in the State of Maine.

Regional Secretary: Funds are being requested to establish a half-time regional secretarial position to provide clerical support for the Western Regional Coordinator.

OT Clinical Supervisor: Funds are requested to continue to support an OT clinical supervisor from the University of New England designated to support the the needs of the KAHEC service area and the Model Occupational Therapy Program established during the current year, as well as provide technical assistance to rural service agents and educational institutions currently without access to these services. In addition, with the aid of the KAHEC Regional Coordinators this person will continue to implement career awareness programs for rural Maine youth; team teach in the UNE Transcultural Health course for Occupational Therapists; and provide technical assistance to the Raker's clinic (Washington and Aroostook County migrant health clinics) and other centers assessing occupational health and childhood developmental issues.

Speech and Hearing Supervisor: Funds are being requested to establish a speech and hearing supervisory position. This individual will be a faculty member of the Speech and Hearing department of the University of Maine. S/he will serve as technical advisor to the KAHEC and assist in developing a Model Speech and Hearing Therapy Program similar to that currently being developed for OT in the KAHEC service area. In addition, this person will work with the KAHEC staff to develop and implement a career awareness program as well as provide technical assistance to rural providers in need.

Consultants:

1.Undetermined Clinical Faculty: Funds are requested to provide 40 hours of on- site specialty clinical consulting/training to ten selected clinical training sites. The purpose is to enhance primary care training of both health care providers (as continuing professional education) and their trainees by providing case review/consultation on selected primary care management issues. A critical issue is access to specialist support and applied, direct continuing education to rural providers of primary and mental health care. These funds will be utilized to continue the initiatives begun in the current year.

2. Transcultural Health Development: Funds are sought to continue the services of a .20 FTE person to coordinate the transcultural health interest group, edit the quarterly, and continued development of the transcultural resource base. Costs include fees and travel expenses.

3. Native American Youth Development: Funds are requested to continue to support the Native American Youth Development initiative begun during the current year. Funds are sought to provide travel, per diem and supplies for a Native American coordinator in support of their indigenous efforts to address issues of cultural identity, community values, self-esteem and career aspirations. This project will again be coordinated by the Native American health center directors.

Equipment: Funds are requested for the purchase of equipment needed to establish the Western Regional office.

Supplies: Funds are sought for office supplies needed to support the central office and four regional offices, including: postage, general office supplies, publications and printing/photocopying. Printing and publications are expected to be significant cost items due to the cost of printing student and community brochures, the KAHEC bulletin and Transcultural newsletter, and MOSAIC. Funds are also requested to provide telephone services to all offices.

Staff Travel: Funds are requested to support staff travel to coordinate program activities within their respective regions and between and among the central KAHEC office, regional offices, and statewide agencies involved in KAHEC programming; Center Director travel to 2 national AHEC meetings as required; staff travel to selected state meetings which will enhance the KAHEC program; (proposed number of trips detailed on page 2.) Travel funds are also requested for the OT and Speech and Hearing Clinical Supervisors to support their efforts in program devlopment and initiatives. As well, funds are requested to support mileage expenses for the Model OT Preceptor Supervisor.

Recruitment: Funds are requested for recruiting the Western Regional Coordinator and clerical support.

Social Work Program: Funds are sought for the continuation of social work initiatives designed to address the critical need for academic outreach programming and continuing education for rural social work providers. Funding will support the UNE MSW out-reach program in the Bangor area (Penquis region) in the coming year by providing a .25 FTE staff person to develop community-based advisory groups and assist with course management and coordination of clinical in-service training. Resources will also assist in the continued development of a regional resource center in support of training programs and delivery of continuing education programming to rural providers.

Physician Assistant Cross-Training: Funds are requested to develop a program for the cross-training and retention of Physicians Assistants. Funding will support radiologic trainers who will conduct cross-training courses, perform on-site practical assignments, and certify completion of limited licensure requirements.

Board of Directors: Funds are sought for meeting expenses and mileage travel expenses for board members.

Regional Councils: Funds are sought for bi-monthly meeting expenses for the regional councils.

Transcultural Health Advocacy: Funds are requested to continue to support the transcultural bibliographic data base and to provide in-service training for health professionals by the interest group established in the current year. Transcultural health training continues to receive program emphasis by the KAHEC.

Continuing Education: Funds are sought to provide support for the delivery of continuing education initiatives in the KAHEC service area.

Mobile Medical Van: The University of New England has donated its mobile medical van to the KAHEC. This van is used to support student training and services to underserved populations in the KAHEC service area; e.g., Migrant Health Clinics. The van offers more accessible and efficient means of delivering clinical services to the migrant workers. Funds are sought to maintain and transport the van to service/training sites.

Preceptors: Funds are sought to support the preceptors in the AHEC Clinical Clerkship Program.

Space Rental: Funds are requested for four regional offices.

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SUMMARY PROGRESS REPORT

BACKGROUND

1. Summary of Statement of Need

The popular image of Maine as a "Vacationland" obscures the fact that it is mostly rural, sparsely populated, and poor. With 33,215 square miles, Maine equals the area of all other New England states combined, but has only a population of just over one million, of which fifty percent live within ninety minutes of the New Hampshire border. Much of the traditional economic base of Maine is declining (e.g., agriculture, forestry, and fishing), or seasonal (e.g., food processing and tourism). Only forty-two percent of Maine workers have full-time jobs. Forty percent of Maine households have incomes falling 200% or more below the poverty level (equivalent to $ 13,500 for a family of four). In fact, Maine has the seventh highest poverty rate in the nation.

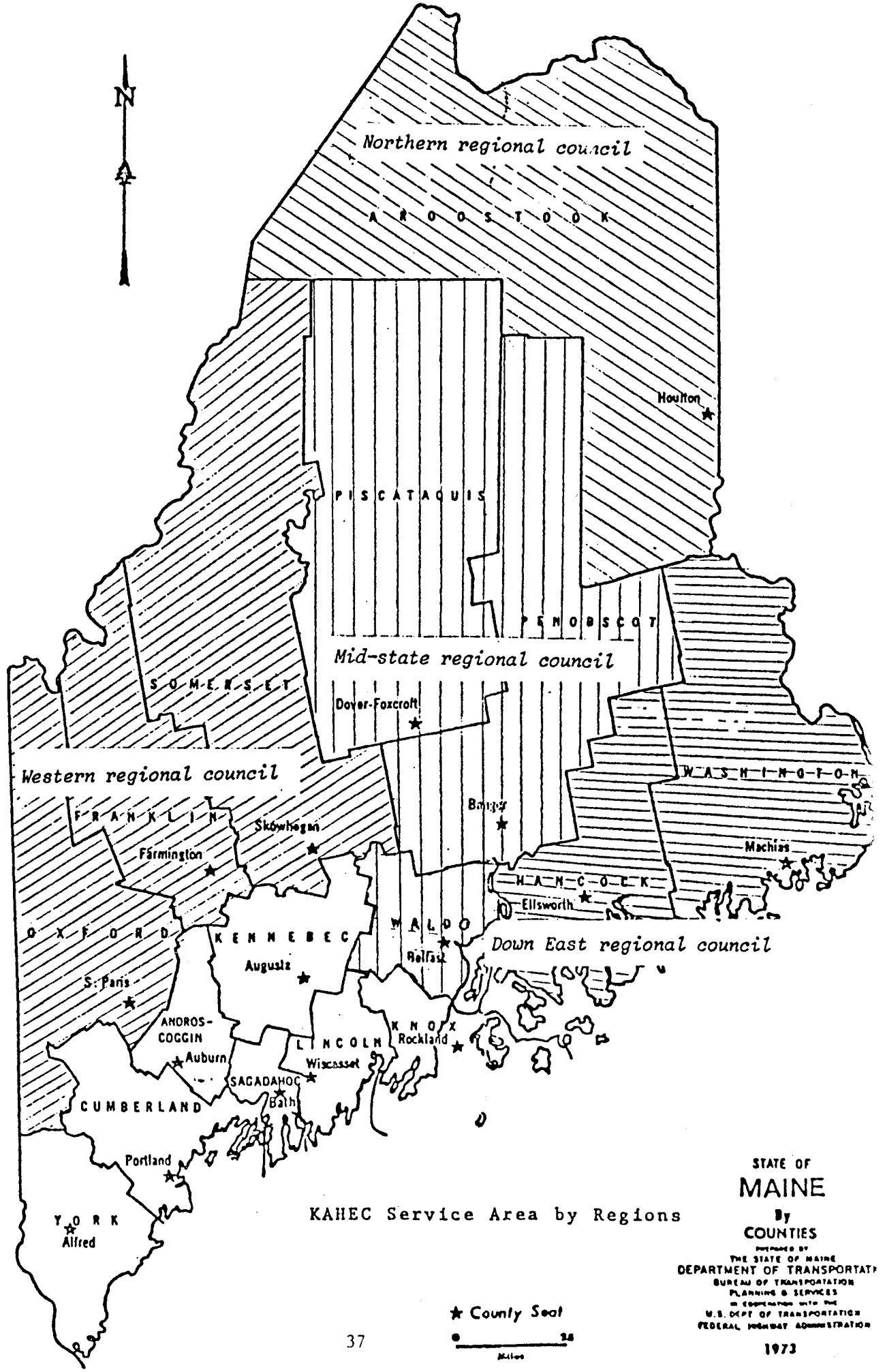
The AHEC service area (Map 1) includes nine counties covering 83% of Maine's land area and 41% of the population, with a population density of 17.5 persons per square mile, less than half of that of the state as a whole. These are Maine's most rural, northern, and economically depressed regions; but even within the service area there are significant variations.

The majority of Maine's Native Americans reside within the AHEC service area (approximately 4500 Native Americans representing four Tribal groups: Passamaquoddy, Penobscot, Maliseet, and Mic Mac). The unemployment rate among these populations is more than five times that of the state as a whole and considerably higher than that of Native Americans (on and off reservation) nationally. Per capita income for Maine reservation residents (including public assistance) is only half of that of the average Maine citizen; the percent of Native Americans 100% or more below the poverty level is nearly three times that of the state as a whole.

Franco Americans (primarily of Acadian and Quebecois descent) constitute Maine's largest ethnic group, totalling thirty-nine percent of the population. While data is not compiled in the same manner in the census as it is for Hispanics, for example, it is common knowledge that Francos have experienced considerable prejudice in education, employment, and political equity within the region.

In the AHEC service area thirty-three percent of the population over 25 years of age lack high school diplomas. Although data specifically relating to Francos is absent, it is noted that the two systems with the lowest percentage of high school graduates are the two cities (Lewiston and Biddeford) with the highest proportion of Francos. State figures indicate that seventy-one percent of non-English proficient students (including over 43 language groups) speak French. Sixteen percent of all incoming freshman at the University of Maine speak North American French as a first language.

MAP 1



KAHEC Service Area by Regions

STATE OF
MAINE
By
COUNTIES
PREPARED BY
THE STATE OF MAINE
DEPARTMENT OF TRANSPORTATION
BUREAU OF TRANSPORTATION
PLANNING & SERVICES
IN COOPERATION WITH THE
U.S. DEPT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION
1973

Among Native Americans in Maine, forty-six percent lack high school diplomas, and among those who do not complete high school, a full sixty- seven percent drop out before the ninth grade. A majority of Native Americans in Maine speak their Native language in their homes (ninety percent plus on Passamaquoddy reservations; as high as fifty-five percent among off reservation populations).

In addition to the obvious linguistic barriers to school performance, the Governor's Commission on the Status of Education in Maine has emphasized that Maine's rural youth have a lower level of aspirations, a higher valuation of jobs versus education, and the general absence of a support system emphasizing higher education, all of which limit the potential of these individuals. This is reflected in post-secondary enrollments. Maine generally ranks between 46th and 49th nationally in this category. To reach the regional New England average participation in post-secondary education would require another 20,533 Maine students. As most health-related professions require post-secondary education, it will be necessary to address aspirational, cultural, institutional, and other barriers to participation in higher education by Maine's rural populations.

The health status of populations in the AHEC service area is generally typical of economically depressed and medically underserved areas. These populations are characterized by higher rates of teen pregnancy, alcohol and substance abuse, mental health problems, and family dysfunction. These factors, in turn, are associated with higher AFDC rates, numbers of Medicaid eligible individuals, low birth weights, increased neonatal death rates, and inadequate prenatal care (Appendix 1: Tables 1 and 2).

Additionally, Maine's death rates from heart disease, cancer, and chronic obstructive lung disease are higher than the national rates; however, data currently available are inadequate to establish the causal factors (Appendix 1: Table 3). Similarly, mortality data for the KAHEC service area indicates higher rates for isolated, rural northern counties. There are higher mortality rates at all ages as well as higher rates of heart disease, cancer, accidents, and liver disease (Appendix 1: Tables 4 and 5). While little data exists relating to the mental health of Maine citizens, it is generally accepted that such factors as low socio-economic status, high unemployment, low self-esteem, and isolation are correlated with mental illness. Consequently, we expect to encounter a rate greater than the twenty percent rule of thumb in the more depressed regions of the KAHEC service area.

Available data on regional variations related to prenatal and neonatal care indicate the worst conditions in the AHEC service area, reflecting in part the poverty and barriers to health services imposed by rural isolation, lack of transportation, and paucity of providers. Both fertility rates and low birthweights are higher in rural areas (Appendix 1: Tables 6- 8).

While the health related needs of the populations in the AHEC service area are apparent, resources are limited. Although the percentage of hospitals in the service area is higher than the corresponding proportion of the population (Appendix 1: Table 9), with the exception of Eastern Maine Medical

Center in Bangor (416 bed), these are small, isolated hospitals (averaging 54 beds) offering primary and emergency care. Generally these institutions have no full-time staff physicians and offer limited opportunities for professional staff development.

Major components of Maine's primary care delivery system are twenty-three rural health centers and eleven ambulatory care health centers. The rural centers are non-profit, free-standing facilities with a community based board of directors. They offer broad based health services to approximately half of Maine's towns in rural areas designated as Health Manpower Shortage Areas (HMSAs). These sites have relied heavily upon placements for National Health Service Corps programs for service obligations. Ambulatory centers are detached extensions of hospitals providing outpatient services under the auspices of a sponser institution. Both systems of delivery offer primary care via physicians, physician assistants, and/or nurse practicioners. Most of these centers are within the AHEC service area (Appendix 1: Table 10).

Maine has only three mental health inpatient facilities, two of which are state operated and the other a newly established private facility. Only the Bangor Mental Health Institute (BMHI) is located within the AHEC service area. BMHI provided 48% of all state facility residential services in 1985. Additional inpatient days are provided on an urgent or emergency basis by psychiatric units of nine general/acute care hospitals within the eight mental health regions statewide. In the AHEC service area there are only two such facilities, the Aroostook Medical Center and Eastern Maine Medical Center. These facilities provided 2475 and 5045 patients days respectively, amounting to almost 18% of all services provided statewide by the nine programs.

In 1982-1983, the Bureau of Health Planning and Development of the Maine Department of Human Services used data from Primary Care Analysis Areas (PCCAs) to develop a general indicator of the health status and resources available for these areas, and to permit the ranking of each in relation to the other. Indices of health status included: percent poverty, percent low birthweights, congenital malformations per 1000 births, age-specific death rates, infant deaths per 1000 population, hospital discharge rate per 1000 population, and hospital patient days per 1000 population. Indices of health resources included: numbers of hospital beds per 1000 population, ICF, SNF and boarding home beds per 1000 population, FTE specialist physicians, RNs, LPNs, and dentists per 1000 population.

The AHEC service area includes forty-four (71%) of all PCCAs statewide. These PCCAs are among the most deficient in terms of health status or access to resources. More than ninety percent fall in the lower half of all PCCAs ranked on either of these factors (Appendix 1: Table 11).

Health professionals in the State of Maine are seriously maldistributed, with the rural areas of the state the most seriously underserved. The AHEC service area (with 41% of the population) is characterized by shortages in most primary care specialties (Appendix 1: Table 12). In addition to having more potential patients by virtue of higher population to provider ratios, the socio-economic characteristics of the region's residents mean these

practitioners will serve a higher proportion of Medicaid patients and persons without health coverage (Appendix 1: Table 13).

An attempt to redress the physician maldistribution in the AHEC service area has been through the use of extenders, e.g., nurse practitioners, physicians assistants, and professional nurses (Appendix 1: Table 14). A higher number of P.A.s practice in rural isolated areas than N.P.s, who are less well represented. Most of the twenty specialty areas tracked by the State Board of Nursing are relatively well represented in the AHEC service area in relation to the state as a whole.

This should not obscure the fact, however, that there is a serious health manpower shortage throughout most of Maine. For example, 1981 data indicated that in the AHEC service area only the most populous county (Penobscot) had a ratio of population to active nurses that fell as low as 1:150-199. In two of the AHEC service counties (Waldo and Somerset) the ratio exceeded 1:300 (Appendix 1: Table 15). Nearly half (5000- 5500) of all licensed nurses in the State of Maine are currently inactive. The AHEC regional councils have all identified the nursing shortage as a critical issue.

Our initial review of all licenses for health professionals within the state indicated that the supply of providers was disproportionately low compared to the population in the service area (Appendix 1: Table 16). It is important to note the concentration of health professionals within a twenty mile radius of Bangor. Although the general population base within this radius totals only one third (34%) of the original five county service area, it has almost twice the proportion of some health professions, e.g., occupational therapists, speech/hearing therapists, and psychologists.

Data relating to the educational levels of Maine's health professionals is limited (Appendix 1: Tables 17 and 18). The majority of R.N.s hold a diploma, but fewer than one-fifth of all R.N.s have bachelors, masters, or doctoral degrees. Fewer than one-tenth of all L.P.N.s have more than a high school degree. Recently enacted legislation mandates associate (ADN) or bachelor (BSN) degrees as minimum entry levels by 1995. This has created a strong demand for educational programs to upgrade academic credentials.

Of 203 social workers surveyed in the Bangor area, the majority held only a bachelors or less (Appendix 1: Table 19). In the past decade Maine has been phasing in a social work law requiring licensure by the State Board of Social Worker Registration, with continuing educational requirements for re-licensure. This has created a greater need for both academic and CEU programs, reflected in part by the intent of three institutions within the state to offer accredited MSW programs within the next year.

Given the demographic/health profile of rural Maine, limited resources and obvious health manpower needs, a comprehensive approach to meet health manpower needs is required. The Area Health Education Center proposes to address these needs by:

. providing clinical educational opportunities for health professions

students in rural, ambulatory health care which emphasizes the cultural context of the client;

. providing continuing professional education for rural health care professionals which emphasizes patient education in health maintenance;

. developing a health careers resource center;

. establishing links between rural providers and educational institutions to make technical assistance readily available;

. establishing a community base for planning and supporting health manpower programs to meet local needs.

2. Summary of Program Development

The University of New England College of Osteopathic Medicine (UNE COM) in 1985 entered into a two-year cooperative agreement with the U.S. Department of Health and Human Services to plan and develop an Area Health Education Center (AHEC) Program. The UNE COM proposed to establish one area health education center which would carry out the federal AHEC initiative and, thereby, address the health manpower issues of Maine's most rural counties. A central theme of the proposal was the need to address health manpower issues which were rooted in the unique socio-economic and cultural fabric of rural Maine.

In the first two years of the cooperative agreement, the UNE AHEC Program office was established within the office of the UNE COM Associate Dean for Clinical Affairs (see Appendix 4) and staffed under the direction of Shirley A. Weaver, Ph.D., professional AHEC staff were appointed faculty positions within the UNE COM Department of Family Medicine, the UNE COM curriculum was modified to require all students to undertake a clinical rotation under the auspices of the AHEC program, the Katahdin Area Health Education Center (KAHEC) was conceptualized and incorporated, manpower needs were identified, and the essential agreements were established with health professions education programs, community-based health service agents and selected public and private agencies and associations.

In 1987 the UNE COM was awarded another two-year cooperative agreement to put into operation the AHEC work plan. This progress report describes the activities of the UNE COM AHEC Program Office and the Katahdin Area Health Education Center (KAHEC) since the last report, January 1987, covering the last three quarters of the development year and the first quarter of this first operational year.

SUMMARY OF PROGRESS:

During the past, developmental, year, the primary foci of AHEC Program efforts have been development of the KAHEC and the student clinical training components. The AHEC Program Field Coordinator was assigned on a three-

quarters time basis to assist the KAHEC board of directors in developing the regional councils, recruiting staff, establishing and managing the KAHEC office and producing needs surveys and continuing education programs. Much of the success of the development of the KAHEC can be directly attributed to the tireless efforts of Mr. Yerxa on behalf of the AHEC Program and the KAHEC Board of Directors.

Goal A: Establish and staff the Katahdin Area Health Education Center.

1. **Board Development**: The KAHEC, a private, non-profit educational corporation governed by a fifteen member volunteer board of directors, was incorporated during the 02, developmental, funding year. Initially the board of directors consisted of the KAHEC Planning Committee members. During this year the board membership has been expanded and shortly will be completed according to KAHEC by-laws. Presently the board includes two representatives from each of the three regional councils and one member each from: Maine Ambulatory Care Coalition; Central Maine Indian Association; Maine Indian Health Coalition; Action for Franco Americans in Maine; Maine Consortium for Health Professions Education. Four seats on the board remain to be filled: one at-large; one representative from the Maine Department of Human Services; and two representatives from participating educational institutions. Completion of the board appointments is expected in January, 1988. The current board membership is listed in Appendix 2: item 1. It should be noted that the Department of Human Services supports the AHEC concept and has expressed interest in actively participating in the KAHEC. Only the recent change in government administration and, as yet, unresolved leadership appointments within DHS have delayed seating a representative on the Board.

Board development efforts in the last year have included training sessions by the staff of the AHEC program at the University of New England and the Massachusetts Statewide AHEC program, as well as attendance at the National AHEC meeting in Tucson, Arizona. Among the KAHEC board accomplishments in the past year have been the development of corporate by-laws, personnel and fiscal policies (Appendix 2: item 2). The complete board minutes are enclosed as an appendix to this proposal (Appendix 2: item 3).

2. **Regional Council Development**: The KAHEC serves an enormous geographic area. The service area has been divided into four geographic areas, each having an assigned KAHEC regional coordinator and developing its own regional council. Regional councils have been established to ensure [1] community involvement, [2] identification of regional needs, [3] relevant program activities, and [4] communication and cooperation between and among KAHEC staff, health care providers, and educational institutions.

To-date three regional councils have been established: Downeast (Washington and Hancock Counties), Penquis (Penobscot and Piscataquis Counties), and Aroostook (Aroostook County). Council participants for each of the three regions are listed in Appendix 2: item 4. These councils are the result of organizational meetings held in each region over several months. During this same period mechanisms for selecting representatives (as well as

alternates) to the KAHEC board of directors from each of the regional councils have been formalized by regional participants.

A principle objective for the remainder of the first operational year, and for the coming year, is continued regional council development to ensure representation and participation of KAHEC's constituency, including consumers, providers, and institutions. KAHEC regional coordinators serve as council coordinators and support staff. The role of regional councils in needs assessment, design of programs addressing those needs, program implementation, and evaluation is expected to become increasingly evident in the coming year.

During the coming year four additional counties will be included in the KAHEC service area. One of these, Waldo County, will be incorporated into either the Downeast or Penquis region. A fourth regional council will be added for the far-western counties of Somerset, Franklin, and Oxford. The inclusion of these critically underserved rural counties will result in a service area which includes 86% of the state landmass, 41% of the population, all Native American reservations, and the majority of off reservation Native Americans, and the area of highest density of Maine's Franco American population.

3. **Advisory Committees**: There is clear recognition that advisory committees will facilitate program objectives, e.g., accredited continuing education programs meeting the needs of health professionals in the service area. A major objective in the coming year is to develop these committees to assist in the further development of KAHEC programs.

4. **KAHEC Office Sites**: The KAHEC has negotiated with the University of Maine to provide space on its Orono campus (as a matching share) for the Center Director, Administrative Assistant, and secretary. Currently one office is being provided with the understanding that additional rooms will be made available within the next several months.

This location of the KAHEC center office has several advantages. It places the Director centrally in relation to the service area, and it establishes a working relationship with the university system. A principal objective in the coming year is to continue to develop this nascent relationship.

The University of Maine also aided in identifing space for the Penquis regional coordinator on the campus of the Bangor Community College. Limitations of current available space on the Orono campus prohibited a common office for the Director and Penquis Coordinator.

The Downeast office has been located for the first operational year on the campus of the Washington County Vocational Technical Institute in Calais. Current space is assured for this year only; in the coming year the possibility of obtaining space at the University of Maine at Machias will be explored.

The Northern Maine Medical Center (Ft. Kent, Aroostook County) has agreed to serve as host to the KAHEC regional coordinator and staff. This location is

advantageous as it places the office in the St. John Valley, a major Franco American locale in northern Maine and a target for programmatic initiatives. The Fort Kent site may also serve as a training site for medical and nursing students. In addition, the only nursing program in northern Maine offering a B.S. degree is located at the University of Maine at Fort Kent.

5. **KAHEC Staff**: During the 02 year, the KAHEC was developed through the combined efforts of the AHEC Program Field Coordinator, Mr. Bo Yerxa, and an acting KAHEC Executive Director, Ms. Deborah Wheaton, R.N. Ms. Wheaton served as acting director from January 1987 to August, 1987, at which time she entered graduate school. Mr. Yerxa continued on full-time assignment to the KAHEC to assist the board of directors in recruiting a full staff and completing KAHEC developmental work.

The hiring of full-time, permanent KAHEC professional staff was completed in November 1987. (Job descriptions are included in Appendix 3. These personnel bring significant training, experience, and expertise to the KAHEC. The complementary strengths of these professionals will greatly contribute to the realization of program objectives.

Executive Director: The KAHEC Board of Directors conducted a nation-wide search for the executive director they hired in August, 1987. James L. Ross is a native of Houlton (Aroostook County) and a 1970 graduate of the University of Maine. In 1981 he received his Ph.D. in Anthropology from Case Western Reserve University. He has served on the faculty of Lake Erie College and (for the last nine years) Case Western Reserve University's College of Medicine. He has done extensive research in the areas of culture and health in both urban and rural U.S. and international settings.

Downeast Regional Coordinator: Originally from Bridgewater, Maine, William (Bo) Yerxa is a 1970 graduate of the University of Maine. In 1983 he received a Masters in Rural Development Planning from the University of Massachusetts at Amherst. In 1982 he was selected as New England's first (and only) National Rural Fellow. He is a Licensed Social Worker. Mr. Yerxa's experience as a social worker and planner includes service with the Passamaquoddy Indian Township Tribal Government and the Community Health and Counseling Services. He has taught in the areas of health and social services at the School of Human Services at New Hampshire College. Prior to joining the KAHEC he was Field Coordinator for the AHEC program at the College of Osteopathic Medicine at the University of New England and was instrumental in developing the KAHEC.

Penquis Regional Coordinator: A native of northern Aroostook County, Claire Bolduc is a graduate of St. Joseph's College. She received her Master's in Community Development from New Hampshire College in 1985. Ms. Bolduc has extensive experience in both bilingual/bicultural and alternative education. She has developed curriculum materials and consulted to and taught in numerous educational settings, including the University of Maine and University College. Ms. Bolduc has written, produced and hosted theatrical, radio, television, and film presentations dealing with bilingualism/ biculturalism, and health and worker safety in Maine. While a researcher and

paralegal for Pine Tree Legal Assistance, she was active in the area of occupational health for forest and farm workers.

Aroostook Regional Coordinator: A northern Maine native, Arlene Keaton is a 1982 graduate of the University of Maine at Presque Isle, where she was a member of the Phi Eta Sigma National Honor Society. She is a Licensed Social Worker. She has an extensive background in both bilingual and bicultural education and social services. Ms. Keaton has served on the staff of the Caribou Bilingual Program and the Aroostook Community Action Program. Immediately prior to joining the KAHEC she was a Care Manager for the Aroostook Area Agency on Aging.

Administrative Assistant: Mrs. Nancy King is a life-long resident of Old Town with more than two decades experience in the administration of health and educational programs. She has worked for St. Joseph's Hospital (Bangor) and the University of Maine. Before coming to KAHEC Mrs. King spent fourteen years with Clinical Engineering Services (Orono) providing support services to laboratory and technical departments in rural Maine hospitals.

These personnel hold key positions. They are responsible for implementing programs, facilitating clinical placements, coordinating continuing education programs, assisting regional councils, and developing the interrelationships between community, health care providers, and educational institutions.

Goal B: Provide clinical training opportunities for health professions students in rural Maine.

1. **Undergraduate Osteopathic Medical Education**

The University of New England College of Osteopathic Medicine (UNE COM) Associate Dean for Clinical Affairs and the AHEC Program have collaborated to develop the first phase of the UNE COM AHEC Clerkship Program which provides each junior and senior clinical clerk an opportunity to live and train in a rural Maine community. The AHEC Clerkship Program provides each UNE COM student a one-month primary care practice rotation and selected students with a one-month community hospital rotation and a one-month primary care psychiatry rotation.

There were two important preliminary steps to developing an AHEC Clerkship Program which would meet the both the 10% requirements of the cooperative agreement and the quality demands of the College of Osteopathic Medicine. First, the college curriculum needed to be modified to accommodate the AHEC clerkships. In 1986 the Associate Dean for Clinical Affairs recommended and the Curriculum Committee approved the implementation of a required AHEC clerkship rotation for each student, beginning with the Class of 1989. Second, the dean approved the hiring of an osteopathic physician familiar with the college curriculum to serve as coordinator of the AHEC Clinical Clerkship Program. In 1987 Craig Lenz, D.O., Director of Medical Education at the Waterville Osteopathic Hospital, was hired on a part-time basis to serve as the AHEC Clerkship Coordinator. Dr. Lenz and Dr. Weaver, AHEC Program Director, have been the principle architects of the AHEC clinical clerkship

program. More recently, when Mr. Yerxa, the AHEC Field Coordinator, accepted a position with the KAHEC, Ms. Sue Plimpton, M.P.H., joined the AHEC staff. As the former director of the UNE COM (pre-clinical) Preceptor Program, Ms. Plimpton is very knowledgeable of the UNE COM curriculum and students. She also brings expertise in health promotion and education, which will facilitate the strengthening of clinical training for all health professions students in the AHEC/KAHEC program.

Seventeen primary care preceptorship opportunities (involving 22 physicians) have been developed by Dr. Lenz and the AHEC staff and approved by the Associate Dean during this past year. These preceptorships are designed to provide medical students an opportunity not only to develop primary care clinical skills, but to gain insight into the life and roles of the physician and his/her family in a rural community and to gain an understanding of the unique professional skills and qualities of the rural primary care physician. In identifying the sites, osteopathic physicians, community health centers, and staff of selected hospitals were invited to apply for consideration as an AHEC training site. Each applicant site was surveyed by AHEC staff and the physician(s) interviewed by Dr. Lenz. Recommended training sites and the data base were forwarded to the Associate Dean for consideration and those accepted as participating physician-trainers have been appointed as clinical adjunct faculty by the Dean, UNE COM. (It is important to note that six (6) of these preceptors are or were NHSC obligees.) Each of the 69 members of the Class of 1989, starting in June 1988 will participate in at least one of these one-month preceptorships.

The UNE COM Associate Dean for Clinical Affairs also supported the development of an AHEC psychiatry clerkship designed specifically to prepare primary care physicians to evaluate patients' mental health service needs and to provide effective ambulatory and post-hospitalization mental health care management. The Bangor Mental Health Institute has enthusiastically agreed to serve as a clinical training site for two clinical clerks per month and to design a training program which emphasizes the development of primary care competencies. Twenty-four (24) members of the Class of 1989 will participate in the BMHI clerkship.

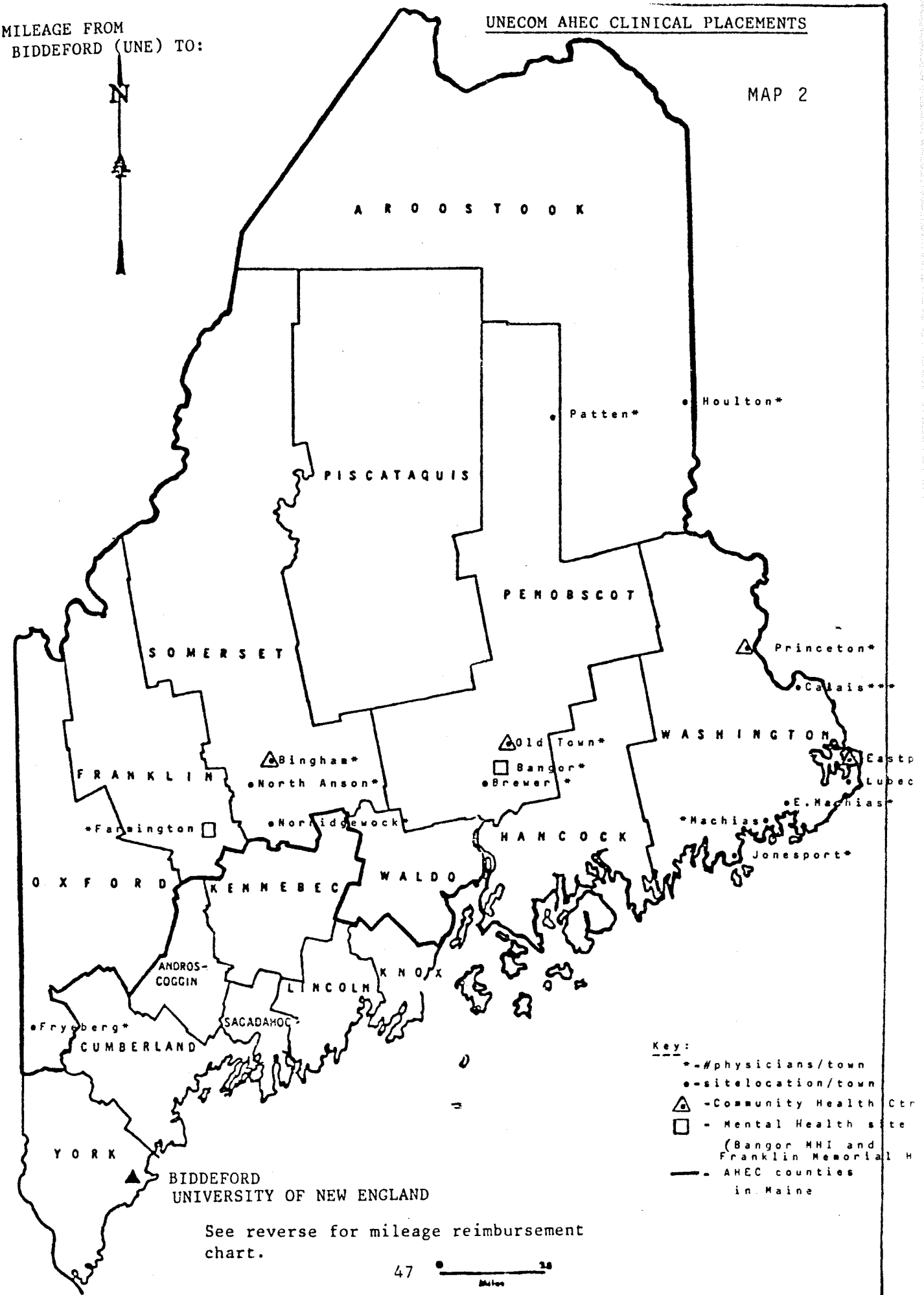
Also a recently developed community hospital clerkship in the western region (Franklin County) of the AHEC service area will be undertaken by one clinical clerk per month, starting in January 1988. This clerkship is designed to provide students with an opportunity to work in a typical rural, small (70-bed) hospital to become familiar with the role of the community hospital, particularly in enabling the rural physician to provide continuous primary and secondary care. Map 2 shows the locations of these various AHEC Clinical Clerkship Program training sites.

The 69 members of the Class of 1989, which enter into the clinical clerkship phase of their curriculum in January, 1988, will be the first class to participate in the AHEC Clerkship Program. Following the established clerkship scheduling protocol, these students will be eligible to undertake the AHEC community hospital and psychiatry rotations in January and the primary care rotations in June, 1988. The Class of 1989 will undertake a total

MILEAGE FROM
BIDDEFORD (UNE) TO:

UNECOM AHEC CLINICAL PLACEMENTS

MAP 2



See reverse for mileage reimbursement chart.

476 clerkship weeks (representing 10.8 % of their required clerkship months) in the AHEC Clerkship Program. During this funding year 188 student clerkship weeks will be taken by the Class of 1989 in the AHEC Clerkship Program, with the remaining 288 weeks being taken in the next funding year. The following table show the distribution of clerk weeks for each of the next two UNE COM classes. (Site data, schedules, and syllabi are presented in Appendix 4.)

AHEC Fiscal Year Clerk Weeks

	87-88		88-89		89-90		Total	
	Required	AHEC	Required	AHEC	Required	AHEC	Required	AHEC
Class 1989	2484	188	1932	288			4412	476
Class 1990			2484	160	1932	288	4412	448

During the next several months a number of development activities will be undertaken by the AHEC and KAHEC staff to further the AHEC Clerkship Program. On February 20, the first AHEC clinical faculty meeting will be held. This orientation/faculty development workshop will bring together the UNECOM, AHEC and KAHEC staff, and AHEC preceptors to discuss the broader aspects of the AHEC program and the philosophy of the AHEC Clerkship Program and to undertake specific practical tasks, such as assessing clinical training materials needs, developing strategies for integrating students into the rural community, and conducting training in clinical evaluation. This workshop will be followed by on-site work by AHEC and KAHEC staff to implement strategies outlined at the February meeting.

The second phase of the AHEC Clerkship Program, already initiated and to be completed in the next funding year, will emphasize continued improvement of the quality of the students' rural experience and expansion of the program to provide clerkship opportunities for pre-doctoral students in the Maine Contract Program (which supports Maine citizens obtaining M.D., D.D.S., and D.V.M. degrees out of state since the state has no such educational programs) as well as the UNE COM program.

2. Graduate Medical Education:

After two years of study and discussion the AHEC Program has concluded that it is neither practical nor feasible to attempt to start a new AHEC residency program. The evidence strongly suggests that the rural population can not support the training demands of an other quality residency program.

Instead, placement of pre-doctoral clinical clerks and primary care

residents from existing residency programs into rural health care settings, community hospitals, and community health centers is the priority for the AHEC Program. This is conceived as the most cost-efficient strategy for facilitating recruitment and retention of primary care providers. It is reasoned that by providing clinical clerkship training sites for both the UNE COM and the Maine Compact Program (which supports Maine citizens obtaining M.D. training out of state), the AHEC program will become familiar to student physicians, who will, as residents, seek additional rural training opportunities through the AHEC program, irrespective of their place of residency training. (Only 14% of the current Contract Program residents are based in Maine residency programs.) Additionally, by providing rural training opportunities for residents, the program both enhances the retention of rural practitioners serving as training supervisors and the recruitment of these residents to underserved communities. For example, a family practice resident at the Osteopathic Hospital of Maine (Portland) has contracted to return to a small, underserved community in Aroostook County in July, 1988, and has volunteered to become an AHEC Clinical Clerkship preceptor as soon as his practice is established, perhaps as soon as January 1989. As we previously noted, six of the preceptors in the AHEC Clinical Clerkship Program are or were NHSC obligees. These young physicians have eagerly sought the preceptor opportunity that the AHEC presents and have expressed the opinion that such activity is essential to their professional well-being.

Concerns for recruitment and retention of physicians in rural Maine have escalated with the phasing down of the National Health Service Corps Scholarship Program. Maine has relied heavily upon obligated scholars to serve rural, underserved populations. The urgency to develop alternative strategies has recently been underscored in a working paper prepared by the State of Maine Office of Health Planning and Development (September 1987; Appendix 5), in which it is pointed out that Maine has no approved NHSC placements for 1987-88 and none is predicted for the foreseeable future.

Both the AHEC Program and the KAHEC are working with the Office of Health Planning and Development (the Maine contractor for the NHSC) as members of the Residency Program Work Group, established under the cooperative agreement between the Maine Department of Health and Human Services and the USPHS Bureau of Health Care Delivery Assistance, to address this urgent need. The Work Group proposes to work closely with selected rural health care centers, community hospitals, and residency programs to establish service and training opportunities in rural Maine.

A principal constraint to realization of this common goal is the nature of the six residency programs within the state: they have small class enrollments (4-8) and are highly structured, offering little opportunity for residents to participate in distant rural training experiences. In fact, each of the residency programs, it could be argued, <u>is</u> a rural residency program, each being located at a relatively small community hospital (78-553 beds) in a relatively small (17,000-65,000 population) town.

The Residency Program Work Group has held discussions with five of the six residency programs to date (summarized in Appendix 6). At this point in

time only one program, the Eastern Maine Medical Center (EMMC) Family Practice Residency Program (Bangor), has expressed a possible ability to participate in the development of a rural health care rotation for it's residents. As this program falls within the AHEC service area, it was the consensus of the Maine Residency Program Work Group that KAHEC should pursue the relationship with EMMC.

In recent discussions between the KAHEC Director and Dr. McPhail (EMMC) to explore the possibility of developing a cooperative program, Dr. McPhail suggested two training areas in which, if KAHEC sites could be developed, EMMC residents could be placed. One of these rotation programs would be in obstetrics. Family Practice Residents are required to spend two months in each of the first and second years in OB. Virtually all residents elect a total of six months service in OB to meet CREOG requirements. Dr. McPhail expressed certainty that if practicioner(s) meeting certification requirements could be identified and whose practice(s) would meet the demands for numbers of deliveries (40-50 per month), that second and third year residents would rotate through that practice on a regularly scheduled basis.

In addition, in either the second or third year, residents are required to spend two months at a family practice site to gain additional experience in primary care. Dr. McPhail again perceived that sites meeting program requirements would be utilized for resident rotations. It was also believed that other community health experiences, e.g., gerontology, public health, ambulatory mental health, school health, etc., would greatly enhance the experience and benefit the program.

It was suggested that the KAHEC identify acceptable OB and Family Practice sites in its service area and work toward developing them as rotation placements for the residency program. A formal proposal would need to be placed before the Family Practice clinical faculty and the EMMC Administration for approval prior to resident rotation.

The KAHEC is currently working toward identifying at least one site which would meet the EMMC training requirements in each of its three regions. The goal is to have these identified by February, 1988, and a proposal developed for presentation soon after. It is expected that residents would begin rotations after faculty and administrative approval, perhaps as early as April, 1988.

In the coming year the KAHEC plans to identify additional sites in the service area, including the Western Region, through which EMMC and other programs could rotate residents. These rotations will serve as a model for the development of an AHEC-sponsored Family Practice Residency Training Program which will be presented to other family practice training programs throughout the United States. Such a program could increase physicians' opportunities to explore career options in Maine, allow residents to acquire firsthand knowledge about the community, medical facilities, and medical care needs in rural Maine, and permit communities to evaluate and recruit the residents. It is the objective of the KAHEC to have this model developed and outreach recruitment in place during the second operational year.

3. **Social Work Education:** The acute shortage of, and need for, professional social workers in rural Maine has been documented previously. In fact, during the KAHEC planning process this need emerged as a priority profession, in addition to physicians and nurses. A recent analysis of social work manpower shows that social workers in Maine are nearly twice as likely to have baccalaureate or less preparation, and that in rural Maine, and in particular the AHEC service area, there are three times as many social workers trained at the baccalaureate or less level as there are graduate trained professionals. (See Appendix 7)

Throughout the past year the AHEC staff has worked with the University of New England's MSW program and developed a strategy for expanding their course offerings in their Bangor (Penquis Region) training center and extending them into Washington County in the 01 operational year (87-88) and into Aroostook County in the second operational year. However, a delay in obtaining accreditation for the program has forced a moratorium upon this initiative. Program approval is anticipated for the fall of 1988, and at that time academic credit programs are expected to be extended as planned. In the meantime, the program continues to offer continuing education and elective courses in the AHEC service area.

At the same time, both the University of Maine and the University of Southern Maine have requested trustee approval for MSW programs and have applied for accreditation. Approval is expected for the fall of 1988 as well. It does not appear at this time that either of these programs will be offering off-campus academic programming, at least in the first few years. The KAHEC will continue to work with these programs to develop initiatives which will facilitate realization of KAHEC objectives.

During this year efforts to increase availability of non-traditional academic credit programs will be continued. For example, KAHEC will continue to support the UNE MSW program as it offers elective credit courses in the Penquis region. But due to the current uncertainty regarding the accreditation for the various MSW programs, AHEC efforts will primarily focus upon two other aspects of social work training where need was identified, i.e., continuing education and clinical field placements.

Maine law now requires continuing education for social workers; however, there are virtually no mechanisms for delivery of financial support for such programming. In addition, there are relatively few comprehensive needs assessments upon which to base planning or programmatic activities. Currently KAHEC is initiating a cooperative effort with the three academic social work programs in the state, the Maine Association of Social Workers, and the Board of Social Worker Registration to develop this data base. In addition, in the coming year the KAHEC will develop an advisory committee on social work education in each of the four regions to identify the needs of service providers and to develop program initiatives to address them.

The KAHEC is also working in cooperation with the VA CHEP to bring

continuing education to rural social workers and other health professionals based on partial needs assessments for particular regions. One such collaborative effort is a Workshop on Family Dynamics to be held Downeast in January, 1988. A series of such workshops will be scheduled throughout the remaining and coming years.

An integral component of the AHEC program initiative is the placement of MSW students in training sites throughout the service area. Currently an MSW student from the University of Connecticut is undertaking a practicum in community organization through the KAHEC Downeast Region office. This graduate student is assisting the continuing education effort by conducting a student-designed needs assessment in Hancock County (Appendix 7), assisting in the development of a comprehensive needs assessment instrument, and working with the KAHEC staff to develop a schedule of continuing educational activities for 1988 that can be initiated Downeast and possibly rotated throughout the KAHEC service area.

The AHEC objectives in the current year include a regularly scheduled continuing education program for rural social workers, development of a community network of providers, assessment of Tribal social work education and/or technical assistance needs, and the development of training sites for two to four students per year beginning in June, 1988.

4. **Nursing Education:** The AHEC nursing training goals have focused primarily on baccalaureate nursing education, recognizing both the forthcoming state requirement for entry level nurses to be trained at the ADN or BSN level, the preponderance of LPN level practitioners in the rural communities, and the decreasing numbers of students entering nursing. In this effort the KAHEC now has working agreements with Husson College and the University of Maine to carry out a number of initiatives described below.

In the face of these efforts to enhance baccalaureate training opportunities in and for the rural communities, awareness of the impact of the increasingly critical shortage of nurses has taken precedence. Throughout the AHEC service area health care facilities are limiting admissions due to the shortage of nursing support at all levels. The need is so critical and the demand so adamant (see Appendix 8), that the KAHEC, at the request of its Downeast Advisory Council, recently undertook a major initiative to establish an ADN satellite program in the Downeast Region. After consultation with the Eastern Maine Vocation Institute, the nursing directors of the two county hospitals and the largest nursing homes in the area, and the Director of the Washington County Vocational Institute, the following strategy has emerged. An LPN program which is accessible to local, mostly non-traditional, students will be developed and implemented as soon as practical. Within several years an "upgrade" ADN program will be satellited from an existing accredited program, probably the Eastern Maine Vocational Institute, to provide a means for LPNs in the area to acquire the training which will be necessary to meet the new entry level nursing requirements.

By January, 1988, the KAHEC will have completed a formal needs assessment. A funding strategy, in collaboration with the WEET program, the vocational

schools, nursing homes, Training Development Corporation and KAHEC will be developed by March, 1988, and external funding sources approached soon thereafter. (The governor and state legislature are now considering approaches which will enablie health care facilities to subsidize such training and provide student loans for nursing training. See Appendix 8) A tentative timetable establishes the start date of the LPN program for September, 1988. Timetables for the ADN satellite program will be established by May, 1988. This program will be used as a model to deliver a similar educational initiative throughout the other three regions of the AHEC service area.

Concurrent efforts in baccalaureate nursing education have focused on four initiatives: [1] development of rural practicums; [2] enhancing high school students' awareness of the nursing as a health profession; [3]increasing non-traditional student access to nursing education; and [4] expanding cross-cultural teaching/learning resources for educational programs.

Rural practicums: Two of practicum sites placements have been identified and will be offered to two junior or senior students of Husson College School of Nursing during the summer of 1988. Other placements are in various stages of development. Husson College School of Nursing is committed to as many as a dozen placements/ practicums for the summer of 1988. The University of Maine School of Nursing, while supportive of the concept of a Model Rural Clinical Practicum Program, is awaiting the arrival of the new School Director in January, 1988, to formalize these discussions.

Nursing Career Awareness: Husson College School of Nursing is committed to a cooperative venture which will bring 14 of its nursing students, for two days, into rural high schools in the Dover-Foxcroft area (Penquis Region.) The days would be devoted to health education topics selected by the local school nurses according to need and interest, as well as to general career awareness issues. The program is tentatively scheduled for April, 1988, to coincide with the School's course on Community Health. This initial program will serve as a model for the delivery of similar efforts in communities throughout the service area in the coming year.

Cross-Cultural Teaching/Learning: An important component of the AHEC nursing initiative is to assist educational programs in identifying cross-cultural teaching and learning resources. The Husson College School of Nursing is committed to developing practicum and cooperative sites in a least two communities: a French speaking, rural community, and an Indian Nation health center. The KAHEC is currently working toward the development of these sites for placements during the summer of 1988. These placements will be a recurring feature of program efforts in the coming years.

Educational Access for Rural People: A major need expressed by members of all three regional councils is mechanisms by which rural adults can meet prerequisities for admission to nurse education programs while sustaining family and job commitments. Negotiations have been started with the Training Development Corporation, the AHEC area JPTA/TRA contractor, which provides basic and remedial education, including

diagnostic and evaluative testing, and limited other supportive services. The Corporation, with offices in a dozen locations within the AHEC service area, has agree to serve on the regional councils and collaborate where appropriate. The KAHEC will provide cross-cultural materials to their counselors to enhance their ability to work our rural populations.

Discussions have also begun with the University of Maine tele-community college leadership (through the University of Maine at Augusta). This University initiative will establish learning centers in 200 sites throughout the state via interactive television and provide academic degree programming. The KAHEC will continue to explore the possibility of using this resource to meet its programming needs in the service area.

5. **Allied Health Education:** There are relatively few allied health specialists serving rural Maine, complicating the planning of clinical training and impacting negatively upon the quality of care available to rural residents as well as upon the recruitment and retention of physicians. AHEC data (1986) revealed that the provider to population ratios for urban areas was 5 to 10 times greater than in the AHEC service area (excluding the one metropolitan area of Bangor). In addition, it is evident that the number of allied health specialists has been declining despite the creation of educational programs in the state in the last decade. One contributing factor is the shortage of the professionals nationwide. Students elect practicums in urban health centers and subsequently elect to practice in these locales upon graduation, often because renumeration permits the repayment of student loans. This pattern of training and employment highlights two important issues: locale of clinical training significantly influences choice of practice site, and indebtedness is a major factor which can not be ignored in recruitment and retention.

Occupational Therapy: Currently the AHEC program is cooperating with the University of New England Division of Occupational Therapy in two initiatives. In the first, the KAHEC is collaborating to provide level I and level II training placements for 16 senior OT students (Appendix 9). This includes 6 level I placements; these are two-week rotations designed to provide directed observations and participation in selected field settings under the direct supervision of a licensed Occupational Therapist. Four level II placements are scheduled which will place students in a training setting for a period of 3-6 months. This experience emphasizes the application of academic preparation in the delivery of services to patients. These experiences will provide the OT students with important first-hand knowledge of the need for their services and the opportunities for a rewarding career in the AHEC service area. Presently, six training sites are being utilized, two of these are in the Aroostook Region and three in the KAHEC Penquis region. The sixth site is in Waterville, Maine, just outside the official KAHEC service area. However, this facility provides services to the population to be included in the KAHEC far-western region in the coming year.

A second initiative in the current and coming year is the development of a Model Rural Occupational Therapy Clinical Training Program which will: (1) provide quality training for practice in the rural setting; (2) provide

financial student support; (3) assure OT services to participating rural communities; and (4) serve as a model for developing other allied health training strategies (see cooperative agreement, Appendix 9).

In this model, senior UNE OT students who have satisfactorily completed their course work and have agreed to serve a rural community for a specific length of time in return for tuition support, will undertake three to six months of special training at a rural KAHEC training center. Here students will learn to to provide OT services in a wide variety of rural settings: public schools, nursing homes, mental retardation facility, community health center and community hospital. Following this training, graduates will begin their service contract in a designated rural community in Maine, with access to the KAHEC training center staff and/or the UNE OT faculty for professional consultant assistance.

In this initiative the UNE Division of Occupational Therapy will provide faculty support to develop a comprehensive clinical training curriculum, select the training site and provide educational training for the teaching staff. The KAHEC will develop the contractual agreements with community health care and educational agencies needing OT services to obtain financial support for the training program in return for contracted services by a graduate of the program; provide logistical and managerial support to the OT Division, the training center, and students during its operation; and develop strategies for enabling indigenous youth to obtain training in occupational therapy.

Development of the OT model clinical training program will begin in January, 1988. The possibility of establishing the program at the Cary Medical Center in Caribou (Aroostook Region) will be explored and curriculum development begun. It is planned that the prototype for the model program will be in place and operational by May, 1988. In June the program will receive a site visit by the OT clinical faculty and the curriculum content evaluated; clinical faculty will also provide training to agencies identified by the KAHEC for this purpose, e.g., Rehabilitation Centers, Nursing Homes, and Hospitals, during the months of June through August.

The KAHEC will continue to support the OT model program in the coming year, and will use it as a model to establish similar programs in other health professions in the service area.

Physical Therapy: Discussions have been held with the Dr. Joyce McKinnon, Director of the UNE Physical Therapy program regarding the possibility of developing a similar clinical training initiative for these health professions students (Appendix 9) as well as providing technical assistance to providers in the KAHEC service area. Dr. McKinnon recently relocated to UNE from North Carolina, where she was familiar with the AHEC program. She and the KAHEC staff are expected to make every effort in this and the next funding year to increase the opportunities for students in this critical health professions occupation to train and work in the rural, underserved areas.

Physician Assistants: Discussions have been held with the Maine

Ambulatory Care Coalition (MACC), the state primary care association, regarding the need for radiologic cross training for physicians extenders. It is the position of the MACC that medical services provided by community and rural health centers could be made more cost-efficient if center P.A.s were licenced to perform routine radiologic procedures. The Maine State Radiologic Technologist Licensure Board has enacted rules by which physician extenders can obtain limited licensure; however, a cross-training program has not been designed for Physicians Assistants. The KAHEC work plan proposes to cooperative with the MACC to complete a feasibility study by the end of the second quarter, develop a cross-training program in conjunction with the Eastern Maine Vocational Technical Institute (Penquis Region); and initiate the first training class by the fourth quarter of this funding year. The 02 operational year would continue the training program for subsequent classes.

Speech and Hearing Therapy: In the coming year a program will be developed modeled on the OT initiative which will provide clinical internships for undergraduate students in Speech and Hearing Therapy, as well as clinical placements for graduate students, and a tuition reimbursement contract system to provide professionals throughout the KAHEC service area. Initial discussions have been held with Dr. Conrad Lariviere, Chairman of the Department of Speech Communication at the University of Maine (offering the only graduate program in Maine), and Director of the Conley Speech and Hearing Center. This program offers both B.A. and M.A. level training to a total of 20 students. B.A. graduates can be certified, provisionally, for work in the school systems; work in other settings requires an M.A. and state licensure.

The program places a strong emphasis upon internships (Appendix 9). Currently they place students at two facilities in the Penquis region of the KAHEC service area, as well as pre-school programs and theraputic day care. They are especially interested in working with the KAHEC to provide rural and nursing home placements for their students. Dr. Lariviere has emphasized the need to recruit more students from the state into this and other health professions programs and is willing to work with the KAHEC to realize this objective. He has stated that the University of Maine program would make a commitment to any such student. He has also expressed interest in a tuition reimbursement mechanism as a means to recruit and retain Speech and Hearing Therapists among Maine's rural, underserved populations. Discussions and development of this model will continue in the current year, with initiation of the program tentatively scheduled for the fall of 1988.

6. **Native Youth Development**: Traditional health careers promotion and recruitment strategies have little chance of success in rural Maine and particularly among rural disadvantaged youth. These adolescents have been characterized as having low self-esteem and aspirations, being poorly motivated, and having few role models with which to identify. The KAHEC proposes a program to address these fundamental issues.

Native Americans are the first population targeted for this initiative. As the planning unfolded it was decided that this effort would need to be integrated into related, emerging tribal activities. A meeting was held in November (the KAHEC was represented by Wayne Newell, Rick Doyle, Brian

Altvator) with the Superintendent of Maine Indian Education. As a result of this meeting a request was made for technical assistance from the Region 1 Title IV Indian Education Clearinghouse in the person of McClellan Hall. Mr. Hall, an Eastern Cherokee assists Tribes in developing their own approach in using traditional values and experiential educational programming in youth development. His approach stresses Tribal involvement/ownership as central to the change process. Current conceptualization of this initiative is that the Hall model (Appendix 10) could be combined with the youth program sponsored last year by the Maine Tribes and undertaken in the summer of 1988.

The KAHEC will continue to promote initiatives for youth development among the Native American communities in this and the coming funding years, as well as using the Native Youth Development Program initiative as a model for similar programs among Francos and disadvantaged rural Maine youth.

In addition to this major program commitment, the KAHEC is co-sponsoring a two-day conference in April entitled "The Wabanaki-Acadian Affecting Presence in Maine." Although in its initial planning stages, this conference is targeting, among others, school administrators and staff (specifically Native and Franco Americans) and will deal with the affecting presence of these populations, cultural identity, and issues of self-esteem and aspirations.

Summary of Proposed Training

The following two charts show the numbers of AHEC-sponsored trainees and programs being offered during the current and next funding years.

<u>Goal C: Provision of continuing professional education for rural health professionals which emphasizes the cultural context of the client.</u>

Currently a substantial number of continuing education programs are being offered in Maine. The Maine Consortium for Health Professions Education (MCHPE), whose central purpose is the coordination of continuing education, describes 30 of its more than 50 members as major CPE providers. Most continuing medical education is offered by the Augusta, Bangor, and Portland hospitals, including the VA CHEP program, the University of Maine Office of Health Professions, the Maine/Tufts AHEC special initiatives, and the UNECOM Office of Continuing Education (the only source of A.O.A. Category 1 CME).

Nonetheless, the KAHEC Rural Health Forum and other needs surveys all have continued to identify continuing education as a critical need for rural health providers. This persistent explication of need is testimony to the need for a system for delivering continuing education into the rural areas. During this past, developmental, year the KAHEC produced two highly successful major continuing education programs and, thereby, gained recognition within the AHEC service area and among the state's major continuing education providers as an effective continuing education (CE) delivery system.

The AHEC program proposes that developing practical and economical

CHART 1

SUMMARY
AHEC HEALTH PROFESSIONS EDUCATION
(10/87 - 9/88)

I. AHEC STUDENT CLINICAL TRAINING (Number of Student Weeks)	1st QTR	2nd QTR	3rd QTR	4th QTR	Total
Post-Doctoral Medical Education					
Family Practice Residents		4	4		8
Osteopathic Pre-Doctoral					
Class of 1989 (N=69)					
General Rural Practice			24	24	
Rural Community Hospitals	12	12	12	12	
General Practice Psychiatry	12		8	24	
					188
Nursing					
Husson College (BSN)			48	72	
Husson College (career awareness)				4	
					124
Occupational Therapy					
University of New England					
Level I			8		
Level II			24	24	
					56
Physical Therapy					
University of New England					
Practicum I			18		
Practicum II	8				
Practicum III		6			
					32
Physician Assistant					
Cross-Training			2	2	4
Social Work					
University of New England					
Practicum			8	8	
					16
TOTAL STUDENT WEEKS ALL PROGRAMS					412

SUMMARY
AHEC HEALTH PROFESSIONS EDUCATION (cont.)
(10/87 - 9/88)

	1st QTR	2nd QTR	3rd QTR	4th QTR
II. CONTINUING PROFESSIONAL EDUCATION				
LPN-ADN Program (1)				16
Social Work (2) Academic Courses		3	2	
Seminars/Workshops/Conferences (2) (nurses, PAs, NPs,public health professionals, school health personnel, administrators psychologists, etc.)		4	4	4

(1) Number of students

(2) Number of course offerings

CHART 2

SUMMARY
AHEC HEALTH PROFESSIONS EDUCATION
(10/88 - 9/89)

I. AHEC STUDENT CLINICAL TRAINING (Number of Student Weeks)	1st QTR	2nd QTR	3rd QTR	4th QTR	Total
Post-Doctoral Medical Education					
Family Practice Residents	8	8	8	8	32
Osteopathic Pre-Doctoral					
Class of 1989 (N=69)					
General Rural Practice	68	64	48		
Rural Community Hospitals	12	12	8		
General Practice Psychiatry	24	24	20		
Elective			8		
Class of 1990 (N=69)					
General Rural Practice			24	72	
Rural Community Hospitals			4	12	
General Practice Psychiatry			8	24	
Elective			4	12	448
Nursing					
Husson College (BSN)			48	72	
Husson College (career awareness)			4		124
Occupational Therapy					
University of New England					
Level I			12		
Level II	18	18	18	18	
Model OT	12	12	12	12	132
Physical Therapy					
University of New England					
Practicum I			18		
Practicum II	8				
Practicum III		6			32

	1st QTR	2nd QTR	3rd QTR	4th QTR	Total
Physician Assistants					
Cross-Training	2	2	2	2	8
Social Work					
University of New England					
Practicum	8	8	8	8	32
Speech and Hearing					
University of Maine		6	6	6	18
TOTAL STUDENT WEEKS ALL PROGRAMS					826

SUMMARY
AHEC HEALTH PROFESSIONS EDUCATION (cont.)
(10/88 - 9/89)

	1st QTR	2nd QTR	3rd QTR	4th QTR
II. CONTINUING PROFESSIONAL EDUCATION				
LPN-ADN Program (1)	16	16	16	16
Social Work (2) Academic Courses	1	1	2	2
Seminars/Workshops/Conferences (2) (nurses, PAs, NPs, public health professionals, school health personnel, administrators, psychologists, etc.)	8	8	8	8

(1) Number of students

(2) Number of course offerings

mechanisms for delivering continuing education to rural health providers is a central strategy for both improving the quality of rural health care and for improving recruitment and retention of providers. Toward that end the AHEC Program, through the KAHEC, proposes to: utilize KAHEC regional councils to identify the needs, to persuade CE providers to bring programs to the AHEC service area, and to coordinate the collective resources to meet regional needs; support the development of continuing education conferences designed for specific health provider groups; deliver programs to requesting agencies; develop contractual agreements with educational institutions/programs institutional cost-sharing provisions which make clinical faculty available for technical assistance to rural providers; contract specialist consultants to provide in-service training and clinical review for specific provider groups and their clinical students; and to specifically ensure that NHSC and Maine Contract providers have access to continuing professional education which meets their needs.

The KAHEC is currently engaged in efforts to: establish a Downeast Regional Council CE committee; develop a provider resource data base for all KAHEC regions; bring currently available applicable CME programs to at least one rural site in each region; fund at least one health promotion conference to be delivered to 13 small rural community hospitals in the service area; and provide clinical case review in-service training sessions in at least four rural community health centers.

Continuing educational programs that are currently being developed or are pending include:

1.) A request from the Washington County Health and Social Services Consortium (Downeast Region) to provide staff and logistical support for a substance abuse conference scheduled for January, 1988.

2.) A KAHEC-initiated workshop on "Understanding Family Systems" co-sponsered with the VA CHEP to be held in January, 1988, in Machias (Downeast Region).

3.) A child abuse workshop request from the Sunrise County Children's Task Force (Downeast Region), to target doctors, nurses, emergency reponse personnel, counselors, teachers, and law enforcement personnel. This workshop is tentatively scheduled for April/May, 1988.

4.) Co-sponsor with the Maine Lung Association a conference dealing with aspects of living with chronic disease and dying. A March, 1988, program is envisioned.

5.) The Maine Labor Group on Health has expressed interest in working with the KAHEC to develop a workshop on occupational health issues associated with solvents.

6.) The Farm Workers Unit of the Pine Tree Legal Association and the Occupational Health Division of the Maine Public Health Association

have expressed interest in working with the KAHEC to develop a workshop on occupational/environmental health issues associated with pesticide use/abuse.

7.) A May conference co-sponsored with the Maine Consortium for Health Professions Education and Northern Maine Raise focusing upon developmental disabilities to be held in Aroostook County.

Additional groups expressing interest in working with the KAHEC to provide continuing education include: the MDHA Bureau of Health (especially the PATCH program staff); the Maine Consortium for Health Professions Education and affiliated programs; the University of Maine Cooperative Extension Service; and the Maine School Health Association.

The coordination of efforts with the Maine Consortium for Health Professions Education and its affiliated programs will allow the KAHEC to benefit from a vast network of resources. The KAHEC will, on the other hand, provide the geographic and cultural outreach that they have yet to develop. The KAHEC staff has been invited to sit on the board of the consortium and to participate in the planning committees of the Veterans' Admninstration Cooperative Health Education Program (CHEP).

A November meeting with the VA CHEP was especially productive. Permanent mechanisms for collaborative planning, preparation and presentation of programs have been initiated, focusing initially upon the areas of geriatrics, counseling, patient education, management and supervision, and alcohol abuse. By combining resources the VA CHEP and the KAHEC can provide programming throughout the service area. This coordination/cooperation is open ended and the first offerings will be a program on dysfunctional families Downeast in January, 1988.

To date, two conferences on AIDS have been held in response to the demand from health professionals in the Downeast and Aroostook regions. Entitled "AIDS: Medical and Psychosocial Perspectives," (Appendix 11) these programs were exceptionally well received. The program Downeast was sponsored by the KAHEC and the VA CHEP. In the Aroostook County presentation, Northern Maine Raise participated as well. These are two continuing education provider groups that the KAHEC expects to work closely with in the coming year(s). The KAHEC goal is to establish a mechanism(s) through which continuing education for health professionals can be regularly scheduled throughout the service area.

In addition, the KAHEC is initiating a program of transcultural health advocacy, including curriculum development. The Board of Directors has established transcultural health awareness as imperative for health professions training and consumer education programs which it sponsors. A second majop concern of the KAHEC board of directors is health promotion and disease prevention in health care management strategies, which will also be central thrusts of programming produced or sponsored by the KAHEC.

In the first year, the KAHEC initiated the development of a Franco-American and Native American transcultural health curriculum data base. Over

5000 references have been compiled to date. This computer-based bibliographic file is housed at the Franco-American Resource Opportunity Group (F.A.R.O.G.) Center of the University of Maine (Orono). This data base will become available in the coming year through the provision of hard copy to health professions educators to assist them in developing and refining transcultural health curriculum for health professions students. In the coming year it is the goal of the KAHEC to make this data base available via direct electronic transmission.

Efforts are also underway to establish a network of health professions educators and practitioners concerned with transcultural health issues. A Professor of the Division of Liberal Learning of the University of New England College of Arts and Sciences (cooperating allied health training center) serves as an advisor to the developing network. This interest group will: serve as an advocacy group for increasing the awareness of transcultural health issues; serve as peer advisors to transcultural health educators; develop strategies for increasing transcultural content in health professions curricula; and promote increased awareness of cultural issues in health care delivery.

During the current funding year the KAHEC will establish a management system for maintaining the bibliographic system and processing requests; communicate cultural health issues to the Maine community through appropriate multicultural publications, such as the Maine MOSAIC, and produce an annual transcultural in-service education program for state health professions educators. The third issue of the MOSAIC is being guest-edited by the KAHEC Downeast Regional Coordinator, Bo Yerxa, and focuses upon culture and health in Maine. (See Appendix 11)

The AHEC objective in the next funding year is to continue to support these KAHEC efforts, as well as a KAHEC Bulletin and Transcultural Health Newsletter.

Goal D: Development of a Health Careers Resource Center.

The KAHEC has begun to develop a health careers resource center (presently located in the Downeast office). Information has been gathered on thirty alternative/external degree and correspondence programs. The identification of, and requirements for, other such programs is being pursued. The objective is to make these resources available via electronic data base to all interested persons. These resources will also be utilized in AHEC supported careers awarness outreach programs. The KAHEC will also target school counselors in the coming year to receive related information. In relation to this endeavor, faculty and students of participating KAHEC programs, eg. Nursing and OT faculty and students, will serve as a resource in increasing health professions career awareness in the AHEC service area.

Goal E: Establishing links between rural providers and educational institutions.

The AHEC program has made significant progress toward the realization of

this goal in the current year. The cooperative agreements developed, or being developed, with the University of New England College of Osteopathic Medicine and College of Arts and Sciences, the University of Maine, and Husson College include provisions for clinical faculty to provide technical assistance to participating rural agencies. As these AHEC-supported initiatives continue to develop in the coming year, mutually supportive linkages between academe and service providers are expected to develop and expand. Through the direct efforts of the KAHEC staff and training programs rural health care providers should benefit from assistance with regard to Nursing, Occupational Therapy, Physical Therapy, Speech and Hearing Therapy, and Social Work in the coming year.

Goal F: Establishing a community base for planning and supporting health manpower programs to meet local needs.

The KAHEC is the AHEC Program direct link with the communities it is to serve. The initial seeds of this community-based organization have been sown with the establishment of its three regional councils (with the fourth to be established in the coming year). These councils have been essential to the evolution of program development to date. For example, the AIDS conferences and LPN-ADN initiative are in direct response to community input.

In the coming year the KAHEC has as a priority the further development of the regional councils, including establishing working committees which will identify and address community defined needs, assist in program development, and help evaluate KAHEC programs. In the current and coming year the KAHEC will focus upon identifying and coordinating community resources in support of manpower programs. For example, community participation and support is essential to the success of the Aroostook Region model OT program and the Down East Region LPN-ADN initiative.

In northern Aroostook County the tremendous need for French language instructional and technical materials has been identified. The KAHEC proposes to utilize the video facilities at the University of Maine at Presque Isle to begin to develop French language resources and training materials which can be employed throughout the service area, and potentially be made available to other AHEC programs nationally.

Goal G: Develop alternative funding strategies.

The AHEC Program Office and the KAHEC have collectively and independently begun to explore alternative funding strategies with some success. Long- and short-term stratgies for funding have focused at several levels: direct funding of AHEC Program Office and KAHEC personnel and facilities; and continuation of training programs. The short-term strategy is intended to provide means of minimizing direct costs to supporting institutions, both in terms of AHEC staff costs and the costs of developing and managing training programs.

In the short-term, hosting educational institutions have been generous in

their support. As the proposed budget for the next funding year clearly indicates, the host and participating educational institutions have exceeded the 25% required match. The University of New England greatly increased the space allocation for the AHEC Program Office, from one to four offices, in September 1987 and the President has made a substantial commitment to staff salaries and other direct and indirect support for the AHEC staff. The staff, in turn, has made major contributions to the development of UNE programs. The University of Maine promises to provide similar levels of support to the KAHEC executive staff in this coming year. Beginning December 1, 1988, twenty percent of the Director's salary will be paid by the University of Maine. The KAHEC Executive Director will also receive an academic appointment within the University. This is indicative of the support the University of Maine has expressed for the KAHEC program, as well as the promise the KAHEC offers to the University to achieve its own objectives. These nascent relationships with educational institutions will continue to be developed, with the long-term intent that each of the cooperating and participating educational institutions will see the benefit of supporting their respective AHEC and KAHEC staff liaisons.

Public and private external funding is currently being sought to support specific training program initiatives, i.e., the Downeast LPN-ADN educational program, the French language training, AIDS continuing education and the rural Occupational Therapy training center. Such special initiative funding will be identified and pursued as each new program develops.

Since the AHEC program is just now in the first quarter of its first operational year, it has little or no track record upon which to base a request for inclusive, long-term public support from the legislature, for example. However, both the AHEC and the KAHEC directors are positioned on key public committees, taskforces, and commissions which concern themselves with rural health care, health manpower, medical education, continuing professional education and health care policy. When the rural communities begin to reap the harvests of the work of the AHEC program it will be the appropriate time to move towards such a proposal.

Goal H: Evaluation Plan.

During the past year the AHEC Program Director, with the assistance of an evaluation consultant, Robert Ho, developed a framework for program evaluation, collected student clinical evaluation instruments used by participating programs, drafted a student feedback instrument, and reviewed the overall evaluation strategy with the Executive Director of the Katahdin Area Health Education Center.

1. Program Evaluation Master Plan. The program evaluation conceptual framework is predicated upon the assumption of two imperatives: [1] assessment of compliance with federal cooperative agreement standards; and [2] assessment of project success in achieving stated objectives. While the assessment criteria inherent in the first imperative are straight forward, the criteria for assessing the achievement of program objectives are more elusive.

As the "AHEC Program Evaluation Master Plan" on the following page reveals, the criteria for program evaluation are implicit in the philosophical underpinnings of the AHEC program as they were articulated by the KAHEC Planning Committee as program themes and elements. That is, for each of the four AHEC programming functions (clinical training, continuing education, career development, and technical assistance) there are four themes/conceptual criteria which must be met (cultural sensitivity, community empowerment, health promotion/education, and agreement compliance.) In each cell of the "Master Plan" are described observable outcomes which evidence achievement of the criteria within the specific function.

The second part of the plan, "Techniques and Strategies" shown on the next page, describes evaluative methods which are planned for assessing the achievement of the evaluation criteria. Utilization of the evaluation plan is dependent upon the availability of excellent data bases, as well as skilled staff to carry out quantitative and qualitative evaluation techniques. Both the AHEC Program Office and KAHEC are currently in the process of developing micro computer-based data systems for managing information on student clinical placements, program offerings, training site data bases, etc. The AHEC Clinical Clerkship Program student assignments and the comprehensive site survey data (previously presented in Appendix 5) are currently available on the d-Base III system. The allied health training programs have requested assistance in developing similar computer-based data systems. When the KAHEC data systems are in place, quantitative data will be readily available to document programming and manpower impact.

Qualitative outcomes will be more difficult, but no less important, to assess. A newly designed student feedback from is now being field tested with UNE COM students to assess its usefulness in evaluating student experiences across the AHEC themes. (See Appendix 12) It is apparent that the AHEC and KAHEC staff must conduct on-site assessments, including interviewing students, trainers and community clients. And, as was described in the progress report, the KAHEC Board of Directors have established a policy requiring evidence that programs which they sponsor and fund include content which supports cultural awareness and health promotion/education. Such proactive monitoring will greatly facilitate both the evaluation process and the community enculturation process. It is precisely the latter which is of importance and the ultimate evidence of success. That is, when clinical training programs, continuing education programs, and health care services incorporate culturally-aware and community-oriented education and services pro forma, we will know that our process and content has been effective.

2. Current status: At this point, the end of the first quarter of the first operational year, full implementation of the evaluation plan is not possible, since trainees have not completed clinical training programs, etc. However, the UNE AHEC program is in general compliance with the cooperative agreement requirements and its own philosophy of culturally sensitive, community-oriented education. The third chart, "Current Assessment Status" describes that compliance.

It should be noted that the evaluation plan is specifically designed to assess educational programs, and is not necessarily well suited to measure organizational development--the primary activity of the AHEC Program during these past two years. The AHEC Program staff has traveled more than 60,000 miles, met with hundreds of key health care personnel, and spent literally thousands of person hours in meetings and planning sessions. The KAHEC Board of Directors has volunteered hundreds of hours of individual personal time to advancing the development of this program. In a relatively short period of time this grass-roots organization has become known throughout the original five county area and productive linkages have been forged. The program now has the means by which to systematically address the profound health manpower problems that this rural state faces.

AHEC PROGRAM EVALUATION MASTER PLAN
Conceptual Framework

P r o g r a m T h e m e s

Program Elements	Cultural Sensitivity	Community Empowerment	Health Promotion/Education	Grant Compliance
Clinical Training	Didactic component content Cultural orientation of training site Performance accountability Client satisfaction Appropriate case management Knowledge of cultural health issues and epidemiology	Faculty appointment for all clinical trainers Clinical trainers participation in regional councils Educational program faculty participation in community and regional councils	Didactic component content Practice assignments Clinical trainers reinforce HP/E concepts Student community projects	10% UNECOM training Nursing education MSW out-reach and clinical placements Allied Health clinical training: OT, PT, Speech/Hearing, PA
Continuing Education	Directed content in all supported CPE Program instruction appropriate/accessible to target audience	Multidisciplinary programs Lay leader/community participation whenever possible Community development projects, e.g. PATCH	Directed content in all CPE Directed content for faculty development programs	CPE number/kind/location CPE participant: number/specialty/practice site Congruence of needs and programs Program evaluations
Career Development	Focus on minority and disadvantaged persons Counselling accessible and appropriate to needs Education is accessible and appropriate to needs Culturally appropriate role models and mentors are utilized	Programming directed to community goals & needs Programming enhances self-sufficiency of community Community-directed programs offered on-site Community development strategies are utilized to define and meet needs	Mentors role-model health promotion attitudes and behaviors Directed content of health career awareness programs Community education programs emphasize HP/E	Programs number/kind/location/content Participants number/age/origin/goals Program participant feedback
Technical Assistance	Includes cultural health considerations Utilizes culturally-sensitive strategies	Utilizes community resources /expertise when possible Enhances community decision-making capabilities and self-sufficiency Responds to community-defined needs	Includes HP/E component as appropriate	Description of assistance: to whom, by whom, what, where, under what compensation arrangements Recipient feedback

AHEC PROGRAM EVALUATION MASTER PLAN
Techniques and Strategies

Program Themes

Program Elements	Cultural Sensitivity	Community Empowerment	Health Promotion/Education	Grant Compliance
Clinical Training	Review of syllabi and course materials Review of demographic data for training sites Interviews of client population samples Cognitive assessments of trainees Review patient charts	Review of contracts and letters of agreement Review of regional council member and participation lists	Review of syllabi and course materials Student feedback surveys and interviews Clinical trainer interviews Review of student reports, case reviews, journals, etc. Review patient charts	Quantitation of assignments of students Review of contracts and letters of agreement Review of KAHEC report Analysis of health professions longitudinal manpower data
Continuing Education	Review of training material Trainee evaluations and interview feedback Review of evaluation instrument	Review of invitation/ lists Selected interviews of community leaders Review of letters of support for future fundings Review of needs assessments	Review of training materials Review of trainer qualifications	Quantitation and descriptions of all programs Review of needs survey
Career Development	Review of lists of programs Interviews of clients and advocates	Comparison of needs surveys and program descriptions Review of program sites Interviews with regional council members Review of regional council/Board minutes	On-site observations of training interactions Review of educational materials	Quantitation and descriptions of all programs Review of program evaluations of all programs
Technical Assistance	On-site observations Interviews with clients Review of proposals	Review of list of trainers Analysis of regional council minutes and/or proceedings	Review of written materials	Review of reports

AHEC PROGRAM EVALUATION
Current Status

P r o g r a m T h e m e s

Program Elements	Cultural Sensitivity	Community Empowerment	Health Promotion/Education	Grant Compliance
Clinical Training	UNECOM training materials include site demographics CS part of clerkship objectives Transcultural health of preclinical training Bibliography of Native American and Franco-American health professions curriculum materials prepared	UNECOM faculty appointment for all preceptors compl. 12% of preceptors members of regional council Communities currently assisting in determining housing for students	HP/E part of clerkship AHEC Clerkship preceptors attest to HP/E-oriented practice approach	UNECOM conduct 10.8% of training in AHEC KAHEC incorporated fully staffed, and community board est. Cooperatives agreement in place for KAHEC, UNECOM, UNECAS (OT Agreements of participation for Husson College (Nursing), U of Maine (Nursing, Speech and Hearing), UNECAS (MSW, PT) AHEC Director appointed to State Medical Advisory Committee AHEC and KAHEC repre. Residency Work Group Plan developed for placing medical residents in rural sites P.A. cross-training planned
Continuing Education	Two AIDS conferences: addressed homophobia, included participants from Native American, Franco-American, and other rural communities	CE programs designed to meet specific expressed community needs CE needs surveys conducted for social workers, and community health leaders Regional councils advise on CE needs	HP/E central focus of AIDS conferences KAHEC policy requires HP/E content of funded/sponsored programs	2 CE programs produced in developmental year CE programs scheduled remainer of FY AHEC and KAHEC represented on MCHPE board KAHEC represented on CE advisory committee

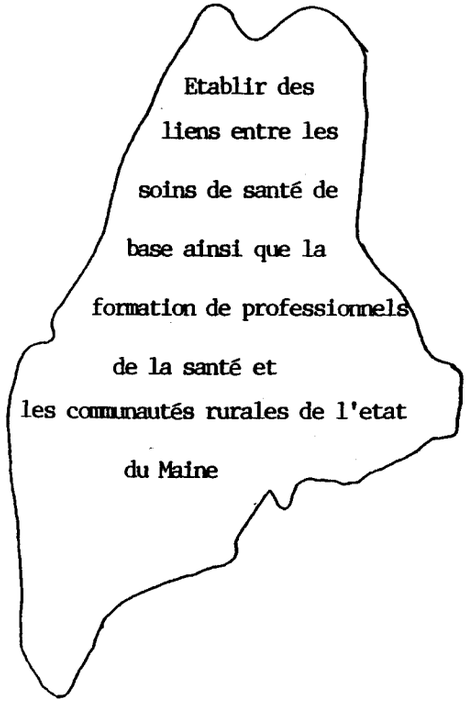
Career Development	Directory of regional non-traditional education programs drafted	LPN-ADN nursing program scheduled for development in Downeast Region Rural OT Clinical Training Center scheduled for development in Aroostook Region	Husson nursing students scheduled to conduct training in rural high schools	KAHEC Downeast Region initiated educational resource center
Technical Assistance		UNE OT faculty scheduled to conduct training in Aroostook County		

OUTREACH

- Flyers
- Forum Documentation
- Regional Council(s) Development
- Press
- Handouts

C E S R K

CENTRE EDUCATIF DE SANTE DE LA REGION DE KATAHDIN



TENDRE LA MAIN AUX POPULATIONS RURALES DU MAINE

Depuis toujours, et à cause même de leur contexte géographique, les communautés rurales et multiculturelles de l'état du Maine sont aux prises avec de graves problèmes concernant tant la santé des populations que la pénurie de personnel médical qualifié et l'apprentissage dé "l'art de vivre en santé."
Un certain nombre de personnes, des organismes privées et publiques et les communautés elles-mêmes ont pris conscience de la nécessité d'un effort collectif pour remédier à cette situation. Et c'est d'abord à travers l'échange dé connaissances et de ressources humaines et matérielles que cet effort commun se manifeste.
En décembre 1985, quelques organismes se sont réunis pour discuter des besoins dé santé des populations rurales du Maine. Avec le support de 1' University of New England, un comité fut mis sur pied et chargé de la planification d'un centre éducatif de santé visant à servir les cinq comtés de la région nord-est de l'Etat, soit: Aroostook, Hancock, Penobscot, Piscataquis et Washington.

QU'EST-CE QU'UN CESR?

Le programme de centre éducatif de santé est un programme fédéral de formation et d'éducation dont la direction est confiée a des écoles de médecine désignées. La raison d'être du programme est l'amélioration de la qualité des soins de santé dans les régions non desservies par des médecins.
Un CESR est un bureau régional formé et régi par un conseil d'administration local. La responsabilité d'un CESR est d'établir des ententes dé collaboration entre les centres hospitaliers et les institutions d'enseignement dans le but de développer, puis, diriger, des programmes ayant trait à la santé.

QUELS SONT LES BUTS D'UN CESR?

• Augmenter l'effectif spécialisé dans le domaine de la santé dans les régions privées de médecins.

• Améliorer la qualité de la formation spécialisée dans le domaine des soins de base.

• Inciter les institutions dont l'enseignement est relié à la santé à se préoccuper d'avantage et plus activement de la santé des populations rurales.

• Favoriser l'enrichissement des connaissances en soins de base de toute personne qui oeuvre en milieu de santé par la mise sur pied de programmes d'éducation continué et d'autres programmes d'appui au niveau régional.

• Fournir la formation appropriée aux professionnels de la santé dans le domaine de la santé publique afin qu'ils soient en mesure de sensibiliser les populations au rôle et à la responsabilité qui revient à chacun quant au maintien d'une bonne santé.

• Encourager les personnes défavorisées et les membres de groupes minoritaires à se prévaloir d'une formation en milieu médical en mettant à leur disposition des programmes qui leur permettront par la suite de faire profiter leur propre communauté de leurs connaissances.

QUELLES SONT LES RESPONSABILITÉS D'UN CESR?

• Diriger des programmes cliniques communautaires destinés aux étudiants(tes) infirmiers(ères), aux médecins, aux spécialistes en thérapie rééducative, aux spécialistes de l'environnement, etc.

• Fournir des programmes d'éducation continué à tous ceux et celles qui travaillent en milieu de santé.

• Recruter des professionnels dé la santé qui desserviront les régions sous-desservies.

• Etablir des centres communautaires d'apprentissage pour les populations locales ainsi que des centres dé renseignements sur les possibilités de carriere pour les professionnels do la santé.

• Recruter et encourager les personnes désavantagées à se diriger vers une carrière dans le domaine dé la santé.

• Collaborer avec les populations régionales dans l'identification de leurs besoins en matière de santé et de personnel spécialisé dans ce domaine puis, établir un contact entre ces communautés et les groupes ou organismes-ressources appropriés.

• Apporter leur soutien aux programmes éducatifs de santé des écoles, des residences pour aînés et autres établissements communautaires.

QUELS SONT LES BUTS DU CESRK?

Notre Comité dé planification vient tout juste dé commencer à établir les buts précis du CESRK. Il veut, d'abord, identifier les besoins, les préoccupations et les problèmes des populations des cinq comtés de la région. En groupe ou individuellement, et autant que les organismes, tous sont invités à participer à cette première identification. Vous ou l'organisme dont vous êtes membre pouvez fournir votre apport de plusieurs facons telles que: a) en devenant membre du Comité de planification; b) en participant aux rencontres du Comité comme invité(ée); c) en prévoyant participer aux rencontres régionales qui sont présentement à l'état de projet; d) en communiquant avec un des membres du Comité.

QUI SOMMES-NOUS?

Les groupes et organismes suivants sont membres actifs du Comité dé planification du CESRK. Une fois de plus, ils vous invitent à vous joindre au Comité et ainsi apporter votre aide dans l'identification des besoins de votre communauté.

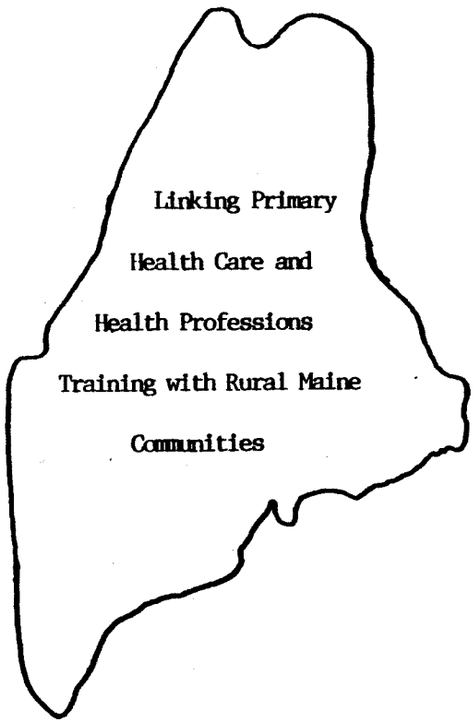
Central Maine Indian Association
Franco-American Resource Opportunity Group
Houlton Band of Maliseet Indians, Health Center
Maine Ambulatory Care Coalition
Maine Public Health Association
Penobscot Indian Nation Health Center
Passamaquoddy Tribe Community Health Services, Indian Township
Pleasant Point Health Center, Passamaquoddy Tribe
University of New England

COMMENT OBTENIR PLUS DE RENSEIGNEMENTS?

Bo Yerxa, Field Coordinator
P.O. Box 805
Passamaquoddy Indian Township, ME 04668
Tél.: 796-2829

K A H E·C

(KATAHDIN AREA HEALTH EDUCATION CENTER)



REACHING OUT TO RURAL MAINE

Maine's rural, multicultural communities have long-standing unique health, health manpower, and health education concerns and problems. Individuals, public and private organizations and communities are beginning to acknowledge the need to work together, sharing information and resources, in order to address these concerns.

In December 1985, a small group of organizations got together to discuss the health needs of Maine's communities. The organizations, with the assistance of the University of New England, formed a committee to begin planning the establishment of an Area Health Education Center to serve the five Northeastern counties of Maine (Aroostook, Hancock, Penobscot, Piscataquis, and Washington.)

WHAT IS AN AHEC?

The Area Health Education Center program (AHEC) is a federal educational/training program managed by designated schools of medicine. The program is intended to increase the quality of primary health care in medically underserved areas.

An AHEC is a regional agency which is designed and administered by a local board of directors. The Centers establish cooperative agreements with health care facilities and educational institutions in order to develop and conduct health related educational programs.

WHAT ARE THE FEDERAL AHEC GOALS?

. To improve the distribution of health manpower in medically underserved areas through the development of health training programs.

. To enhance the quality of professional training in the area of primary care.

. To encourage health professional schools to be more responsive to area health.

. To enhance primary care skills of health practitioners through the development of continuing education and other support programs at the regional level.

. To provide training to health professionals in consumer health education in order to promote public awareness of the individual's role/responsibility in the maintenance of personal health.

. To increase training opportunities and incentives for disadvantaged and minority individuals to provide health services within their own communities.

WHAT KINDS OF THINGS DO AHEC's DO?

. Conduct community based clinical training programs for student nurses, physicians, occupational therapists, environmental technicians, etc.

. Provide continuing education for health practitioners.

. Recruit health care professionals to serve in underserved areas.

. Establish Learning Resource and Career Information Centers for local communities and health care professionals.

. Recruit disadvantaged and minority students to health careers.

. Help communities identify their health care and health manpower needs and link them with resources to meet those needs.

. Support health education programs in schools, nursing homes, and other community centers.

WHAT ARE THE KAHEC GOALS?

Our Planning Committee is only beginning to formulate specific KAHEC goals. The Committee wants first to identify the community needs, problems, and concerns of the five county area. Individuals and organizations are encouraged to take part in that process.

You and/or your organization can participate by (1) becoming a member of the Planning Committee; (2) being a guest participant in Committee meetings; (3) attending regional meetings now being planned; (4) talking privately with a member of the Committee.

WHO ARE WE?

The following organizations/groups have already joined the KAHEC Planning Committee. They urge you to join with them to identify local community needs.

Central Maine Indian Association
Franco-American Resource Opportunity Group
Houlton Band of Maliseet Indians, Health Center
Maine Ambulatory Care Coalition
Maine Public Health Association
Penobscot Indian Nation Health Center
Passamaquoddy Tribe Community Health Services, Indian Township
Pleasant Point Health Center, Passamaquoddy Tribe
University of New England

HOW DO YOU GET MORE INFORMATION?

Call or write:

Bo Yerxa, Field Coordinator
P.O. Box 805
Passamaquoddy Indian Township, ME 04668
Tel: 796-2829

Shirl Weaver, Program Director
University of New England
11 Hills Beach Road
Biddeford, ME 04005
Tel: 283-0171 Ext. 437

DRAFT BROCHURE

WHAT IS AN AHEC?

An Area Health Education Center is a corporate entity manifesting a partnership between a school of medicine and one or more additional health professions schools, local health facilities and/or community agencies that jointly plan and conduct educational activities which improve the distribution of health professionals and access to care by medically underserved populations.

BACKGROUND OF AHEC DEVELOPMENT

The federal Area Health Education Center (AHEC) Program was initiated in response to the 1970 Carnegie Commission report "Higher Education and the Nation's Health", which documented both the shortage/maldistribution of health professionals (particularly physicians) and identified multiple areas for improving health manpower training. The Comprehensive Health Manpower Training Act of 1971 appropriated funds for the U.S. Department of Health, Education and Welfare to contract with eleven medical schools to assist in the planning, development, and operation of AHECs in their states. Subsequently, the Health Professions Educational Assistance Act of 1976 provided for the continuation of these programs and authorized the development of additional AHECs to address quality assurance and maldistribution issues in underserved areas. As of 1986, AHECs have functioned in 35 states throughout the country.

RECENT AHEC ACTIVITIES IN NORTHEASTERN MAINE

In 1985, a group of health workers concerned with the availability and quality of health services in northern and eastern Maine began meeting to see what mechanisms might be developed to link the resources of post-secondary health science educational institutions, health professionals, and health care institutions to address perceived needs. This planning committee included representatives from rural health centers, Tribal health programs, public health organizations, Franco-American advocacy groups, the Maine Vocational Technical Institute system and both private and public universities. Based on their efforts, a two-year planning grant was funded through the University of New England's College of Osteopathic Medicine to establish the feasibility of an AHEC program in rural Maine.

CURRENT STATUS OF THE KATAHDIN AHEC

In January of 1987 the Katahdin Area Health Education Center was formally incorporated as a community-based educational outreach program in anticipation of receiving FY '88--90 funding for program development and implimentation. The planning committee accepted the role of interim board of directors until the KAHEC's first annual meeting (October of 1987). The board's initial action was to hire an Acting Director and support staff with the mandate to facilitate the ongoing process of program and organizational development. This includes outreach to rural communities, health service providers, educational programs and professionals to increase local involvement and the development of cooperative agreements between the above mentioned groups and in the planning and implimentation of program activities.

GOALS of the Katahdin AHEC

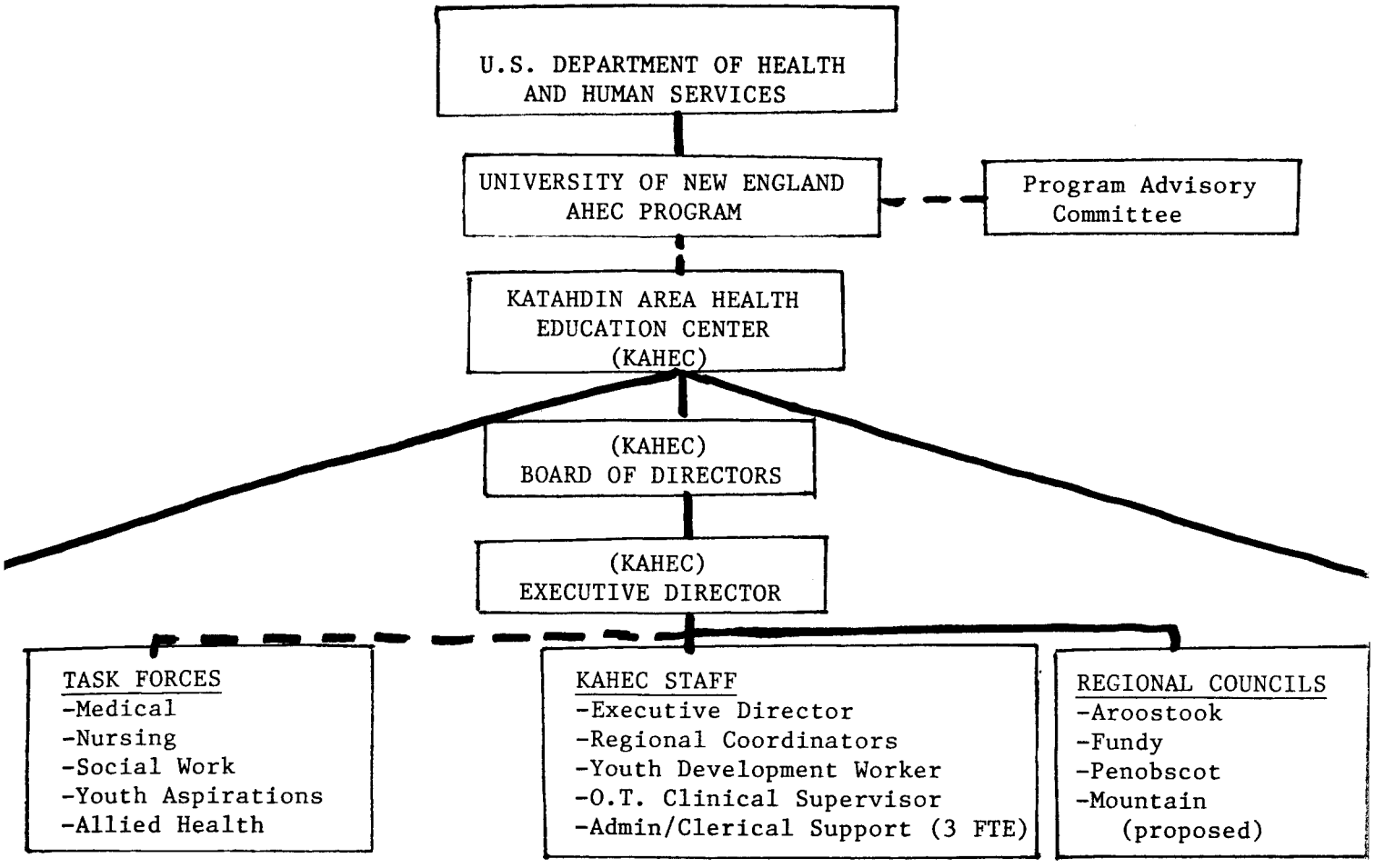
To utilize educational programs to improve the distribution, quality, availability, utilization, efficiency, and cultural appropriateness of primary health care services in rural Maine.

Within this over-all program goal, the Katahdin Area Health Education Center (KAHEC) intends to undertake the following activities:

1. Provide community-based clinical training experiences in rural settings for health professions students of medicine, nursing, social work, and allied health.
2. Provide continuing professional education which is pertinent and accessible to rural primary care workers, and which emphasizes an approach that is holistic and prevention oriented.
3. Develop health careers resource centers in rural areas which supports youth from minority and under-represented populations in pursuing health careers and which encourages non-traditional students in developing career ladders for professional advancement.
4. Link the resources and expertise of cooperating educational institutions and graduate medical education programs with rural providers thereby enhancing the availability of appropriate technical assistance.
5. Strengthen the community base for planning and supporting health manpower programs to meet local needs in rural areas.

ORGANIZATIONAL STRUCTURE

As proposed, the KAHEC will be structured as shown below:


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
UNIVERSITY OF NEW ENGLAND AHEC PROGRAM
Program Advisory Committee
KATAHDIN AREA HEALTH EDUCATION CENTER (KAHEC)
(KAHEC) BOARD OF DIRECTORS
(KAHEC) EXECUTIVE DIRECTOR
TASK FORCES
-Medical
-Nursing
-Social Work
-Youth Aspirations
-Allied Health
KAHEC STAFF
-Executive Director
-Regional Coordinators
-Youth Development Worker
-O.T. Clinical Supervisor
-Admin/Clerical Support (3 FTE)
REGIONAL COUNCILS
-Aroostook
-Fundy
-Penobscot
-Mountain
(proposed)

KAHEC CENTRAL
Dr. James L. Ross
Executive Director
University of Maine
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(207)581-2371

KAHEC DOWNEAST
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Regional Coordinator
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KAHEC PENQUIS
Claire Bolduc
Regional Coordinator
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KAHEC AROOSTOOK
Arlene Keaton
Regional Coordinator
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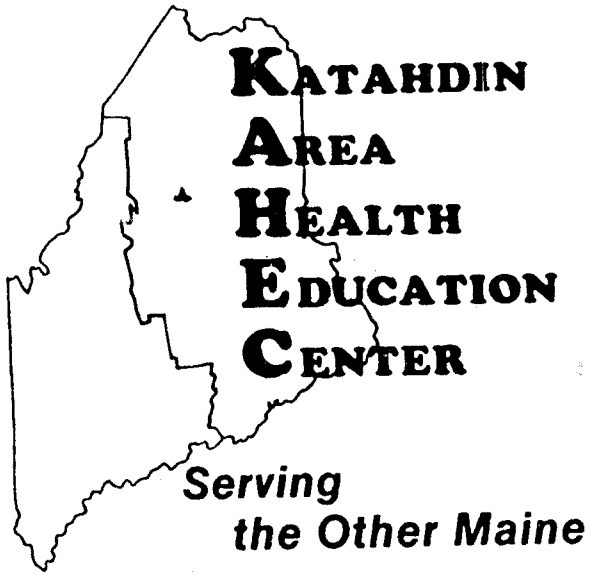
Fort Kent, Me 04743
(207)834-3114



WHAT IS KAHEC?

The Katahdin Area Health Education Center is a locally-controlled, private, non-profit organization working in partnership with post-secondary health professions educational programs, rural health practitioners and community based health organizations in Maine. The principal funding for this effort is a grant from the Office of Health Professions, DHHS, channeled to the KAHEC via a cooperative agreement with the College of Osteopathic Medicine of the University of New England.

The principal objective of this cooperative effort is to address the shortage and maldistribution of health and social service professionals in what is commonly referred to as "*The Other Maine*". It is believed that coordinated health planning and innovative educational programming can have a positive impact on these problems in rural areas.

Realization of these objectives is the raison d'être for the KAHEC. Among our current goals are the following:

- Improving health manpower distribution through the development of rural health training programs in medicine, nursing, social work and allied health.
- encouraging health professions schools to be more responsive to area health needs, and strengthening the community base for planning and supporting programs designed to meet local needs.
- developing continuing education and other support programs for health professionals at the local level which emphasize an approach that is holistic and prevention oriented, and includes access to technical assistance.
- promoting public health education.
- increasing educational opportunities, employment and retention of health professionals, especially Maine natives, in underserved areas.

WHERE IS KAHEC?

KAHEC is the only center planned for the State of Maine. It is specifically designed to serve the needs of rural areas, and programmatically emphasizes the need to identify and address major health issues of concern to under-represented populations including Franco-American, Native-American and other disadvantaged groups.

The KAHEC's current service area includes Aroostook, Washington, Hancock, Penobscot and Piscataquis Counties. The program center is located in Orono, with regional offices in Fort Kent, Calais, and Bangor. In the next year the service area will expand to include Waldo, Franklin, Somerset and Oxford Counties.

Perhaps this is the first you have heard of KAHEC and its activities. Our initial operational year began in October 1987.

KAHEC is committed to community participation in planning and implementing programs. We consider this essential to ensure accurate needs assessment, relevant programming, and communication and cooperation between and among health professionals and institutions - including representatives of the consumer community . Such a cooperative effort has the potential to significantly affect access to quality health services for Maine's underserved citizens.

If you are interested in learning more about the KAHEC and its programs, please contact the Regional Coordinator in your area.

KAHEC Invitation Forum
June 7, 1986

Need, Problems, Opportunities

RECRUITMENT/RETENTION

Problems/Needs

*Staff turnover in rural areas (2)

*Recruiting personnel (2)

*Not enough personnel providing health services

*Well-educated and competent health care givers

*Lack of community involvement

*Keeping practitioners

*Lack of competitive salaries in northern Maine

*Increase and retention of health professions

Opportunities

*Encourage youth to enter health professions

*Development of young to health professions

*Exchange programs [1]

*Coordinating/sharing of [1] resources between organizations

*Professional support systems [1]

[1] cross reference: Networking

NETWORKING/OUTREACH

*Professional support systems

*Identification of resource people

*Coordinate services with existing agencies through KAHEC

*Reaching people in rural areas: services and education

*Getting major medical centers into the communities instead of vice versa

*Reduction of "turf" issues

*Implement locally identified goals with institutional support

*KAHEC clearing house

*Establish networks of resources information and mutual support

*U of M cooperative extension Svc

*Shared service

*Exchange programs

*Coordinating/sharing of resources between organizations

*Existing natural support networks

Problems/Needs	Opportunities
FORMAL EDUCATION	
*Develop accessible CED and degree programs	*MPBN TV-Radio
*Education and degree programs	*Telecommunications learning system
*Develop educational curriculum so that teachers can develop an attitude to develop	*Potential AHEC $
*Community education (2)	*Satellite existing educational programs
*Rural educational programs	
*Geographic diversity	
*Miles	
COMMUNITY/HEALTH EDUCATION	
*Sex education in the context of a loving, responsible husband/wife relationship	*Promote wholistic perspective
*Health education in harm done by pesticides	*Data base for research on effectiveness of health education
*Parenting and health care and feeding of children	*Epidemiologic studies of Maine health problems
*Planning pregnancy and prenatal care	*Outward Bound type activities for building self-esteem
*Nutrition	*Culture and language specific health education
*Childbirth education	
*Health education for community workers	
*Family orientation to prevention	
*Health education in school systems at all levels	
*Lack of funds	

Needs/Problems	Opportunities
KAHEC DEVELOPMENT	
*KAHEC Clearing house	*Use current resources: -current professional staff -existing collaborative efforts -Medical Care Development, Inc. -State Bureau of Health -Minority group involvement
*Coordinate services with existing agencies through KAHEC	
*Evaluation of programs	

Problems/Needs	Opportunities
CLIENT EMPOWERMENT	
*Reduce rural practice through activating patients to accept responsibility	*Community education [2]
*Legal counseling	*MPBN TV-Radio [3]
*Easier access to education	*Easier access to education [3]
*Encourage patients to ask questions	*More preventive practice (health care)
*Patients shouldn't give up control and responsibility for own health	[2]See: Health Education [3]See: Formal Education
*Facilitate client control of health/illness life experiences	
*Improved attitudes towards elderly	
*New workers comp system	
*Community awareness	
*Legislative know how and approaches	
*Educate towards higher values placed on personal health	
*Law educational attainment for minorities	

Problems/Needs	Opportunities
HEALTH PROFESSIONS TRAINING	
*Training for teachers and counselors in teaching parenting skills and responsibility	*Promote wholistic perspectives (Health, Mental Health and Human Services)
*More supervision in field experiences	
*Prevention model orientation for people and providers	
*Lack of cross-cultural approaches to prevention and treatment	
*Wholistic approach to health care	
*Train health workers to promote breast feeding	
*Occupational disease and injury (training)	
*Culturally aware providers	
*Psycho social awareness	
*Reality orientation	
*Lack of medical professions programs at universities	
*Training for providers in substance abuse recognition and counselling and where to refer	
*Communication between educational program directors and nursing service directors	
*Sensitivity to needs of elderly	

Needs/Problems	Opportunities
PRIMARY CARE [4]	
*Sensitivity to needs of elderly (2)	*Evaluation of programs
*Communication with clients by providers	*Economics
*Wholistic approach to health care	*New occupational disease monitoring
*Lack of cross-cultural approaches to prevention and treatment	
*Structural Family Therapy	
*Move community-based health care	
*Culture and language specific services	
*Improved attitudes towards elderly	
*Specialties in occupational illness and injury	
*More preventive practice	
*Language barriers	
*Cultural barriers	
*Organizational support systems for practitioners (of conflict resolution)	
*Teaching/learning opportunities for staff	
*Lack of continuity of care between providers	

[4]Cross-referenced with Health Professions Training

KAHEC FORUM PARTICIPANTS

(CATEGORIES)

education people

political officials

law enforcement

business, banking

church representatives

higher education institutions

anti-minority, ultra-conservatives

rural health centers/small hospitals

health professionals

professionals or administrators

community leaders/advocates

rural social services

media representatives

NEEDS, PROBLEMS, OPPORTUNITIES
(One possible organization of issues identified by 2 groups)

Central Issues:

1. Low esteem/aspirations; (need for) positive identification
   - lack of role models from own culture
   - minority status; internalized stereotypes

2. Overall goal: to train members of our communities to provide health services

Career Placement/Development:

1. Need to develop curricula in local schools specifically

   addressing opprotunities within health professions at

   an early age

2. Career placement/development
   - (need) linkages between educational programs and actual jobs in the home communities

   - make local/state educational systems more sensitive to differences between cultures and supportive of efforts to address issues
   - efforts to ease transitions into different cultural/ geographic settings (culture shock, self-discipline, study skill, motivation)

3. Lack of access to "alternative" academic/credentialing institutions/mechanisms that give adults academic credit for work/life experience

Educational Systems:

1. few opportunities to enrich basic educational processes, either academically or experientially

2. needs to be culturally appropriate to enhance retention of students

3. mechanism to identify exceptional students and assist to achieve potential (ombudsman?)

4. leadership training for youth

5. prevention-oriented health promotion

6. make education a community effort/priority

Characteristics of Programs:

1. quality assurance

2. substance abuse prevention

3. holistic health

4. intercultural understanding

5. pragmatic; present oriented

6. plan for prosperity; maintain continuity of care

7. bridge the gaps; experts communicate effectively with laymen

8. health/wellness orientation (rather than medical orientation)
   - prevention-oriented health education
   - self-care and responsibility

Necessary Community Organization/Policy:

1. make education a community effort/priority

2. develop an atmosphere/ethic of support for education (youth/adult) and vocation

3. leadership development for the future

4. internal contradictions of federal (tribal?) models

5. get community backing/policies to focus on success in educational endeavors (not "enabling" continual failure)

6. communities must identify with ("buy into") KAHEC and other educational processes

7. plan for posterity; maintain contunuity of care

8. media- state, local- emphasize local orientation

KAHEC FORUM PARTICIPANTS

EXPECTATIONS

- schedule of meetings (time, location, dates)
- what "exactly" is this KAHEC going to look like?
  "let's get to doing it"
- who else ought to be involved?
- who are we? what do we care about in terms of health/health education?
- what is/is not out there already?
- airing out of common issues we are facing
- at what point in time do we involve providers?
- are they going to be part of the planning process?
- education as well (reservation/off reservation)
- how many counties are we capable of representing ?
- who else ought to be represented/involved?
- can we do a one day or more meeting for community people?

Group #1

What are the general needs, problems and opportunities we could deal with through the AHEC grant?

	Needs	Prob.	Opport.
1. Media-state, local- emphasize local orientation	2	1	4
2. Quality assurance	1	1	4
3. Substance abuse prevention	3	5	1
4. Dependency vs. work ethic	1	4	0
5. Holistic health	1	2	0
6. Intercultural understanding	1	3	1
7. Pragmatic; present-oriented	0	0	2
8. Plan for prosperity; maintain continuity of care	1	0	2
9. Bridge the gaps; experts communicate effectively with laymen	1	4	2
10. Self-esteem/positive identification	3	5	0
11. Prevention-oriented health promotion	0	1	1

Group #2

Q: What are the needs, problems and opportunities related to health education/manpower development we could deal with through the AHEC grant?

	Needs	Prob.	Opport.
1. Low esteem/aspirations; (need for) positive identification - lack of role models from own culture - minority status; internalized stereotypes	2	2	0
2. Educational systems - need to develop curricula in local schools specifically addressing opportunities within health professions at an early age - few opportunities to enrich basic educational processes, either academically or experientially - needs to be culturally appropriate to enhance retention of students	3	2	0
3. Community organization and development - make education a community effort/priority - develop an atmosphere/ethic of support for education (youth/adult) and vocation - leadership development for the future - health/wellness orientation (rather than medical orientation) - prevention and education - self-care and responsibility - internal contradictions of federal (tribal?) models - get community backing/policies to focus on success in educational endeavors (not "enabling" continual failure) - communities must identify with ("buy into") KAHEC and other educational processses	1	0	2
4. Career placement/development - (need) linkages between educational programs and actual jobs in the home communities - mechanism to identify exceptional students and assist to achieve potential (ombudsman?) - make local/state educational systems more sensitive to differences between cultures and supportive of efforts to address issues - effort to ease transitions into different cultural/ geographic settings (culture shock, self-discipline, study skills, motivation)	3	1	0
5. Lack of access to "alternative" academic/credentialing institutions/mechanisms that give adults academic credit for work/life experience	2	0	2
6. Overall goal: to train members of our communities to provide health services.			

KAHEC FORUM

RESOURCE PERSONS

Bonnie Post Maine Ambulatory Care	11 Parkwood Dr. Augusta, ME 04330	622-7566
Sister Helen	Indian Island Elem. School Indian Island Old Town, ME 04468	827-4285
Sister Maureen	Pleasant Point Elem. School Perry, ME 04667	853-6085
James Sandborn, Principal	Indian Township Elem School Princeton, ME 04668	796-2362
Donna Loring Police Officer	61 Veazie St. Old Town, ME 04468	827-7949
Ferida Khanjani Chiropractor	195 Main St. home 194 Main St. office Elliot, ME 03903	439-3321 H 439-3226 O
Gilbert Albert Univ. of Me. Ft. Kent	RFD #2 Box 247 Ft. Kent, ME 04743	834-3162 UM Ft. K
Eileen Pinette	P.O. Box 905 Caribou, ME 04736	
Ted Mitchell Dir. of Indian Student Affairs	Memorial Union, UMO Orono, Me. 04469	581-1406
Harold McNeil Univ. Extension	100 Winslow Hall, UMO Orono, ME 04469	581-3186
Sister Roberta St. Joseph's Hospital	297 Center St. Bangor, ME 04401	947-8311
Blanche Collins Elderly Coordinator	P.O. Box 143 St. Agathe, ME 04772	
David Lutes Worker Comp. Advocate	Allagash, ME 04774	398-3275
Claire Bolduc Pine Tree Legal	61 Main St. Bangor, ME 04401	942-0673
Bernie Roscetti MPBN Station Mgr.	Alumni Hall, UMO Orono, Me 04469	945-0165

2/86

KATAHDIN AREA HEALTH EDUCATION CENTER

(KAHEC) DEVELOPMENTAL PRINCIPLES

The KAHEC planning process will assess the feasibility of developing an Area Health Education Center within the five, northeastern, county target area, which will comply with the federal AHEC goals and guidelines described in the attached documents.

The planning process will be directed by a KAHEC Planning Committee whose members will represent both the principle constituents of the proposed Center: American Indian health/human service agencies, Franco-Americans, major health care providers and the geographic distribution of those constituent groups.

The central concepts which will guide the process of identifying KAHEC Planning Committee members and provide focus for center planning are:

- health professions student training programs will emphasize:
  - community/public health concepts
  - the rural perspective of comprehensive health care
  - transcultural awareness

- continuing professional education programs will:
  - maximize the use of existing program sources
  - emphasize transcultural awareness
  - encourage resource sharing and education institution - health care service linkages
  - emphasize comprehensive health care and health promotion concepts in areas of identified community need

- career awareness/manpower development programs will focus on enhancing the opportunity of youth and adults to:
  - maximize their academic potential
  - assess realistic career options
  - pursue health careers training in culturally supportive environments
  - recognize their roles and responsibilities in serving their ethnic community

KAHEC - Planning / Development

NEEDS, PROBLEMS, OPPORTUNITIES
(One possible organization of issues identified by 2 groups)

Central Issues:	Possible Forum Discussants
1. Low esteem/aspirations; (need for) positive identification - lack of role models from own culture - minority status; internalized stereotypes	Education/Public, Higher Ed. Community leaders
2. Overall goal: to train members of our communities to provide health services	Health Centers Education/Public, Higher Ed Community leaders
Career Placement/Development:	
1. Need to develop curricula in local schools specifically addressing opprotunities within health professions at an early age	Education/Public, Higher Ed Health Professions Rural health centers/hospitals Rural social services
2. Career placement/development - (need) linkages between educational programs and actual jobs in the home communities - make local/state educational systems more sensitive to differences between cultures and supportive of efforts to address issues - efforts to ease transitions into different cultural/ geographic settings (culture shock, self-discipline, study skill, motivation)	
3. Lack of access to "alternative" academic/credentialing institutions/mechanisms that give adults academic credit for work/life experience	
Educational Systems:	
1. few opportunities to enrich basic educational processes, either academically or experientially	Community leaders Education/Public, Higher Ed Church representatives Political officials
2. needs to be culturally appropriate to enhance retention of students	
3. mechanism to identify exceptional students and assist to achieve potential (ombudsman?)	
4. leadership training for youth	
5. prevention-oriented health promotion	
6. make education a community effort/priority	

Characteristics of Programs:

1. quality assurance

2. substance abuse prevention

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4. intercultural understanding

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6. plan for prosperity; maintain continuity of care

7. bridge the gaps; experts communicate effectively with laymen

8. health/wellness orientation (rather than medical orientation)
   - prevention-oriented health education
   - self-care and responsibility

Community leaders/advocates
Rural social services
Rural health centers
Health professions

Necessary Community Organization/Policy:

1. make education a community effort/priority

2. develop an atmosphere/ethic of support for education (youth/adult) and vocation

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6. communities must identify with ("buy into") KAHEC and other educational processes

7. plan for posterity; maintain contunuity of care

8. media- state, local- emphasize local orientation

Political officials
Education/Public, Higher Ed
Rural health centers
Community leaders
Church leadership

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(CATEGORIES)

education people

political officials

law enforcement

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higher education institutions

anti-minority, ultra-conservatives

rural health centers/small hospitals

health professionals

professionals or administrators

community leaders/advocates

rural social services

media representatives

Do we invite folks from state hlth planning office?

Mary-Ann Baremsa would be helpful.

KAHEC INVITATIONAL FORUM

Participant Inventory

A. What are the major health/illness-related problems of your community?

(62%) Obesity and poor nutritional habits
(46%) Alcoholism and Substance Abuse
(38%) Unmet treatment needs/lack of community-based care/rural isolation
(38%) lack of concern with health maintenance
(31%) Diabetes
(31%) Cardiovascular disease
(23%) Family dysfunction and violence
(23%) Chronic illness--physical and mental
(15%) Teen pregnancies
(15%) Needs of the elderly
(15%) Provider staff turnover
(7%) Lack of educational resources
(7%) Low income population
(7%) Smoking
(7%) Overuse of prescription drugs
(7%) Injury/accidents
(7%) stress

B. What do you see as barriers to resolving these issues?

(69%) Lack of education--personal and community
(54%) Lack of resources and programs
(38%) Cultural isolation--cultural attitudes
(38%) Reaching those needing education/services
(38%) Health providers not sensitive to problems and cultural diversity
(31%) Cycles of unhealthylife styles
(23%) Retaining health provider in rural areas
(15%) Family secrecy
(7%) Lack of community involvement

C. Do youth in your community have sufficient motivation and/or means of becoming informed about and pursuing a career in a health service occupation? If not, what problems do you see?

(38%) N/A, Don't know
(7%) Yes Increasingly youth are becoming interested and motivated

(55%) No Lack of exposure to health careers settings/role models
No emphasis in schools or outreach from colleges
Isolation from educational resources
Lack of funds
Social problems: school drop out; teen pregnancy; cultural isolation; substance abuse; Low motivation due to welfare dependency

D. What problems do you see for people in your area obtaining comprehensive health care, including health education?

(38%) Lack of health education funds--need 3rd party pay for health education
(38%) Because few of the adults finished high school, they will not go to heath education classes because they believe they would not understand the class
(23%) Lack of health care facilities/mental heath resources
(23%) Lack of community awareness of importance and diversity of health professions
(15%) Cultural and geographic isolation: fear of providers; lack of knowledge of resources; lack of transportation; distance from services; apathy
(15) Health center perspective: territoriality; in-house orientation; lack of outreach to rural communities; parochial training of providers
(7%) Lack of legislative awareness--needs enlightenment and encouragement
(7%) Lack of BSN/MSN nurses in area
(7%) Transient medical staff
(7%) Lack of health provider educational programs in Maine

E. What problems do you or others in your field or agency encounter in keeping up-to-date, getting credentials, or obtaining formal education in your discipline?

(53%) Lack of program in area (Health planning, MSN, BSN, MPH, Health Education, Counselling) especially for upward mobility
(23%) Lack of funds
(7%) No adequate needs assessment
(7%) Territoriality between service providers and educational institutions

F. What health care personnel issues/problems confront health care agencies in your area?

(77%) Recruiting and retaining providers to area (noted: BSN, MSN, Specialist physicians, allied health professionals, substance abuse counselors, Physical Therapists, MSW, Psychologist)
(15%) Health care facilities fail to use personnel available because of own agenda and desire to maintain the established medical model, as opposed to taking or being open to more wholistic approach
(7%) Training for community members who, in turn, would teach other community members
(7%) More effi ient EMS system in Maine, especially in rural areas
(7%) Field experiences for nutrition students with supervision are lacking

KATAHDIN AREA HEALTH EDUCATION CENTER

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  - maximize their academic potential
  - assess realistic career options
  - pursue health careers training in culturally supportive environments
  - recognize their roles and responsibilities in serving their ethnic community

Downeast Regional Council

Priscilla Staples, RN, MSN, Director of Nursing, Downeast Community Hospital, Machias

Jane Hinson, Director of Outreach & Special Programs, University of Maine at Machias

Ann Reed, R.N., Director of Nursing, Calais Regional Hospital

Peggy Dumond, L.S.W., Social Worker, Eastern Area Agency on Aging, Ellsworth

Cynthia Phillips, Counselor, Families United, Machias

Carole Webber, R.N., Director of Nursing, Oceanview Nursing Home, Lubec

Nancy Drake, Regional Consultant, Division of Alcohol & Drug Education, Maine Dept. of Educational and Cultural Affairs, Machias & Ellsworth

Pamela Page, R.N., Clinical Supervisor, Home Health Services, Community Health & Counseling Service, Machias

Marion Galligan, Counselor, Rape Crisis/Womankind, Robbinston

Judy Kahns - Hastings, RN, MSN, Assistant Professor, Baccalaureate Nursing Program, University of Maine, Orono (resident of Mt. Desert)

Grace Brace, LSW, Substance Abuse Counselor, Downeast Regional Hospital, Machias

John Gaddis, D.O., Private Practitioner, East Machias

Joanne Black, Coordinator, Sunrise County Children's Task Force, Calais

Karl Larson, M.D., Private Practitioner, East Machias

Ray Beal, Executive Director, Washington County Homemaker Services, Machias

Berell Kornreich, Executive Director, Downeast Health Services, Ellsworth

Chris Taylor, M.S.W., Mental Health Services Manager,
Community Health & Counselling Services, Machias

Ron Renaud, Director, Washington County
Vocational Technical Institute, Calais

Rick Doyle, Health Planner, Pleasant Point Passamaquoddy Tribe,
via Perry

KAHEC Outreach Meetings
Caribou
Pinete Family Meeting
5-23-86

Introductions
Background and explanations

Airing of issues---

- -need to address teen parents and AFDC recipients for health career awareness.
- -need to look at occupational health/safety issures both in terms of practices and continuing education.
  (Note Dr. Skellian of PI setting up practice on occupational/ industrial medicine.)
- -need to address attitude of condecending toward those who are differently abled or from different cultures.
- -need to address negative self-image that some people from different cultures acquire as a result of implicit/explicit prejudice and negative biases from the dominant culture.
- -self-confidence and self-image are key to ethnic minorities daring to aspire or achieve
- -impact of media on perception and self-perception is significant

Note - Who in the world is Jean Cuotsie?
Brought Acadians to Vlle St. Jean.

- -Program must give permissions for people to be what they are. Focus on St Jean, French, Passamaquoddy Indians etc.
- -Flip side of negative self-image is that it allows one to fail and avoid responsibility with a certain amount of confort/relief.
- -Cultural issues very important both with preschool and geneatric populations.
- -Ability to speak language significant plus for providers...

5-23-86

Name	Address	Phone Number
Rose Dumond	RFD #4 Box 336 Caribou, Me.	493-6642
Ellen Pinette	P.O. Box 905 Carbou, Me.	498-3444
Betty A. Osgood	745 North Main St. Apt. # 15 Caribou, Me.	492-9591
Rachel Burnage	34B Robert St. Caribou, Me.	496-3541
Claire Bolduc	RFD #1 Box 412 Old Town, Me.	394-2872
Gene Couloque	P.O. Box 1453 Presque Isle Me. 04769	4982575
Jim Pinette	(as above)	

Also Clair, Yvon, and Bo

Fort Kent
UMFK Meeting
5-24-86

Introductions
Background and Explanations

Problem Identification

-Loss of scholarship assistance and emphasis in areas of bi-cultural /bi-lingual education reduces understanding of/support for/and subsequent self-esteem for French-speaking students.

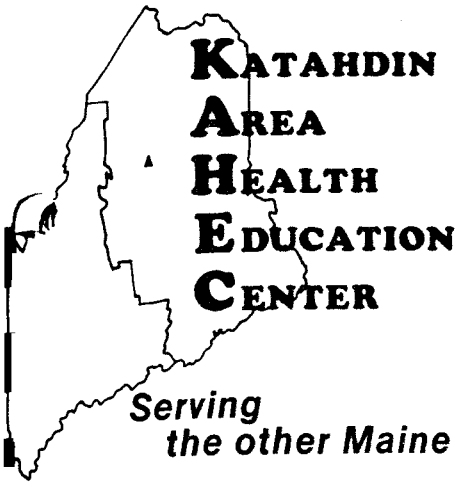
-Real problem in ag country with pesticides/ in drinking water points out need for emphasis on environmental health (analysis/prevention).

-Need to have both educators and health professionals to be bi-lingual.

-Local hospital is biased against hiring local (French-speaking) nurses. Perhaps because admin is not local and has biases. Perhaps because local people would have political base in the community. (University has similar tendency.)

KAHEC Meeting at UMFK
5-24-86

Name	Affiliation	Address
J. Bertrand Michaud	U.S.J.B. ins. co.	P.O. Box 99 Fort Kent Mills Me. 04744
Gilbert Albert	Director, Bi-Cultural/ Bi-lingual Program Univ. of Maine Ft. Kent 04743	



KATAHDIN AREA HEALTH EDUCATION CENTER

Serving the other Maine

WCVTI #10
River Road
Calais, Maine 04619
(207) 454-2144 ext. 48

September 4, 1987

Concerned Friends of the KAHEC:

As was mentioned in the first session of the Regional Informational meetings, the Katahdin Area Health Education Center (KAHEC) is planning to have follow-up regional meetings.

The purpose of these meetings is the development of regional councils. There will be three councils--Washington/Hancock counties, Penobscot/Piscataquis counties and Aroostook County. The councils are being established to ensure:

1. Community involvement
2. Accurate assessment of needs
3. Timely and appropriate program activities
4. Maximun efficiency and effectiveness of KAHEC staff
5. Maximum communication and cooperation between and among health/social service agencies and educational institutions.

Anticipated roles for the regional councils are to:

1. nominate representatives to the Board of Directors
2. advise to the Board of Directors of programming needs for the region
3. facilitate the implementation of programs
4. provide input on evaluation of programs in their respective areas.

The following schedule for the Council Development meetings are as follows:

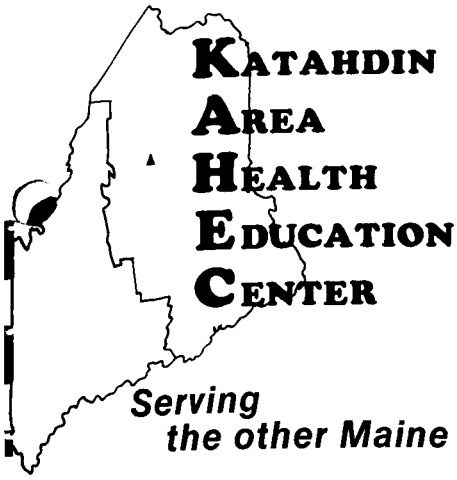
October 5 @ 7:00 p.m	Down East Community Hospital, Machias Conference Room
October 1 @ 7:00 p.m.	Cary Medical Center, Caribou Conference Rooms (B & C)
September 29 @ 7:00 p.m.	Mayo Regional Hospital, Dover-Foxcroft Conference Room

Your attendance and participation is needed. Please make every effort to come. I will be looking forward to seeing you.

Sincerely,

Bo

Bo Yerxa, Field Coordinator



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REGIONAL COUNCIL DEVELOPMENT
INFORMATIONAL MEETING

Geographically-determined councils will be established to ensure:

1. Community involvement
2. Accurate assessment of needs
3. Timely and appropriate program activities
4. Maximum efficiency and effectiveness of KAHEC staff
5. Maximum communication and cooperation between and among health/social service agencies and educational institutions.

Current plans propose at least three regional councils--Washington/Hancock Counties, Penobscot/Piscataquis Counties and Aroostook County.

The roles of the regional councils are to:

1. nominate representatives to the Board of Directors,
2. advise to the Board of Directors of programming needs for the region,
3. facilitate the implementation of programs,
4. provide input on evaluation of programs in their respective areas.

If you are interested in being involved on a regional council in your area, please fill in the bottom portion of this page and leave with the KAHEC staff today.

NAME/TITLE _____

ORGANIZATION _____

ADDRESS _____

_____

TELEPHONE _____

CALAIS, MAINE

REGIONAL COUNCIL INFORMATIONAL MEETING

JULY 22, 1987

NAME/TITLE	ADDRESS	TELEPHONE
Gail A. WRIGHT, CSC, BMR	Calais P.O Box 262	454-3836
Ann Reed	C.R. Hosp.	454-7521
Marion Galligan	Robbinston	454-3657
Judith A. Turner	54 Shackford St Eastport, Maine	853-2559
ved Inez P. Mills	52 Shackford St Eastport, Maine	853-2943
Jo-Ann Moore	P.O. Box 272 Perry, Me. 04667	853-4297

MACHAIS, MAINE

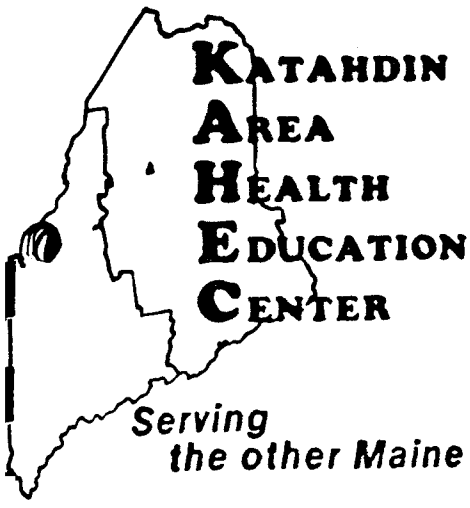
REGIONAL COUNCIL INFORMATIONAL MEETING

JULY 23, 1987

NAME/TITLE	ADDRESS	TELEPHONE
Nancy Drake	Downeast Regional Consultant Division of Alcohol + Drug Education - DECS	255-3313 ext 308 941-3078
Jane Hinson	Special Programs. University of Maine at Machias	255-3313 X289
Karl V Larsen M.D	Green St E Machias, Me	255-3066
Susan K. Dorr	Down East Community Hospital RR1 Box11 Machias	255-3356
Pamela Page RN	Community Health & Counseling Services - Box10A RR1 Machias, Me.	255-8311
John Bogley	Eastern Area Agency on Aging (Bangor) Box 175 East Machias Me - 5463	255-6530
Carole Webber RN	DoN Oceanview Nsg Home Lubec	733-4374
Ray Beal; DHRS	Washington County Homemaker Services, Machias	255-4734
Pat Hartzell	Patient Care Coordinator DECH	255-3356
John Gaddis, D.O.	High Street, Machias	255-3338
John Peterson, MD	Court Street, Machias	255-4253

REGIONAL COUNCIL INFORMATIONAL MEETING
ELLSWORTH, MAINE

NAME/TITLE	ADDRESS	TELEPHONE
Lucille A. Rivers, Clinic Manager	HCR 60 Box 52 Gouldsboro	963-5810
Jade Lee, Counselor - Whole Health Center	Bar Harbor/Ellsworth	288-4128 667-4128
Marion Kane Maine Community Idu.	Ellsworth, Me	667-9735
Karen Saum H.O.M.E., Inc.	Orland ME	469-7961
Susan Berry Downeast Hlth Serv.	Ells. Me	667-5304
Cathy Boyer Maine Coast Memorial Hosp		667-5311



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November 23, 1987

Dear Colleague:

I am writing to share with you some background on the Katahdin AHEC, a new effort underway that I believe has the potential to positively support social workers and other health and social service professionals in rural Northern Maine. Please take a minute to review this information and consider how it might relate to you.

WHAT IS AN AHEC?

An Area Health Education Center is a corporate entity manifesting a partnership between a school of medicine and one or more additional health professions schools, local health facilities and/or community agencies that jointly plan and conduct educational activities which improve the distribution of health professionals and access to care by medically underserved populations.

BACKGROUND OF AHEC DEVELOPMENT

The federal Area Health Education Center (AHEC) Program was initiated in response to the 1970 Carnegie Commission report "Higher Education and the Nation's Health", which documented both the shortage/maldistribution of health professionals (particularly physicians) and identified multiple areas for improving health manpower training. The Comprehensive Health Manpower Training Act of 1971 appropriated funds for the U.S. DHEW's Office of Health Professions to contract with eleven medical schools to assist in the planning, development, and operation of AHECs in their states. Subsequently, the Health Professions Educational Assistance Act of 1976 provided for the continuation of these programs and authorized the development of additional AHECs to address quality assurance and maldistribution issues in underserved areas. As of 1986, AHECs have functioned in 35 states throughout the country.

RECENT AHEC ACTIVITIES IN NORTHEASTERN MAINE

In the fall of 1985, a group of health workers concerned with the availability and quality of health services in northern and eastern Maine began meeting to see what mechanisms might be developed to link the resources of post-secondary health science educational institutions, health professionals, and health care institutions to address perceived needs. This planning committee included representatives from rural health centers, Tribal health programs, public health organizations, small hospitals, Franco-American advocacy groups, the Maine VTI system and both private and public universities. Based on their efforts, a

planning grant was fu ed through the University of Ne England's College of Osteopathic Medicine to establish the feasibility of an AHEC program in rural Maine.

GOALS OF THE KATAHDIN AHEC

The overriding goal is to utilize educational programs to improve the distribution, euqlity, availability, utilization, efficiency, and cultural appropriateness of primary health care services in rural Maine.

Within this over-all program goal, the Katahdin AHEC intends to undertake the following activities:

1. Provide community-based clinical training experiences in rural settings for health professions students of medicine, nursing, social work, and allied health.
2. Provide continuing professional education which is pertinent and accessible to rural primary care workers, and which emphasizes an approach that is holistic and prevention oriented.
3. Develop health careers resource centers in rural areas which supports youth from minority and under-represented populations in pursuing health careers and which encourages non-traditional students in developing career ladders for professional advancement.
4. Link the resources and expertise of cooperating educational institutions and graduate medical education programs with rural providers thereby enhancing the availability of appropriate technical assistance.
5. Strengthen the community base for planning and supporting health manpower programs to meet local needs in rural areas.

CURRENT STATUS OF THE KATAHDIN AHEC

In January of 1987 the Katahdin Area Health Education Center was formally incorporated as a community-based educational outreach program in anticipation of receiving FY '88--90 funding for program development and implimentation. The planning committee accepted the role of interim board of directors until the KAHEC's first annual meeting (October of 1987).

Since receiving operational funding on October 1st, 1987, the KAHEC has entered an intense phase of program and organizational development. James Ross, PhD, has been employed as Executive Director. Three Regional Coordinators have been brought on board (all, by the way, originally from Aroostook County). Regional advisory councils are now in the process of being established, as are regional offices.

As a Licensed Social Worker who has worked in rural Maine for most of two decades, I have struggled with shortages of resources for both my clients and myself. I believe the Katahdin AHEC offers a mechanism to support health and mental health workers in our underserved areas. If, after reviewing this letter, you feel similarly, please make an effort to become involved in the KAHEC's regional council process.

Sincerely,

Bo Yerxa

Bo Yerxa, M.R.P.,L.S.W.
Downeast Regional Coordinator

P.S. If you are unable to attend the December 7th meeting but are interested in being notified of future meetings, just drop me a note so indicating.

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November 24, 1987

Dear Friends of the Katahdin AHEC:

Per our discussion and agreement at our last (11/2/87) meeting, the next Regional Council meeting will be held at 3:00 P.M. on Monday, December 7th, in the Calais Regional Hospital's conference room. The agenda will include:

1. Introductions/reintroductions;
2. Update on over-all KAHEC activities and progress toward objectives;
3. Discussion of LPN/ADN project, including review of draft needs assessment;
4. Discussion of social work project, including review of needs assessment;
5. Discussion of health careers aspirations aspect of program, including Native Youth Development initiative;
6. Other business, as approriate.

Please make every effort to attend and participate in this meeting.

Sincerely,

Bo Yerxa
Downeast Regional Coordinator

Reg Council

MINUTES - Downeast Regional Council Meeting of 11/2/87, held in the Conference Room, Downeast Community Hospital, Machias, Maine.

ATTENDANCE included Priscilla Staples, Director of Nursing, Downeast Community Hospital; Grace Brace, Social Worker/Substance Abuse Counselor, Downeast Community Hospital; Judy-Kuhns Hastings, RN, MSN, Associate Professor of Nursing, University of Maine; Marian Galligan, Counselor, Robbinston, Maine; Carole Webber, BSN, Director of Nursing, Oceanview Nursing Home; Nancy Drake, Regional Consultant, Department of Education and Cultural Services, Division of Alcohol and Drug Education Services; Peggy Dumond, Social Worker, Eastern Area Agency on Aging, Ellsworth; Pamela Page, Clinical Supervisor for Nursing, Community Health and Counseling Services, Machias; Jane Hinson, Director of Outreach Program, University of Maine at Machias; present as staff Bo Yerxa, Regional Coordinator; present as a guest speaker Dr. Shirl Weaver, AHEC Director, University of New England.

1. Attendees reintroduced themselves around. Dr. Weaver was introduced to the group.

2. The videotape produced by the Virginia AHEC Program "Building Bridges" was viewed.

3. Dr. Weaver delivered a presentation discussing the AHEC concept offering an overview of National AHEC issues as well as how other AHEC centers have utilized these concepts to address local needs of and for health professionals. An extended question and answer period ensued.

4. The group selected as representatives from the Downeast Regional Advisory Council to the Katahdin AHEC Peggy Dumond, LSW, who will serve a two-year term; Priscilla Staples, MSN, who will serve a one-year term; and Carole Webber, BSN, who will serve as an alternate in the event that either of the others are unable to attend or participate in any board meetings.

5. It was requested that the group reflect on the type of structure they felt was the most appropriate to accomplish stated goals. The utility of having officers, such as the president, secretary and treasurer or chair and recorder,was briefly discussed as was the potential for having various committees that might work on one aspect or another of program development. All present were requested to consider options for discussion at the next Regional Council meeting.

6. Priscilla Staples read a communication from Sylvia Edge, the Associate Degree Council of the National League of Nursing. This letter was in response to a letter that Priscilla sent to the League following a meeting in October requesting information on the 1+1 (or LPN + ADN) program that was utilized by the New Hampshire Vocational Technical College and which may serve as a useful model for similar endeavors in Washington County. There was general agreement that a 1+1 or multiple entry multiple exit option nursing program offer maximum flexibility and opportunity for individuals interested in nursing careers in rural Downeast Maine.

7. Jane Hinson informed the group that the University of Maine at Machias was well underway in the development of a 4-year degree program in the behavioral sciences. The program will have two options; one focusing on human services, and the other on psychology and counseling.

8. The next Regional Council Meeting was scheduled for 3:00 PM, December 7th. That meeting will be held in the conference room, Calais Regional Hospital, Corner of South and Palmer Streets in Calais.

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MINUTES - Katahdin AHEC Downeast Regional Council Meeting of 12/7/87, held in the Board Room of Calais Regional Hospital

PRESENT: Ann Reed, Calais Regional Hospital; Peggy Dumond, Eastern Area Agency on Aging; Jane Hinson, University of Maine at Machias; Marian Galligan, domestic violence counselor; Grace Brace, Downeast Community Hospital; Bo Yerxa, KAHEC (staff)

1. The minutes of the November meeting were approved (with the notation that Peggy Dumond's name was misspelled/typed).

2. Peggy Dumond offered an update of activities at the most recent KAHEC board of directors meeting. She indicated that the main focus was on the "nuts 'n bolts" of getting the quarterly progress report and continuation (funding) proposal finalized.

3. Bo Yerxa reported that the draft nursing needs assessment had gone out for review. It is expected to be sent out during the first half of January and results compiled by the end of January. He also informed council members of a meeting to be convened by Jean Elsemore, Dean of Continuing Education at WCVTI, and himself to try and identify sources of financial support for an eventual ADN upgrade cycle (invitee list attached). An LPN cycle for 16 students is estimated to cost about $120,000.

   Discussion on this point included the need to check on requirements for teacher-student ratios and other possible constraints to increasing the class size from 16 to 20 or 24 students.

   General discussion of how to encourage young people to enter nursing (or health) careers stressed the need to utilize in-place people such as school counselors, Talent Search staff, etc. for outreach/awareness. The possibility of reviving candy striper programs was discussed. The potential for working with voc-ed at the high school level was noted. The appropriateness of using the Junior Achievement Program as a model was mentioned.

4. The next meeting was set for 3:00 p.m., January 11th at Downeast Community Hospital in Machias.

from U. Pittsburgh (with a focus on pediatric nursing) and a doctorate in higher ed administration, also from Pittsburgh ('81). Judy felt it might be appropriate for the KAHEC to reach out to Dr. Acord early on, and to offer to show her around some of the rural areas.

b. The potential for the KAHEC to support some rural clinical rotations for nurses was touched upon.

c. The role of the KAHEC in supporting student awareness/recruitment was mentioned. (Joana Brissette at UM SoN is resource person for school health career day(s)).

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MINUTES - Katahdin AHEC Downeast Regional Council Meeting of 1/11/88, held at the Down East Community Hospital, Machias

PRESENT: Priscilla Staples, Peggy Dumond, Grace H. Brace and (staff) Bo Yerxa

1. Review of last month's meeting minutes. It was noted that Grace's presentation on the Social Worker survey was not noted in said minutes.

2. General Staff Activity report.

   Bo indicated that:

   A. The proposal for continuation funding as well as the first quarterly report for the KAHEC got out prior to the New Year.

   B. Medical Education:

      (1) Undergrad - Rotations for medical students have been finalized for the period of June '88 through Sept. '89. Precepting physicians have received their formal appointments to the clinical faculty of UNE/COM and an orientation/planning meeting is set for Feb. 20 in Portland. The next major activity in this area from the KAHEC perspective is to facilitate housing for these students during their rural rotation.

      (2) Graduate - Meetings with the Family Practice Residency Program at EMMC indicate interest in working with the KAHEC in getting residents out into rural areas. Specifically, there is interest in:

         a. Family Practice rotations of 2 months during the residents 2nd or 3rd year. The precepting physician (M.D. or D.O.) must be board certified in family practice/general practice.

         b. Obstectrics rotations of up to 6 months are possible. These would preferably be in conjunction with board certified OB/gyns (or family practitioners) in a hospital setting offering at least 30 deliveries a month. Bo will be exploring the potential of Ellsworth and Calais/St. Stephen to respond to this opportunity.

C. Continuing Education:

(1) Understanding Family Systems workshop set for 1/15 in Calais is on track, with nearly three dozen registrants.

(2) The Prevention of Developmental Disabilities workshop is tentatively set for 5/13 either in Machias (preferred) or Calais.

(3) Discussions are underway with several local and/or state CBOs regarding training in the areas of child/sexual abuse, living with chronic pain, substance abuse, occupational health, etc. Suggestions are welcome!

D. Activities in other regions:

(1) Regional KAHEC offices are being set up at University College (Bangor) and Northern Maine Medical Center (Ft. Kent).

(2) A model rural OT clinical training effort is underway with Cary Medical Center (Caribou).

(3) Also in Aroostook, the KAHEC is working with the Eagle Lake rural health center and UMFK/UMPI to transmutate patient education media materials into Northern Maine French.

3. Social Work Project.

Grace shared the results of the social worker survey from Washington County. There is a high level of interest in both academic (MSW) and continuing education activities. Interest for continuing education seems highest in substance abuse, child/sexual abuse, crisis intervention, communication, family intervention and grief/loss (with over 55 topics being suggested). Some resources for training, including the state-wide SCAN project were discussed.

Upon the completion of the survey in Hancock County, the results will be discussed at a regional council meeting and utilized for planning purposes.

4. Nursing Project.

Bo reported that the nurse/nursing education needs survey is back from review and ought to be out within 8-10 days. He also indicated that the financial planning meeting called by he and WCVTI Dean of Continuing Education, Jean Elsemore, was well attended (14) and positive (see list of invitees attached). The consensus of the group was to follow a two-track process of trying to generate financial support locally, but also preparing a proposal for a rural federally-funded nursing initiative 5-year grant based on a strategy developed by the council. These efforts will hopefully bring to the Downeast Region (Calais/Machias) an LPN program by 9/88 (or 1/89) and an ADN "upgrade" program by 9/90.

Bo noted that the National League of Nurses had not responded to several requests for information on the "1 plus 1" ADN program. He will be contacting the N.H. Tech. College directly for information on their program.

It was suggested that a survey, either via direct mail or a tear-out on the DE page of The Bangor paper, be done to try to ascertain the level of interest from nurses themselves, especially in academic/degree programs. It was noted that the newspaper approach might catch more people interested in entering nursing (LPN/ADN) while a mailing to LPN/RNs might get a stronger response to upgrade programs.

5. Mis. Items.

A. Priscilla announced an 8-week coronary care course for nurses will be held at DECH.

B. Priscilla suggested there might be potential for the KAHEC to work with the EMS folks on training.

C. The potential for a county-bi-county continuing education newsletter was discussed.

6. Next Meeting.

The next meeting of the Katahdin AHEC Regional Council will be held at 3 p.m., February 8th, in the Phase Two Lounge at Meadowview Estates in Ellsworth. Please try to attend.

Directions - Turn off High Street at the intersection by the Dunkin Donuts (right if travelling north, left if travelling south) and go up hill about a mile. Turn in at Meadowview Estates, park in Phase Two (second) parking area and look right to the lounge's red door.

****

****

Dear Friends of the Katahdin KAHEC:

You have received these DE Regional Council meeting minutes because you have come to a KAHEC informational meeting, a DE Regional Council meeting, a KAHEC-sponsored continuing education event, or because you have been suggested by a community member actively involved with the KAHEC. It is our desire to keep providers of health and social services in the Downeast region informed of the KAHEC's activities and ongoing development in as cost-effective fashion as possible. This includes the dissemination of Regional Council minutes, mailings of continuing ed/training notices and (in the spring) the distribution of a KAHEC-wide (9 counties) newsletter to those who are interested.

We would very much appreciate your taking a few minutes to complete the tear-off form below and returning it to us so that we can be efficient in our mailings.

Thank you

Bo Yerxa
DE Regional Coordinator

I would be interested in receiving:

___ Notices of Continuing Education Activities

___ The Katahdin AHEC Newsletter

___ D.E. Regional Council minutes

NAME:_____

AFFILIATION:_____

ADDRESS:_____

_____

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MINUTES of Downeast Regional Council Meeting of 2/8/88, Ellsworth

Present: Peggy Dumond (Eastern Maine Agency on Aging), Bary Kornreich (Downeast Health Services), Judy Kuhns-Hastings (University of Maine School of Nursing), Roberta Macks (Eastern Maine Agency on Aging) and Bo Yerxa (staff)

1. Introductions/Reintroductions

2. Bo gave a brief activity report, highlights of which included:

   a. There have been 44 medical students assigned to 8 (volunteer) physician preceptors in the Downeast region during the 6/88-5/89 cycle. There will be an orientation workshop for these physicians (and others from other regions) on February 20th. The major thrust for February through April will be to identify housing for these students.

   b. Bo continues to work proactively with the VTI system to identify needs and resources for a multiple entry/multiple exit ADN program for Washington County. An institutional survey has been mailed, with individual interest surveys planned for February/March.

   c. The Understanding Family Systems workshop had about 40 participants and produced a small financial ($311.65) surplus. A formal evaluation at the next council meeting.

3. In response to staff's request for guidance on how best to expand KAHEC's presence into Hancock County, several suggestions were forthcoming, including:

   a. Within the month, to establish personal (face-to-face) contact with every hospital administrator in Hancock County.

   b. To reach out to some of the Hancock County community-based groups (Hospice, for example) as time and travel permit.

   c. To contact appropriate educational programs (Bobby Brook Vocational High School, for example).

4. Judy shared some information and ideas in the area of nursing.

   a. The UM School of Nursing has a new director, Dr. Lea G. Acord. She has a bachelor's in nursing from Nebraska Wesleyan University ('69), MSN

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April 14, 1988

Dear Friends of the Katahdin AHEC:

This morning, as Administrative Assistant Ruth Allen Smith came into the office, she found me bustling about in my usual distracted Monday manner, "Ruth", sez I, "today I want to push out Regional Council minutes and a notice of our regular second-Monday meeting." "Bo", she very gently responded, "today is the second Monday of the month."

Ahem! My apologies to any of you who were inconvenienced by my lapse. Time does fly when you're having "fun".

I would still like to convene a meeting during April, as those of you who were at the March meeting in Machias indicated a felt need for meetings every month. Since the 18th is a holiday, I am scheduling an April meeting for the classroom area of the Calais Regional Hospital, Palmer Street, for 3 p.m. on Monday, April 25th.

A proposed agenda includes:

1. Review and discussion of staff activities by program area.

2. Planning for site visit by National AHEC office scheduled for May 9th and 10th, 1988. (This visit has significant import for project continuation.)

3. Planning itinerary for Dr. Lea Acord's (Director of the U Maine of Nursing) visit Downeast in June or July. (I will be meeting with Dr. Acord on the 26th and would appreciate input.)

4. Other discussion topics raised by members and/or staff.

Please make every effort to attend and participate in this meeting.

Sincerely,

Bo Yerxa

Bo Yerxa
Downeast Regional Coordinator

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April 14, 1988

MINUTES of Downeast Regional Council Meeting of 3/14/88, Downeast Regional Hospital, Machias

Present: Carney Williams (Community Health and Counseling Services), Judy Kuhns-Hastings (U Maine Nursing School), Bery Kornreich (Downeast Health Services), Carole Webber (Oceanview Nursing Home), Jane Hinson (U Maine - Machias Outreach) and Bo Yerxa (staff)

1. Staff reported on February's activities utilizing new monthly report format, copies of which were distributed. It was generally agreed that such reports offered clear and concise summaries which facilitated review and discussion.

2. In the area of clinical training, Bo has met with three of four hospital administrators in Hancock County plus Charlotte County, all of whom were receptive to working with the KAHEC. He hopes to arrange meetings with hospitals in Machias and Bar Harbor shortly.

   The need to develop housing for the 43 medical students doing 30-day clinical training Downeast was discussed. Several precepting physicians have indicated support, as has Calais Hospital and WCVTI. There is a definite need for KAHEC board and Regional Council members to actively assist in the development of volunteer hosts willing to take a few students each year.

3. In the area of continuing and extended education, Bo reported on some of the outreach efforts ongoing with the nursing education project. Council member Staples collaborated with him on a survey to go out to CNAs and (ultimately) LPNs. Uncertainty continues around the funding for a multiple-entry/multiple-exit ADN program.

   Discussion focused on a couple of possible funding approaches, including the possibility of checking to see what potential might result from the Calais-Machias region being designated by the Governor as Opportunity Zones vis-a-vis support for ed/training activities.

   The Family Systems Workshop yielded a tad over $300 in excess revenues, which will go to support future continuing professional educational programs. The KAHEC is working with the Maine Consortium for Health Professions Education on a workshop on Preventing Developmental Disabilities to be held at WCVTI on May 13th as well as with the Washington County Children's Task Force on an indepth Child Sex Abuse Conference slated for June 13 and 14 at the WCVTI.

4. Health Career Awareness/Aspirations:

Bo expressed frustration in this area and was greatly encouraged by numerous ideas from members present. One suggestion was to meet with a few "successful" jr/high school guidance counselors (such as the one at Katahdin High School) to see how they do career ed. The possibility of setting up summer "internships" for high school students interested in nursing or other health professions was aired.

The group was strongly supportive of Judy's idea of bringing the new head of the U Maine School of Nursing Downeast to familiarize her with the area. The possibility of setting up meetings with local students and/or nurses was discussed. Staff was asked to write a letter of invitation to initiate process.

5. Other:

Bo discussed some of the issues associated with the KAHEC providing a Mobile Clinic (trailer) to provide migrant health services in the Barrens (West Washington County). It seems considerable groundwork is needed to get this project "on the road".

Bo also shared his personal concerns around a frenetic work schedule that routinely involved many extra hours, much of that associated with travel. There are multiple developmental initiatives underway as the KAHEC responds to unmet community needs. He specifically requested the Council's guidance around the utility of monthly meetings with around 8-10 hours associated with the process.

All present strongly indicated their support for monthly Council meetings. It was agreed that due to the region's large catchment area, many people could only get to the meetings in their areas. Thus the practice of holding every other meeting in the Machias Valley, with alternate meetings in Ellsworth (west) and the St. Croix Valley (north east) allowed more people to participate. It was clearly felt that bi-monthly meetings would tend to decrease involvement.

May 3, 1988

MINUTES of Downeast Regional Council meeting of 4/25/88, Calais Regional Hospital.

PRESENT: Peggy Dumond (Eastern Maine Agency on Aging), Ann Reed (Calais Regional Hospital)and Bo Yerxa (staff)

Staff reported on March's activities by program area, as follows:

I. CLINICAL TRAINING

A. Site Development

In the two days immediately prior to the council meeting, two training sites with a potential for eight physician student-months (six of which were already scheduled) disengaged from this aspect of the KAHEC program. Both were licensed rural health centers who indicated that, while they were still interested in taking medical students, they intended to pursue a similar program being promoted by the Maine Ambulatory Care Coalition. Bo indicated an unfamiliarity with this program and was directed by those present to find out more details.

Other clinical training opportunities are being pursued for a BSN student (Husson College) in the Blue Hill-Stonington area, an MSW student (St. Louis University) with the Rakers/Migrant Health Center and an MPH student (Univ.Cal.) with Mayo/Dover-Foxcroft Hospital. The KAHEC will be providing a small stipend and limited travel support for these individuals.

B. Student Support

It appears that UMM may be able to provide 4-6 months of student housing in a dorm setting. There is, however, still a strong need for additional housing. Bo expressed the hope that Council and Friends will take a more active role in developing this resource (particularly in the Lubec-Jonesport sector of the coast).

II. CONTINUING & EXTENDED EDUCATION

A. ADN Program

Surveys from the general public in response to a March newspaper ad, continue to trickle in. A draft proposal should be together by the end of May. Ann noted that the mere potential of such a program is facilitating her recruitment of CNAs/LPNs.

B. Workshops/Continuing Ed

Activities planned/finalized include:

- May 13, WCVTI "Preventing Developmental Disabilities"
- July 13 and 14, WCVTI "Child Sexual Abuse"
- August 26, UMM "Family Violence: Looks Like Addiction, Feels Like Addition...Is It Addiction?"

- o September ?, ??, AIDS workshop targeting Medicaid providers
- o October/November ?, Calais and Machias, workshops on organ donation for public and health workers
- o October/November ?, ? "Social Work/Community Organizing in Rural Areas"
- o January 13, UMM "Behavioral Aspects of Long-Term Illness"

Bo expressed our need to be thinking now about continuing ed needs/ opportunities for 1989. This takes a lot of advance work. He questioned the process whereby these topics/workshops have been developed with a concern as to whether the process is explicit and focused. Discussion reflected a general satisfaction that, in general, during this formative period, the (Downeast) KAHEC seemed to be responding to previously identified needs, either from surveys or other advocacy groups. It was also noted that a special effort to address the needs of paraprofessional workers was important. Ann suggested linking with Maine Medical Center's rural nurse training project (Brocker Bricker, RN) in the future.

C. Distance Education

Bo noted that the Alternative Education Resource Center is slowly emerging from the chaos in the back room/office at WCVTI - #10. Several people a month are being referred by word-of-mouth and assisted with appropriate resources.

The Nontraditional Ed brochure is being retyped for distribution to appropriate parties to review the accuracy of data on the 35-40 colleges/universities listed. A final draft is hoped for by June.

III. HEALTH CAREER AWARENESS/ASPIRATIONS

Mac Hall will be in Maine the week of May 13-20. Meetings are being set up at Penobscot, Passamaquoddy and U. Maine.

Staff was asked to join the Steering Committee of the Washington County School Health Education Coalition. The offer was accepted as WaC-SHEC and KAHEC seem to have many congruent goals, including addressing issues of self-esteem, aspirations, (health) career awareness and (holistic) health.

IV. MISC.

A. Migrant Health/Mobile Health Clinic

There is genuine confusion around the planning/logistics for the '88 Raker's Center. The Harrington Family Health Center (HFHC) has withdrawn their proposal for funds to coordinate this effort. Apparently the W-HCA is now seeking funding for organizational and coordinating activities. Staff agreed to work on a planning committee with representatives from W-HCA, HFHC and Maine Migrant Ed to try to identify a site and other

resources needed to carry out project. The committee did meet with several of the large growers to solicit their active support. It is hoped that an MSW student, supported by the KAHEC, can be assigned to this committee to follow through on the organizational needs of this project on a full-time basis

B. Bo noted that The Maine MOSAIC issue on health is pretty well assembled and will be computer-set in April/May.

C. Bo indicated that available staff support (of ± 20 hours/week) is barely adequate to keep abreast of daily/weekly activities. Delays in centralizing/computerizing mailings have created a situation where both time and money are excessively consumed, particularly around training activities and other periodic mailings.

D. He also noted that the upcoming federal site visit (May 9/10) would make him unavailable for a Council meeting on the second Monday in May, and suggested moving the meeting back one week to the 16th. This was acceptable to those present, so the meeting will be held at 3:00 p.m. at Downeast Regional Hospital in Machias.

AHEC planning grant approved

From UNE "Coastlines" June '85

The University has received verbal approval on a two-year, three hundred thousand dollar planning grant to work on the development of a Native American centered Area Health Education Center program in northern and eastern Maine. The grant will provide the resources necessary to plan for and establish the Katahdin Area Health Education Center (KAHEC) in the five counties of Washington, Hancock, Penobscot, Piscataquis and Aroostook. Once established KAHEC will serve as a site for the clinical training of primary care physicians, nurses, occupational and physical therapists, substance abuse counselors and other health and human service professionals.

The AHEC program, part of the federal Comprehensive Health Manpower Training Act is a direct result of a Carngie Commission report detailing the need for more primary care physicians and other health professionals in underserved areas.

In its report the Commission recognised that health care professionals tended to practice in areas where they were trained. AHEC is designed to assist health education programs to develop clinical training programs in underserved areas.

Other major components of the AHEC program include the provision of inservice and continuing education programs to area practitioners and the recruitment of students from the underserved areas into the health professions.

The grant will provide the resources for the University to hire the necessary staff and provide release time for appropriate faculty to work on the planning and development of the program. It provides for the specific development of a free-standing, community-based AHEC center in the five county area that will provide training sites and resources. This center will work with the University and other Maine and New England based health education programs to undertake the specific activities necessary to meet the AHEC goals.

The grant was developed in association with Indian Health Services of the Passamaquoddy Tribe at Indian Township in Washington County. Plans call for the initial training site to be established at Indian Township. As the program develops additional training sites will be established at other reservations and at rural health centers, hospitals and other sites as identified by the KAHEC Advisory Committee throughout the five County region.

University of New England
Biddeford, Maine
Dr. Shirley Weaver, KAHEC Director

UNE 1986

Yerxa Appointed AHEC Field Coordinator

President Charles W. Ford, Ph.D., has announced that William "Bo" Yerxa of Cooper, Maine has joined the University as Field Coordinator for the University's Katahdin Area Health Education Center project serving the five northern and eastern counties in Maine. Yerxa will also serve as Adjunct Faculty member within the Human Services Division of UNE's College of Arts and Sciences.

The Katahdin Area Health Education Center Planning Program is a federally funded educational and training program intended to improve the distribution of health manpower in medically underserved areas through health training to increase opportunities and incentives for disadvantaged and minority individuals. The UNE AHEC effort, under the direc-

Yerxa
Cont'd p.8

Bo Yerxa

Yerxa From 2

tion of Shirley A. Weaver, Ph.D., who joined the UNE staff and faculty in December 1985, is known as the Katahdin AHEC (KAHEC). This project targets the five northern and eastern counties in Maine and stemmed from a series of meetings over the past two years between leaders of the Passamaquoddy Tribes at Indian Township and UNE administrators seeking grounds for mutual cooperation and assistance. Planning Committee members have thus far included representatives from the Passamaquoddy Tribe at Indian Township and Pleasant Point, the Penobscot Nation, the Franco American Resource Opportunity Group, the Central Maine Indian Association, the Maine Ambulatory Care Coalition, the Houlton Band of Maliseets, the Maine Public Health Association and UNE.

Yerxa, a lifelong resident of Eastern Maine, holds an undergraduate degree in education from the University of Maine, Orono, and a Masters Degree in Planning and Rural Development from the University of Massachusetts, Amherst. He has done additional graduate work in education (curriculum, rural studies) through the University of Maine in health (planning, administration) via the University of New Hampshire, and is currently completing his second masters degree in Community Development through New Hampshire College. In 1982, Yerxa became the first New Englander to be selected as a National Rural Fellow, a leadership development program funded by the Ford Foundation, which led to travel and study in the area of rural development. He has worked as a social worker with the Maine Bureau of Mental Retardation and the Community Health and Counseling Services and as a planner and resource developer with numerous state and community-based agencies.

ATTENTION
CLASSES
'56 '61 '66
'71 '76 '81
IT'S REUNION TIME:
S E P T E M B E R
12, 13, 14
SAVE THE DATE!

Visitors to Washington County were (from left) Bo Yerxa, University of New England Field Coordinator; Diane Murray, Bureau of Health Professions; Rosemary Deliberto, Bureau of Health Professions; Rick Doyle, Pleasant Point health planner; and Claire Arsenault, Eastport health care director.

In Washington County

Health Officials Survey Conditions

Washington County was visited earlier this month by officials from the U.S. Department of Health and Human Services as part of a tour of Eastern Maine health facilities in conjunction with the Katahdin Area Health Education (KAHEC) Planning Project of the University of New England.

Rosemary Deliberto and Diane Murray, both of the Bureau of Health Professions of the Human Resource Services Administration, U.S. Department of Health and Human Services' Washington, D.C., office, visited several area health programs to survey local conditions. Accompanied by University of New England AHEC Project Director Dr. Shirl Weaver and Field Coordinator William "Bo" Yerxa, the pair met with public officials and health administrators at the Indian Township Community Health Center, Eastport Health Care Center and the Cherryfield Migrant Health Clinic.

The Katahdin Area Health Education Center Planning Project intends to: conduct community based clinical training programs for student nurses, physicians, social workers and other allied health professionals; promote the development of continuing professional education to health practitioners; to help communities identify health care needs and link them with resources to meet those needs; and to recruit disadvantage and minority students to health careers. Members of the KAHEC Planning Committee from Washington County include Rick Doyle of Pleasant Point, Steve Dawson of Calais, Wayne Newell of Indian Township and Debbie Wheaton of Talmadge.

In a prepared statement, Yerxa indicated that "The University of New England, as Maine's only medical school, has a commitment to working with other post-secondary educational institutions and health service organizations to see that a focused effort is made to extend campus-based academic resources into rural Northern Maine that can enhance the quality and quantity of educational opportunities in the health professions, thereby strengthening the region's health delivery systems as a whole."

Down East
Bangor Daily News
Monday, September 29, 1986

FEDERAL HEALTH officials visited county health facilities earlier this month. Participating in the tour are (from left) William Yerxa, field coordinator for the University of New England; Diane Murray and Rosemary Deliberto of the Bureau of Health Professions, Department of Health and Human Services; Rick Doyle, health planner for the Passamaquoddy Reservation at Pleasant Point; and Claire Arsenault, director of Eastport Health Care.

Federal health officials visit county to view local services

INDIAN TOWNSHIP — Washington County was visited earlier this month by officials from the U.S. Department of Health and Human Services, as part of a tour of eastern Maine health facilities and programs.

The tour was conducted in conjunction with the Katahdin Area Health Education Planning Project of the University of New England at Biddeford.

Those attending the tour included Rosemary Deliberto and Diane Murray, both of the Bureau of Health Professions of the Human Resources Services Administration, U.S. Department of Health and Human Services, Washington, D.C. Several area health programs were visited by the team to survey local conditions.

Deliberto and Murray were accompanied by two University of New England representatives, William Yerxa, a UNE field coordinator; and Shirl Weaver, a UNE project director.

The Katahdin Area Health Education Center Planning Project intends to:

- Conduct community-based clinical training programs for student nurses, physicians, social workers and other allied health professionals.
- Promote the development of continuing professional education to health practitioners.
- Help communities identify health care needs and link them with resources to meet those needs.
- Recruit disadvantaged and minority students to health careers.

Members of the KAHEC Planning Committee from Washington County include Rick Doyle of Pleasant Point, Steve Dawson of Calais, Wayne Newell of Indian Township, and Debbie Wheaton of Talmadge.

In a prepared statement, Yerxa explained that the University of New England, as Maine's only medical school, has a commitment to work with other postsecondary educational institutions and health service organizations. The UNE goals include a focused effort to extend campus-based academic resources into rural northern Maine that can enhance the quality and quantity of educational opportunities in the health professions, thereby strengthening the region's health delivery systems as a whole.

FIRST PAGE BANGOR DAILY 6/3/87

AIDS conference calls for planning, not panic

By Bruce Kyle
Down East Bureau

CALAIS — The need for education and preparation, to act on a plan rather than react to panic, was the message delivered to the 135 people who attended the AIDS conference Friday in Calais.

The conference, held at the Washington County Vocational Technical Institute, was organized by the Katahdin Area Health Education Center. The audience, which included health-care professionals, psychologists, social workers and educators, heard a panel of nationally recognized experts speak on the medical, psychosocial, ethical and educational concerns related to the care of patients and the development of policies that will protect individual rights and the safety of the public.

Michael Bach, M.D., provided a medical overview of the disease, in which he said: "AIDS is not a mini-epidemic — it's full-blown and will continue to fester. We can't just wait and hope for a vaccine. We must get informed, act rationally, and stop the spread."

Bach, who is assistant chief for infectious diseases at the Maine Medical Center, added: "It's sad that AIDS first appeared in this country in the homosexual population — it polarized public opinion, and made it 'their' problem. It is clear now that it is a blood-borne disease, and sex is only one of the ways it can be transmitted."

The most frightening aspects of AIDS, he said, are that it is asymptomatic — a person can carry the virus and still feel well — and that the incubation period is at least seven years and may be as long as 15 years. Medical science, Bach said, has little experience with a disease that incubates that long. "If you learn nothing else today," he said, "learn that AIDS is not highly contagious if you know how it is spread and take logical precautions."

Lani Graham, M.D., director of the Division of Disease Control for the Maine Department of Human Services, lectured on the epidemiology of AIDS. There is a tremendous conflict in public health policies, she said, and the epidemic is following a classic pattern. "We make great strides in medicine, but not in public attitudes." The response to AIDS, she said, has been similar to the responses to leprosy, tuberculosis or

See AIDS on Page 8

AIDS conference calls for action on a plan, not reaction to panic

BDN 6/30

from page 1

bubonic plague. Fright and overreaction lead to wholesale abridgement of civil rights, Graham said, that serves to drive the infected underground, prolonging the epidemic.

Graham reviewed the present legislation in Maine regarding AIDS testing, and the confidentiality of test results. Passed this session, LD 1490 provides for informed consent, whereby no one is tested unless informed about risks and benefits of the test.

"This is very unusual for a blood test," Graham said, "but it assures us that all patients who get tested will also get counseled. It's the only way to control the epidemic." A prohibition on insurance carriers to inquire about a person's history of blood tests has been extended for another year, Graham said, and it is the best policy to encourage testing without the fear of losing insurance coverage.

Graham said that one of the biggest issues facing society was that of school attendance for children with the virus. The Board of Health takes the position that there is no reason that such a child cannot go to school, and there is no evidence that AIDS can be transmitted through casual contact. It is important, she said, that school personnel know how to [illegible] blood

bing alcohol will kill it," she said.

Educating the young in safe sex practices is critical, Graham said, and condoms are the key. Preaching abstinence has not worked before and will not work now. "This is not a moral issue, a birth-control issue, or a parent versus teacher issue," she said, "it's a life or death issue."

Other speakers were Craig Wallingford, D.O., Patrick Cote, R.N., Kristen Kreamer, R.N., and Gary Anderson, B.S.W. Their topics covered the aspects of counseling the patient, testing policies, patient care, and home care issues.

Reactions from those in attendance were overwhelmingly favorable.

Bo Yerxa, a public health specialist, said: "The conference was a great opportunity for those of us without previous experience with AIDS. It helped me see that we're all part of the problem and part of the solution. It's possible that nothing can be done about the virus. We have to alter our behavior through community organization and education.

"Abstinance may be the optimal solution, but statistical data doesn't support its working. The use of condoms will have to be accepted as a method of disease control, in spite of opposition to birth control."

Sue Clark, R.N., infection control nurse at Calais Regional Hospital, said: "The lectures helped provide

> "AIDS is not a mini-epidemic — it's full-blown and will continue to fester. We can't just wait and hope for a vaccine. We must get informed, act rationally, and stop the spread."
>
> — Michael Bach, M.D.

here to avoid panic when we need to act. Health-care workers have an increased risk, but they can be overcome with precautions." Clark said that the hospital, which has not yet had an AIDS patient, has policies and procedures in place to treat patients. An important point stressed at the conference, she said, is that "it's up to every community to deal with this. We can't wait for the state or federal government to tell us what to do. While sex education can be offensive to some people, we have to be specific. Children's lives will be at stake. Every adult has to get involved."

Dr. Steven Dawson, a psychologist at Cook Cove Psychological Asso-

thought that parents needed to take the lead role in educating their children. "I'm concerned about placing more and more responsibilities on the schools. Parents need to be made more aware. We use the media to sell everything else, we can use it to sell life or death information."

Dawson said he would like to see community groups, such as Rotary and Lions clubs, the Boy and Girl Scouts, religious groups, and parent-teacher organizations get involved in the information network. "We need to spread the word," he said, "and not wait for the problem to hit us before we act."

Peter Wilkinson, D.O., medical director at Indian Township, said: "What hit home with me was that educating children is only half the job. Parents and teachers must work together to share information and not pass rumors. We're uninfected here but also uninformed. Getting to the kids is the easy part; they're receptive. Health educators can't be afraid of taking the first step. We have to get to the parents."

Wilkinson said that every adult who has contact with children must be aware of the AIDS problem. "A kid might tell something to his math teacher or Scout leader that he wouldn't tell to his health teacher or parents," he said. Wilkinson said that when a child comes into his office with a sprained ankle, "I ask a

> "It's sad that AIDS first appeared in this country in the homosexual population — it polarized public opinion, and made it 'their' problem. It is clear now that it is a blood-borne disease, and sex is only one of the ways it can be transmitted."
>
> — Michael Bach, M.D.

tivity. When they come back a week later, I ask a few more questions and give them some information. If you keep your ears open, you can learn a lot and maybe help a lot." Wilkinson is initiating a curriculum at Indian Township in the fall on safe sex, disease control and pregnancy.

Anna Ward, a teacher for the Head Start program in Princeton, said that the workshop gave her valuable information to relay to the families she works with. "Education is the only thing we can count on. There

may never be a vaccine," she
While there are deep-rooted fe
against sex education in the sc
Ward said, "parents have to
with their school committees t
ate a program that will do the

Part of a federally funded
gram to provide continuing e
tion opportunities for health
workers in rural areas, K
serves Washington, Hancock, A
took, Piscataquis, and Penn
counties. The AIDS conferenc
be offered in Aroostook Cou
September and an update
ference in Calais is planned f
winter. While delighted with t
sponse to the conference, Dr
Wheaton, R.N., acting direc
KAHEC, said, "The key to this
a success is how this informa
used and if it stimulated any o
zation among those who atte
Wheaton added that she hope
the people who came to the
ference would join the KAH
gional council to help
organization plan for further
tional needs in the region.

The conference also was
sored by the Bureau of Health
Department of Human Resou
the AIDS Project, the Maine A
latory Care Coalition, the Vet
Administration Cooperative H
Education Program, and the M
Consortium for Health Profe
Education.

Saint Croix Courier 7/1/87

AIDS victim tells a story full of sorrow, fear, warnin

This story, and the accompanying one on page A-8 marks the beginning of a series of special reports on AIDS — about the disease and its impact on the people of the St. Croix Valley. The series will continue for the next several weeks, in both Courier Weekend and the Saint Croix Courier.

In Courier Weekend — Questions and answers about AIDS.

By JEROME NASON
Staff Writer

CALAIS — "Hello, my name is Vincent Boulanger and I am a person who has AIDS." Boulanger, 24, of Portland spoke honestly of his life with the disease at a session of Friday's workshop in Calais.

Boulanger was diagnosed two years ago and has been hospitalized six times since. He has seen over a dozen friends die from AIDS. He has been taking AZT for about a month at a cost of $872.

"The biggest problem is prejudice against homosexuality," he said. He has had trouble getting his Social Security checks and the city had to intervene to help him get oil in the winter. "I went two days without and no one would help," he said.

"Seeing my mother cry was the worst in the world. It took me a year to tell my family, but they have been wonderful, although my father hasn't talked about it yet. He asks how I'm doing but shows no emotional reaction. They have known that I was gay for 10 years and sent me to a psychiatrist when I was 14. He told them I was very well adjusted."

"I have been on AZT for a month now. I used to pass out a lot and it's not so bad now. The night sweats are not so bad and I'm happier and less cynical."

Boulanger worked until about a year ago at the Portland Museum of Art. Of his six spells in the hospital, Boulanger said "every time is different." He has had pneumonia and then went for several months until he had a form of stroke.

Boulanger works on the floor with AIDS patients. "You've got to be funny and keep a good attitude," he says. "We pretend that they are going on a trip to Florida or some better place and when they get really bad we say their bags are packed and ready. Attitude is very important for I've seen people die who were still very angry."

AIDS: The disease that knows no boundaries

"I'm not a religious person. It's better not to be one - more people have died violently because of their religion than anything else. My parents are non-practising Catholics living in sin and I'm a bastard," Boulanger said.

"Was I promiscuous? How many people are there in Portland?" Boulanger laughed. But on the serious side he warns, "Safe sex is very important. It's not worth getting AIDS. Love and respect each other and be careful."

"I went a whole year without sex after I first found out. I have lovers now but we are friends and I have known them for years. I do not go to bars an up. It is very selfish of those who do and if th infected it's murder. I'd shoot them all if I ev

"I have no idea where I got AIDS - there w lover in New York for about six months who ha died - but it could be anyone."

How would Boulanger have people in the cou ty respond to his problem? "People are people - white, straight, gay, and we are all in this tog Unfortunately we are the only species that pr itself," he said.

Asked about mandatory AIDS testing, Bou said, "Nothing should be mandatory. I am a of the world. Do not trust your government. Th and talk and nothing gets done."

Boulanger had an appointment to get his teeth ed at the dentist and just before his appointme nurse decided she didn't want to do it and "the were wearing three pairs of gloves and two ma was incredible. I could have caught something them a lot easier."

Continued o

AIDS: The disease that knows no boundaries

Diagnosed AIDS cases are the tip of the plague's iceberg

By JEROME NASON
Staff Writer

CALAIS – For every known case of Acquired Immune Deficiency Syndrome, there are 100 asymptomatic carriers of the virus, said Dr. Lani Graham at the AIDS workshop held at Calais on Friday.

Graham, M.D. M.P.H. director Division of Disease Control in Augusta, told health officials and other interested people at Washington County Vocational Technical Institute that many manifestations of human immunodeficient virus (HIV) infection lie below the surface of the "AIDS iceberg."

Speaking about the epidemiology of AIDS, Graham defined the word as a "study of what is upon the people." She described the stages that people go through to reach a final acceptance of what the disease is. The first stage is one of avoidance and denial when people say, "This is not our problem, it belongs to another state or country." The second stage is recognition associated with anger when we ask, "Whose fault is this?" and seek out someone to blame. In the third stage we bargain for control and say we are prepared to confront the problem in a risk free environment but refuse to deal with the disease directly. The depression stage is fourth when we are overwhelmed with information and finally, we enter the stage where we accept the facts and become realistic in our concern for patients, prevention and ourselves.

"I hope this community can reach the final stage," said Graham, "as we need to work together to stop this epidemic with a realistic approach."

"Six years ago the first cases of AIDS were diagnosed and since then 35,000 cases have been reported in the U.S. Of the 53 cases diagnosed in the state of Maine, 21 are now dead," she said. "Death has been the result of 58 per cent of all cases reported thus far."

Statistics show that 68 per cent of known cases are victims between the age of 20 and 39 with the white population holding 60 per cent of those diagnosed, Graham said. Hot spots in the country have been identified as New York, Texas, Florida and California and 29 per cent of AIDS cases in New York City reflects the urban nature of the disease, she said.

Pediatric cases of AIDS reflect the same hot spots as parents with the disease transmit it to children during pregnancy or the birth process. Perinatal transmission is effective in 30 to 50 per cent of pediatric cases and there has been one documented case of the virus being found in breast milk, Graham said.

There are only three methods of transmission of the disease, Graham said. The most effective method is sexual intercourse with increased risk associated with receptive anal intercourse and oral sex when semen is swallowed. Most efficient transmission has been noted in male homosexual activities but it also occurs in female to male transmissions.

Other effective methods of transmission include transfusions of blood or blood products as in the case of hemophiliacs and perinatal transmissions. The virus has been found in very low concentrations in saliva, tears and urine, Graham said.

After exposure, the patient will begin to mount an immune response and HIV antibody tests can be done. It is important to understand the test, said Graham. False positives as well as false negatives are possible. Testing in Maine has shown a 3.5 per cent positivity rate for high risk groups which include homosexuals and IV drug users.

With between one and two million people infected now in the country and 200 cases expected to be diagnosed in Maine by the end of next year, "we need to work now," Graham said.

An overwhelming burden exists with just the emotional strain, hysteria and financial cost of just one case of AIDS, said Graham. With about $4c,000 just for the care of one patient (AZT costs not included) we are looking at a bill of $9.2 million by the end of 1988, she said.

WHAT IS UPON US? – Dr. Lani Graham discussed the epidemiolo AIDS at Friday's workshop at WCVTI in Calais, attended by ove health care workers from Washington and Charlotte counties.
Courier photo/Jerome N

PREJUDICE IS BIGGEST PROBLEM – Vincent Boulanger, 24, of Portland spoke candidly about his problems with society since being diagnosed with AIDS two years ago. *Courier photo/Jerome Nason*

Victim
from A-1

Boulanger was told he had a year to live but that was a year and a half ago.

"I had lost 20 pounds but I've gained most of it back. I eat twice as much but it goes right through."

"I love to smoke pot a little but don't like inhalents or other drugs. I might have one drink but it only reacts with the AZT," he said.

Boulanger was very candid about his affliction and doesn't mind being photographed or questioned if it will help people understand more about AIDS and the people it affects. "I don't plan on dying; there is too much to do. I am not a victim yet. I am just a person who has AIDS."

KATAHDIN
A
HEALTH
EDUCATION
CENTER

ng
other Maine

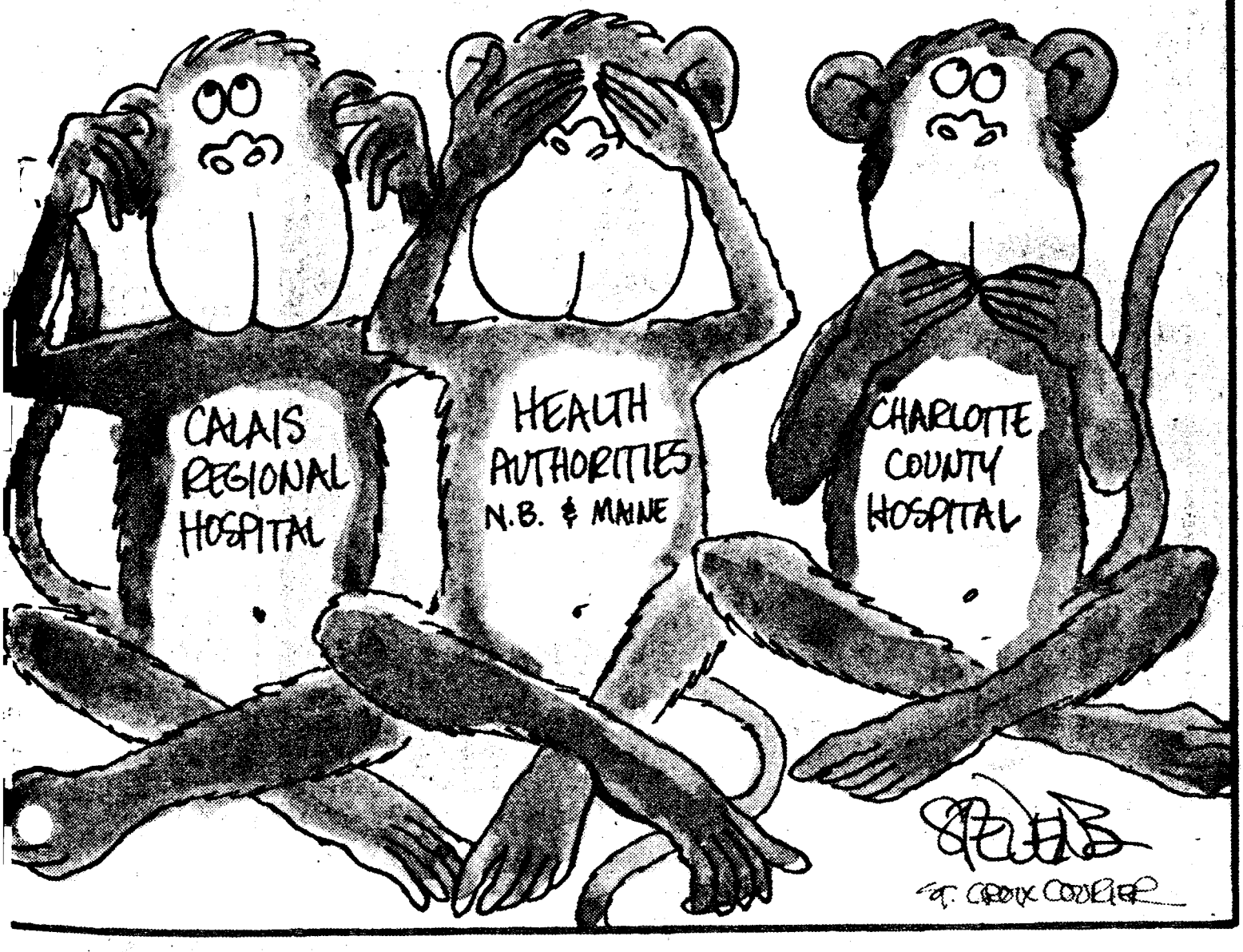
WCVTI
River Road
Calais, ME 04619

The Saint Croix Courier

'THE INTERNATIONAL WEEKLY SINCE 1865'

WEDNESDAY,
JULY 22, 1987

LOCAL REACTION to A.I.D.S. EPIDEMIC...



Area health professionals elected to serve on KAHEC directors board

CALAIS — Three area health professionals have been elected from the Downeast Regional Advisory Council of the Katahdin Area Health Education Center to serve on the KAHEC's Board of Directors.

Selected were: Priscilla Staples, R.N., M.S.N., director of nursing at Downeast Community Hospital in Machias; Peggy Dumond, L.S.W., care manager with the Eastern Maine Agency on Aging in Ellsworth; and Carole Webber, R.N., director of nursing at Oceanview Nursing Home in Lubec will serve as an alternate director.

KAHEC is a program supported by the U.S. Public Health Service's Office of Health Professions through a cooperative agreement with the College of Osteopathic Medicine at the University of New England in Biddeford for the purpose of enhancing the availability of health-professions education in Eastern and Northern Maine. Activities toward that goal include the development of clinical training opportunities in underserved areas for students, continuing education programs for health professionals working in rural areas, and programs which support minority, bilingual, and underrepresented populations in entering health professions. This three-pronged approach has been effective in addressing recruitment and retention problems for health professionals in other medically underserved and rural areas.

People interested in learning more about the KAHEC are encouraged to attend the Regional Advisory Council meeting at 3 p.m. Jan. 11, at Downeast Community Hospital in Machias, or the February meeting in Ellsworth. For information, contact Regional Coordinator Bo Yerxa, WCVTI 10, Calais 04619, 454-2144 ext. 48, or Executive Director James Ross, 222 East Annex, University of Maine, Orono 04469, 581-2371.

Workshop at WCVTI to focus on non-functional family

CALAIS — The Katahdin Area Health Education Center will offer a workshop titled "Understanding Family Systems" to be held at the Washington County VTI in Calais on Jan. 15, 1988. This presentation will focus on identification and treatment strategies for addicted, substance-abusing, and otherwise non-functional families.

The workshop is designed to assist health and social service professionals and other interested people who counsel, treat, or come from addicted or non-functional families. The target audience includes social workers, psychologists, substance-abuse counselors, nurses, teachers, clergy, and others who treat, work with, or live in families where substance abuse or addiction is a problem.

The trainers for this program are Kenneth S. Russell, D.Ed., and Larry Johnson, M.S.P.H., director and assistant director of the Cooperative Health Education Program of the Veterans Administration Regional Medical Center at Togus, a co-sponsor of the workshop. Russell's doctorate is in the area of counseling psychology, and he has two decades of treatment and teaching experience in university settings and the Veterans Administration. Johnson's graduate work in public health focused on community health education.

KAHEC is a program supported by the U.S. Public Health Service's Office of Health Professions through a cooperative agreement with the College of Osteopathic Medicine at the University of New England in Biddeford. The center's goals are to address recruitment and retention problems of health professionals in rural Maine by a variety of activities, including development of Continuing Education activities.

New director joins center at UMPI

PRESQUE ISLE — The Professional Development Center at the University of Maine at Presque Isle has a new director.

Dr. Peter L. Henderson from Auburn University in Auburn, Ala., is a graduate of Colby College in Waterville with a major in sociology. He received a master's degree in business administration and a doctorate in administration of higher education. A retired lieutenant colonel of the U.S. Air Force, Henderson served in the military for 20 years.

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KAHEC Sets Up Workshop

The Katahdin Area Health Education Center is initiating a workshop titled "Understanding Family Systems" to be held at the Washington County Vocational Technical Institute in Calais on January 15, 1988. This presentation will focus on identification and treatment strategies for addicted, substance abusing, or otherwise non-functional families.

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The Katahdin Area Health Education Center is a program supported by the U.S. Public Health Service's Office of Health Professions via a cooperative agreement with the College of Osteopathic Medicine at the University of New England (Biddeford). The Center's goals are to address recruitment and retention problems of health professionals in rural Maine by a variety of activities, including the development of continuing educational programming. Individuals interested in obtaining details of the "Understanding Family Systems" workshop should contact Bo Yerxa or Grace Brace, Katahdin AHEC, WCVTI #10, Calais, Me. 04619 (207) 454-2144 X 48.

Bangor Daily News
3/10/88

Housing needed for interns

By Bruce Kyle
Down East Bureau

CALAIS — Rural areas have a chronically difficult time attracting physicians, but, starting this spring, anyone in the Down East region with a spare room and a generous spirit can help ease the situation, according to Bo Yerxa, coordinator of the Katahdin Area Health Education Center.

Eight physicians, from Machias to Calais, have volunteered to serve as preceptors for medical students from the University of New England College of Osteopathic Medicine, beginning in June. The students will spend one month working with the physicians in their practices, but they will need lodgings.

"The doctors have been exceptionally forthcoming in offering to help," Yerxa said Wednesday. "They get no financial reward, only the hope that they won't be so overworked if some of these students return here to practice.

"This is a great opportunity for people to make a great contribution to health services in this area and to assure the viability of our hospitals. We need to hear from folks who can provide a room for a month, and meals too, if they're really generous."

The participating physicians are Ronald Welch, Ann Simmons, Timothy Hogan and Peter Wilkinson of Calais, Stephen Blythe of Lubec, Steven Graham and John Gaddis of Machias and Steven Weisberger of Jonesport.

Forty-four UNE students are scheduled to train in Washington County over the next year. "We're hoping for some real community involvement so the burden is spread out over many families, rather than relying on a small group," Yerxa said. "We'll make every effort to match up the students with appropriate families."

All of the students are in their final year of medical school and have had from eight to 12 months of clinical experience. "Many of them are non traditional students, older, many who have worked in other medical professions," Yerxa said. "These are mature people whose skills will be needed Down East."

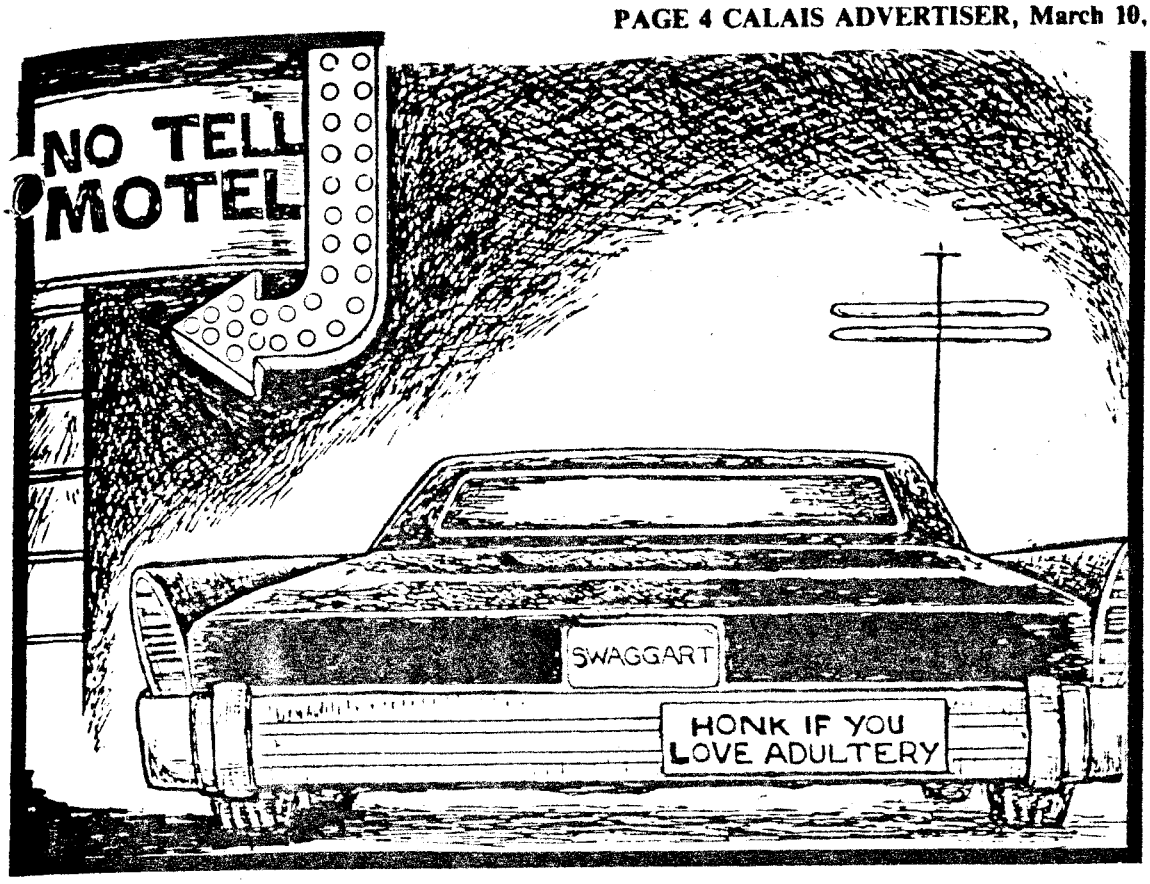
Anyone interested in being host to a student may contact Yerxa at 454-2144, ext. 48, or write to KAHEC, WCVTI 10, Calais 04619.

Shirley Weaver, director of the AHEC program at UNE, said that the school's emphasis was specifically on training physicians to work in rural areas.

"Typically, in a large, urban hospital, the student goes in the door at 6 a.m. and comes back out at 10 p.m.," she said. "Then they go to a room somewhere to study and sleep. That won't get doctors into rural areas.

"We want them to see how a physician operates as a person in the community, in real life. ... Down East Maine is one of my favorite places on earth. If we can get these students out there, they'll see what I mean."

AHEC is national organization dedicated to improving the quality of health care in medically underserved areas through recruitment and continuing education programs, and by encouraging the youth in those areas to enter the medical fields.



Letters To The Editor

Nurse Shortage

Letter to the Editor

I am writing in response to the excellent editorial by Rolf Kreitz on the topic of the local impact of the national nurse shortage (February 4th edition). Mr. Kreitz is not "off the wall" in pointing out that such a shortage undermines the viability of our small rural hospital(s) in suggesting some possible approaches to address the nurse shortage. In fact, the general strategy as outlined is not only sound, but is being actively pursued by several local health care and educational institutions at the present time.

The Katahdin Area Health Education Center (KAHEC) is attempting to address the problem of shortages of health professionals in a variety of ways. In the specific area of nursing, the Regional Advisory Council of the Katahdin AHEC has set as its highest priority the availability of nurse educational programs for residents of the Downeast region. Towards that end, several planning meetings have been held with the active support of numerous local groups, including the W.C.V.T.I., Calais Regional Hospital, U.M.M. Outreach and several employment training and community-based health service providers. This group has been trying to identify resources to bring a "multiple entry - multiple exit" Associate Degree in Nursing (ADN) program into our area, initially in cooperation with EMVTI (Bangor). Such a program would have a first year that would allow participating students to sit for their Practical Nurse (LPN) licensure exam. The second year (which any LPN could enter) would culminate in an ADN and allow graduates to sit for their Registered Nurse (RN) exam.

The major constraint to this effort is money. Nursing education is very expensive due to the high faculty-student ratio and extensive clinical training required. For example, the first year of this proposed ADN program (18 students) would cost about $130,000. This would increase to about $240,000 in the second year when 35-40 students would be in the program. But, this training leads to jobs already "developed" and which pay a fair wage for the area.

The planning group is attempting to cobble this funding together from a variety of sources. One approach is to secure monies from local hospitals, nursing homes and job training (JTPA, Perkins Act) funds, which become a laborious annual task and places the entire program at risk should any of the major parties withdraw or lose funding. Another approach is to apply for a federal grant, such as a rural nurse education initiative, which could provide 3-4 years of

(Continued on page 31)

Letters

(Continued from page 4)

support for such an effort. While both of these options are being actively pursued, it would seem that the best long-term strategy would be to institutionalize an ADN program at the WCVTI (with academic support from UMM) on an on-going basis.

I would urge concerned citizens to act to educate those who make public policy and appropriate funds about our region's needs. This would include not just our congressional delegation, as suggested by Mr. Kreitz, but perhaps more importantly, our governor, our **entire** legislative delegation, and the top administrators (**and** board members) of our Vocational Technical Institute and University of Maine systems. This will not be an easy or brief process, for the perception of us as a backward population content with the crumbs of our public educational system will require strong and consistent effort to overcome. But those of us in "The Other Maine" owe it to ourselves and our youth to give it our best shot!

Sincerely,

Bo Yerxa

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company in Thor on and other Indian-owned businesses in Maine don't have to worry about getting their tax returns prepared on time.

That's because Indian-owned businesses are exempt from paying both federal and state corporate income tax.

Rep. Ruth S. Foster, R-Ellsworth, thinks it's unfair for Indian businesses to be tax-exempt while their competitors pay taxes.

Foster is trying to get a bill introduced that would subject Dragon Cement and other Indian businesses to the state corporate income tax.

Foster has been frustrated by the tabling action of the Legislative Council, the 10 members of legislative leadership who so far have refused to let her bill be introduced.

But while Foster sees the matter as a question of fairness to businesses that might compete with Indian-owned businesses, supporters of the tax exemption say her bill raises complex questions.

The tax question draws attention to the Maine Indi-

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to decide its position on the

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their votes the matter by Friday

Rakers' center needed for migrant workers

from page 1

Maine Migrant Education Program in Augusta; and Gena Molitor of Harrington, administrator of the Harrington Family Health Center. Another member will be added to the committee, according to Small.

Sandra K. Prescott of Machiasport, executive director of the Washington-Hancock Community Agency, agreed that the agency would administer the rakers' center this year.

The Harrington Family Health Center will help to organize a medical clinic for the rakers' center this year, according to Small.

Small said the need for a rakers' center could be seen in the fact that each year during the annual harvest the local population increased by about 3,000. Most of the increase is represented by families of migrant workers from other Maine communities, from other states in the United States and from the Canadian provinces of New Brunswick and Nova Scotia, according to Small.

In a report to the board of directors of the agency, Small wrote that three weeks was "usually the emergency period for migrant workers."

"It may be a week before raking (of blueberries) begins, and it is usually another week before they receive their first paycheck; and oftentimes another week before they receive their first full paycheck," Small wrote in the report.

What Small described as the "most visible" services provided at the rakers center have been food stamps, medical services and general assistance.

By the second week of August, when the annual harvest starts on fields owned by the Jasper Wyman and Son Co., Cherryfield Foods Inc., and the Northeastern Blueberry Co. of Columbia Falls, the daily number of clients at the rakers' center begins to exceed 100, according to Small.

Agencies that offered services at the rakers center during the 1987 harvest included the Central Maine Indian Association, The Farmworker Unit of Pine Tree Legal Assistance Inc., the Department of Human Services, the Bureau of Public Health and the federal Social Security Administration.

Since 1984, the Division of Human Services has sent staff members to Cherryfield to administer a general assistance program for migrant during the blueberry harvest.

Small suggested that, in the event that a site could not be found for rakers' center this year, representatives of the various agencies should start planning what he called "individual alternatives for providing services."

Rakers' center needed for blueberry harvesters

By Bill Vasquez
Down East Bureau

MILBRIDGE — Representatives of agencies that dispensed social, medical and legal services to migrant and seasonal workers during the 1987 blueberry harvest met Wednesday at the Red Barn Restaurant. According to Keith Small of East Orland, a community-liaison specialist with the Washington-Hancock Community Agency, the consensus was that similar services should be provided during the 1988 blueberry harvest on the barrens of western Washington County.

"A rakers' center is needed," Small said. Since 1983, the Washington-Hancock Community Agency has administered a rakers' center in Cherryfield. Since 1984, the agency has been permitted by the Maine Seacoast Missionary Society to use the Weald Bethel Chapel to house the center.

Small said that this year the chapel would not be available and another site must be found for the center. The availability of funding for the 1988 rakers' center was another issue that would have to be addressed, he said.

Last year, the agency operated a rakers' center at the chapel five days a week, July 25 to Aug. 30. The costs of rent, telephone service and supplies for the center totaled almost $5,500, Small said. Most of the money was reimbursed through a grant from the New England Farmworkers Council.

Small said it was not certain that a similar grant would be available this year.

A committee was formed Wednesday to find a new site for the rakers' center. The committee members include Small; William Yerxa of the Katahdin Area Health Education Center in Calais; Betty Ring of the

See RAKERS' on Page 8

3/18/88

St. Croix Courier 2/9/88

Yerxa named to state leadership board

ORONO — Bo Yerxa of Cooper was named to the board of directors of the Maine Leadership for Community Leadership and Development at its initial meeting in the University of Maine Chancellor's office in Augusta on Feb. 5.

Yerxa is the Downeast (Washington-Hancock) regional coordinator for the Katahdin Area Health Education Center. He holds a bachelors degree in education from the University of Maine and a masters degree in regional planning from the University of Massachusetts.

Yerxa has served on the boards of numerous civic and community-based organizations concerned with citizen action and rural development, including the Washington County Extension Association. He is Maine's only participant in the National Rural Fellows program.

The purpose of the institute is to provide ongoing statewide assessment of the educational needs of existing and emerging community leaders. The Institute will also initiate and conduct leadership development workshops, seminars and skill building programs for Maine citizens. The Institute is sponsored by the University of Maine Cooperative Extension Service.

"I see ICLAD as becoming a major influence in leadership training," said Sandra Magill, institute director, "a clearinghouse of sorts, with information coming in on what people need and what exists and information going out to meet those needs."

Magill says the Institute is not intended to replace or compete with existing programs. "A major goal of the Institute is to network with leadership programs that already exist, while developing new programs to meet needs that aren't addressed," she said.

The ICLAD board is comprised of 18 members from across the state who have been involved in leadership issues.

The members of the ICLAD board are Bettina Blanchard, of Richmond, an agricultural specialist for Resource Conservation Services; and Karen Brown-Mohr, of Portland, a government affairs manager for Boise Cascade.

Other board members are Donald Bruce, of Orono, an Extension 4-H specialist; Saco resident Mary Lou Maisel, president of Mary Lou Maisel and Associates, a consulting and training firm; Paul McCann, of Surry, a retired manager of public affairs for Great Northern Paper Company; Michael Morris, of Kennebunkport, academic dean for the University of New England, and Catherine Newell, of Bethel, the adult education director for SAD #44.

Other members include Union resident Ruth Pearse, currently president of the Maine Extension Association; Hilton Power of Lewiston, a special assistant for external community college relations at the University of Maine at Augusta; and Kingfield resident Gardiner Young, who is a self-employed consultant and trainer.

In addition, Institute personnel include University of Maine Cooperative Extension Service staff Roger Leach and James Killacky, both of Orono, Conrad Griffin, also of Orono, a community development specialist, Douglas Babkirk of Cumberland and Ronald Beard of Bar Harbor, Extension agents in Hancock and Cumberland counties.

BO YERXA

For more information about the Institute, contact Sandra Magill, 100 Winslow Hall, University of Maine, Orono, ME. 581-3199.

The University of Maine Cooperative Extension Service offers its programs to all eligible people regardless of race, color, national origin, religion, sex, age or handicap.

Students invited to UM career day

CALAIS — Juniors and seniors in area high schools are invited to attend the Health Professions Career Day at the University of Maine (Orono campus) from 9 a.m. to 1 p.m. Tuesday, April 26. The purpose of this event is to expose students to professionals working in various health-care fields and to inform them about these careers. After a lunch break, students will meet individually with the health professionals.

The University of Maine, Office of the Chancellor, has agreed to partially sponsor Career Day, and limited funds are available for lunches and for travel expenses for schools that do not have the means for a field trip.

For more information, contact Bo Yerxa at the Katahdin Area Health Education Center, WCVTI #10, Calais 04619, telephone number 454-2144 Ext. 39, or the University of Maine Health Professions Committee, 285 Aubert Hall, Orono 04469-0105, telephone 581-2587.

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WASHINGTON COUNTY VTI
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ONESDAY, APRIL 13, 1988

ECTMAN — Mary Wallace argued against a five per cent
wn clerk and treasurer. Residents agreed with her, and their
d in closure of the town office. *Courier photo/Victoria Cyr*

Many women reject nursing

By VICTORIA CYR
Staff Writer

Part 1 of a series

CALAIS — Nurses are an integral part of health care. They work long, hard hours without the pay to match. Glamorous it's not. Increasingly, women, who have traditionally entered the nursing force, have veered toward other, more beneficial, financially sound career options. As a result, Canada and the United States, are faced with a severe nursing shortage.

SPECIAL REPORT

The Katahdin Area Health Education Center is trying to improve the situation. A non-profit organization, KAHEC works with post-secondary health professions' educational programs, rural health practitioners and community-based health organizations to address the shortage and maldistribution of health and service professionals in rural areas. KAHEC's coverage spans Aroostook, Washington, Hancock, Penobscot and Piscataquis counties.

"One of the things we need to do in Maine is beef up our nursing educational programs," says Bo Yerxa, KAHEC's Downeast Regional Coordinator at the Washington County Vocational Technical Institute. Because it is extremely expensive, nursing education will have to be implemented through the University of Maine and the Vocational Technical Institute systems, according to Yerxa.

The VTI has branches in Presque Isle, Bangor, Augusta-Waterville, Auburn, and South Portland as well as Calais. Washington County is the only VTI branch that does not offer a nursing program. Yerxa said KAHEC is trying to establish a multiple-entry/multiple-exit associate degree nursing program at WCVTI. A one-year program would enable the student to take an LPN exam and the two-year program would give them an associate nursing degree enabling them to take the state registered nurse exam.

Funding is a major constraint to development of the nursing program. Nursing education is expensive due to the high faculty-student ratio and the extensive clinical training required. The first year of the proposed ADN program (for 18 students) would cost about $130,000. Yerxa estimates an increase to $240,000 the second year with 35 to 40 students involved in the program.

Where to get funds?

One approach to secure funding is to acquire money from local hospitals, nursing homes and job training funds. Yerxa said this method, however, places the entire program at risk, should any of the parties withdraw or lose funding. Another option is to apply for a federal grant, such as the rural nurse education initiative, which could provide three to four years of support. Yerxa believes the best long-term strategy would be to institutionalize an ADN program at WCVTI and make classes and clinical nursing training available to students throughout the county. (Aroostook County currently has

Continued on A-6

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eing done for work
on another segment of Route 127, 770, and the Blacks Harbour road.

"Tourism is very important but these roads will be built for the people of New Brunswick, they come first," he said.

Lee said there has been talk about a new Grand Manan ferry since 1979 and now the new government is going to stop talking and have one built.

Charlotte-Fundy MLA Eric Allaby was a member of a committee which, with the input of the people of Grand Manan, came up with a design that has been put on paper and will go to tender within a few months, Lee said.

Lee said his government will complete the St. Stephen by-pass but "we will be sure the people in the area are happy with where it is going."

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shopping choices here

Thompson announces

Nursing

two tax-supported nursing programs located within 60 miles.)

Yerxa and other planners of the ADN program have set Aug. 15, 1988, as the date by which to receive funding from local, state or federal levels. If funding is received, the program is planned to start in January, 1989. If the funding is unavailable, the program will most likely be postponed.

There is a serious need for nurses in Washington County. KAHEC accounts for 57 per cent of Maine's land mass and 27 per cent of the population. Of particular interest is the concentration of high levels of health professionals within a 12-mile radius of Bangor. The population base of the towns in this area total only about one-third (34 per cent) of the entire 18,951 square-mile five-county KAHEC target area, yet the greater Bangor region has a large share of the KAHEC area's occupational therapists, speech/hearing therapists and psychologists.

Area	ME. #	KAHEC #	%	Bangor + radius % of KAHEC
Primary Care Physicians	731.5	201	27.5	35
Physicians Assistants	120	52	43.3	19
Nurse Practitioners	257	52	20.2	46
R.N.s	1147	2825	24.7	40
L.P.N.s	4274	1313	30.7	31
Physical Therapists	566	86	15	44
Occupational Therapists	238	28	12	71
Social Workers (all levels)	959	207	22	43
Substance Abuse Counselors	144	32	22	53
Psychologists	356	72	20	61
Speech Pathologists & Audiologists	249	56	22	63

Calais hospital

"We spend hours trying to get adequate staffing," said Calais Regional Hospital President Ray Davis. He and his staff are working closely with Yerxa and will provide tuition for nine students enrolled in the LPN program at WCVTI if it develops.

Davis believes nursing has a negative image which may affect those who might consider it as a career choice.

Yerxa agreed, noting that nurses have a low status for the amount of work they do. They do not get the respect a doctor does. Yerxa said he keeps hearing "stress and a lack of respect" from nurses about their positions. Until recently, many health care institutions have not been responsive to nurse's needs for flex time, education, aspirations, pay increases, or day care. Yerxa said this is changing due to the shortage. Another reason for the shortage is the increased amount of careers open to women.

One of the aims of developing KAHEC's nursing program is to retain nurses in the area. Yerxa said people over 25 have been shown to remain in communities that hold family ties. The number one predictor of where health professionals will establish residence, however, is in areas that provide educational programs particularly in the clinical component, according to Yerxa. Another important aspect that often keeps people in a community is where their spouse is from.

In addition to local efforts, Yerxa said overall conditions must change to alter the dynamics nurses currently function within. Societal structure and attitudes, monetary compensation and educational programs must also be considered to improve the problem situation with the nursing shortage.

Only 50 per cent of 11,000 registered nurses in Maine are working as nurses, according to Yerxa.

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OBITUARIES

JAMES T. HILAND

The many relatives and friends of James T. Hiland were shocked and saddened to learn of his unexpected passing on Jan. 24 at his home in St. Stephen.

He was born on June 15, 1911 at Flume Ridge, the second son of Nicholas and Margaret (Sullivan) Hiland. He spent his early life there, working as a woodsman, as well as in various lumber mills in the area. As a young man, he spent two years in Vancouver, B.C., where he was employed by the Hiland Logging Company at Simoon Sound, B.C. He returned from the west in 1935, following the death of his father.

In June, 1949, he married Alice E. Higgins, also of Flume Ridge. They resided there until 1956, when they moved to St. Stephen. For the next few years, he was employed at Joe Sampson's service station, followed by Sam Welock's garage, where he sold cars. In 1960, he joined the Department of Transportation, St. Stephen garage from where he retired in 1976.

Following his retirement, James Hiland remained very active and involved. He was always ready to lend a helping hand, wherever needed. A man of deep faith and outstanding principles, James was well-liked by all who knew him. He was predeceased by his brother, Albert, in 1963; and his wife, Alice, in 1981. He leaves to mourn his four children, Carol (Mrs. John Fitzgerald), Calais; Theresa (Mrs. Drew Case), Calais; James Jr. of Oak Bay; Donald of St. Stephen; nine grandchildren; one double-first cousin, Mrs. Gertrude (Hyland) Hughes, of Vancouver, B.C.;

several cousins, nieces and nephews.

The Funeral Mass was celebrated at the Holy Rosary Catholic Church with Rev. Joseph Daly officiating. Interment took place at St. Patrick's Cemetery, Rollingdam. The pallbearers were Danny Sullivan, Wayne Beaumaster, Edmund Beaumaster, Mark Beaumaster, John Beaumaster and Bob Brown.

Many spiritual and floral tributes were given.

Calais Court

CORRECTION

APRIL SALE-A-THON FLYER

Pg. 4, Item 84-0124-6, Tech Exercise Bike reads digital speedometer/odometer, and countdown timer. This is incorrect. The copy should read mechanical speedometer/odometer, and electronic digital countdown timer.

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St. Stephen, New Brunswick
Phone 466-4110

Changing profession

To our women readers: Remember when you were a little girl, and that nice lady next door asked you what you wanted to be when you grew up?

While your brother was busy saying "a fireman," or "a policeman," or *"a doctor,"* your response was probably something like "a mommy," or "a ballerina," or *"a nurse."*

But times have changed, and so have women. And it looks like those interested in quality health care have finally realized that to eliminate a regional shortage, nursing has to be brought into our modern-day world.

Both the United States and Canada are experiencing a shortage of nurses. That's rather ironic for our region, where the unemployment rate is so high, that enough qualified nurses can't be found.

The reason for the shortage is clear: it follows the progress of the women's rights movement. Women have traditionally made up the ranks of nurses, although more and more men are now taking up the profession. When women first got into nursing, long, hard hours, little recognition, and low pay, were accepted as their lot. When the women's rights movement rubbed off on almost all women, they realized there were so many more professions they could enter. And some of those were a lot easier, more glamorous and lucrative.

Nursing has changed over the years, but it hasn't kept pace with the women's rights movement. Pay is still low, hours are long, and doctors still are seen as more glamorous.

In Washington County, the Katahdin Area Health Education Center is working to rectify the shortage of nurses in the rural areas.

As Bo Yerxa of KAHEC said, several major changes have to occur before the nursing shortage is alleviated: societal structure and attitudes much change, pay must be increased, and educational programs for nurses must be implemented where needed.

Washington County Vocational Technical Institute is the only VTI branch which doesn't offer a nursing program.

Establishing such a program, with support from the public and local health care institutions, is a good place to start. It deserves our full support.

-Laura Haley

Out of Context

Charlotte-Fundy is a strange riding.
-Charlotte-Fundy MLA Eric Allaby

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New programs, better management keep CRH in black despite 'hostile environment' for small rural hospitals

By Bruce Kyle
Down East Bureau

CALAIS — The bad news for 1987 was that federal cutbacks in health-care funds and a shortage of skilled health-care workers continued to threaten the existence of rural hospitals, but the good news came from the ability of Calais Regional Hospital's staff and of the community to respond quickly to those conditions, CRH President Ray H. Davis Jr. told the Board of Directors at its annual meeting.

The reduction in federal funds to reimburse hospitals and physicians has placed an additional financial burden on insurance companies, state Medicaid programs and private individuals, he said, a situation which already has led to significant increases in insurance premiums.

He noted that physicians were faced with cutbacks or freezes in their fees, despite increases in malpractice insurance premiums and overhead. "Unfortunately, there is no indication that the federal government plans a respite from the rollbacks," he said. "State governments are also loathe to allocate funds for the shortfall."

The reality of an acute shortage of health-care manpower, particularly in the nursing field, became increasingly apparent during 1987, Davis said. During March, CRH was forced to limit the number of patients admitted and to reduce coverage in the laboratory. He pointed out that a projected surplus in physicians for the coming years appears to have been a miscalculation, perhaps because of a high rate of early retirements caused in part by increases in the costs of practicing medicine.

The number of hospital closures in the United States rose from 49 in 1985 to 96 last year. Nearly 80 percent of those closures were hospitals of less than 100 beds, and 44 percent were rural hospitals.

"There is no question that small, rural hospitals face the demand for prudent management, strategic planning and innovative structuring and affiliation in order to survive into the 1990s," Davis said.

Despite the "unquestionably hostile and uncertain environment," Davis said that CRH had taken steps to respond. The hospital has converted some acute-care beds to long-term beds and plans to convert more to accommodate a psychiatric unit.

The hospital's affiliation during 1987 with the Hospital Corporation of America gave CRH access to management and financial expertise that is essential, but often unavailable, to small rural hospitals.

To deal with the personnel shortage, CRH is working with the Katahdin Area Health Education Center to implement a nursing program in Washington County. As proposed, this program first would train Licensed Practical Nurses and offer assistance in helping the LPNs upgrade to Registered Nurse status later. Davis said that CRH was expanding its tuition assistance program to make advanced training available to employees.

CRH had a surplus of about 6 percent for 1987, up from 3 percent the previous year. The hospital broke even in 1985 and 1984 and had significant losses from 1981-83.

Davis said that a surplus was essential for the purchase of new equipment and for the initiation of new programs, without which the hospital cannot attract and retain competent physicians and other personnel. The surplus demonstrates that CRH is participating effectively in the national trend toward more outpatient-oriented care.

Davis also noted that CRH added two physicians, built new office space, purchased about 30 pieces of equipment, upgraded the staff and initiated several new programs during the year.

"While the financial performance was impressive, I am most pleased with the huge increase in positive comments and correspondence we received from people who used our services."

Elected officers on the Board of Directors were: Gail E. Gould, chairman; Ralph E. Bayliss, vice chairman; Barbara M. Abercrombie, secretary; and Gary D. Martell, treasurer.

Harland Hitchings and Dennis Mahar were elected new members of the board, and Martell, Bayliss, James D. Johnson, Dennis Owen and Paul Richardson were re-elected.

New trustees are Pamela Bridges, James Dudley, Debbie Peck, Kenneth Hatch, Gary Martell, Robert Norman and Brian Nutter. Frank Frost and Darrell Elsemore were elected honorary trustees.

The annual report was dedicated to the memory of Col. Charles F. Gillis, who passed way March 23. Gillis served CRH for 19 years as a trustee and director.

BDN 4/28/88

... Debiois. (NEWS Photo by Diana Gr...

Katahdin Health Center holding workshop on preventing developmental disabilities

BANGOR DAILY NEWS 5/6/88

CALAIS — The Katahdin Area Health Education Center and the Maine Consortium for Health Professions Education are co-sponsoring a workshop, "Preventing Developmental Disabilities," Friday, May 13, at the Washington County Vocational Technical Institute in Calais.

This workshop is one of a series being offered around the state in response to the report of the Select Committee for the Prevention of Developmental Disabilities, which called for strengthened education and prevention programs to reduce the number of Maine children needing costly treatment and services, special education programs, and long-term care, and the emotional and financial burdens to the families involved.

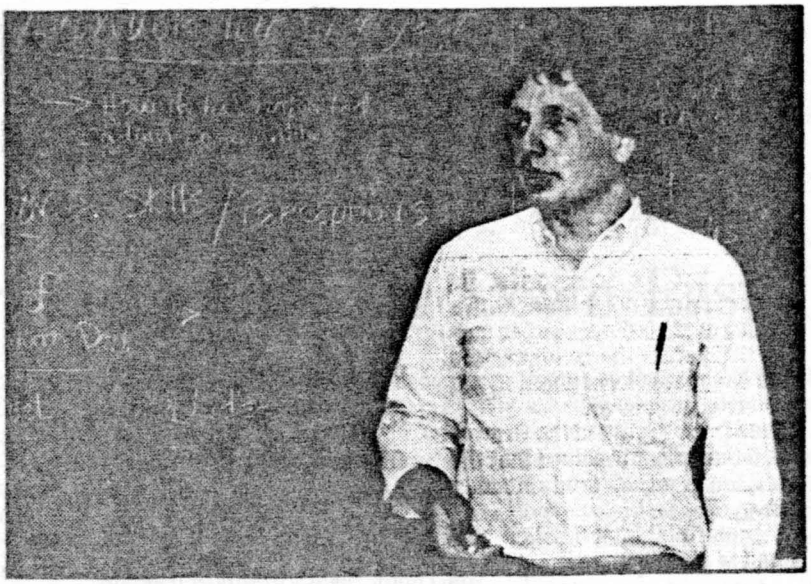
Topics to be covered are: "Management of Pregnancy with Maternal Disease" by Stephen Graham. D.O. Graham did his residency in obstetrics and gynecology at Allentown, Pa., from 1982 to 1986. He is in private practice in Machias, where he also provides family planning, maternal and child health services in association with Downeast Health Services.

"Assessing Parental Needs with Parent Education and Intervention Programs" by Marjorie Withers, M.A.C.P. Withers is a psychologist in private practice in the St. Croix valley. She is a consultant to state and local agencies, designing and conducting training for professionals and parents on child development, parenting skills and other health issues.

"Preconception and Prenatal Care of Teenagers and Other High-Risk Women" by Cynthis Sammis, M.D. Sammis did her residency at the Maine-Dartmouth Family Practice Residency Program in Augusta from 1982 to 1985. She is the assistant medical director at the Regional Medical Center in Lubec, where a substantial part of her practice involves working with young, poor and otherwise high-risk women.

"Effects of Alcohol and Other Drugs on Pregnancy" by Stanley Evans, M.D. Evans is the founder of the Alcohol Institute at Eastern Maine Medical Center and is medical director of the Alcohol Institute at Mercy Hospital in Portland. Since 1978, he has served on the Advisory Council of the National Institute of Alcohol Abuse and Alcoholism.

For information about registration, contact the Katahdin AHEC at WCVTI 10, Calais 04619, phone 454-2144, ext. 48, by May 9.



McClellan Hall

Western camp designed to help teach Indian youth

By Bruce Kyle
Down East Bureau

CALAIS — Habilitation rather than rehabilitation is the goal of New Mexico's National Indian Youth Leadership Program, a 10-day wilderness-experience camp designed, according to McClellan Hall, "to teach our young that they are not victims of a system, but a resource for the future."

Hall, a Cherokee who holds a master's degree in education from Arizona State University, started the camp in Oklahoma in 1983 and expanded it to the Navajo reservation in New Mexico the next year. He described the program to representatives of the Passamaquoddy Tribe and the University of Maine at Machias' Greenland Point Center at a conference held at the Washington County VTI in Calais and also planned to meet with Penobscot Indian officials.

"This is just a model," Hall said. "I'm not here to tell anybody what to do. What works for one tribe may not work for another, but we all have common values and a common desire for our children to become competent adults."

The camp combines the physical challenges of canoeing, rock climbing, horseback riding and wilderness camping with traditional spiritual values, wellness and drug and alcohol awareness. "There is no junk food, radios, TV," Hall said. "We want everybody's attention."

The camp is based on the traditional Indian "servant-leadership approach," he said. "In our ancient, more humble days, we saw the leader as a servant of the people, not as one above the people. Our older campers move up into leadership positions, using the idea of community service as a way of re-engaging our youth in the community, rather than driving them away."

While the enormous changes in society have brought technological progress, they have also brought latchkey children, unclear values, single parents, the breakdown of the family and a victim mentality to the young, Hall said. "The answer is either increasing self-esteem ... or we can continue down the path of drugs, alcohol and alienation.

"Native Americans today too often combine bits and pieces of the worst of Indian culture with the sleazier parts of non-Indian culture. We're trying to raise our children to be competent adults, people who can succeed in both cultures by combining the best of both."

Bangor Daily News 5/24/88

Student Physicians Have Opportunity For Month-Long Training Down East

The Katahdin Area Health Education Center will offer 40 student physicians an opportunity to spend a month training with any of eight physicians who have volunteered their time in the Down East region.

According to Bo Yerxa, KAHEC's Down East coordinator, the program was conceived because of research indicating that a major factor in a physician's decision where to establish a practice is where he or she undertakes clinical or hands-on training.

Noting that communities in rural Maine have a difficult time attracting physicians and other health professionals, Yerxa said that, as training sites expand and more students participate, the probability becomes higher that these students will return to work in rural Maine after graduating and becoming licensed.

Participating physicians so far include Ronald Welch, Ann Simmons, and Timothy Hogan of Calais, Stephen Blythe of Lubec, John Gaddis of East Machias, Stephen Graham of Machias, Steven Weisberger of Jonesport, and Douglas Trenkle of Ellsworth.

To make the program a reality, said Yerxa, community support is needed in the form of "volunteer hosts and hostesses with a spare room and a generous spirit." KAHEC is trying to identify enough spare rooms so that no host family will be asked to take a student for more than one month a year. Thus far, he said, families in Alexander, Baileyville, Calais, Cooper, Lubec, and Addison have volunteered to provide lodging. More volunteer homes are needed, particularly in the Machias and Ellsworth areas, he added.

The equivalent of eight student months of housing is being provided by the University of Maine at Machias and the Washington County Vocational Technical Institute.

Yerxa hopes the rural clinical training effort will expand to include student nurses in late 1988, and student physical therapists, occupational therapists and graduate-level social work students in 1989. Medical residents are also anticipated later this year, he said.

The Katahdin Area Health Education center is a community-based, nonprofit organization providing a link between health professions schools and Maine communities. It is funded primarily through the U.S. Public Health Services Office of Health Professions via a cooperative agreement with the College of Osteopathic Medicine at the University of New England in Biddeford.

KAHEC also has cooperative agreements with the University of Maine School of Nursing, Husson College School of Nursing, the University of New England's Occupational Therapist Program, and WCVTI.

In addition to developing rural clinical training opportunities for students, KAHEC sponsors a variety of workshops and seminars for area health professionals.

Individuals interested in assisting with the Rural Medical Education Project by hosting a physician student for a month should contact Bo Yerxa, Katahdin Area Health Education Center, WCVTI #10, River Road. Calais 04619, telephone 454-2144, extension 48.

Training project needs host homes

Communities in rural Maine have a cronically difficult time attracting physicians and other health professionals, but a new project underway this summer through the Katahdin Area Health Education Center (KAHEC) has the potential to positively change this situation, according to the KAHEC's Downeast Coordinator, Bo Yerxa. However, to make this potential become a reality, community support in the form of "volunteer hosts and hostesses with a spare room and a generous spirit" are needed, says Yerxa.

Based on research which indicates that a major factor in a physician's decision on where to establish a practice is where he or she undertakes clinical or hands-on training, the KAHEC's Rural Medical Education Project will offer 40 student physicians an opportunity to spend a month training with any of eight physicians who have volunteered their time in the Downeast region. Participating physicians thus far include Ronald Welch, Ann Simmons and Timothy Hogan of Calais, Stephen Blythe of Lubec, John Gaddis of East Machias, Stephen Graham of Machias, Steven Weisgerber of Jonesport and Douglas Trenkle of Ellsworth. As training sites expand and more students participate, the higher the probability is that these students will return to work in rural Maine after graduation and licensure.

Yerxa noted that this rural clinical training effort will expand to include student nurses in late 1988 and student physical therapists, occupational therapists and "hopefully" graduate-level social work students in 1989. Medical residents are also anticipated later this year.

The goal of the Rural Medical Education Project is to identify enough "spare rooms" so that no host family will be asked to take a student for more than one month a year. Thus far, families in Alexander, Baileyville, Calais, Cooper, Lubec and Addison have volunteered to provide lodging. More volunteer homes are needed throughout the region, particularly in the Machias and Ellsworth areas. Yerxa noted that "strong leadership and support" from UMM and WCVTI has resulted in eight student-months of housing being made available from those institutions to further the project's goals.

"This is a great opportunity for local individuals to make a contribution to the on-going efforts by our local hospitals and other medical care facilities to remain viable by recruiting necessary health professionals into the region. By opening up their homes, people can demonstrate the caring and concern which make our Downeast communities such attractive places to live and raise a family. When combined with the real local need and associated practice opportunities for physicians, nurses and other health workers, this effort can lead to real quantitative improvement in access to health care for local people," state Yerxa.

The Katahdin Area Health Education Center is a community-based, nonprofit organization providing a "bridge" between health professions schools and Maine communities. It is funded primarily through the U.S. Public Health Services' Office of Health Professions via a cooperative agreement with the College of Osteopathic Medicine at the University of New England in Biddeford, Maine. The KAHEC also has cooperative agreements with the University of Maine (which houses the KAHEC central office) School of Nursing, Husson College School of Nursing, the University of New England's Occupational Therapist Program and the Washington County Vocational Technical Institute. In addition to developing rural clinical training opportunities for students, the KAHEC sponsors a variety of workshops and seminars for local health professionals.

Individuals who are interested in participating in the Rural MedEd Project by hosting a physician student for a month should contact: Bo Yerxa, Katahdin Area Health Education Center, WCVTI -10, River Road, Calais, ME 04619 (207) 454-2144 X 48.

Free housing needed to entice rural doctors

BDN 6/8/88

CALAIS — Communities in rural Maine have a difficult time attracting physicians and other health professionals, but volunteer hosts and hostesses with "a spare room and a generous spirit" could help change that situation, according to Bo Yerxa, regional coordinator of the Katahdin Area Health Education Center in Calais.

Since research shows that a major factor in a physician's decision on where to establish a practice is where he or she undertook clinical training, KAHEC's Rural Medical Education Project will offer 40 student physicians the opportunity to train for one month with any of eight participating Down East physicians who have volunteered their time.

Those physicians are Ronald Welch, Ann Simmons and Timothy Hogan of Calais, Stephen Blythe of Lubec, John Gaddis of East Machias, Stephen Graham of Machias, Steven Weisberger of Jonesport and Douglas Trenkle of Ellsworth. As the number of training sites grows and more students participate, the chances increase that these students will return to work in rural Maine after graduation, Yerxa said.

He noted that this training effort would expand to include student nurses in late 1988 and physical therapists, occupational therapists and perhaps social workers in 1989.

The Rural Medical Education Program is trying to locate enough spare rooms so that no host family will be asked to take a student for more than one month a year. So far, families in Alexander, Baileyville, Calais, Cooper, Lubec and Addison have volunteered, but more homes are needed, particularly in the Machias and Ellsworth areas.

The University of Maine at Machias and the Washington County VTI in Calais have supported the project by donating housing, Yerxa said, but more housing is needed.

"This is a great opportunity for local individuals to make a contribution to the ongoing efforts by our hospitals and other medical facilities to remain viable by recruiting necessary health professionals into the region," he said. "By opening their homes, people can demonstrate the caring and concern which make our Down East communities such attractive places to live and raise a family."

KAHEC is a community-based, non-profit organization providing a "bridge" between health-professions schools and rural communities. In addition to developing training opportunities for students, KAHEC sponsors workshops and seminars for local health professionals.

People who are interested in the Rural Medical Education Project and would like to be a host for a student for a month should contact Yerxa at KAHEC, WCVTI 10, Calais 04619, (207) 454-2144 ext. 48.

6/9/88

Published Way Down East

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VOL. 152, NO. 23

L.P.N. Program At WCVTI

Three organizations announced their commitment to WCVTI's new Licensed Practical Nursing program last week at a June 1st meeting to organize support for the program. The Maine Department of Education, Calais Regional Hospital and the Maine Job Service have all announced monetary commitments totaling $126,000 toward the foundation of a LPN course to be offered starting next January and a permanent nursing program to be established within the next 5-7 years.

Official approval by the state of the LPN program hinges on the final and all but certain approval of the courses by the Maine State Board of Nursing later this month, but with the funds now secure, WCVTI and other organizers are very optimistic. "There's a tremendous demand from all over the county for this kind of program" said WCVTI director Ron Renaud. Renaud said the program, planned for next January, is actually a satellite program from the EMVTI. But Renaud described the program as a "quick fix, not a cure", and says the school is working diligently to come up with a program of their own.

WCVTI has held one LPN course in the past with tremendous success. The course was limited to 15 students, but drew over 100 applicants. When the course was completed after two semesters the students won acclaim for the highest LPN exam scores in the nation. Instructor Nancy Green says the enthusiasm for the course remains overwhelming. "There are seven people on the waiting list already" Green said, even though the course hasn't been officially approved.

Bo Yerxa of the Katahdin Area Health Education Center, a non-profit service committed to providing better health care to needy areas, said that while many other programs were offered around the state, having this program in

(Continued on page 13)

LPN

(Continued from page 1)

the Washington County area helps assure many graduates that they might continue to live in this area and aid the needs of the immediate area. Yerxa referred to the past enrollment of CNA and LPN students as "non-traditional" students, many married, and most older than the traditional student. "These students are more likely to want to stay in the area and work here rather than taking their skills south like the traditional students."

Yerxa looks forward to assisting in the implementation of a "Multi-entry/Multi-exit" of a two year nursing program. "By 1995, I'd like to see a permanent Associate Degree program for LPN's and RN's training at WCVTI. The multi-entry/exit plan would allow students to take a course here and there part-time rather than having to go to school full time.

Sexual ... from A-1

sexual abuse. She works extensively with child protective service systems, training social workers to investigate and respond to sex abuse cases, and also trains mental health professionals in the provision of diagnostic and treatment services to victimized children.

The first part of Monday's workshop covered the assessment and treatment of child sexual abuse. Ramsey-Klawsnik introduced the issues, discussed the sexual abuse continuum, and addressed the children's socio-emotional response to sexual abuse.

covert and overt sexual activity. The covert sexual activity is characterized by a sexualized relationship, inappropriate interest in a child's body, sexual jokes and comments, and inappropriate discussion of sexual activity. "It is damaging socially and emotionally for the child involved." Ramsey-Klawsnik said. She noted that although it was very damaging and painful for the child, it is rarely addressed in sexual abuse literature. A case was told to the audience of a father who told his young sons about their mother's body and what do with her sexually when home.

Overt abuse

l abuse covers many areas. snik begins with the pre- se which she defines by he child while bathing or ing the child to observe r sexual activity perhaps ography. Voyeurism and are an integral part of this

kissing, touching and e child is listed next on the Ramsey-Klawsnik noted uffer more if they are forc- ctive sexual role. Then ral-genital contact digital f the vaginal or anal open- al penetration. This last ferred to as "dry inter- ery real, but leaves no nce with the medical ex- d children are frequently ying by the perpetrator or .

stounded as to how many cially young children, are anally raped," Ramsey- . The audience listened in- nished discussing the con-

DR. HOLLY RAMSEY-KLAWSNIK, a practicing psychotherapist, clinical sociologist, and licensed social worker from Massachusetts, was key speaker at a two-day child sexual abuse conference at WCVTI. With her is Dr. Steven Dawson from the Sunrise County Children's Task Force.
Courier photo/Victoria Cyr

Sexual abuse takes some surprising forms

6/15/86

The St. Croix Courier

By VICTORIA CYR
Staff Writer

CALAIS — We usually hear that a child was molested or abused, but Dr. Holly Ramsey-Klawsnik believes these are euphemisms for rape.

"It eases our conscience," she told the 75 people who attended the first day of a two-day child abuse conference Monday, sponsored by the Sunrise County Children's Task Force and the Katahdin Area Health Education Center.

The targeted audience of the conference included Department of Human Services personnel, mental health consultants, physicians, nurses, other health care workers, law enforcement officers and attorneys, social workers, educators and administrators, day care providers, clergy, and substance abuse counselors. The conference primarily covered child sexual abuse, but also addressed other forms of physical and emotional abuse.

Ramsey-Klawsnik presented a workshop Monday and Tuesday and Dr. John Farquhar, Jr. gave a workshop Tuesday. Farquhar is the Director of Rural Health Services and co-chairman of the Suspected Child Abuse and Neglect Committee at Eastern Maine Medical Center.

Ramsey-Klawsnik is a licensed social worker, a practicing pychotherapist and clinical sociologist specializing in the assessment, treatment and study of child

Continued on A-2

tinuum which included sadistic activity or inflicting pain with sexual activity, exploitation where children are swapped or prostituted to another adult for sexual pleasure in return for money or other material goods or another child, and ritualized cults that she added only two years ago to the continuum. "Kids who experience this type of abuse are extremely damaged. Offenders are very careful and very clever," she added. The techniques that the cults use to silence the children are similar to the brainwashing techniques used during World War II. With sadistic activity, Ramsey-Klawsnik said she has seen cases where pens, pencils, tinker toys, knives, scissors or even guns were inserted into a child's sexual anatomy.

How they cope

Ramsey-Klawsnik identified five factors related to how children cope with their victimization based on research of children under age 8.

Ramsey-Klawsnik described a woman who had been sexually abused by her father from age four to 18 until she left for college where she eventually dropped out. At 24, the woman was involved with a physically and sexually abusive partner, contemplated becoming a prostitute, had a poor sense of self and had been gang-raped twice when walking the city streets late at night. Ramsey-Klawsnik pointed out that this woman would have been much better off had someone intervened earlier. "We're just discovering what we ought to be doing in this very new field," she said.

...son, and Held... by ...

New director of UM School of Nursing to visit county health care facilities

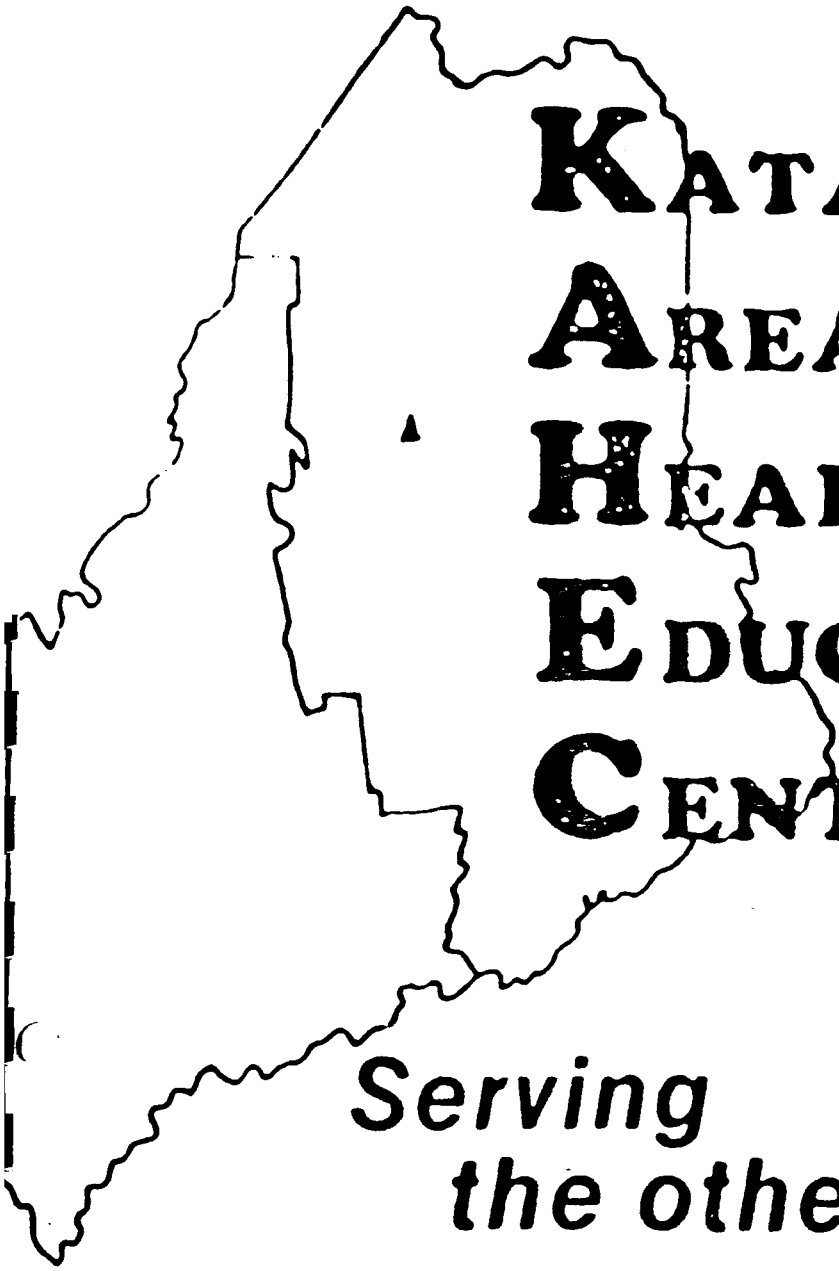
CALAIS — Lea Acord, newly appointed director of the School of Nursing at the University of Maine, will visit health care facilities in Washington County July 7 as a guest of the Downeast Regional Council of the Katahdin Area Health Education Center.

During her visits to area nursing homes, health centers and hospitals, Acord is particularly interested in meeting with local nurses and other health care professionals. Open meetings have been scheduled for 10 a.m. at Calais Regional Hospital and at 4 p.m. at Downeast Community Hospital in Machias.

Acord received her nursing diploma from the Independence, Mo., Sanitorium Hospital and School of Nursing, her nursing degree from Nebraska Wesleyan University in Lincoln, Neb., and her master's and doctor's degrees from the University of Pittsburgh. Before coming to the University of Maine in January, she was executive director of the Illinois Nurses Association.

Visiting the area with Acord will be Judith Kuhns-Hastings, associate professor of nursing at the University of Maine in Orono, and Sharon Rosen of the Bingham Foundation, a philanthropic organization that deals with health issues.

For additional information, contact Bo Yerxa, regional coordinator of KAHEC, WCVTI 10, River Road, Calais 04619, telephone 454-2144, ext. 48.



KATAHDIN AREA HEALTH EDUCATION CENTER

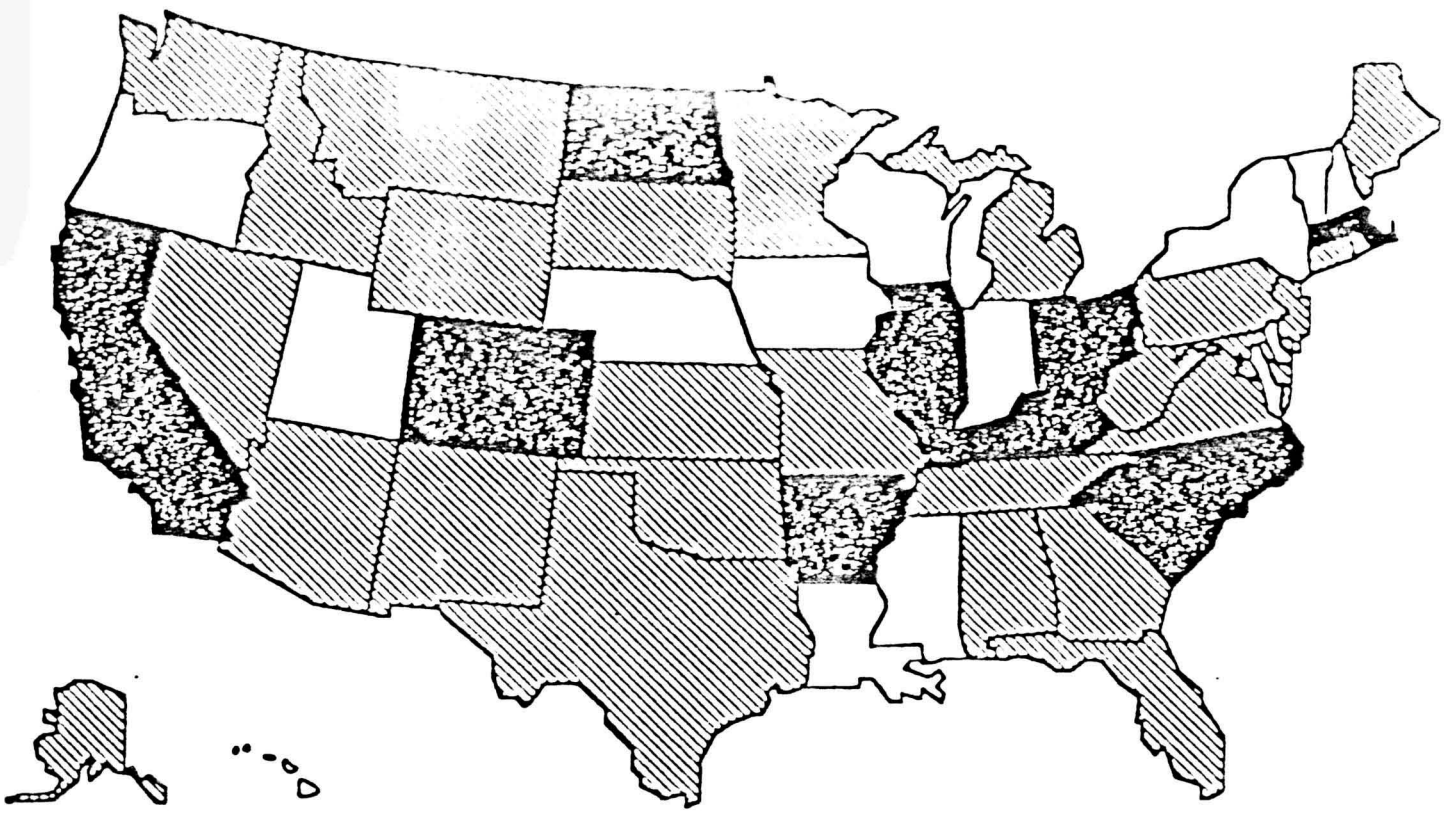
Serving the other Maine

WCVTI #1
River Roa
Calais, Maine 0461
(207) 454-2144 ext. 4

FEDERAL AHEC GOALS

- To improve the distribution of health manpower in medically underserved areas through the development of health training programs
- To enhance the quality of professional training in the area of primary care
- To encourage health professional schools to be more responsive to area health needs
- To enhance primary care skills of health practitioners through the development of continuing education and other support programs at the regional level
- To promote public awareness of the individual's role and responsibility in the maintenance of personal health by providing training to health professionals in consumer health education
- To increase employment and retention of the disadvantaged and minorities in health manpower programs

STATES THAT HAVE HAD AHEC ACTIVITIES THROUGH FEDERAL AHEC FUNDING 1972 — 1987



AHEC Program designed for entire state

AHEC Program designed for portions of state

AHEC PRINCIPLES

- AHEC IS AN EDUCATION AND TRAINING PROGRAM FOR HEALTH MANPOWER OF ALL TYPES. ITS ACTIVIITES SPAN THE CONTINUUM OF THE EDUCATIONAL PROCESS FROM STUDENT TO RESIDENTS TO CONTINUING EDUCATION, INCLUDING TECHNICAL ASSISTANCE FOR PRACTIONERS AND SERVICE INSTITUTIONS.

- IT IS DESIGNED TO LINK THE UNIVERSITY HEALTH SCIENCE CENTER WITH THE COMMUNITY THROUGH A REGIONAL CORPORATE ENTITY WHICH IS ADMINISTRATIVELY SEPARATE FROM THE UNIVERSITY AND WHICH SERVES AS THE AHEC.

- ITS GOALS ARE TO IMPROVE THE GEOGRAPHIC AND SPECIALTY DISTRIBUTION OF HEALTH PERSONNEL AS WELL AS TO ENHANCE RETENTION AND QUALITY OF HEALTH CARE PERSONNEL OF ALL TYPES.

PRINCIPLES

1. ADEQUATE DISTRIBUTION OF HEALTH PROFESSIONALS

2. ACCESS TO HEALTH CARE

3. BRIDGING HEALTH SCIENCE SCHOOLS TO COMMUNITIES THROUGH A REGIONAL STRUCTURE

4. RETENTION OF PRACTICING HEALTH PROFESSIONALS

5. PRIMARY CARE

6. INTERDISCIPLINARY APPROACH TO TRAINING AND SUPPORT

7. COMMUNITY-BASED TRAINING

8. MINORITY ACCESS TO HEALTH PROFESSIONS EDUCATION

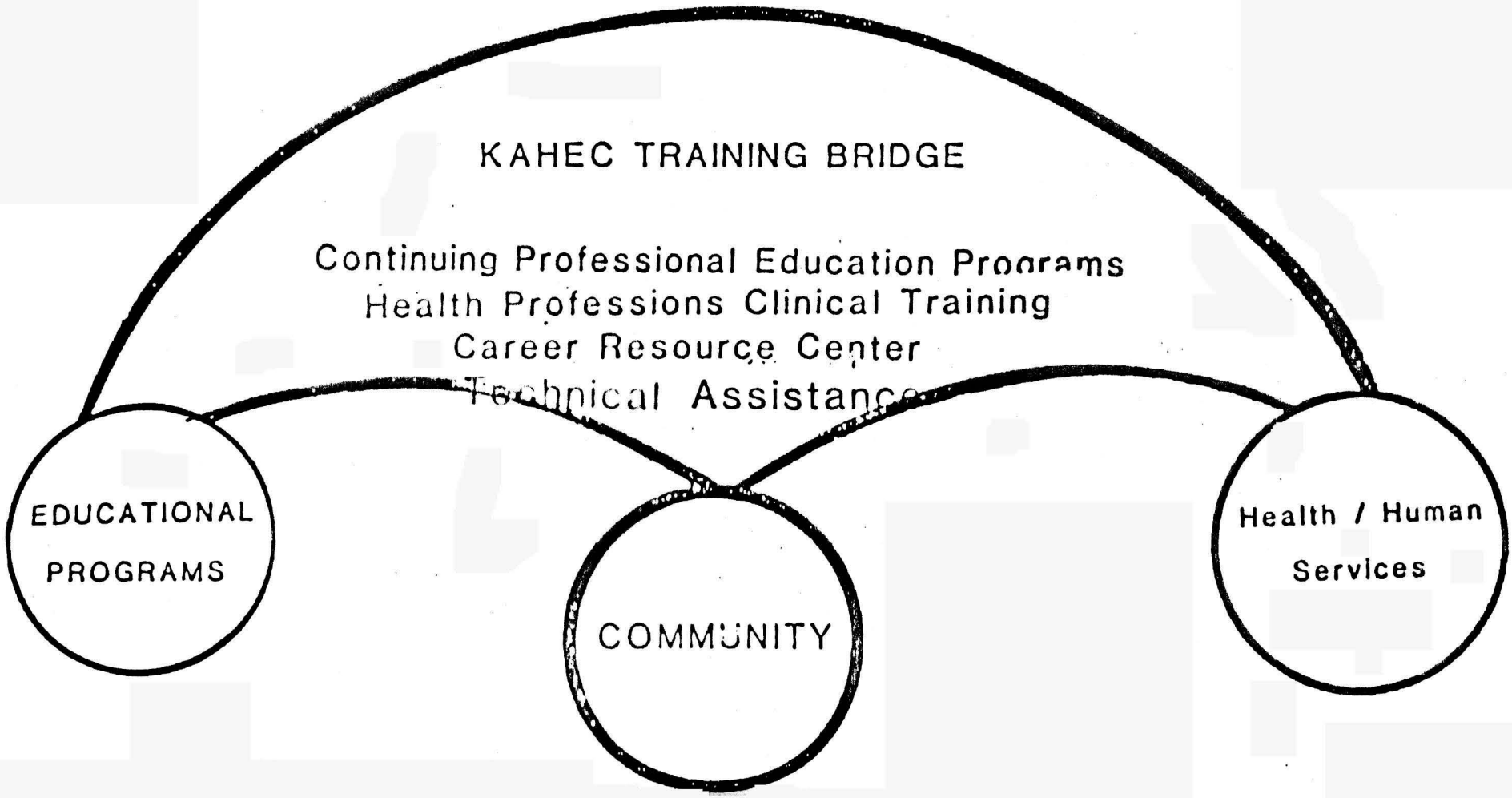
9. TECHNICAL ASSISTANCE

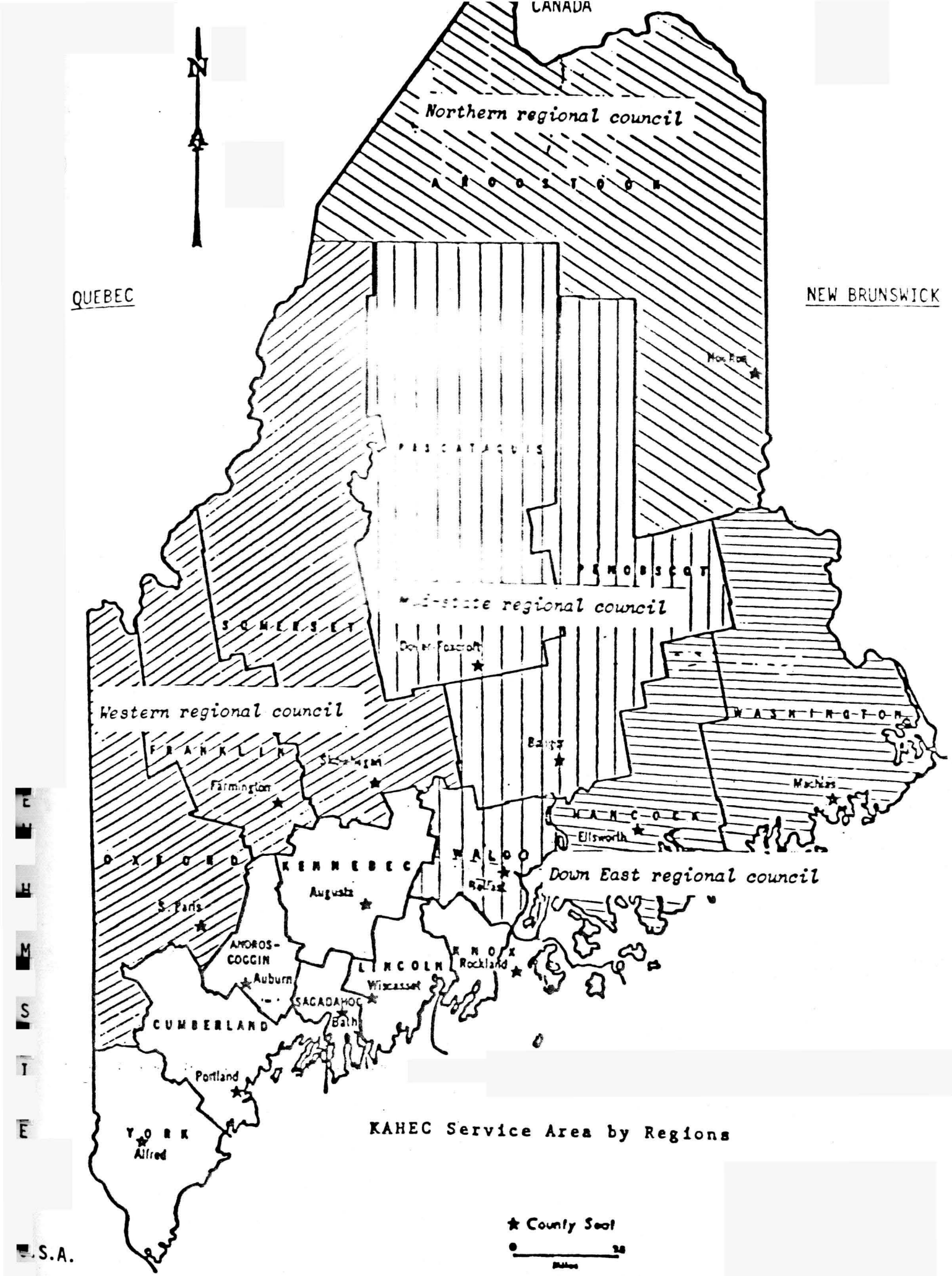
10. QUALITY

11. NEEDS ASSESSMENT

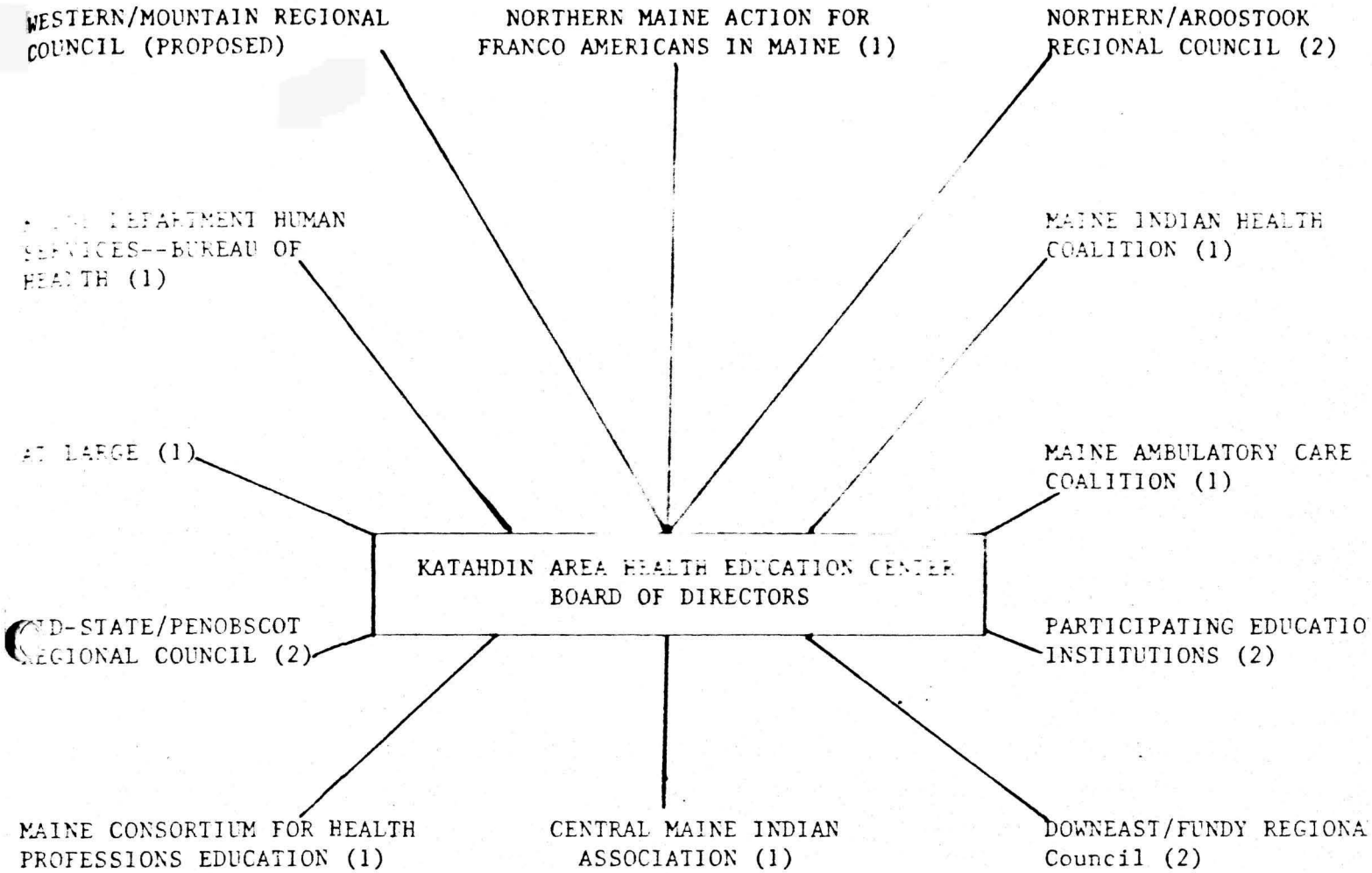
AREA HEALTH EDUCATION CENTER

CONCEPTUAL SCHEME





KAHEC Service Area by Regions


WESTERN/MOUNTAIN REGIONAL COUNCIL (PROPOSED)
NORTHERN MAINE ACTION FOR FRANCO AMERICANS IN MAINE (1)
NORTHERN/AROOSTOOK REGIONAL COUNCIL (2)
MAINE DEPARTMENT HUMAN SERVICES--BUREAU OF HEALTH (1)
MAINE INDIAN HEALTH COALITION (1)
AT LARGE (1)
MAINE AMBULATORY CARE COALITION (1)
KATAHDIN AREA HEALTH EDUCATION CENTER BOARD OF DIRECTORS
MID-STATE/PENOBSCOT REGIONAL COUNCIL (2)
PARTICIPATING EDUCATIO INSTITUTIONS (2)
MAINE CONSORTIUM FOR HEALTH PROFESSIONS EDUCATION (1)
CENTRAL MAINE INDIAN ASSOCIATION (1)
DOWNEAST/FUNDY REGIONA Council (2)

PROPOSED KAHEC ACTIVITIES

1987-1990 Grant Proposal

Osteopathic Medical Education

(Required: conduct 10% of clinical clerkships in KAHEC sites)

- All UNECOM students undertake at least one clerkship in KAHEC
- Develop ambulatory care component for Psychiatric Clerkship
- Develop rural comprehensive ambulatory care ([illegible]) clerkships
- Integrate family/general practice residents [illegible] clerkships
- Conduct clinical faculty development
- Standardize didatic component of community-[illegible] clerkships

Social Work

- Extend program course offerings into Wash[illegible] Counties
- Develop student clinical placements in Wash[illegible] Counties
- Provide staff assistance in support of community network of social service providers
- Provide continuing education support to social service providers
- Ascertain tribal social work education/technical assistance needs and develop means of meeting those needs

Allied Health

- Identify critical regional service needs and develop strategies for addressing those needs
- Develop clinical training sites
- Fund a "KAHEC" Occupational Therapy clinical coordinator
- Provide technical assistance to health and human serivce agencies which do not have readily available allied health specialities
- Enhance accessibility of continuing professional education

Transcultural Health

- **Fund part-time transcultural health education coordinator**
- **Establish a transcultural health interest group/network**
- **Network serve as advocate and technical assistant for transcultural health curriculum development in health professions education**
- **Develop computer-based Franco-American and Native American transcultural health curriculum bibliography**
- **Communicate cultural health issues to health care community through multicultural [illegible]**
- **Conduct annual [illegible] cultural health inservice education program for health professions educators**
- **Ensure KAHEC training and continuing education programs include transcultural health issues**

Nursing

- Develop rural [illegible] health practicums
- Develop rural [illegible] hospital practicums
- Enhance career awareness of rural high school students
- Develop mechanism for nursing faculty to provide technical assistance to community education and health service agencies

KATAHDIN AREA HEALTH EDUCATION CENTER

"SHAPING FACTORS"

-GEOGRAPHY AND DEMOGRAPHICS
- .LARGE STATE
- .LOW POPULATION DENSITY

-RESOURCE LIMITATIONS
- .PERSONAL
  - ---40% OF POPULATION HAVE (4-PERSON) FAMILY INCOME BELOW $13,500
  - ---MAINE HAS HIGHEST RATE OF POVERTY IN NORTHEAST, 7TH HIGHEST IN U.S.
- .INSTITUTIONAL
  - ---FEW POST-SECONDARY EDUCATIONAL INSTITUTIONS, ESPECIALLY FOR HEALTH PROFESSIONS
  - ---ONLY ONE TERTIARY MEDICAL CENTER, WITH JUST THREE ADDITIONAL MAJOR REFERRING HOSPITALS
  - ---HIGHLY DECENTRALIZED HEALTH/MENTAL HEALTH/SOCIAL SERVICE DELIVERY SYSTEM

-RACIAL/ETHNIC CHARACTERISTICS
- .LARGEST RACIAL MINORITY ARE NATIVE AMERICANS
- .LARGEST ETHNIC MINORITY ARE FRANCO AMERICANS

-"TWO MAINES"

-NEED FOR COMMUNITY-BASED /DECENTRALIZED APPROACH
- .CULTURAL DIVERSITY
- .OWNERSHIP/COMMITTMENT
- .INTRASTRUCTURAL/ORGANIZATIONAL DEVELOPMENT

-NEED FOR REGIONAL COUNCILS AND STAFF
- .SERVICE
- .COMMUNICATING/COORDINATING

-NEED FOR EMPHASIS ON AMBULATORY CARE AND EDUCATION/PREVENTION
- .LOW INCOMES
- .FEW HEALTH PROFESSIONALS
- .FEW LARGE INSTITUTIONS

-NEED FOR HOLISTIC APPROACH
- .INTEGRATION OF PHYSICAL/MENTAL HEALTH
- .COMPLEMENTARY DISCIPINES (STUDENTS)
  - ---PHYSICIANS
  - ---NURSES
  - ---SOCIAL WORKERS
  - ---ALLIED HEALTH (O.T., P.T., SPEECH/HEARING)
  - ---PHYSICIAN ASSISTANTS

OTHER PROGRAMMATIC AREAS

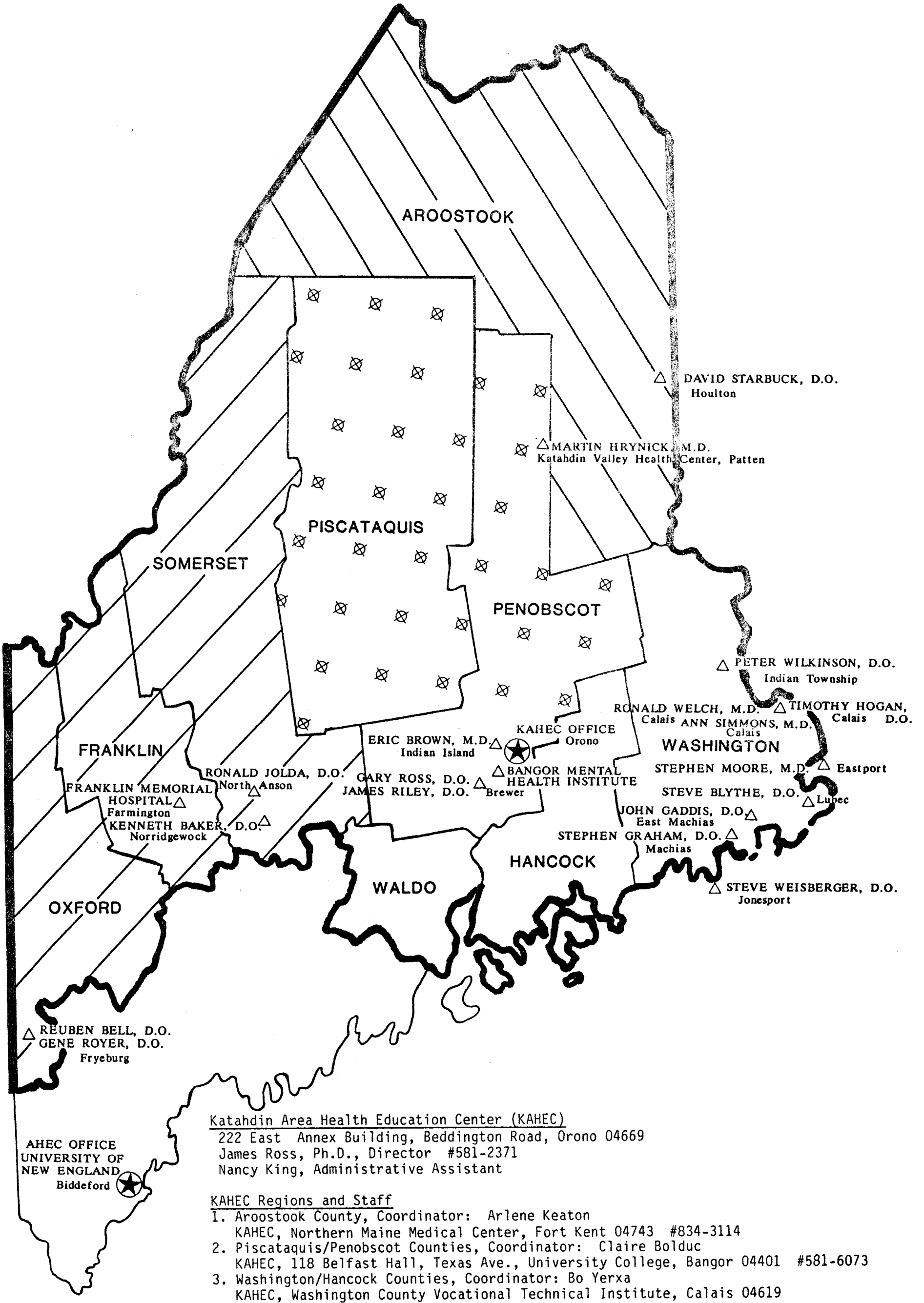
- Physicians
- Nurses
- Social Workers
- Native Youth Development
- Continuing Ed
- Nontraditional Education Director
- National AHEC Evolution

PHYSICIANS

- Clinical Training Sites
  + Schedule

- Volunteer Host/ess Development

AREA HEALTH EDUCATION CENTER (AHEC) SITES FOR STUDENT CLINICAL CLERKSHIP ROTATIONS 1988-89



Katahdin Area Health Education Center (KAHEC)
222 East Annex Building, Beddington Road, Orono 04669
James Ross, Ph.D., Director #581-2371
Nancy King, Administrative Assistant

KAHEC Regions and Staff

1. Aroostook County, Coordinator: Arlene Keaton
   KAHEC, Northern Maine Medical Center, Fort Kent 04743 #834-3114
2. Piscataquis/Penobscot Counties, Coordinator: Claire Bolduc
   KAHEC, 118 Belfast Hall, Texas Ave., University College, Bangor 04401 #581-6073
3. Washington/Hancock Counties, Coordinator: Bo Yerxa
   KAHEC, Washington County Vocational Technical Institute, Calais 04619
   #454-2144
4. Somerset, Franklin, Oxford Counties, Acting Coordinator: Sue Plimpton
   AHEC Program, University of New England

Student Physicians Have Opportunity For Month-Long Training Down East

The Katahdin Area Health Education Center will offer 40 student physicians an opportunity to spend a month training with any of eight physicians who have volunteered their time in the Down East region.

According to Bo Yerxa, KAHEC's Down East coordinator, the program was conceived because of research indicating that a major factor in a physician's decision where to establish a practice is where he or she undertakes clinical or hands-on training.

Noting that communities in rural Maine have a difficult time attracting physicians and other health professionals, Yerxa said that, as training sites expand and more students participate, the probability becomes higher that these students will return to work in rural Maine after graduating and becoming licensed.

Participating physicians so far include Ronald Welch, Ann Simmons, and Timothy Hogan of Calais, Stephen Blythe of Lubec, John Gaddis of East Machias, Stephen Graham of Machias, Steven Weisberger of Jonesport, and Douglas Trenkle of Ellsworth.

To make the program a reality, said Yerxa, community support is needed in the form of "volunteer hosts and hostesses with a spare room and a generous spirit." KAHEC is trying to identify enough spare rooms so that no host family will be asked to take a student for more than one month a year. Thus far, he said, families in Alexander, Baileyville, Calais, Cooper, Lubec, and Addison have volunteered to provide lodging. More volunteer homes are needed, particularly in the Machias and Ellsworth areas, he added.

The equivalent of eight student months of housing is being provided by the University of Maine at Machias and the Washington County Vocational Technical Institute.

Yerxa hopes the rural clinical training effort will expand to include student nurses in late 1988, and student physical therapists, occupational therapists and graduate-level social work students in 1989. Medical residents are also anticipated later this year, he said.

The Katahdin Area Health Education center is a community-based, nonprofit organization providing a link between health professions schools and Maine communities. It is funded primarily through the U.S. Public Health Services Office of Health Professions via a cooperative agreement with the College of Osteopathic Medicine at the University of New England in Biddeford.

KAHEC also has cooperative agreements with the University of Maine School of Nursing, Husson College School of Nursing, the University of New England's Occupational Therapist Program, and WCVTI.

In addition to developing rural clinical training opportunities for students, KAHEC sponsors a variety of workshops and seminars for area health professionals.

Individuals interested in assisting with the Rural Medical Education Project by hosting a physician student for a month should contact Bo Yerxa, Katahdin Area Health Education Center, WCVTI #10, River Road, Calais 04619, telephone 454-2144, extension 48.

June 88	ve Fern	John Gaddis, D.O.	255-3338	Yerxa/Dunn	454-8029	
	Bill Felegi	Tim Hogan, D.O.	454-8101	Tim & Janet Hogan	454-3591	
	Frank Green	Steven Weisburger,D.O.	497-5614	Lou & Sue Harper	497-2669	
July 88	Sarah Prescott	Stephen Blythe, D.O.	733-5585			
	Jacquelyn Cawley	Stephen Graham D.O.	255-3547			
	Bill Seeglitz	Ann P. Simmons, M.D. David J. Simmons,M.D.	454-8195			
	Craig Ryan	Steven Weisburger D.O.	497-5614			
August 88	John Lovejoy	Steven Graham D.O.	255-3547			
	Carlos Almeida	Timothy Hogan, D.O.	454-8101			
	Christine Kramer	Ronald Welch, M.D.,PA	454-2923			
Sept 88	Craig Goldberg	Stephen Blythe D.O.	733-5585			
	Steve Wilkinson	John Gaddis, D.O.	255-3338			
	Anne Mishica	Steven Weisburger D.O.	497-5614			
MONTH OF OCTOBER NO STUDENTS ASSIGNED						
Nov 88	Linda Strout	Stephen Blythe D.O.	733-5585			
	Sebastian Sicari	Stephen Graham D.O.	255-3547			
	Chris Hayward	Timothy Hogan D.O.	454-8101			
	Glenn Slomin	Steven Weisburger D.O.	497-5614			
Dec 88	John Murphy	Stephen Blythe D.O.	733-5585			
	Leif Erickson	John Gaddis, D.O.	255-3338			
	Mary Lee	Stephen Graham D.O.	255-3547			
	Michael Anthony	Ann P. Simmons, M.D. David J. Simmons,M.D.	454-8195			
Jan 89	Don Diverio	Stephen Blythe D.O.	733-5585			

Dec 88	John Murphy	Stephen Blythe D.O.	733-5585			
	Leif Erickson	John Gaddis, D.O.	255-3338			
	Mary Lee	Stephen Graham D.O.	255-3547			
	Michael Anthony	Ann P. Simmons, M.D. David J. Simmons,M.D.	454-8195			
Jan 89	Don Diverio	Stephen Blythe D.O.	733-5585			
	Eileen Florin	Stephen Graham, D.O.	255-3547			
	Kathy Zsolway	Steven Weisburger DO	497-5614			
Feb 89	Andy Knapp	John Gaddis, D.O.	255-3338			
	John Capobianco	Timothy Hogan D.O.	454-8101			
Mar 89	Bob Conroy	Stephen Blythe D.O.	733-5585			
	Scott Enderby	Stephen Graham D.O.	255-3547			
	Barry Gendron	Steven Weisburger DO	497-5614			
Apr 89	Russ Schilling	John Gaddis, D.O.	255-3338			
	John Williams	Timothy Hogan D.O.	454-8101			
May 89	Dominick Roto	Stephen Blythe D.O.	733-5585			
	Karen O'Neill	Stephen Graham D.O.	255-3547			
	Ed Fremmer	Steven Weisburger DO	497-5614			
	Tom Flach	Ronald Welch, M.D.	454-2923			

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	if Erickson	John Gaddis, D.O.	255-3338
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	Mary Lee	Stephen Graham D.O.	255-3547			
	[illegible]hael Anthony	Ann P. Simmons, M.D. David J. Simmons,M.D.	454-8195			

Bangor Daily News
3/10/88

Housing needed for interns

By Bruce Kyle
Down East Bureau

CALAIS — Rural areas have a chronically difficult time attracting physicians, but, starting this spring, anyone in the Down East region with a spare room and a generous spirit can help ease the situation, according to Bo Yerxa, coordinator of the Katahdin Area Health Education Center.

Eight physicians, from Machias to Calais, have volunteered to serve as preceptors for medical students from the University of New England College of Osteopathic Medicine, beginning in June. The students will spend one month working with the physicians in their practices, but they will need lodgings.

"The doctors have been exceptionally forthcoming in offering to help," Yerxa said Wednesday. "They get no financial reward, only the hope that they won't be so overworked if some of these students return here to practice.

"This is a great opportunity for people to make a great contribution to health services in this area and to assure the viability of our hospitals. We need to hear from folks who can provide a room for a month, and meals too, if they're really generous."

The participating physicians are Ronald Welch, Ann Simmons, Timothy Hogan and Peter Wilkinson of Calais, Stephen Blythe of Lubec, Steven Graham and John Gaddis of Machias and Steven Weisberger of Jonesport.

Forty-four UNE students are scheduled to train in Washington County over the next year. "We're hoping for some real community involvement so the burden is spread out over many families, rather than relying on a small group," Yerxa said. "We'll make every effort to match up the students with appropriate families."

All of the students are in their final year of medical school and have had from eight to 12 months of clinical experience. "Many of them are non traditional students, older, many who have worked in other medical professions," Yerxa said. "These are mature people whose skills will be needed Down East."

Anyone interested in being host to a student may contact Yerxa at 454-2144, ext. 48, or write to KAHEC, WCVTI 10, Calais 04619.

Shirley Weaver, director of the AHEC program at UNE, said that the school's emphasis was specifically on training physicians to work in rural areas.

"Typically, in a large, urban hospital, the student goes in the door at 6 a.m. and comes back out at 10 p.m.," she said. "Then they go to a room somewhere to study and sleep. That won't get doctors into rural areas.

"We want them to see how a physician operates as a person in the community, in real life. ... Down East Maine is one of my favorite places on earth. If we can get these students out there, they'll see what I mean."

AHEC is national organization dedicated to improving the quality of health care in medically underserved areas through recruitment and continuing education programs, and by encouraging the youth in those areas to enter the medical fields.

Training project needs host homes

Communities in rural Maine have a cronically difficult time attracting physicians and other health professionals, but a new project underway this summer through the Katahdin Area Health Education Center (KAHEC) has the potential to positively change this situation, according to the KAHEC's Downeast Coordinator, Bo Yerxa. However, to make this potential become a reality, community support in the form of "volunteer hosts and hostesses with a spare room and a generous spirit" are needed, says Yerxa.

Based on research which indicates that a major factor in a physician's decision on where to establish a practice is where he or she undertakes clinical or hands-on training, the KAHEC's Rural Medical Education Project will offer 40 student physicians an opportunity to spend a month training with any of eight physicians who have volunteered their time in the Downeast region. Participating physicians thus far include Ronald Welch, Ann Simmons and Timothy Hogan of Calais, Stephen Blythe of Lubec, John Gaddis of East Machias, Stephen Graham of Machias, Steven Weisgerber of Jonesport and Douglas Trenkle of Ellsworth. As training sites expand and more students participate, the higher the probability is that these students will return to work in rural Maine after graduation and licensure.

Yerxa noted that this rural clinical training effort will expand to include student nurses in late 1988 and student physical therapists, occupational therapists and "hopefully" graduate-level social work students in 1989. Medical residents are also anticipated later this year.

The goal of the Rural Medical Education Project is to identify enough "spare rooms" so that no host family will be asked to take a student for more than one month a year. Thus far, families in Alexander, Baileyville, Calais, Cooper, Lubec and Addison have volunteered to provide lodging. More volunteer homes are needed throughout the region, particularly in the Machias and Ellsworth areas. Yerxa noted that "strong leadership and support" from UMM and WCVTI has resulted in eight student-months of housing being made available from those institutions to further the project's goals.

"This is a great opportunity for local individuals to make a contribution to the on-going efforts by our local hospitals and other medical care facilities to remain viable by recruiting necessary health professionals into the region. By opening up their homes, people can demonstrate the caring and concern which make our Downeast communities such attractive places to live and raise a family. When combined with the real local need and associated practice opportunities for physicians, nurses and other health workers, this effort can lead to real quantitative improvement in access to health care for local people," state Yerxa.

The Katahdin Area Health Education Center is a community-based, nonprofit organization providing a "bridge" between health professions schools and Maine communities. It is funded primarily through the U.S. Public Health Services' Office of Health Professions via a cooperative agreement with the College of Osteopathic Medicine at the University of New England in Biddeford, Maine. The KAHEC also has cooperative agreements with the University of Maine (which houses the KAHEC central office) School of Nursing, Husson College School of Nursing, the University of New England's Occupational Therapist Program and the Washington County Vocational Technical Institute. In addition to developing rural clinical training opportunities for students, the KAHEC sponsors a variety of workshops and seminars for local health professionals.

Individuals who are interested in participating in the Rural MedEd Project by hosting a physician student for a month should contact: Bo Yerxa, Katahdin Area Health Education Center, WCVTI -10, River Road, Calais, ME 04619 (207) 454-2144 X 48.

Free housing needed to entice rural doctors

BDN 6/8/88

CALAIS — Communities in rural Maine have a difficult time attracting physicians and other health professionals, but volunteer hosts and hostesses with "a spare room and a generous spirit" could help change that situation, according to Bo Yerxa, regional coordinator of the Katahdin Area Health Education Center in Calais.

Since research shows that a major factor in a physician's decision on where to establish a practice is where he or she undertook clinical training, KAHEC's Rural Medical Education Project will offer 40 student physicians the opportunity to train for one month with any of eight participating Down East physicians who have volunteered their time.

Those physicians are Ronald Welch, Ann Simmons and Timothy Hogan of Calais, Stephen Blythe of Lubec, John Gaddis of East Machias, Stephen Graham of Machias, Steven Weisberger of Jonesport and Douglas Trenkle of Ellsworth. As the number of training sites grows and more students participate, the chances increase that these students will return to work in rural Maine after graduation, Yerxa said.

He noted that this training effort would expand to include student nurses in late 1988 and physical therapists, occupational therapists and perhaps social workers in 1989.

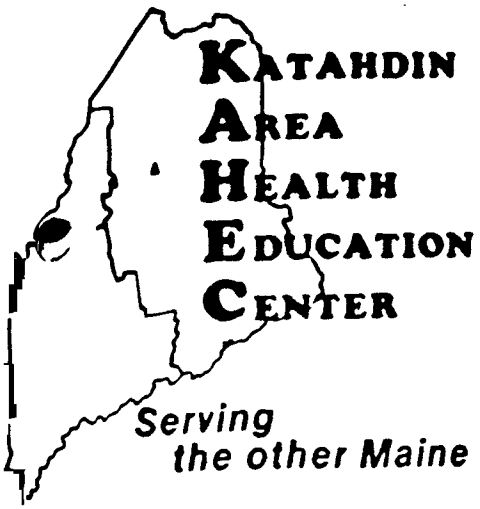
The Rural Medical Education Program is trying to locate enough spare rooms so that no host family will be asked to take a student for more than one month a year. So far, families in Alexander, Baileyville, Calais, Cooper, Lubec and Addison have volunteered, but more homes are needed, particularly in the Machias and Ellsworth areas.

The University of Maine at Machias and the Washington County VTI in Calais have supported the project by donating housing, Yerxa said, but more housing is needed.

"This is a great opportunity for local individuals to make a contribution to the ongoing efforts by our hospitals and other medical facilities to remain viable by recruiting necessary health professionals into the region," he said. "By opening their homes, people can demonstrate the caring and concern which make our Down East communities such attractive places to live and raise a family."

KAHEC is a community-based, non-profit organization providing a "bridge" between health-professions schools and rural communities. In addition to developing training opportunities for students, KAHEC sponsors workshops and seminars for local health professionals.

People who are interested in the Rural Medical Education Project and would like to be a host for a student for a month should contact Yerxa at KAHEC, WCVTI 10, Calais 04619, (207) 454-2144 ext. 48.



WCVTI #1
River Roa
Calais, Maine 0461
(207) 454-2144 ext. 4

April 4, 1988

Dear Community Member:

Thank you for your expression of interest in hosting a medical student or resident through the Katahdin Area Health Education Center's (AHEC's) Rural MedEd Project.

The Katahdin AHEC is a federally-supported nonprofit corporation that is currently working with five Maine post-secondary institutions offering health professions education and with numerous small hospitals, rural health centers and other community-based health/social service programs to address recruitment and retention problems with health professionals in rural Maine. The Rural MedEd Project is part of that effort, and is predicated on research indicating that the most significant single factor predicting where a physician locates is where he or she undertakes clinical training as a medical student or resident. Therefore, if more clinical training can be provided in rural Downeast Maine, the more likely it is that some of the participants will return to practice in our under-served area.

During the 1988-89 cycle, about forty-four medical students will be training with the nine local physicians who have volunteered their time to serve as clinical precepters. These students are clustered in the St. Croix Valley (Indian Township to Eastport) and the Machias Valley (Lubec to Jonesport). Our goal is to find volunteer hosts who will take students into their spare rooms (cottages, apartments) for the thirty days they will be in the county.

One aspect of this process that needs clarification from the outset is, if you volunteer to host a student, they are your guest and are <u>expected</u> to adhere to any guidelines or house rules that <u>you</u> set. These students are in their last year(s) of medical school and implicitly sensitive, mature and responsible individuals; however, should problems arise, staff from the sponsoring medical school and the Katahdin AHEC stand ready to offer you support. In the unlikely event of a recurrent problem, we will simply move a student at your request.

Above this bottom line, hosts are basically expected to provide a room, preferably with a chest of drawers or closet. Meals are not considered part of a host's responsibilities, as students will be with their physician preceptors much of the time. However, access to a kitchen for simple, self-prepared meals or inviting them to join you in a meal (as appropriate and convenient) would be appreciated. Students are expected to be responsible for cleaning their rooms, dishes, etc.

I am enclosing a brief questionnaire that is intended to provide me with some basic information about you, your home and your general expectations. Please feel free to expand on it, as appropriate. Completing it does not obligate you in any way to host a student, but merely serves as an indicator of your interest in being a host. Upon receiving your completed questionnaire, I will contact you by phone to arrange a convenient time to come and visit you, at which time additional questions or issues can be brought up and clarified. If, following that meeting, you wish to host one or more medical students, we will proceed.

Again, thank you for caring enough about the status of health care services in Washington County to consider becoming a volunteer host with the Rural MedEd Project. I look forward to talking with you in the near future.

Sincerely,

Bo Yerxa

Bo Yerxa
Downeast Regional Coordinator

Attachment

KATAHDIN AREA HEALTH EDUCATION CENTER
Rural Medical Education Project
Volunteer Host/ess Information Inventory

NAME/s: _____

ADDRESS: _____

_____

PHONE/s: (Home) _____

(Work Site/s) _____

(Best number and time to call) _____

Name/s and age/s of children or others residing in home (if any):

_____

_____

_____

Pets (if any): _____

General description of house (examples: "3 bedroom ranch in Calais" or "older 9-room farmhouse outside village of Columbia"):

_____

_____

General description of guest/student room (example: 9' x 14' room with closet, twin bed, and chest of drawers)

_____

_____

Meals/eating arrangements. Please share any preference or expectations you may have in this area: _____

_____

_____

_____

Would you prefer that the student bring his/her own sheets/towels?

____ Yes ___ No

Would there be access to laundry facilities?

____ Yes ___ No Closest facilities are _____

Would there be access to a vacuum, etc.?

___ Yes ___ No

Do you prefer or require?

___Female ___ Male ___ Either

___Smoker ___ Nonsmoker ___ Either

Do you prefer to host students during any particular month or months?

___ No preference

___ Yes Preferred month(s) are_____

_____

Do you have a maximum or minimum number of students/months that you wish to host?

___ No max/min

___ Yes Specifically,_____

_____

Are there any other special circumstances or needs that you wish to share at this time?

_____

_____

_____

_____

Are there additional questions you wish addressed during the home visit that you can think of at this time?

_____

_____

_____

_____

THANK YOU FOR YOUR INTEREST

KAHEC Downeast
WCVTI #10, River Road
Calais, Maine 04619

PRECEPTORSHIP SITE DATA

A. General Data

1. Name of Site: _____

   Address: _____

   Phone: Office _____ Home _____

2. Staff:

   Professional (Preceptor) _____

   Paraprofessional _____

   Office Staff - Name/Title: _____

   _____

3. Other Service Providers (On-site contract, etc.)
   Name/Title: _____

   _____

   _____

B. Preceptor Data

I. 1. Name _____

   Professional Degrees/yr: _____

   Post Grad: _____

2. License/Certificate: _____

II. 1. Name _____

   Professional Degrees/yr: _____

   Post Grad: _____

   License/Certificate: _____

C. Office Site (Office manager respondent)

1. Office Hours

Monday_____ Thursday_____
Tuesday_____ Friday_____
Wednesday_____ Saturday_____

2. Satellite Sites

Site_____ Days/hours_____
_____

Site_____ Days/hours_____
_____

3. "Cross Coverage": Name_____

Degree/year_____

Office site/phone_____

4. Approximately what percent of your client population is represented by the following:

Elderly_____ Women_____Children_____ Adolescents_____

5. What is the average number of clients seen in your office per day_____?

D. Student Training

1. Previous/present involvement with student training_____
_____
_____

2. What would be the best schedule for student placement in your office? (Number of students per month, months of year, length of stay - assuming the typical clerkship is 4 weeks in length)

Month	# Clerks	Weeks	Month	# Clerks	Weeks
June			December		
July			January		
August			February		
September			March		
October			April		
November			May		

3. Would you be willing to attend 1 or 2 faculty meetings per year?_____ What times of the year and week would be the best times for you to attend such meetings?_____

4. What kind of personal professional development support would be most helpful? (e.g. on-site consultations/training)_____

_____

_____

5. Do you see any way in which health professions students could be helpful to you or benefit from experience in your office? _____

_____

_____

_____

6. Do you have any ideas about how we might best get students involved in the total rural community experience?_____

_____

_____

_____

7. Do you have any ideas about how we might identify cheap, comfortable living accommodations for medical students while they are assigned to your office?_____

_____

_____

_____

8. Briefly describe the site facilities (e.g. waiting rooms, etc.):

_____

_____

_____

9. Other suggestions that might be helpful:_____

_____

_____

_____

E. Facility Data

1. Site General Description:_____

_____

_____

_____

2. Facility
   Type_____Number of Features_____

Waiting Room_____

_____

Counseling_____

_____

Private Office_____

_____

Business Office_____

_____

Other (list/describe)_____

_____

Accommodations for teaching (equipment, special area, etc).____

_____

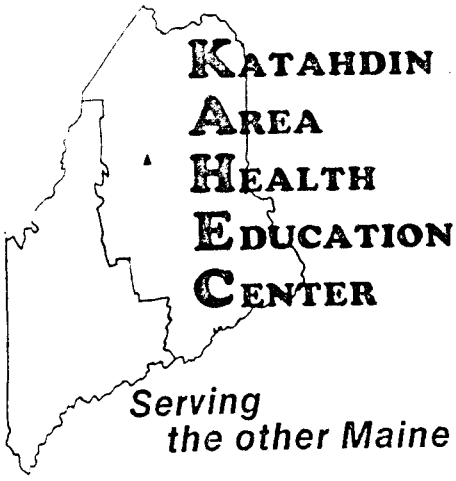
_____

_____

Sketch floor plan on reverse side.....

Nurses

- LPN/ADN Project
- Surveys



WCVTI #10
River Road
Calais, Maine 04619
(207) 454-2144 ext. 48

August 26, 1987

Barbara L. Higgins, M.S., R.N.
Chairperson, Nursing Department
Eastern Maine Vocational Technical Institute
354 Hogan Road
Bangor, Maine 04401

Dear Ms. Higgins:

I am writing on behalf of the Katahdin Area Health Education Center (KAHEC), a newly-formed non-profit organization, whose purpose is to utilize educational programming to address the shortage and/or maldistribution of health professsionals in northern Maine. I am enclosing some descriptive materials on the KAHEC for your review.

Some of our organization's goals are to support clinical training opportunities for students in the health professions, support continuing education (and access to non-traditional academic programs) for professionals currently practicing, and to support efforts to bring underrepresented populations into health professions education. A particular goal during the next 18-24 months is to support the development of an ADN program that is accessible to Washington County residents.

I would very much like to meet with you in the near future to discuss the potential for EMVTI and the KAHEC to develop a mutually supportive relationship over the upcoming year.

Sincerely,

Bo Yerxa
Field Coordinator

BY/jh

Enclosure

CC: Richard Doyle, KAHEC Program Committee Chair
James Ross, KAHEC Executive Director
Ronald Renaud, WCVTI Director

KATAHDIN
AREA
HEALTH
EDUCATION
CENTER

Serving
the other Maine

WCVTI #10
River Road
Calais, Maine 04619
(207) 454-2144 ext. 48

TO: Janes Ross, Executive Director

FROM: Bo Yerxa, Downeast Regional Coordinator

RE: Concepts and Issues Related to PN/ADN Program Development

DATE: December 30, 1987

BACKGROUND

The Downeast Regional Council of the Katahdin AHEC has identified as its highest priority the development of accessible nurse education programs (PN/ADN) to meet the acute nursing shortage. As a variety of internal institutional and associated system-wide constraints seem to preclude either the Washington County Vocational Technical Institute (Calais) or the University of Maine at Machias from developing/offering nurse education programs in the forseeable future, the most viable option seems to be to satellite appropriate available programs. At this point, the best option for such a satellite program would seem to be the Eastern Maine Vocational Technical Institute (Bangor), both for historical reasons and due to the cooperative attitude of their nursing and over-all administration. (I believe I covered much of the processes involved in my attached memo to you on this topic of 10/29/87.)

CONCEPT

Essentially, the Regional Council has expressed a desire to develop educational initiatives that support an academic/career "ladder" in the Downeast area. Ideally, this would result in accessible nurse education programs at the practical (LPN), technical (ADN/RN) and professional (BSN/RN) level. The realities of nurse mass, population distribution, limitations of educational infrastructures and general socioeconomic depression constrain that ideal considerably.

At this point in time, the consensus seems to be that the most realistic approach for the KAHEC and associated interest groups to follow is:

(a) LPN - To satellite from EMVTI their LPN program for a period of four years (1988-92). The program would serve approximately sixteen students per cycle, be physically based at the WCVTI and develop community-based clinical training opportunities throughout Washington County. Academic (vs. technical) coursework would be brought in from UMM.

(b) ADN - Upon the successful accreditation of EMVTI's LPN-to-ADN upgrade program, to satellite it into the Downeast region for a minimum of two years (1990-92), with the same institutional players and general number of students.

(c) BSN - To proactively support ways in which local nurses can be linked with existing R.N.-to-BSN programs at the University of Maine (Orono) and/or Husson College (Bangor). This may include doing outreach /organizing so that some classes could actually be held in the Machias-Calais area.

It is felt that attempts to plan beyond a three or four year horizon are problematical due to a variety of factors, including the implementation (or non-implimentation) of the new Nurse Practice Act, various legislative initiatives, programmatic and/or technological changes within nurse education programs, etc. One explicitely discussed possibility for ongoing technical nurse education, however, is the potential for the state-wide interactive "Telecommunity College" proposed by the UMS and VTIS to provide the didactic portion of an ADN program sometime in the early 1990s.

CURRENT ISSUES & TASKS

Needs Assessment

The draft needs assessment worked on by KAHEC, EMVTI and WCVTI staff has gone out to review and comments received. It is anticipated that the final version will be mailed to appropriate agencies/institutions on 1/12/88, returned by 1/25/88 and compiled by 1/29/88. This will be utilized both by the educational programs involved and by the State Board of Nursing in their review process. It is expected to merely confirm or objectify the dimensions of a universally-acknowledged nurse shortage in the region.

Funding

This is the critical dimension of the task before us! Since this program is to be satellited, it must be heavily subsidized (as faculty salaries cannot be buried in a state-funded educational institutional budget). The cost of running one LPN cycle is estimated at about $116,000 based on the following budget:

Staff salary & fringe	
Coordinator	$ 38,000
Instructors (2)	52,000
Travel	4,000
Staff Development	6,000
Instructional Supplies	6,000
Equipment	1,000
Reference Materials	1,000
W.C.V.T.I. support (space, phone, copying, business office etc.	8,000
Total +/-	$ 116,000

Obviously, VTI tuition @ $400/semester will not support a program costing about $7,500 per student. In the past, JTPA and Carl Perkins Act funds were utilized to bring an LPN program into the county for what was proposed to be a two-year cycle. Despite the unqulified success of the first year of that effort, the second year fell through when the Perkins funding was unexpectedly withdrawn. This highlights the problem of building a program on soft money cobbled together on a year-to-year basis. While we intend to explore these options, it would be highly desirable to build as much as possible of the funding on local sources. KAHEC staff has met repeatedly with the board and administration of Calais Regional Hospital, and they seem willing to build some amount into their base budget to "purchase" slots in a LPN program (for their CNAs). While Downeast Regional Hospital (Machias) does not seem as supportive, they may be brought along. We anticipate exploring similar 2-4 year commitments with the local nursing homes. If this could conceivably be continued beyond the timeframe of this proposal and support clinical training/supervision should an ADN program be offered via the "Telecommunity College". Recognizing the fiscal uncertainty and constraints of these rural health care institutions, however, the development of a proposal for funding on a four-year basis for submission to a state/federal governmental agency would seem a prudent option.

Frankly, this is an area in which our local conceptual and resource awareness is limited. Perhaps you could discuss these needs with the AHEC program office, UM's sponsored services staff, the MCHPE and other appropriate entities prior to the financial planning meeting scheduled for 1/7/88 (participant list attached).

KATAHDIN AREA HEALTH EDUCATION CENTER

Please respond to:
KAHEC Downeast
WCVTI #10, River Road
Calais, Maine 04619

Serving the Other Maine

May 18, 1988

Justin Smith, Deputy Director for Planning
Maine Department of Labor
State House Station #54
Augusta, Maine 04333

Dear Justin:

I was pleased to talk with you last week regarding our ongoing efforts to develop a multiple-entry/multiple-exit coop ed associate degree in nursing (ADN) program here in Washington County, one of the State's most economically distressed and educationally underserved regions. This effort has been a cooperative one with leadership coming from WCVTI, Calais Regional Hospital, and UMM, as well as the Katahdin AHEC. Also active in the planning process have been the EMVTI, the Bureau of Employment and Training, The Calais Adult Education program, the WEET program and numerous other groups concerned with the lack of nurses and nurse education opportunities within the region. I am enclosing a list of my Regional Council members and of participants in a financial planning meeting of a few months back to give you a sense of the depth and breadth of concern over this need.

As conceptualized, the program would start in January of 1989. The first year would be satellited from EMVTI to WCVTI, with academic support (as needed) from UMM. WCVTI will provide classroom, lab and administrative space. Clinical training sites for the anticipated eighteen (18) students would be developed around the county to facilitate access in as equitable a manner as possible.

We would expect an overwhelming response to the availability of such a program, based on prior experience. In 1985-86, an LPN program was satellited from EMVTI to WCVTI. The program had in excess of 140 applicants for its 16 training slots. The 16 slots were largely filled with public assistance clients (primarily AFDC) and supported with Perkins/JTPA funds. Of the 16 entering students, 15 completed the course. Those 15 had the highest average scores on that cycle of the LPN exam of any cohort in the country. Of the 15 graduates, 14 remain in nursing after two years.

A recent institutional survey by the Katahdin AHEC indicates that current vacancy rates for both LPNs and RNs are running at about 20%, with growth in the number of positions projected at 60% over the next five years. These are jobs that do not require "development", venture capital or infrastructural investment. They are jobs that pay a fair wage for the region.

KAHEC CENTRAL
22 East Annex Bldg.
Beddington Road
Orono, ME 04469
(207) 581-2371

KAHEC DOWNEAST
WCVTI #10
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Calais, ME 04619
(207) 454-2144 Ext. 48

KAHEC PENQUIS
38 Belfast Hall
Texas Avenue
Bangor, ME 04401
(207) 581-6038

KAHEC AROOSTOOK
Northern Me. Med. Ctr.
143 East Main Street
Fort Kent, ME 04743
(207) 834-3114

The concept of a multiple-entry/multiple-exit coop ed program (the functional equivalent of an LPN plus an LPN-to-ADN upgrade program) is key both to meeting the needs of as broad a group of potential students as possible and to meeting the needs of the local health service industry. With this model, a student could complete year 1 (in Jan '90) with eligibility to sit for the LPN exam. At that point, s/he could continue into year 2, could work via cooperative ed on a half-time as an LPN while attending cleasses half-time (for two years), or could exit the program for a full-time LPN position. Individuals currently holding PN licensure could enter at year 2 on a full or half-time basis. Upon completion of the total program, participants would receive their ADN, enabling them to sit for the R.N. exam. The planning group's sense is that this design would allow maximum flexibility and enable more ontraditional students to participate. Our premise is that this student group is most likely to remain in the local labor pool due to their familiar and social ties to the area.

Our principle barrier to initiating this model is funding. Because this would be a satellited program, the VTI System's base budget would not cover the projected costs of around $136,000 $\pm$ per class-year. Therefore, extramural funding must be secured. At present, a proposal is being prepared for Carl Perkins funds via the MeDECS in the amount of $60,000. Calais Regional Hospital has indicated an active interest in supporting the program's development by underwriting two or three training slots for their staff, which would bring another $15-22,000 in to support the program. We have reason to believe that the MeDOL is an appropriate unit within state government to seek the balance of our year I budget. Your timely response and guidance on this specific need is therefore requested.

I believe your participation in our long-term planning efforts could also be helpful. We would hope to offer year I (LPN) of this program for 3-5 years. Once EMVTI's LPN-to-ADN upgrade program is accredited (following the graduation of their first class next Dec/Jan), we would look to satellite that down in January '90. There may be resources available at the state level to support that endeavor. We have also been led to believe that the federal Office of Health Professions' (U.S. Public Health Services, DHHS), rural nurse ed initiative funding may be applicable to support an ADN program on a multi-year basis. Thus, during early 1989, a coordinated effort to develop a creative proposal to blend private, state and federal funds to support this effort over a 3-5 year period would seem appropriate. The WCVTI has included the establishment of an LPN/ADN program in their Five-Year Plan, which, if approved, could provide VTI System base funding for such a program down the road.

I believe we are presented with a unique opportunity to develop a program that has broad community support, that enhances the viability of the area's health care institutions, and that will offer training leading to quality jobs for local people now subsisting at the margin.

Thank you for your expressed interest and anticipated assistance with this project.

Sincerely,

Bo Yerxa
Downeast Regional Coordinator for
the Nurse Ed Planning Committee

cc: Bagley
Brown
Cyr (Rusty)
Davis
Dunn
Elsemore
Higgins
Hinson
Perkins
Reed
Renaud
Ross
Woodbury (Linda)

KATAHDIN AHEC
Downeast Regional Council

Donna Allen, R.N., Director, Public Health Nursing Service, Machias

Ray Beal, Executive Director, Washington County Homemaker Services, Machias

JoAnna Black, Coordinator, Sunrise County Children's Task Force
14 Downes Street, Calais

Grace Brace, L.S.W., Substance Abuse Counselor
Downeast Community Hospital, Machias

Rick Doyle, Health Planner, Passamaquoddy Tribal Health Center
Pleasant Point

Nancy Drake, Regional Consultant, Division of Alcohol & Drug Education,
Maine Dept. of Educational and Cultural Affairs, Machias & Ellsworth

Peggy Dumond, L.S.W., Social Worker
Eastern Area Agency on Aging, Ellsworth

John Gaddis, D.O., Private Practitioner, East Machias

Marion Galligan, Counselor, Rape Crisis/Womankind
Robbinston

Jane Hinson, Director of Outreach & Special Programs, University of
Maine at Machias

Berell Kornreich, Executive Director, Downeast Health Services, Ellsworth

Judy Kuhns-Hastings, R.N., M.S.N., Assistant Professor
College of Life Sciences & Agriculture, School of Nursing
University of Maine, 160 College Avenue, Orono

Pamela Page, R.N., Clinical Supervisor, Home Health Services
Community Health & Counseling Service, Machias

Ann Reed, R.N., Director of Nursing, Calais Regional Hospital

Priscilla Staples, R.N., M.S.N., Director of Nursing
Downeast Community Hospital, Machias

Carole Webber, R.N., Director of Nursing, Oceanview Nursing Home, Lubec

Carney Williams, R.N., Director, Home Health Services
Community Health & Counseling Services, Machias

PARTICIPANTS IN FUNDING PLANNING MEETING FOR ADN PROGRAM JANUARY 7, 1988

Bo Yerxa, Downeast Regional Coordinator
Katahdin Area Health Education Center, Calais

Jean P. Elsemore, Dean of Continuing Education
Washington County Vocational Technical Institute, Calais

David Bridgham, Penobscot Training and Development Corporation

Jane Hinson, Director Special Programs
University of Maine at Machias

Ray Davis, President, Calais Regional Hospital

James L. Ross, Ph.D., Director, Katahdin Area Health Education Center, Orono

Peter Perkins, Director, Calais Adult Education Program

Marilyn Ardito, Director, Western Washington County Adult and
Vocational Education Program, Machias

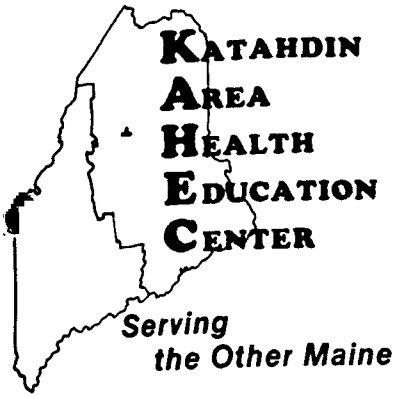
Wendy Bagley, Director, Jobs Training Office, Machias

Ann Reed, R.N., Director of Nursing, Calais Regional Hospital

Alice Forer, Outreach Coordinator, Office of Special Programs UMM at Calais

Margaret Brown, R.N., Administrator, Oceanview Nursing Home, Lubec

Mary Dunn, WEET Specialist, Maine Department Human Services, Calais



JAMES L. ROSS, Ph.D.
Executive Director
KAHEC Central
222 East Annex
Beddington Road
Orono, Maine 04469
(207) 581-2371

January 21, 1988

Dear

I am writing to you in your capacity as an administrator to request information that is vital to the development of programmatic initiatives that could address at least one of the issues associated with the shortage of nurses in Washington County, the lack of locally-available nursing education opportunities.

The Downeast Regional Council of the Katahdin Area Health Education Center has identified as a high priority the development of nursing education programs in the Washington County area. Due in part to limitations of educational infrastructures, this is likely to take the form of "satelliting" existing nurse education programs at the Practical Nursing (PN) and Associate Degree in Nursing (ADN) level into the County, as well as working with existing R.N. to B.S.N. programs. We are undertaking this endeavor with several academic institutions (including W.C.V.T.I., E.M.V.T.I. and U.M.M.), both local hospitals, several nursing homes and other community-based organizations/agencies involved in health and/or training.

The enclosed survey is an important part of this cooperative process. Information gained from it will be utilized to document the local need for nurses and associated educational programming, documentation that is needed for planning purposes by potentially participating educational institutions, by the State Board of Nursing and the Katahdin AHEC. The emphasis for this is at the PN and ADN level, as an individualized survey of Registered Nurses' perceived educational goals is projected for the spring.

Please take the time to complete this survey instrument as accurately as possible and return it in the enclosed, stamped envelope in a timely manner (preferably by February 1st). You will be provided with a copy of the results.

Thank you, in advance, for your anticipated cooperation and assistance.

Sincerely,

Bo Yerxa, L.S.W.
Downeast Regional Coordinator

Enclosure

QUESTIONNAIRE CONCERNING THE NEED FOR A SATELLITE
PRACTICAL NURSING AND/OR AN ADN "UPGRADE"
PROGRAM IN WASHINGTON COUNTY

Please provide the following data pertaining to your facility as of December, 1987.

1. What is your patient/resident caseload capacity?_____

2. What is your average daily caseload?_____

3. A. L.P.N. Data:

   i. How many LPN's do you presently employ?_____

   ii. Of these, how many are full time employees?_____

   iii. How many are part time?_____

   B. How many LPN vacancies do you presently have?_____

   C. Because of replacement and/or expansion, how many LPN's will you need within the next year?_____

   Within the next 5 years?_____

   D. How many LPN's would you hire now if the availability was unlimited?_____

   E. Your comments supporting the need to offer an LPN program in Washington County? (Use back if more space is needed)

_____

_____

_____

_____

_____

4. A. R.N. Data:

i. How many RN's do you presently employ?_____

ii. Of these, how many are full time employees?_____

iii. How many are part time?_____

iv. How many are: a. ADN's_____, b. Diploma_____, or c. BSN's_____?

B. How many RN vacancies do you presently have?_____

C. Because of replacement and/or expansion, how many RN's will you need within the next year?_____

Within the next 5 years?_____

D. How many RN's would you hire now if the availability was unlimited?

_____

E. Your comments supporting the need to offer a ADN upgrade program in Washington County? (Use back if more space is needed)

_____

_____

5. Clinical Training Site Potential

A. Has your facility or program served as a clinical training site for nurses?_____

B. If so, at what level?

i. LPN____, ii. ADN_____, iii. BSN_____

C. If so, for what school/program?_____

D. If this PN/ADN program is satellited into Washington County, would your facility be a potential clinical training site?_____

E. Comments:_____

_____

6. A. Does your facility or program have policies which support staff education and training?_____

B. If so, do they include (check all that apply):

____Release time

____Continuing education

____Academic coursework

____Tuition support/reimbursement

____Salary incentives

____Materials purchase

____Other (please specify)_____

C. Comments_____

_____

Signature:_____

Title:_____

Facility:_____

Information needed to write the proposal for a satellite PN and/or AD Nursing Program in Washington County (to be presented to MSBON)

Hospital Information:

Name: _____

Bed Capacity: Total _____

Medical Surgical _____

Pediatric _____

Obstetrical _____

Other (Specify) _____

Accreditation: _____

Occupancy (latest year) Medical Surgical _____

Pediatrics _____

Obstetrical _____

Other (specify) _____

Activity for the Period:

Total Admissions _____

Total Patient Days _____

Occupancy _____%

Births _____

Surgical Procedures _____

Emergency Room Visits _____

Total X-ray Procedures _____

Total Laboratory Procedures _____

The philosophy and objectives of hospital/nursing service.

Other information pertinent to this proposal: i.e., library resources (nursing care and medical textbooks), staff, etc.

Information needed to write the proposal for a satellite PN and/or AD Nursing Program in Washington County (to be presented to Maine State Board of Nursing)

Nursing Home Information:

Bed Capacity _____

Average Daily Census _____

Occupancy _____%

Licensure _____

Philosophy and objectives of nursing home/nursing service.

Other information pertinent to the porposal: i.e., library resources (nursing care and medical textbooks), staff, etc.

Information needed to write the proposal for a satellite PN and/or AD Nursing Program in Washington County (to be presented to MSBON)

Community-based Organization or Agency Information:

Name: _____

Target population(s): _____

_____

Services provided: _____

_____

_____

Average patient/client caseload/visits _____

per _____

Philosophy and objectives of organization/nursing service

Other information pertinent to the proposal: i.e., library resources, staff, etc.

1NURSING HOME MAILING LIST

Ann Lyons, R.N., Director of Nursing
Barnard's Nursing Home
Palmer Street
Calais, ME 04619
cc: Ed Fournier, LSW, Administrator

Carole Webber, R.N., Director of Nursing
Ocean View Nursing Home
Lubec, ME 04652 Dear Carole:
cc: Margaret Brown, RN, Administrator

Sylvia Bailey, R.N., Director of Nursing
Marshal Health Care Facility
High Street Extension
Machias, ME 04654
cc: Vaughn Marshall, Administrator

Ann Pike, R.N.,Director of Nursing Dear Ann:
Eastport Memorial Nursing Home
23 Boynton Street
Eastport, ME 04631
cc: Malene Salib, Administrator

Dale Pratt, R.N., Director of Nursing
Marchalin Resorative Health Care Center
Main Street
Milbridge, ME 04658
cc: Peter Marshall, Administrator

Sheila Alley, R.N., Director of Nursing
Resthaven Nursing Home
Jonesport, Me 04649
cc: Helen Wass, Administrator

HOSPITALS MAILING LIST

Ann Reed, R.N., Director of Nursing
Calais Regional Hospital
50 Franklin Street
Calais, ME 04619
cc: Ray Davis, President Dear Ann:

Priscilla Staples, R.N., M.S.N., Director of Nursing
Down East Community Hospital Dear Priscilla:
Outer Court Street
Machias, ME 04654

cc: Donald Clark III, Administrator

COMMUNITY AGENCIES MAILING LIST

Carney Williams, R.N., Director of Nursing
Community Health & Counseling Services
Upper Court Street
Machias, ME 04654

Dear Carney:

Maxine Nicholson, R.N., Director of Nursing
Washington County
New England Home Health Care
35 Franklin Street
Calais, ME 04619

Dear Maxine

Bery Kornreich, Ph.D., Executive Director
Downeast Health Services
3 Oak Street
Ellsworth, ME 04605

Dear Bery:

Donna Allen, R.N., Director
Public Health Nursing Services
Maine Dept. of Human Services
100 Court Street
Machias, ME 04654

Dear Donna:

RURAL HEALTH CENTERS MAILING LIST

Claire Arsenault, R.N., Administrator
Eastport Health Care
30 Boynton Street
Eastport, ME 04631

Dear Claire:

Carolyn Mitchell, R.N., Administrator
REgional Medical Center at Lubec
P.O. Drawer 30
Lubec, ME 04652

Dear Carolyn:

Jenna Molitor, Administrator
Harrington Rural Health Center
P.O. Box 82
Harrington, ME 04643

Dear Jenna:

Mildred Faulkner, Administrator
East Grand Health Clinic
P.O. Box 44
Danforth, ME 04424

Kathy Newell, Director
Community Health Services
Passamaquoddy Indian Township
via Princeton, P.O. Box 97
Princeton, ME 04668

Dear Kathy:

Brian Altvater, Director
Pleasant Point Health Center
Passamaquoddy Tribal Government at Pleasant Point
SIPAYIK
via Perry, ME 04667

Dear Brian:

RURAL HEALTH CENTERS MAILING LIST (Continued)

Joanne Faulkner, R.N., Director of Nursing
Danforth Residential Center
P.O. Box 217
Danforth, ME 04424
cc: Cecile Williams

WASHINGTON COUNTY INSTITUTIONAL NURSING SURVEY

DRAFT # 2

INTRODUCTION

In February of 1988, the Katahdin Area Health Education Center (AHEC) initiated a survey of Washington County institutional employers of nurses. The primary purpose of the survey was to ascertain the current vacancy rate and projected growth rate for licensed practical (LPNs) and registered nurses (RNs) as part of the needs assessment process for the development of locally-accessible nurse education programming. The survey asked a variety of questions relating to patient load/capacity, number of LPN/RNs employed, positions currently vacant, anticipated vacancies, etc. (see Attachment A for sample survey). This data was combined with other factors and then extrapolated to portray a probable scenario of the area's nurse employment status five years hence.

METHODOLOGY

The survey was mailed to both hospitals, six (6) rural health centers (including two Tribal health centers), six (6) nursing homes and four (4) community-based agencies. Responses came from one (1) hospital (50% response), three (3) rural health centers (50% response), four (4) nursing homes (67% response) and three (3) community agencies (75% response), for an overall response rate of 61%. The only follow-up on nonresponders was the provision of an additional survey to the non-responding hospital, with a subsequent personal visit to that hospital's administrator, neither of which resulted in usable data.

RESULTS

Survey respondants indicated total employment levels of twenty-two (22) LPNs working on a full-time basis and ten (10) LPNs working on a less-than-full-time basis. They also indicated employment of fifty (50) RNs on a full-time and forty-seven (47) RNs on a less-than-full-time basis. Multiplying these figures by a factor of 1.64 to compensate for non-responding institutions projected current institutional employment of LPNs at thirty-six (36) full-time and sixteen (16) part-time. Projected institutional employment of RNs would be eighty-two (82) full-time and seventy-seven (77) part-time.

The survey did not include the twenty-two (22) private physicians' offices in the county (most of whom employ nurses), school nursing offices, industrial or other singular sites. An estimated 25-30 nurses are believed to be practicing in these settings. Based on the conservative lower figure and a similar ratio of one-to-four LPNs-to-RNs, an additional five (5) LPNs and twenty (20) RNs could be expected in the nursing labor pool.

The survey also assessed current vacancy rates in the county's nursing positions. For LPNs, responders indicated a vacancy rate of 21.4%. For RNs the rate was 22%. (Anecdotal information indicates that the other 78% of working RNs include nurses on work permits from Canada, the Philippines, Italy, Ireland and Australia.) This rate is consistent with an accepted national vacancy rate of around 20%.

Of additional interest is the increase in the number of nursing positions projected by responding nursing administrators based on changing regulatory, reimbursement, insurance and accreditation requirements. For LPNs, the projected one-year increase in positions is 50.8% and the five-year increase is 71.4%. For RNs, the projected one-year increase is 36%, and the five-year increase is 68%.

When currently vacant positions are included, this data can be summarized in Table 1 below:

TABLE 1

	Current Positions ('88)		Projected Positions 1 Yr ('89)		Projected Positions 5 Yr ('93)		5 Yr # Increase		
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Total
LPNs	67	26	101	29	115	45	48	19	67
RNs	167	126	227	171	281	212	114	86	200

IMPLICATIONS

The shortage of nurses at the national, state and regional levels is generally acknowledged to be of critical proportions, with serious

implications both for access to quality health care for the individual patient and for the viability of health care institutions (especially those smaller facilities serving rural areas). This paper attempts to extrapolate available data for the purpose of examining the potential impact of this shortage in Washington County and to provide information for strategic planning in meeting identified needs for additional nurses and associated educational programming.

In the fall of 1987, a meeting of local nursing administrators was convened by the then Director of Nursing at Downeast Community Hospital, who also serves on the Regional Council and Board of Directors of the Katahdin Area Health Education Center. A wide-ranging discussion based on considerable experiential expertise ensued, focusing on the nursing shortage and possible ways in which to meet that shortage. Factors associated with nurses leaving the field included the ecological dynamics of the workplace, perceived inadequate or disproportionate salaries, generic stress, the lack of flex-time/part-time work opportunities (especially for parenting nurses), increased vocational options for women, age cohorts approaching retirement, and others. The primary factor associated with the supply of new nurses was clearly the lack of nurse education programs in the local area (within 90-100 miles), compounded by the competitive disadvantage of rural health care facilities in recruiting nurses "From Away".

In conceptualizing the types of nurse education programs appropriate to and practical for meeting to the region's needs, the discussion reflected numerous factors, including the critical mass of students, nurses and/or faculty available, financial requirements, and accessibility issues (scheduling, geotransportational and cost). Considerable debate ensued around immediate (institutional) needs/opportunities for LPNs versus the ethical implications of training LPNs rather than ADNs/RNs in light of the pending Nurse Practice Act which will restrict entry into nursing practice to ADNs (technical) or BSNs (professional) in 1995 (although there will be a "grandmothering" clause).

A consensus emerged that the long-range optional program for Washington County would be a multiple-entry/multiple-exit ADN program. This would allow individuals to complete an ADN (and sit for the RN exam)

in two years. It would also allow participants to sit for the LPN exam after one year and exit the program for full-time employment as an LPN (or for half-time employment and half-time coursework). Currently practicing LPNs could participate (on a full or half-time basis) in the program's second year to obtain an ADN and RN licensure.

This became the model pursued by the Downeast Regional Council of the Katahdin AHEC, which included most of the nurse administrators present. The Katahdin AHEC played a strong advocacy role in pressing this issue with appropriate educational institutions, finding strong support and cooperation from WCVTI, EMVTI, UMM and other education, training and health service agencies. Funding is currently being actively sought to initiate the first (LPN) year of such a program by January of 1989, with the second (ADN/RN) year planned for January of 1990. It is hoped that funds can be committed on a multi-year (3-5) basis and that the program can eventually be institutionalized within Washington County (perhaps within the VTI System with academic support from UMM).

Should a multiple-entry/multiple-exit coop ed ADN program (the functional equivalent of an LPN plus an LPN-to-ADN program) be established and supported on a five-year basis, this data indicates that it is unlikely that the projected need for new nurses would be fully met. Based on a class size of 18 students and an anticipated drop-out rate of between 6% (based on the '85-86 Washington County LPN program's experience) and 10% (based on current EMVTI LPN rates), five years of the year 1 (LPN) cycle would result in 81 to 84 individuals eligible to sit for the LPN exam. Assuming that as many as 40 of these students chose to leave the ADN program to work as LPNs at that point, they would not fill the projected 48 full-time LPN vacancies. If year 2 were offered for four years, the resulting 65 to 68 ADNs would still not meet the need for the projected 114 new RN vacancies anticipated. (See Table 2 for summary of full-time positions only.)

In all probability, the number of nurses leaving the profession for reasons noted above (on page 3) would result in an even higher unmet need than reflected in this table.

TABLE 2

	Total # Projected Positions	Total E Projected Increase in Positions 1988-93	Total # Projected LPN/ADN Program Grads 1994	Unmet Need
LPN Level	115	48	40 *	8
RN Level	281	114	65-68	49-52

* Students exiting with LPNs.

It would, therefore, seem prudent to support this concept of nurse education and training as one that will result in graduates that have a reasonable expectation for employment at a fair wage in existing positions in settings that support institutional infrastructures providing necessary health services to local citizens.

KATAHDIN AREA HEALTH EDUCATION CENTER

Please respond to:
KAHEC Downeast
WCVTI #10, River Road
Calais, Maine 04619

Serving the Other Maine

April 12, 1988

AHEC CENTRAL
222 East Annex Bldg.
Beddington Road
Orono, ME 04469
(207) 581-2371

KAHEC DOWNEAST
WCVTI #10
River Road
Calais, ME 04619
(207) 454-2144 Ext. 48

AHEC PENQUIS
118 Belfast Hall
Texas Avenue
Bangor, ME 04401
(207) 581-6038

KAHEC AROOSTOOK
Northern Me. Med. Ctr.
143 East Main Street
Fort Kent, ME 04743
207) 834-3114

Dear LPN:

I am writing to you in your capacity as a Licensed Practical Nurse to request your participation in a survey that is vital to the development of programmatic initiatives that could address the lack of locally-available nursing education opportunities. Of particular interest to you may be the possibility of making an LPN to ADN/RN "upgrade" program available in Washington County.

The Downeast Regional Council of the Katahdin Area Health Education Center has identified as a high priority the development of nursing education programs in the Washington County area. Due in part to limitations of educational infrastructures, this is likely to take the form of "satelliting" existing nurse education programs at the Practical Nursing (PN) and Associate Degree in Nursing (ADN) level into the County, as well as working with existing RN to BSN programs. We are undertaking this endeavor with several academic institutions (including WCVTI, EMVTI and UMM), both local hospitals, several nursing homes and other community-based organizations/agencies involved in health and/or training.

The enclosed survey is an important part of this cooperative process. Information gained from it will be utilized to document the local need for nurses and associated educational programming, documentation that is needed for planning purposes by potentially participating educational institutions, by the State Board of Nursing and the Katahdin AHEC. The emphasis for this is at the PN and ADN level, as an individualized survey of Registered Nurses perceived educational goals ins projected for later this spring.

Please take the time to complete and return this survey instrument in as accurate and timely a manner as possible. Thank you, in advance, for your anticipated cooperation and assistance.

Sincerely,

Bo Yerxa

Bo Yerxa, LSW
Downeast Regional Coordinator

Enclosure

KATAHDIN AREA HEALTH EDUCATION CENTER
Nurse Education Interest Survey

The purpose of this survey is to ascertain the need for Nursing Education Programs in Washington County. Please complete and return.

1. Age: _____

2. Sex: _____

3. Town of residence: _____

4. Highest educatonal level:
   ____ GED ____ LPN Program ____ Diploma RN Program
   ____ high school ____ Associate Degree ____ Bachelors degree
   ____ Masters degree

5. Years since graduation:
   ____ 0-5 ____ 6-10 ____ 11-15 ____ 16 or more

6. Current work position (check all that apply):
   ____ Nurses Aide ____ nursing management ____ hospital
   ____ Practical Nurse ____ not in nursing ____ nursing home
   ____ staff nurse (RN) ____ other (specify) ____ community agency
   ____ nursing education _____ ____ school

7. How many hours per week do you work in nursing?
   ____ 0-10 ____ 11-20 ____ 21-32 ____ 33-40 ____ more than 40
   ____ not applicable

8. Would you be willing to work less than the hours indicated above in order to return to school? ____ Yes ____ No

9. Including myself, my household/family size is: _____

10. My current annual salary is:
    ____ below $4,000 ____ $10,001-$12,000 ____ $18,001-$20,000
    ____ $4,001-$6,000 ____ $12,001-$14,000 ____ $20,001-$22,000
    ____ $6,001-$8,000 ____ $14,001-$16,000 ____ $22,001-$24,000
    ____ $8,001-$10,000 ____ $16,001-$18,000 ____ $24,000 or more

11. My salary is _____% of my family's income:
    ____ 0-25% ____ 26-50% ____ 51-75% ____ 76-100%

12. Would you be interested in becoming a Licensed Practical Nurse?
    ____ Yes ____ No ____ Not Applicable

13. Would you be interested in becoming an Associate Degree Registered Nurse?
    ____ Yes ____ No ____ Not Applicable

14. Would you be interested in becoming a Baccalaureate Degree Registered Nurse?
    ____ Yes ____ No ____ Not Applicable

15. Would you attend such programs if available in Washington County?
    ____ Yes ____ No

16. If yes, what distance would you travel: ____ 0-5 miles
    ____ 6-10 miles ____ 11-20 miles ____ 21-30 miles ____ 31-40 miles
    ____ 41 or more miles

17. At present, the major factor keeping you from advancing educationally in nursing is:

____ lack of available programs
____ lack of money
____ family commitments
____ work commitments/scheduling
____ lack of interest
____ preference for other work
____ lack of time
____ other (specify)_____

18. If general education courses (English Composition, General Psychology, etc.) were offered locally, would you be willing to travel for clinical and nursing theory courses to (rank in order of preference, with #1 being top preference):

___ Machias ____ Calais ____ Bangor/Orono

19. If clinical practicums could be arranged locally, would you be willing to travel for nursing theory and general ed courses to (rank in order of preference):

____ Machias ____ Calais ____ Bangor/Orono

20. What time of the day is best for you to go to school?

____ day ____ evening

21. If day, what time would be best?

____ morning ____ afternoon

22. My funding, should I return to school, would come from:

____ employer ____ scholarships ____ other (specify)
____ private funds ____ loans _____

23. If a program was available in Washington County, would you be willing to pay:

____ less than $50/credit hour
____ $50/credit hour
____ $100/credit hour
____ more than $100 credit hour

24. How can the KAHEC best meet the needs of nurses in Washington County?

_____

_____

****

Please add my name to your list of persons to be informed of appropriate nurse education program development at the level checked:*

____ LPN ____ LPN/to AD/RN ____ AD/RN to B.S.N.

Name_____

Address_____

_____

*Note: This survey has asked for some information (such as educational and income levels) necessary to support a federal grant application to bring nursing programs into Washington County. If you feel strongly that you do not want this information associated directly with your name but you still want to be informed regarding program development, please simply tear off the name/address portion of this page and return it in a separate envelope to Katahdin AHEC, WCVTI #10, River Road, Calais, Maine 04619; in either event please return the questionnaire as promptly as possible.

THANK YOU FOR YOUR COOPERATION AND ASSISTANCE!

LPN SURVEY RESULTS
May 31, 1988

(1) Total respondents = 75

17-26 yrs. = 31% (#23)
27-36 yrs. = 43% (#32)
37-46 yrs. = 19% (#14)
47-56 yrs. = 7% (# 5)

Mean = 31.5 yrs. Median = 34 yrs. Mode = 30 yrs.

(2) Sex: Female = 98.6% (#74) Male = 1.4% (#1)

(3) Town of residence (in descending order of frequency):

Calais (14)	St. Stephen (2)	Brookton (1)
Eastport (7)	Whiting (2)	Jackman (1)
Perry (6)	Jonesboro (2)	Princeton (1)
Lubec (6)	Milbridge (2)	Steuben (1)
Machias (6)	Bethel (1)	East Machias (1)
Woodland (4)	Crawford (1)	Grand Lake Stream (1)
Dennysville (3)	Harrington (1)	Rogue Bluffs (1)
Edmunds (3)	Jonesport (1)	Topsfield (1)
Pembroke (3)	Machiasport (1)	

Within 25 mile radius 37% (#29) or 50 mile radius 76% (#57) of Calais
Within 25 mile radius 19% (14) or 50 mile radius 81% (#61) of Machias

(4) GED - 27% (#20)
High School - 65% (#49)
LPN Program - 1% (#1) (partial)
Assoc. Degree - 3% (#2)
Bachelors Degree - 1% (#1)

Median = High School Mode = High School

(5) Years since graduation:

0-5 yrs. = 33% (#25)
6-10 yrs. = 21% (#16)
11-15 yrs. = 20% (#15)
16 or more yrs. = 24% (#18)

Median = 6-10 yrs. Mode = 0-5 yrs.

(6) Current work position:

Nurses aide = 55% (#41)
School = (#2)
Not in Nursing = (#15)
Other - Ellsworth Development Corp.
Aerobics Instructor
Physical Therapy Aide
Secretary
Ambulance Corp.
Store Clerk
Waitress
Elderly Care
Clothing Mill Worker
Office Clerk
Medical Assistant
RNA

(7) How many hours per week do you work in nursing?

0-10 = 9% (#7)
11-20 = 7% (#5)
21-32 = 12% (#9)
33-40 = 31% (#23)
More than 40 = 4% (#3)
Not Applicable = 33% (#25)

Median = 33-40 hrs.
Mode = 33-40 hrs. (excluding NA)

(8) Would you be willing to work less than the hours indicated above in order to return to school?

Yes = 92% (#66)
No = 6% (#4)
Maybe = 3% (#2)

(9) Including myself, my household/family size is:

Family size of (1) - 7
(2) - 15
(3) - 22
(4) - 16
(5) - 7
(6) - 3

Mean = 3.2
Median = 3
Mode = 3

(10) My current annual salary is:

Below $4,000 = 19
$4,001-$ 6,000 = 15
$6,001-$ 8,000 = 10
$8,001-$10,000 = 14
$10,001-$12,000 = 5
$12,001-$14,000 = 1
$14,001-$16,000 = 1
$16,001-$18,000 = 1
$18,001-$20,000 = 2
$20,001-$22,000 = 0
$22,001-$24,000 = 1

Median = $6,001-8,000
Mode = below $4,000

(11) My salary is _____% of my family's income:

0-25% = 40% (#27)
26-50% = 21% (#14)
51-75% = 12% (#8)
76-100% = 27% (#18)

Median = 26-50%
Mode = 0-25%

(12) Would you be interested in becoming a Licensed Practical Nurse?

Yes = 96% (#69)
No = 4% (#3)

(13) Would you be interested in becoming an Associate Degree Registered Nurse?

Yes = 68% (#49)
No = 21% (#15)
Not Applicable = 8

(14) Would you be interested in becoming a Baccalaureate Degree Registered Nurse?

Yes = 51% (#37)
No = 30% (#22)
Not Applicable = 13

(15) Would you attend such programs if available in Washington County?

Yes = 96% No = 4% (#3)

(16) If yes, what distance would you travel?

0-5 miles = 6	21-30 miles = 13
6-10 miles = 3	31-40 miles = 12
11-20 miles = 10	41 or more miles = 26

Median = 31-40 miles Mode = 41+ miles

(17) At present, the major factor keeping you from advancing educationally in nursing is:

Lack of available programs	= 62
Lack of money	= 26
Family commitments	= 8
Work commitments	= 11
Lack of interest	= 1
Preference for other work	= 2
Lack of time	= 1

Other: High school student
Not accepted into a Nursing Program

(18) If general education courses (English Composition, General Psychology, etc.) were offered locally, would you be willing to travel for clinical and nursing theory courses to:

First choice:	Calais	(185)
Second choice:	Machias	(164)
Third choice:	Bangor	(51)

(19) If clinical practicums could be arranged locally, would you be willing to travel for nursing theory/general ed courses to:

First choice:	Calais	(185)
Second choice:	Machias	(164)
Third choice:	Bangor	(51)

Note: Rankings on questions 18 and 19 obtained by scoring first choice as 3, second choice as 2, and third choice as 1, then totaling scores.

(20) What time of the day is best for you to go to school?

Day = 61% (#44) Evening = 25% (#18) Both = $14% (#10)

(21) If day, what time would be best?

Morning = 63% (#39) Afternoon = 19% (#12) Both = 18% (#11)

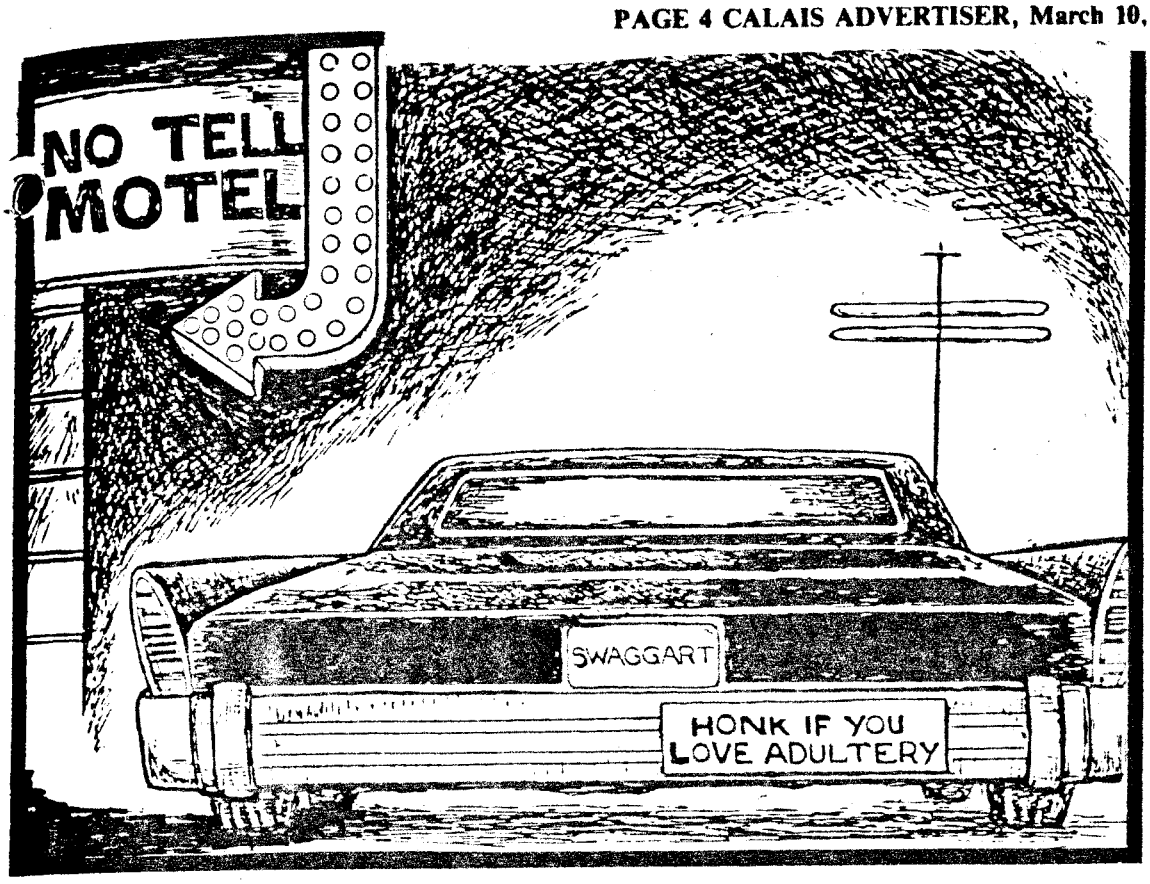
(22) My funding, should I return to school, would come from:

Employer = 2
Scholarships = 14
Other: WEET = 6
Pell grant = 3
JTPA = 3
Government
Indian Ed
Veterans Ed
Private funding = 26
Loans = 43

(23) If a program was available in Washington County, would you be willing to pay:

less than $50/credit hour = 59% (#32)
$50/credit hour = 31% (#17)
$100/credit hour = 7% (# 4)
more than $100/credit hr = 2% (# 1)

Median = < $50. Mode = < $50.



Letters To The Editor

Nurse Shortage

Letter to the Editor

I am writing in response to the excellent editorial by Rolf Kreitz on the topic of the local impact of the national nurse shortage (February 4th edition). Mr. Kreitz is not "off the wall" in pointing out that such a shortage undermines the viability of our small rural hospital(s) in suggesting some possible approaches to address the nurse shortage. In fact, the general strategy as outlined is not only sound, but is being actively pursued by several local health care and educational institutions at the present time.

The Katahdin Area Health Education Center (KAHEC) is attempting to address the problem of shortages of health professionals in a variety of ways. In the specific area of nursing, the Regional Advisory Council of the Katahdin AHEC has set as its highest priority the availability of nurse educational programs for residents of the Downeast region. Towards that end, several planning meetings have been held with the active support of numerous local groups, including the W.C.V.T.I., Calais Regional Hospital, U.M.M. Outreach and several employment training and community-based health service providers. This group has been trying to identify resources to bring a "multiple entry - multiple exit" Associate Degree in Nursing (ADN) program into our area, initially in cooperation with EMVTI (Bangor). Such a program would have a first year that would allow participating students to sit for their Practical Nurse (LPN) licensure exam. The second year (which any LPN could enter) would culminate in an ADN and allow graduates to sit for their Registered Nurse (RN) exam.

The major constraint to this effort is money. Nursing education is very expensive due to the high faculty-student ratio and extensive clinical training required. For example, the first year of this proposed ADN program (18 students) would cost about $130,000. This would increase to about $240,000 in the second year when 35-40 students would be in the program. But, this training leads to jobs already "developed" and which pay a fair wage for the area.

The planning group is attempting to cobble this funding together from a variety of sources. One approach is to secure monies from local hospitals, nursing homes and job training (JTPA, Perkins Act) funds, which become a laborious annual task and places the entire program at risk should any of the major parties withdraw or lose funding. Another approach is to apply for a federal grant, such as a rural nurse education initiative, which could provide 3-4 years of

(Continued on page 31)

Letters

(Continued from page 4)

support for such an effort. While both of these options are being actively pursued, it would seem that the best long-term strategy would be to institutionalize an ADN program at the WCVTI (with academic support from UMM) on an on-going basis.

I would urge concerned citizens to act to educate those who make public policy and appropriate funds about our region's needs. This would include not just our congressional delegation, as suggested by Mr. Kreitz, but perhaps more importantly, our governor, our **entire** legislative delegation, and the top administrators (**and** board members) of our Vocational Technical Institute and University of Maine systems. This will not be an easy or brief process, for the perception of us as a backward population content with the crumbs of our public educational system will require strong and consistent effort to overcome. But those of us in "The Other Maine" owe it to ourselves and our youth to give it our best shot!

Sincerely,

Bo Yerxa

6/9/88

Published Way Down East

The C Ad

VOL. 152, NO. 23

L.P.N. Program At WCVTI

Three organizations announced their commitment to WCVTI's new Licensed Practical Nursing program last week at a June 1st meeting to organize support for the program. The Maine Department of Education, Calais Regional Hospital and the Maine Job Service have all announced monetary commitments totaling $126,000 toward the foundation of a LPN course to be offered starting next January and a permanent nursing program to be established within the next 5-7 years.

Official approval by the state of the LPN program hinges on the final and all but certain approval of the courses by the Maine State Board of Nursing later this month, but with the funds now secure, WCVTI and other organizers are very optimistic. "There's a tremendous demand from all over the county for this kind of program" said WCVTI director Ron Renaud. Renaud said the program, planned for next January, is actually a satellite program from the EMVTI. But Renaud described the program as a "quick fix, not a cure", and says the school is working diligently to come up with a program of their own.

WCVTI has held one LPN course in the past with tremendous success. The course was limited to 15 students, but drew over 100 applicants. When the course was completed after two semesters the students won acclaim for the highest LPN exam scores in the nation. Instructor Nancy Green says the enthusiasm for the course remains overwhelming. "There are seven people on the waiting list already" Green said, even though the course hasn't been officially approved.

Bo Yerxa of the Katahdin Area Health Education Center, a non-profit service committed to providing better health care to needy areas, said that while many other programs were offered around the state, having this program in

(Continued on page 13)

LPN

(Continued from page 1)

the Washington County area helps assure many graduates that they might continue to live in this area and aid the needs of the immediate area. Yerxa referred to the past enrollment of CNA and LPN students as "non-traditional" students, many married, and most older than the traditional student. "These students are more likely to want to stay in the area and work here rather than taking their skills south like the traditional students."

Yerxa looks forward to assisting in the implementation of a "Multi-entry/Multi-exit" of a two year nursing program. "By 1995, I'd like to see a permanent Associate Degree program for LPN's and RN's training at WCVTI. The multi-entry/exit plan would allow students to take a course here and there part-time rather than having to go to school full time.

SOCIAL WORK

- Initial Survey ('87)
- MSW Intern/Ed Needs Assessment
- MSW Intern/Migrant Health

University of New England

HILLS BEACH ROAD, BIDDEFORD, MAINE 04005-9599 [207] 283-0171

TO: Betsy Ruff, LMSW, Maine MSW Program Coordinator
FROM: Bo Yerxa, LSW, AHEC Field Coordinator
DATE: 5/21/87
RE: Downeast Needs Assessment

Per our discussion in April, I have initiated, on behalf of the KATAHDIN Area Health Education Center (KAHEC), a preliminary survey of interest in various continuing education workshops and academic courses at the masters level here in the Washington County/St. Croix Valley area. In April I mailed cover letters to 31 bachelors-level (or less, i.e. non-degreed LSWS) social workers and 11 masters-level social workers (including one practicing psych nurse) in Washington and Western Charlotte (St. Stephen, New Brunswick) counties. As of five weeks after that mailing, I had received a 39% response from the bachelor's-level and a 64% response from the masters-level, for an over-all response rate of 46%.

The attached worksheets reflect the responses by degree levels. In general, the bachelors-level responders would seem to feel a need for workshops in the areas of working with teen parents, incest, rural community organizing, legal issues, substance abuse and death/dying. They indicated major interests for academic course work in the areas of rural social work, family therapy, children's services, aging and social/cultural perspectives. The masters-level responses indicated workshop interests primarily in the areas of substance abuse and working with elders/elder families. Course interests seem to be interactional skills (lab), rural social work and substance abuse.

Over-all, the total combined responses can be priority ranked as follows:

WORKSHOPS

1. Community Organizing in Rural Areas (33)
2. Working with Teen Parents (30)
2. Substance Abuse (30)
3. Incest (29)
4. Working with Elders/Elder Families (27)
5. Legal Aspects (25)
6. Death/Dying (19)
7. Social Work in Multicultural Settings (14)

COURSES

1. Social Work in Small Communities & Rural Areas (37)
2. Family Therapy (26)
3. Interactional Skills (18)
4. Group Processes (17)
4. Aging and Mental Health (17)
4. Human Behavior (17)
4. Family and Children's Services (17)
4. Social Work and the Law (17)
5. Social and Cultural Perspectives of Behavior (16)

CONTACT AT: KAHEC Project, WCVTI #10, River Road, Calais, Maine 04619 (207)454-2144

Although this is a rough cut (and please do critique my survey instrument), I think it does give us some guidance in working with the KAHEC in extending some MSW courses into Washington County and supporting them in developing some continuing education workshops for social workers and other human service professionals in rural areas. Perhaps we can get together soon to discuss what our next step should be.

CC: Shirl Weaver, AHEC Program Direcotr
Deborah Wheaton, KAHEC Acting Director
Richard Doyle, KAHEC Program Committee Chair

POSSIBLE WORKSHOPS
(Please rank top ~~five~~ choices in priority order)

____ AIDS: Psychosocial and Counseling Issues
2 Substance Abuse: Current Treatment Modalities
____ Eating Disorders
7 Social Work in Multi-Cultural Settings
6 Death and Dying
7 Structured Life Education Groups
____ Discharge Planning
____ Dealing With the Needs of Postdivorced Families
____ Emergency Room and Other Crisis Settings
4 Working with Elders and Elder Families
1 Community Organizing in Rural Settings
5 Legal Aspects of Social Work Practice
3 Incest: Response and Treatment
____ Helping Children Cope with Death
2 Working with Teen Parents
____ -
____ -

POSSIBLE M.S.W. ELECTIVE COURSES
(Please rank top five choices in priority order)

3 Interactional Skills (lab)
2 Family Therapy
5 Social and Cultural Perspectives of Behavior
4 Group Processes
4 Aging and Mental Health
____ Death and Dying
4 Human Behavior
____ Human Oppression
____ Analysis of Behavioral Science Concepts
____ Social Work Research Methodology
____ Social Issues and Social Work Commitments
____ Analysis of Social Welfare Policy & Social Service Delivery Systems
____ Substance Abuse: Alcohol and Other Drugs
____ Violence Against Women
1 Social Work in Small Communities and Rural Areas
____ Social Work in Health Care: Knowledge, Policy and Practice
4 Family and Children's Services
____ Policy Issues in Mental Health
4 Social Work and the Law

Top rankings of total responses

POSSIBLE WORKSHOPS
(Please rank top five choices in priority order)

10 AIDS: Psychosocial and Counseling Issues
30 Substance Abuse: Current Treatment Modalities
10 Eating Disorders
14 Social Work in Multi-Cultural Settings
19 Death and Dying
14 Structured Life Education Groups
9 Discharge Planning
4 Dealing With the Needs of Postdivorced Families
11 Emergency Room and Other Crisis Settings
27 Working with Elders and Elder Families
33 Community Organizing in Rural Settings
25 Legal Aspects of Social Work Practice
29 Incest: Response and Treatment
4 Helping Children Cope with Death
30 Working with Teen Parents
____ -
____ -

POSSIBLE M.S.W. ELECTIVE COURSES
(Please rank top five choices in priority order)

15 Interactional Skills (lab)
26 Family Therapy
16 Social and Cultural Perspectives of Behavior
17 Group Processes
17 Aging and Mental Health
11 Death and Dying
17 Human Behavior
6 Human Oppression
3 Analysis of Behavioral Science Concepts
4 Social Work Research Methodology
2 Social Issues and Social Work Commitments
13 Analysis of Social Welfare Policy & Social Service Delivery Systems
13 Substance Abuse: Alcohol and Other Drugs
15 Violence Against Women
37 Social Work in Small Communities and Rural Areas
8 Social Work in Health Care: Knowledge, Policy and Practice
17 Family and Children's Services
6 Policy Issues in Mental Health
17 Social Work and the Law

Total #

Bachelor - Masters

POSSIBLE WORKSHOPS
(Please rank top five choices in priority order)

6 AIDS: Psychosocial and Counseling Issues
15 Substance Abuse: Current Treatment Modalities
8 Eating Disorders
5 Social Work in Multi-Cultural Settings
4 Death and Dying
4 Structured Life Education Groups
0 Discharge Planning
2 Dealing With the Needs of Postdivorced Families
8 Emergency Room and Other Crisis Settings
13 Working with Elders and Elder Families
6 Community Organizing in Rural Settings
8 Legal Aspects of Social Work Practice
9 Incest: Response and Treatment
1 Helping Children Cope with Death
8 Working with Teen Parents

POSSIBLE M.S.W. ELECTIVE COURSES
(Please rank top five choices in priority order)

12 Interactional Skills (lab)
5 Family Therapy
4 Social and Cultural Perspectives of Behavior
8 Group Processes
2 Aging and Mental Health
2 Death and Dying
8 Human Behavior
6 Human Oppression
0 Analysis of Behavioral Science Concepts
4 Social Work Research Methodology
0 Social Issues and Social Work Commitments
8 Analysis of Social Welfare Policy & Social Service Delivery Systems
9 Substance Abuse: Alcohol and Other Drugs
8 Violence Against Women
9 Social Work in Small Communities and Rural Areas
5 Social Work in Health Care: Knowledge, Policy and Practice
0 Family and Children's Services
4 Policy Issues in Mental Health
4 Social Work and the Law
4 Rehab with Psych Disabled
4 Effective Intervention with Agoraphobics
2 Depression
2 Post Traumatic Stress Syndrome

Workshops

Master's only

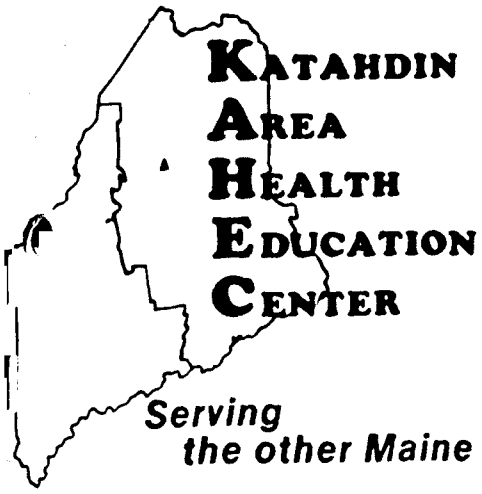
POSSIBLE WORKSHOPS
(Please rank top five choices in priority order)

4 AIDS: Psychosocial and Counseling Issues
15 Substance Abuse: Current Treatment Modalities
2 Eating Disorders
9 Social Work in Multi-Cultural Settings
15 Death and Dying
10 Structured Life Education Groups
1 Discharge Planning
2 Dealing With the Needs of Postdivorced Families
3 Emergency Room and Other Crisis Settings
14 Working with Elders and Elder Families
17 Community Organizing in Rural Settings
17 Legal Aspects of Social Work Practice
20 Incest: Response and Treatment
3 Helping Children Cope with Death
22 Working with Teen Parents
5 - Stress Mgmt.
4 - Aging + Loss
3 Memory loss in Elders

POSSIBLE M.S.W. ELECTIVE COURSES
(Please rank top five choices in priority order)

6 Interactional Skills (lab)
21 Family Therapy
12 Social and Cultural Perspectives of Behavior
4 Group Processes
15 Aging and Mental Health
9 Death and Dying
9 Human Behavior
0 Human Oppression
3 Analysis of Behavioral Science Concepts
0 Social Work Research Methodology
2 Social Issues and Social Work Commitments
5 Analysis of Social Welfare Policy & Social Service Delivery Systems
4 Substance Abuse: Alcohol and Other Drugs
7 Violence Against Women
-8 Social Work in Small Communities and Rural Areas
3 Social Work in Health Care: Knowledge, Policy and Practice
17 Family and Children's Services
2 Policy Issues in Mental Health
13 Social Work and the Law (one response stated "mandatory")

Bachelor's only



Downeast Region
W.C.V.T.I. #10
Calais, ME 04619

December 18, 1987

WCVTI #10
River Road
Calais, Maine 04619
(207) 454-2144 ext. 48

Dear Colleague:

I am currently a Masters of Social Work (MSW) student at the University of Connecticut and am in my second and final year. For my research project I designed the enclosed survey. As part of my field placement, I am working a few hours per week with the Katahdin Area Health Education Center (KAHEC).

I have chosen to research the feasibility of offering training for social workers within the geographical areas that we work in. For this survey, the term social worker includes all people who provide any social service. If it seems feasible for training to be offered locally, then information needs to be available for those people who are interested in organizing, promoting and/or sponsoring training. Information, such as the number of people interested in each topic, location, and price range of training, would give the planners a basis to start from. KAHEC may have a more in-depth survey ready to distribute in the spring, but this one can be a stepping-stone to getting training available now.

I am sending this survey out to all of the L.S.W.'s, M.S.W.'s, L.C.S.W.'s and other social service providers that I know of in Hancock and Charlotte Counties. (Washington County has already been surveyed as phase one of my project.) I would appreciate it if you would take the approximate 15 minutes that it would take for you to fill out my survey and return it to me in the enclosed self-addressed, stamped envelope. Please return it to me by January 8, 1988. If you know of someone who didn't get a survey and would be interested in participating, please feel free to photocopy your survey, and give a copy to them, or contact me at the above number. I need responses from as many people as possible to best determine the training needs of the area. I am hopeful that the results of the survey can benefit all of us.

All responses will be kept confidential. No names will be used in my final report. If you would like a copy of the findings, please put your name and address on the final page of the survey.

Thank you,

Grace Brace

Grace Brace, L.S.W.

GB/ras
Enclosure

SURVEY: FEASIBILITY OF OFFERING TRAINING FOR

SOCIAL WORKERS IN THE DOWNEAST REGION

1. Has the lack of locally available training been a problem for you? ____Yes

____No

2. How many training events did you attend in 1987?_____

3. Would you have attended more if they were available locally? ____Yes

____No

4. Is the number of trainings you attended in 1987 typical of the number you generally attend annually? ____Yes

____No

5. If you answered no to the above question, why not?_____

_____

6. What were the topic areas of those that you did attend?_____

_____

7. What is the average round trip mileage that you have to travel to attend training?_____

8. Where is the furthest location that you have traveled for training during 1987?_____

9. Why did you travel that far?_____

_____

10. What is the average fee of the workshops that you attended in 1987?_____

11. What was the most expensive fee that you paid for a workshop in 1987?_____

How many days long was it?_____

12. What are the two most important factors for you when you are choosing what training to attend? (Please check two items)

____ Topic ____ Price for the training

____ Trainer ____ Distance to the training

____ Recertification requirements

____ Other (please specify)_____

13. Please indicate the degrees that you have completed.

High school only _____

Associates level _____ Major _____

Bachelors level _____ Major _____

Masters level _____ Major _____

Others (please specify) _____

14. How many hours per week do you currently work in a social work profession?

_____

15. Would you like to work more hours, less hours, or the same number of hours?

Please check one: _____ More hours

_____ Less hours

_____ Same hours

16. If your answer was more, or less, what prevents you from being able to do that? _____

17. What is your job title? _____

18. Do you work for an agency? ____ Yes

____ No

19. If the answer to question 18 was yes, do you work part or full time for them?

____ Part

____ Full

20. If the answer to question 18 was yes, does the agency:

1. Reimburse you for training fees? ____ Yes

____ No

2. Reimburse you for training mileage? ____ Yes

____ No

3. Reimburse you for training expenses such as meals and lodging? ____ Yes

____ No

21. Do you do private practice work? (Please check all applicable spaces)

____ Yes

____ No

____ Part time

____ Full time

22. Approximately what is your annual social work related income? (Please check one)

____ Below $4,999

____ $ 5,000 to $ 9,999

____ $10,000 to $19,999

____ $20,000 to $29,999

____ Above $30,000

23. How many years of experience do you have in the social work field?_____

24. Were you previously employed in another area of work? ____ Yes

____ No

If you answered Yes to question 24, then please continue on to question 25. If you answered No, then go on to question 28.

25. What field of work were you previously in?_____

26. How many years were you in that field?_____

27. Why did you change to social work?_____

_____

28. If training were to be made available locally, what are three (3) topics that you would like to see presented. (Please list them in order of preference, with #1 being the most desirable, #2 second most desirable, and #3 third most desirable)

1. _____

2. _____

3. _____

29. Do you want your choices of question 28 to be advanced level, intermediate level, or introductory level? (Please check one level for each of the three topics)

Topic 1		Topic 2		Topic 3	
=======		=======		=======	
____	Introductory	____	Introductory	____	Introductory
____	Intermediate	____	Intermediate	____	Intermediate
____	Advanced	____	Advanced	____	Advanced

30. Where do you wnat the training to be located? (Please check one)

____ Ellsworth

____ Machias

____ Calais

____ Other (Please specify)_____

31. What time of year is the best time for you to attend training? (Please check one)

____ Winter

____ Spring

____ Summer

____ Fall

32. Would you want the training to be available during the day or evening?

____ Day

____ Evening

33. If you checked Day in question 32, please indicate which time of day and number of days is best for you.

____ Part of a day

____ Morning

____ Afternoon

____ All Day

____ More than one day

____ Other (Please specify)_____

34. Would you be inbterested in hearing from specific trainers? ____ Yes

____ No

35. If you answered question 34 Yes, please specify the trainers.

_____

_____

_____

36. Would you want the training available specifically for social workers or available for other health and social service professionals as well?

____ Social workers

____ Both

37. Are you interested in furthering your education? ____ Yes

____ No

38. If you answered Yes to question 37, please answer questions 38-41. If you answered No, skip to question 42. Are you interested in further education in the social work field?

____ Yes

____ No

39. If you answered No to question 38, what field would you get further education in?_____

40. Are you interested in Bachelors, Masters, Doctoral, or another level of education?

____ Bachelors ____ Doctoral

____ Masters ____ Other (Please be specific)_____

41. What is currently preventing you from pursuing further education? (Please check as many as fit your situation)

____ Finances

____ Family situation

____ Time

____ Courses unavailable

____ Other (Please specify)_____

_____

42. How old are you? ____ Years

43. What is your sex? ____ Male

____ Female

44. How many years have you lived in your county? _____ Years

45. What influenced your decision to move here?_____

_____

46. What type of area did you live in prior to coming to your county?

____ City

____ Suburban

____ Rural

____ Other (Please specify)_____

44 responses

SURVEY: FEASIBILITY OF OFFERING TRAINING FOR SOCIAL WORKERS IN WASHINGTON COUNTY

1. Has the lack of training in Washington County been a problem for you? 30 Yes
   12 No
2. How many training events did you attend in 1987? 3.27 4.35 full-time 2.25 part-time
3. Would you have attended more if they were available in Washington County?
   36 Yes
   4 No
   2 Maybe
4. Is the number of trainings you attended in 1987 typical of the number you generally attend annually? 27 Yes
   12 No
5. If you answered no to the above question, why not? (see extra sheet)
6. What were the topic areas of those that you did attend? (see extra sheet)
7. What is the average round trip mileage that you have to travel to attend training? 227 miles
8. Where is the furthest location that you have traveled for training during 1987? (see extra sheet)
9. Why did you travel that far? (see extra sheet)
10. What is the average fee of the workshops that you attended in 1987? $65.90
11. What was the most expensive fee that you paid for a workshop in 1987? $118.00
    How many days long was it? 2.56 days
12. What are the two most important factors for you when you are choosing what training to attend? (Please check two items)

    40 Topic
    16 Trainer
    5 Recertification requirements
    2 Price for the training
    15 Distance to the training
    ____ Other (please specify) _____

    days away from family

13. **Please indicate the degrees that you have completed.**

High school only 12

Associates level 5 Major _____

Bachelors level 13 Major _____

Masters level 8 Major _____

Others (please specify) Ph.D.

14. **How many hours per week do you currently work in a social work profession?**

average 34.5

15. Would you like to work more hours, less hours, or the same number of hours?

Please check one: 8 More hours

11 Less hours

15 Same hours

16. If your answer was more, or less, what prevents you from being able to do that? _____

17. What is your job title? _____

18. Do you work for an agency? 31 Yes

9 No

19. If the answer to question 18 was yes, do you work part or full time for them?

9 Part

22 Full

20. If the answer to question 18 was yes, does the agency:

1. Reimburse you for training fees? 28 Yes

3 No

2. Reimburse you for training mileage? 29 Yes

2 No

3. Reimburse you for training expenses such as meals and lodging? 24 Yes

7 No

21. Do you do private practice work? (Please check all applicable spaces)

6 Yes

31 No

4 Part-time

2 Full-time

22. Approximately what is your annual social work related income? (Please check one)

4 Below $ 4,999
7 $ 5,000 to $ 9,999
14 $10,000 to $19,999
9 $20,000 to $29,000
___ Above $30,000

Average $15,000 all categories

23. How many years of experience do you have in the social work field? 8 average

24. Were you previously employed in another area of work? 25 Yes
14 No

If you answered Yes, then please continue on to question 25. If you answered No, then go on to question 28.

25. What field of work were you previously in? (see extra sheet)

26. How many years were you in that field? 8.5 average

27. Why did you change to social work? (see extra sheet)

28. If training were to be made available locally, what are three (3) topics that you would like to see presented. (Please list them in order of preference, with #1 being the most desirable, #2 second most desirable, and #3 third most desirable)

1. _____
2. _____
3. _____

29. Do you want your choices of question 28 to be advanced level, intermediate level, or introductory level? (Please check one level for each of the three topics) (most were Intermediate or Advanced)

Topic 1	Topic 2	Topic 3
___ Introductory	___ Introductory	___ Introductory
___ Intermediate	___ Intermediate	___ Intermediate
___ Advanced	___ Advanced	___ Advanced

30. Where do you want the training to be located? (Please check one)

29 Machias
5 Calais
6 Other (Please specify) _____

Students Out

2 Blank
6 Either
14 Machias
5 Calais

31. **What time of year is the best time for you to attend training? (Please check one)**

__18__ **Winter**

__9__ **Spring**

__13__ **Summer**

__19__ **Fall**

32. **Would you want the training to be available during the day or evening?**

__22__ Day

__17__ Evening

33. If you checked Day in question 32, please indicate which time of day and number of days is best for you.

__2__ Part of a day

__2__ Morning

____ Afternoon

__22__ All day

____ More than one day

____ Other (Please specify) _____

34. Would you be interested in hearing from specific trainers? __11__ Yes

__18__ No

35. If you answered question 34 Yes, please specify the trainers.

_____

_____

_____

36. Would you want the training available specifically for social workers or available for other professionals as well?

__2__ Social workers

__39__ Both

37. Are you interested in furthering your education? __38__ Yes

__5__ No

1 Blank

38. If you answered Yes to question 37, please proceed. If you answered No, skip to question 42. Are you interested in further education in the social [illegible]

__24__ **Yes**

__6__ **No**

14 Blank

39. If you answered No to question 38, what field would you get further education in? _____

40. Are you interested in Bachelors, Masters, Doctoral, or another level of education?

10 Bachelors 8 Doctoral

11 Masters 1 Other (Please be specific) Post Doctorate

41. What is currently preventing you from pursuing further education? (Please check as many as fit your situation)

20 Finances

10 Family situation

19 Time

22 Courses unavailable

2 Other (Please specify) _____

42. How old are you? 39.35 Years

43. What is your sex? 12 Male

31 Female

44. How many years have you lived in Washington County? Median range 1-53
13 Years

45. What influenced your decision to move here? _____

_____

46. What type of area did you live in prior to coming to Washington County?

10 City

11 Suburban

11 Rural

____ Other (Please specify) _____

9 Natives

Survey: Feasibility of Offering Training for Social Workers in Washington County

Question #5

didn't see anything that I wanted to attend
working full time now
mothering
school commitments
I usually go to less (2)
recently moved here
more training available in my previous location
just took a new job
rarely hear of trainings that I want to go to

Question #6

child psychotherapy (2)
mental health services for the deaf
increasing birth outcome
service to victims of sex abuse (10)
service to perpetrations of sex abuse
counselling of male sex abusers
teen pregnancy and parenting
male issues
general counselling techniques (3)
crisis intervention (4)
interviewing techniques (3)
permanancy planning (2)
substance abuse (11)
human sexuality
child development
assessment and case planning
female issues
substance abuse in adolescents
family intervention (3)
special education (2)
issues of violence (2)
incest (2)
community and economic development
preventing cancer
occupational and environmental health issues
AIDS (2)
ACOA (2)
adolescent behavior
grief and loss (3)
anger
communication (3)
making Maine competitive
dealing with depression
child protective services
case writing skills
behavior management (2)
superintendant and advanced administration

Survey: Feasibility of Offering Training for Social Workers in Washington County

Question #6 (Continued)

mental health services
DHS policy
client interaction
stress management
interviewing children
STEP/PET
legal issues
placement issues
psychology
EMT training
daily care and management of C.O.P.D.
strategies of survival (3)
becoming a medicaid certified hospice program
self understanding
gay and lesbian issues
sex abuse in the workplace
disabled individuals
marketing
public speaking
time management

Question #8

Portland (6)
Bangor (5)
Waterville (1)
Augusta (6)
Boston (3)
Calais (1)
Machias (2)
New York (3)
New Hampshire (1)
Vermont (1)
Rhode Island (1)
Orono (1)

Question #9

good training (4)
interest in topic (1)
New England Conference site (1)
to get that training (1)
that was the only place the training was offered (17)
Professional Association (1)
job related (3)
visit friends (1)

Question 16

those who want more hours

no money available (4)
no job available (3)
going to school (2)
no degree (1)

those who want less

not enough help (1)
job requirement (4)
caseload (1)

Survey: Feasibility of Offering Training for Social Workers in Washington County

Question #17

- womens advocate/children's services
- family worker (Home Based Family Services (2))
- director (2)
- care management
- discharge planning
- community care
- caseworker (4)
- social service director
- mental health consultant
- nutrition aide homemaker
- counselor (3)
- interim director
- Independent living instructor
- substance abuse counselor (3)
- project coordinator
- professor
- construction supervisor
- regional consultant for Substance Abuse Treatment programs
- teachers assistant
- administration
- systems manager
- EMT
- employee and training specialist
- speech aide
- adult protective
- therapist
- clerk
- regional coordinator
- EAP coordinator

Question #25

- early childhood education director
- unskilled labor (5)
- semi-skilled labor
- education (5)
- restaurant management
- school lunch management
- home economics
- hospital orderly
- model
- sales (4)
- community organization
- secretary (3)
- carpenter
- counselling
- electronics
- bartending
- work with handicapped adults
- telephone company
- special education

Survey: Feasibility of Offering Trainng for Social Workers in Washington County

Question #25 (Continued)

recreation specialist
drug clinic
law enforcement
housewife
business administration

Question #27

wanted to help people (4)
empower women
personal fulfillment (2)
more challenge (2)
work with the elderly
money (2)
no weekend work
love children
interest in the field (4)
parenthood
advancement opportunity (2)
independence
frustration with previous job
job availability
peer relationship
industrial accident

Question #28

attitudes toward the poor
economic development
clans in rural Maine and their impact (2)
psychology (2)
counselling (3)
group process and dynamics (3)
sex abuse (8)
incest (1)
techniques of family work
professional development (2)
intervention techniques
physical abuse of children
sex abuse training for judges and lawyers
adolescent issues (4)
womens issues (4)
family crisis intervention
strategies for planned community change
projudice and oppression
mediation
family and marital therapy (4)
childrens counselling
vocational rehabilitation
guidance counselor course
self-nurturance (2)
independent living technique
counselling the disabled

Survey: Feasibility of Offering Training for Social Workers in Washington County

Question #28 (Continued)

child abuse (2)
building parent/child relationships
multi-problem families (2)
substance abuse (8)
supervision
child abuse law
child abuse law for judges and attorneys
generic case management
behavior modification
investigative skills
DHS policy
training for service providers in how to handle disclosure of abuse
effects of the media
effects of pornography
effects of poverty
treatment of sex abuse perpetrators
work with the elderly
eating disorders (2)
interpersonal relationships
innovative programming
federal funding for social work
crisis intervention (3)
domestic violence
dual diagnosis
ACOA
adolescent alcohol assessment
stress management
speech therapy
inter-disciplincay techniques
working with confused people
work with adult incest survivors
art and music therapy
grass roots organization
systems theory (2)
criminal rehabilitation
undergraduate psyche (1)
undergraduate social work (11)
graduate psyche (3)
MSW (15)
DSW (1)

Question #35

Suzanne Segroi
Nicholas Growth
Edward Jessimeau
Gayle Woodson
Kay Gardiner
Judith Redding
Marjorie Withers
Ross + Logs
Donna DeMuth
Claudia Black
Sharon Cruiz
Martha Naber
Pat Miller
Shelby Rafter
Stan Davis
Virginia Satir
Mike Morris
Bill Whittaker

Ashira Cinnimon

Survey: Feasibility of Offering Training for Social Workers in Washington County

Question #39

B. Pastoral Counselling and Family Crisis
B. Human Services
B. Counselling
M. Human Services
D. Rural Development
D. Adult and Community Education
D. Psyche
D. Education

Concentration Proposal Summer 1988

Carolyn Brennan-Alley

AGENCY DESCRIPTION

As per legal agreement attached, Katahdin Area Health Education Center (KAHEC) will provide fiscal administration of stipend for intern, as well as, consultation regarding coordination, organization and operation of the Rakers' Center.

KAHEC is a private non-profit organization which works "in partnership" with post-secondary health professions educational programs, rural health practitioners and community-based health organizations in Maine. KAHEC is funded through a grant from the Office of Health Professions. This grant is directed to KAHEC through a cooperative agreement with the College of Osteopathic Medicine of the University of New England. This cooperative effort is designed to address the shortage and maldistribution of health and social service professionals in rural Maine communities.

Current goals of KAHEC include:

-Improving health manpower distribution through the development of rural health training programs in medicine, nursing, social work and allied health.
-Encouraging health professions schools to be more responsive to area health needs, and strengthening the community base for planning and supporting programs designed to meet local needs.
-Developing continuing education and other support programs for health professionals at the local level which emphasize an approach that is holistic and prevention oriented, and includes access to technical assistance.
-Promoting public health education.
-Increasing educational opportunities, employment and retention of health professionals, especially Maine natives, in underserved areas.

KAHEC agrees to work cooperatively as consultants and fiscal administrators with Washington Hancock Community Agency (WHCA) via Keith Small, Special Programs' Director who will supervise and work collaboratively with Carolyn Brennan-Alley to coordinate the day to day activities, organization and operation of the Rakers' Center

WHCA is a private non-profit agency designed to combat poverty throughout Washington and Hancock counties. WHCA's mission is to:

-Mobilize and use all resources, both public and private, in a coordinated and massive effort to eliminate poverty and its underlying causes.
-Promote and ensure low income people equal access to opportinities and

resources that should be available to all.
-Change both the attitudes and conditions that perpetuate discrimination, inequality and injustice.

WHCA is responsible for administering several community-based programs that include: Child and Family Services, Community Services Block Grant Administration, Energy Assistance, Housing, Transportation and Special Programs of which the Rakers' Center is a part.

Rakers' Center

During August of every year, hundreds of workers from all over the United States, Maine and eastern Canada arrive in Washington County seeking jobs as blueberry rakers. As a result of their limited resources, long journeys, and discounting of Canadian currency many arrive with little food and no money. The first paychecks are usually for just a few days work and are often used to pay for rakes and buckets. Therfore the need for emergency services, especially food, is substantial.

In response to need, WHCA has organized the Rakers' Center. Several agencies, Pine Tree Legal Assistance, Central Maine Indian Association Food Bank, Department of Human Services, General Assistance, Division of Disease Control, Public Health Nursing, Food Stamps, New England Farmworker's Council, Maine Migrant Education, Social Security Administration, Maine Dartmouth Family Practice Residency Program and the Women's Infants and Children Program come together to make their services more accessible to those in need.

Since the Center's inception in 1983, families ranging form one to ten members have used the services of the Center. The food assistance programs have been in high demand, but the Health Clinic and the Social Security Administration prove very helpful to those in need of their service.

The Blueberry Rakers' Center is an excellent example of how a variety of services and service providers form local, state and private agencies can be coordinated to meet the emergency needs of the local and migrant raking population. In order to meet increasing demands, the Rakers' Center services have grown since 1983.

The Rakers' Center is a difficult project to manage, but WHCA is committed to making services as accessible as possible to any persons that are eligible and in need. WHCA is responsible for coordinating all Center activities.

The Rakers' Center will be open to provide services from July 25, 1988--August 26, 1988.

Finally, Bill Whitaker, Ph.D. will provide intern weekly supervision through the University of Maine, Department of Social Work to assure intern meets all academic requirements of her MSW curriculum through George Warren Brown, School of Social Work at Washington University, St. Louis, MO. Bill Whitaker will work in collaboration with both KAHEC and WHCA.

INTRODUCTION TO PROPOSAL

The eight objectives which follow serve as the heart of the practicum proposal. These objectives have a two-fold purpose (which was agreed upon by WHCA, KAHEC and Carolyn Brennan-Alley).

First and foremost, the objectives provide guidance for the intern in the practice setting to assure intern meets all expectations of her MSW curriculum. Eight areas of social work practice are covered by the objectives. These areas include:

- Social Work Theory
- Social Policy
- Social Work Professional Values and Ethics
- Service Provision in re: to factors of race, class, gender....
- Social Work Service Delivery Systems
- Role(s) of the Social Work Practitioner
- Evaluation of Social Work Practice and
- Evaluation of Social Work Practice Theories and Models.

The second purpose of this proposal is to serve as a job description which incorporates the day to day responsibilities relevant to the coordination of the Rakers' Center (which WHCA is to supervise). Therefore, this proposal incorporates both the intern's academic needs, but also, the tasks which serve as a job description for WHCA.

Because this proposal encompasses both of these areas, it appears comprehensive and ambitious. Bill Whitaker is responsible to assume supervision of all academic areas through intern's self-reflection, discussion and evaluation of learning and progress in the theoretical/intellectual areas noted above. It is agreed the WHCA is strictly concerned with the intern's ability to smoothly, thoughtfully and creatively assist in the coordination of the Rakers' Center. With this in mind, the eight objectives of the proposal follow.

CONCENTRATION PROPOSAL OBJECTIVES
SUMMER 1988
CAROLYN BRENNAN-ALLEY

Objective #1

Intern can demonstrate relevant theoretical knowledge involving families served by the Rakers' Center. These families are at risk of health problems and emotional difficulties due to the social, economic and political forces which impede their welfare. Health problems may include barriers to community based emergency medical services.

Tasks:

Intern will develop a research/reading list under the direction of William Whitaker. Topics will address theoretical knowledge appropriate to the seasonal/migrant populations served by the Rakers' Center participants. Readings may include but not be limited to the following topics: alcoholism, suicide, crisis intervention, family systems theory, group work, and community organizing. Topics will address the family structure within the Native American culture. Theoretical knowledge will include the cultural and historical aspects relevant to the migrant family ecology, and cultural assimilation in relation to Canadian and Maine tribes.

Intern will interview representatives within the Mic Mac and Maliseet tribes as recommended by consultants through KAHEC. Interviews will provide intern an opportunity to address areas of knowledge relevant to the Native American communities served. Interviews and ongoing contacts with Rakers' Center participants will provide ongoing knowledge of special needs within the seasonal/migrant population, but also the organizational needs of the Rakers' Center in meeting clients' needs.

Intern will research available records for an understanding of the Rakers' Center to assist in the conceptualization of the needs and ecology of the Center in serving seasonal/migrant workers.

Intern will provide Rich Entel, Maine/Dartmouth Family Practice Residency Program relevant information gathered in research and readings at

his request which may prove helpful to clinic residents who will work on site at the Center.

Evaluation:

Through weekly supervision, intern will discuss directed readings, with Bill Whitaker and share her understanding of the knowledge gathered from research. Intern will consult with KAHEC representatives, Claire Bolduc and Bo Yerxa regarding special knowledge relevant to the seasonal/migrant clientele served. Intern's journal will highlight important areas of knowledge for discussio

Objective #2

Intern can demonstrate through practice, an understanding of federal, state and local policies (ie. social, economic, child welfare, migrant health) that affect seasonal/migrant children, youth and their families served in the practice setting.

Tasks:

Intern will consult with responsible participants and request policies (particularly federal and state) relevant for understanding the rights and responsibilities, provision of guidelines and mandates behind services to the seasonal/migrant families served in August. Contacts may include but not be limited to: Federal regulations, for Migrant Health, Gena Molitor, Harrington Clinic; laws regarding migrant/seasonal workers in ME., Paul Thibeault, Pine Tree Legal; Federal laws relevant to Canadian and American Tribes, Vincent Simon, Big Cove Reservation or Alison Bernard Chief, Eskasoni Reservation. . . .) Interviews and contacts with each major Blueberry grower may prove insightful to these issues. Policies which direct each participating agency at the Center will also be researched by intern. All relevant written policy guidelines for service provision will be collected for the future organization of other Centers by WHCA and other coordinating agencies.

Intern hopes to develop an awareness of the level of internal collaboration within and between tribal communities in relationship to service provision and policy issues.

Evaluation:

Intern will discuss the impact of policy issues upon service delivery to the client population in weekly supervision with Bill Whitaker.

Intern will also share and discuss all relevant written policies and

regulations on federal, state and local levels with participating agencies in developing a central file at WHCA. Policies may prove helpful as part of historic analysis and report (see objective #7).

Objective #3:

Intern can demonstrate an understanding of different values and ethical dilemmas that arise in practice with the families served at the Rakers' Center particularly, minority families; but also among the collaborative team of service providers on-site. With this understanding, intern will work to effectively resolve any of these issues that may impede service provision utilizing professional behaviors consistent with Social Work Ethics.

Tasks:

Intern during the day-to-day organizing and operation of the Rakers' Center in August will deal with any dilemmas or difficulties that may arise during the Centers' operations. Intern will work with participants toward resolution of potential differences. Intern will make every effort to keep lines of communication open with all staff to deal directly with dilemmas which are likely to arise, particularly in August.

Through constant self-analysis of values and ethics, intern will deal with clients always respectful of their best interest by advocating for their accessibility to services.

Intern will keep a series of progress notes in journal regarding sensitive issues. This will provide ample opportunity for critical analysis for learning in supervision.

Special consideration will be given to the interplay between the values of the client in relation to social work ethics and service provision. Intern will work with families respectful of their cultural needs.

Evaluation:

Intern will develop 3 written evaluative tools to be filled out by: A) WHCA staff involved with the Rakers' Center Project, B) Consultants from KAHEC, and C) Rakers' Center participants. These evaluations will include comments about how Intern deals with ethical and value differences respectful of the best interest of those served by the Clinic. Evaluations may be shared with Bill Whitaker, before his evaluation is presented to the George Warren Brown, School of Social Work.

Intern will discuss all difficulties in weekly supervision with Bill

Whitaker. If crises arise, Bill Whitaker will be contacted by phone as needed to explore and effectively deal with a resolution. Also, intern will contact Keith Small if difficulties arise which present a potential for WHCA's community relations.

Objective #4:

Intern can demonstrate knowledge about the specific seasonal/migrant populations served at the Rakers' Center particularly, but not exclusively Native American migrant workers. Attention will be given to race, gender, class and culture. Intern will show effective knowledge and sensitivity to these differences during coordination of Center activities and as a social work service practitioner at the Center in August while working directly with families to assure their needs are met in the interventive setting.

Tasks:

Intern will continue to develop a sensitive knowledge about these groups through directed readings on issues of race, culture, gender. . . . This will enable intern to advocate for seasonal/migrant families in a culturally sensitive way, respectful of clients' needs and clients' world views. Sources of readings to address minority issues will be gathered from Bill Whitaker's library, research, and consultants, for example, Claire Bolduc or Rene Attean.

Intern will interview: a) Native American representatives to encourage representation from all Indian communities for planning and input in Center functions; b) Participating Agency Representatives or c) Community Leaders. (i.e. school officials, local governmental representatives, blueberry growers. . . .) All plans to contact people within the local communities will be discussed with Keith Small from WHCA prior to making contacts. These interviews will assist intern in developing a working knowledge of the institutional racism which creates barriers to effective collaboration with the local surrounding communities around the Rakers' Center which can impede service provision. Community education about the Center may be one objective of these interviews. The hope of increasing each community's awareness of the populations served by the Center and the participants' responsibilities to meet clients' needs may also be an objective of these interviews.

A journal will be kept of the issues relevant to institutional oppression in relation to Center operations for conferences during supervision.

Evaluation:

Intern will discuss with Bill Whitaker the many cultural, gender, racial,and socioeconomic issues that effect the client population and may inhibit effective service provision.

Intern will meet regularly, but informally with Claire Bolduc to discuss the cultural and racial differences of the groups served by the Center, in order to be sensitive and clear about the differing needs of those served on-site.

Sensitivity and thought will be given to the relationship between the cultural and racial differences that impact both: the successful coordination of the Center as a service-delivery system, and long range planning for future developments of a permanent site/program which requires community input and resource development.

Objective #5:

In the field setting, intern can, demonstrate knowledge of the socio-economic and welfare service delivery system relevant to the Rakers' Center. This may include: the network of social, medical and community support services to the seasonal/migrant population. This network will include agencies in the two-county area, outside of the Center, but who clients may be referred to.

Intern will develop this knowledge through her organizational and coordinative activities (see Objective #8); and as a social service provider in August through: linkage and referral, crisis-intervention, follow-up of particular referrals for services and group work in collaboration with Center participants for the smooth connection of families with services.

A detailed journal will be kept by Intern and include organizational tasks and services delivered in August to families for review by Bill Whitaker.

Intern will develop a resource file of important information from all participating agencies relevant to the Centers' operation and/or future planning needs. Intern to consult with Bo Yerxa and Keith Small to get lists or guides of service providers Down East to broaden Intern's awareness of services at the community level.

Intern will keep an updated directory of service providers involved with the Center this year.

Intern will develop a system to centralize communications among center participants. This will be done in consultation with Keith Small, WHCA. Selective agency correspondence related to the organization of the Center will be requested for a WHCA central file in order to understand more fully how participating agencies work together.

Participants may provide input on the best way to organize a centralized system.

Intern to participate and assist Steering Committee in locating a site for the Rakers' Center. This may include but not be limited to: community contacts, letters to potential owners of vacant sites, or future community liaison toward long-range planning for a permanent site. Contacts may include: the Harrington Clinic's Board of Directors, local government officials or the local business community. All contacts will be made only after consultation with WHCA or the Steering Committee.

Intern to assist Keith Small of WHCA with the Center's budget, during organizational phases in June and July.

Evaluation:

Intern to meet weekly for discussion and supervision with Bill Whitaker. Written evaluative tools will assist WHCA and the Center participants to address and comment upon the helpfulness of the intern in working effectively with service networks (i.e. did CBA develop a helpful organized system for dealing with the Center's clientele, or did CBA use skills that were helpful to the Steering Committee in locating a site, or was CBA able to assist with gaining greater community support of a permanent site for future Centers. . . .)

Objective #6

Intern can demonstrate as Center coordinator and Social work provider, a knowledge of social work role's and skills within the social setting and with seasonal/migrant families at risk.

Tasks:

Center Coordinator activities may include but not be limited to: developing an organizational chart which delineates coordination of the Center's activities and identifies who is responsible to report to whom when questions arise that need expedient answers. (WHCA will be the central coordinating hub of the center); determining the physical layout of the Center and coordinating necessary supplies; designing and making signs; determining the schedule of services, developing and printing information/flyers/intake forms; interviewing ,training and supervising TDC intake staff and responding to the space or supplies needs of any of the cooperating agencies or landlord; and reporting regularly to supervisor regarding Center activities.

Intern may reduce the final intake form data into a statistical report and

perhaps combine with data provided by service providers for historical report.

Intern to assist with the potential expansion of services at the Center this year and coordinate efforts with Center participants to include substance abuse services, particularly a alcohol counselor on site(?), or the organization of AA/ALANON meetings for migrant families that are accessible to the blueberry barrens during the 5 week harvest. Intern will assist with community education about the Rakers' Center in the form of flyers on pesticide use and their health-related problems for Rakers.

Further public relations and community education about the Rakers' Center may be developed via newspaper articles, a mini press conference, flyers for local distribution, maps of the clinic for ease in flow of client traffic at the Center. . . .

Intern will contact service providers (i.e. WIC) that have not made meetings to assess contribution to the Center this year.

Intern will develop a system for client input regarding service provision at the Center (i.e. a suggestion box or a 2 question survey on recommendations for Center improvements, or interviews with clients for input/quotes to be used possibly in the forthcoming written history of the Center (see Objective 8).

As a service provider in August, intern's tasks may include but not be limited to: short-
term direct service with families,crisis intervention, linkage/referral and follow-up in connecting families with services or assisting participants with the smooth flow of services provided.

Evaluation:

Weekly supervision, via Intern's daily journal and discussion with Bill Whitaker will continue to address how tasks are carried out and completed by intern.

Written evaluations will address, by design,intern's ability to effectively carry out social work roles and skills as coordinator and team player on site. Evaluations will be filled out by KAHEC, WHCA, and AGENCY CENTER PARTICIPANTS.

OBJECTIVE #7

Intern can critically evaluate own practice interventions with seasonal/ migrant workers and Center coordinative activities at the policy, community, agency and individual level.

TASKS:

Intern will assist with the development of an historical analysis and review of the Rakers' Center over its 6 year history. This report will document the evaluation of the Center's strengths and weaknesses. The report may include but not be limited to : recommendations for future program planning; information gathered from interviews of program participants (to include families served and/or not served by the Center) on all levels of Center coordination including those areas listed in objective #7 above; and data gathered from agency files, minutes, yearly reports, policy guidelines, funding sources. . . . Intern would request input from WHCA, KAHEC, Rakers' Center Steering Committee members and Participating Agencies regarding the report's purpose(s) for its future use(s). Compilation of the data/report will be completed in the Fall of 1988 after the Center's operation.

Intern will keep a journal of day to day practice with clients and Center Participants. This will document service provision for discussion and review with Bill Whitaker.

Intern will develop 3 written evaluative tools designed with specific areas of responsibilities to be addressed by KAHEC, WHCA and Center Participants. For example, WHCA--Did assistant coordinator follow work plan to assist with the Center's operation?. . . .

EVALUATION:

Intern will confer weekly with academic supervisor regarding practice issues on site at the Center. Participating service providers will complete evaluations for review by intern and Bill Whitaker (final evaluation of intern's progress will be the responsibility of academic supervisor copies of evaluations from WHCA and other Center participants may be included with final evaluation and sent to Washington University.)

Bill Whitaker will have access to final historical report to assist him in evaluating intern once complete.

OBJECTIVE #8

Intern can demonstrate her ability to assess and judge critically the usefulness of practice methods. Practice models will include working with groups on problem-solving tasks regarding Center coordinative activities; and daily practice strategies used on site in August which may include drawing from crisis intervention, family systems and linkage and referral strategies. Intern's ability(s) to coordinate team participants in providing services as a viable group and to provide helpful assistance to families as a social worker will be included in the assessment.

TASKS:

Intern will apply daily skills in working with groups to facilitate the smooth coordination of the organization and operation of the Center. An organizational chart will be developed (at the request of Sandra Prescott) to delineate how and who is responsible to deal with potential difficulties that are likely to arise in the practice setting. This chart will be completed by intern and Keith Small, Program Specialist, WHCA.

Intern will also apply as appropriate, Resource Development and Marketing Strategies in Center activities. These strategies may include but not be limited to Public Relations about the Center, (ie. press conferences, newspaper articles, flyers. . . .) All community contacts with regard to long range planning for future Center sites, community education about the Center, etc., will be coordinated with Keith Small, WHCA.

EVALUATION:

All correspondance regarding Public Relations around the Center will be kept on file for reference by WHCA, KAHEC and Bill Whitaker. Intern's journal will again serve as intern's progress notes about the effectiveness of group work skills in coordinating Center activities. Written evaluations will also serve as tools to assess and analyze intern's strategic abilities in assuring the success of this years Rakers' Center and its continued growth and community support.

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May 6, 1988

RAKERS CENTER MEETING - 5/4/88

Present: Keith Small (WHCA), Betty Ring (MMEd) Gena Molitor (HFHC) and Bo Yerxa (KAHEC)

1. Update on funding

HFHC has withdrawn migrant health portion of work/funding proposal (which was submitted at Bill McKenna's suggestion) at Bill McKenna's suggestion/ direction.

W-HCA's approach has so far been informal/personal based on telephonic interaction with NEFC (Grace taylor) and Reg I/Boston HHS (Bill McKenna). A budget and brief proposal will be going out in mid-June. Anticipated request will likely be in the $5-7K range.

The status of the $5-7K that the Bureau of Health got in '87 is uncertain. Some of these funds went for medical support, prescription expenses, diagnostics, phone, and miscellaneous costs.

The need to press NEFC for as early a decision on funding as possible was stressed by all present. Gena also suggested that it might be helpful to have Bill McKenna come up and meet with the steering committee to clarify issues/clear the air at some point in the near future.

Bo suggested that the committee obtain the budgets and programmatic descriptions from WHCA, Bureau of Health and Me. Dartmouth to review what is and/or is not covered and what would be a reasonable request to present for funding.

2. Space

Tom Rush (Cherryfield Foods) and Fran (Bibby) Nicholas (NE Blues) attended the April meeting w/Steering Committee and indicated support, although there has been no concrete manifestation of that to date. Larry Willey (Wymans) did call Keith to express "support". Tom has called Keith several times and did seek Worsetor's wreath shop and was rejected. He suggested that the Cherryfield Snowmobile Club be explored (through Mike Murphy, Addison selectman). He also indicated that the three growers "might" be able to come up with "some" money. Dick Campbell has expressed (personal safety) concerns around this (Sno Club) site's isolated location. Keith will check.

Other possible alternates include:

- o **Columbia Town Hall - This site is preferred by Dick Campbell, and he believes GA could be located there (tho perhaps not other services). Keith will check.**

- o Former Cirone's Auto Shop - in Harrington. Gena will check out.

- o Greenwood Cemetery Society building in Columbia Falls (on Centerville Road). Gena will check out.

- o HFHC - Despite this year's SNAFU, there was a sense that the Harrington Health Center was ideally situated for such an endeavor. It was felt that perhaps a long-term strategic planning process might identify needed resources (to rehab barn/carrage house, support staffing, etc.) that would enable its board to feel comfortable with such a role.

  Bo indicated that he anticipated that the mobile clinic will be in shape by July 1. There is interest in utilizing it, in Aroostook, but it would be available for the Rakers' Center, if needed. Repair costs are likely to be higher than budgeted, but KAHEC Director Ross feels this can be worked out. Basic furniture has been offered from HFHC, UNE and KAHEC.

3. Support staff

Bo raised the desirability of utilizing a graduate student available through the KAHEC to coordinate the various actors/activities involved in getting the Center up and running, due to the perceived staff/resource limitations of all the planning/participating agencies. The specific individual is Carolyn Brennan-Alley, who is from Hancock County and is completing her MSW at Washington University (St. Louis) with a social development concentration and who could utilize the experience as an academic practicum. The KAHEC could support her with a small stipend and some travel.

All present felt this was a desirable possibility. Keith shared WHCA's concern that roles and responsibilities (esp. supervision) be clearly identified. It was agreed that W-HCA, MMEd and KAHEC should identify appropriate/necessary tasks and develop a draft job description. There should then be a meeting with Ms. Brennan-Ally and possibly her local academic advisor (either Dr. Whittaker or Dr. Ross from UMO) to dovetail the Rakers Center needs with her academic requirements. On the topic of day-to-day supervision, Betty indicated her belief that, while her supervisor (Pam Gatcomb) would be willing to put her name on the line, she believed that more local supervision would be required. Gena indicated that, at this point, she is effectively participating in the planning process as a volunteer, and would not be appropriate. Bo pointed out that his office is 80-90 miles away. A concensus emerged that W-HCA would be the closest and most experienced group to provide routine supervision, with some feedback loop to the steering committee for final, over-all evaluation. Keith indicated that he felt this would address W-HCA Director Prescott's and his concerns for appropriate supervision and coordination.

4. Next meeting(s)

Gena will explore possible dates for an "air-clearing" meeting with Bill McKenna and inform those interested in participating. It was suggested that a meeting of the larger group of interested/participating individuals/agencies be set for 10 a.m., June 2, at in Ellsworth.

Rakers' center needed for blueberry harvesters

By Bill Vasquez
Down East Bureau

MILBRIDGE — Representatives of agencies that dispensed social, medical and legal services to migrant and seasonal workers during the 1987 blueberry harvest met Wednesday at the Red Barn Restaurant. According to Keith Small of East Orland, a community-liaison specialist with the Washington-Hancock Community Agency, the consensus was that similar services should be provided during the 1988 blueberry harvest on the barrens of western Washington County.

"A rakers' center is needed," Small said. Since 1983, the Washington-Hancock Community Agency has administered a rakers' center in Cherryfield. Since 1984, the agency has been permitted by the Maine Seacoast Missionary Society to use the Weald Bethel Chapel to house the center.

Small said that this year the chapel would not be available and another site must be found for the center. The availability of funding for the 1988 rakers' center was another issue that would have to be addressed, he said.

Last year, the agency operated a rakers' center at the chapel five days a week, July 25 to Aug. 30. The costs of rent, telephone service and supplies for the center totaled almost $5,500, Small said. Most of the money was reimbursed through a grant from the New England Farmworkers Council.

Small said it was not certain that a similar grant would be available this year.

A committee was formed Wednesday to find a new site for the rakers' center. The committee members include Small; William Yerxa of the Katahdin Area Health Education Center in Calais; Betty Ring of the

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Rakers' center needed for migrant workers

● from page 1

Maine Migrant Education Program in Augusta; and Gena Molitor of Harrington, administrator of the Harrington Family Health Center. Another member will be added to the committee, according to Small.

Sandra K. Prescott of Machiasport, executive director of the Washington-Hancock Community Agency, agreed that the agency would administer the rakers' center this year.

The Harrington Family Health Center will help to organize a medical clinic for the rakers' center this year, according to Small.

Small said the need for a rakers' center could be seen in the fact that each year during the annual harvest the local population increased by about 3,000. Most of the increase is represented by families of migrant workers from other Maine communities, from other states in the United States and from the Canadian provinces of New Brunswick and Nova Scotia, according to Small.

In a report to the board of directors of the agency, Small wrote that three weeks was "usually the emergency period for migrant workers."

"It may be a week before raking (of blueberries) begins, and it is usually another week before they receive their first paycheck; and oftentimes another week before they receive their first full paycheck," Small wrote in the report.

What Small described as the "most visible" services provided at the rakers center have been food stamps, medical services and general assistance.

By the second week of August, when the annual harvest starts on fields owned by the Jasper Wyman and Son Co., Cherryfield Foods Inc., and the Northeastern Blueberry Co. of Columbia Falls, the daily number of clients at the rakers' center begins to exceed 100, according to Small.

Agencies that offered services at the rakers center during the 1987 harvest included the Central Maine Indian Association, The Farmworker Unit of Pine Tree Legal Assistance Inc., the Department of Human Services, the Bureau of Public Health and the federal Social Security Administration.

Since 1984, the Division of Human Services has sent staff members to Cherryfield to administer a general assistance program for migrants during the blueberry harvest.

Small suggested that, in the event that a site could not be found for a rakers' center this year, representatives of the various agencies should start planning what he called "individual alternatives for providing services."

Rakers' Center Meeting
June 2, 1988
St. Joseph's Rectory, Ellsworth

Those present: Ray Blaisdell, Maine Seacoast Mission, Jane Small and Chris Rallis, Training and Development Corporation, Nancy Davis, Bonnie Moran and June Hallowell, Food Stamps, Betty Ring, Maine Migrant Education, Carolyn Brennen-Alley, W-HCA/KAHEC, Bo Yerxa, KAHEC, Rich Entel and Ted LaRochelle, Maine- Dartmouth Family Practice Residency Program, Paul Thibeault and Lisa Butler, Pine Tree Legal Assistance, Gena Molitor, Harrington Family Health Clinic, Keith Small, W-HCA

SPACE - Keith reported that so far, we do not have a space to operate the Rakers' Center. The site search committee had met twice; the first was with Tom Rush, Cherryfield Foods, and Francis Nicholas, Northeastern Blueberries. The blueberry comapnies were generally supportive of the Rakers' Center but had little to offer for new ideas.

According to Gena the former Cirone's Auto Shop was not available and the Greenwood Cemetary Society building would not meet our needs.

Keith had written a letter to Mike Murphy, President of the Narraguagus Snowmobile Club, expressing an interest in leasing their space on the Ridge Road in Cherryfield. Keith followed up the letter with a telephone call to Mr. Murphy. At that time Mr. Murphy did not rule out the use of their space. Keith had postponed contacting the Columbia Town Hall because the Snowmobile Club space was most desireable.

Paul T. described a conversation he had with DHS General Assistance folks and shared with us their need to know the site location as soon as possible. Everyone agreed that it would be much easier to plan once the site problems are resolved. Bo suggested a "MUST KNOW" date of June 20. If we aren't locked into a site by that time we must go into emergency session to determine next steps.

Carolyn Brennen-Alley - Carolyn, a graduate student from Washington University, St. Louis, Missouri, introduced herself to the group. She will be coordinating the Rakers' Center with W-HCA while reporting to KAHEC and her academic advisor at UMO. Carolyn will combine her daily Center activities with her academics and research projects to help us describe what we have done over the years and how we might plan for the future. She will be developing a proposal for review by Washington University, W-HCA, KAHEC and UMO, which will delineate her objectives. Anyone who would like a copy of her proposal may receive one by writing or calling her at W-HCA, PO BOX 280, Milbridge, Maine, 04658, 546-7544.

Medical component - Rich Entel, Maine-Dartmouth Family Practice Residency Program, announced that his organization would be subcontracting with the New England Farmworkers Council to operate the health clinic. They also would be providing physicians as they have in the past. Rich suggested that notice of the Center and its' programs might best come from one source. Others thought it would be a good idea if the Center could develop a central method of information exchange. It may be a little late, this year, to route all Center correspondence through W-HCA but we will be updating our mailing list and can share any info you want with those folks.

Center staff - TDC plans to provide the Center with 1 or 2 work experience people to assist clients with the initial intake form. They also need to know when and where.

Center Schedule - The Center will open on the last Monday in July (July 25) and close on the fourth Friday in August (August 26), therefore being open for five weeks. MDFPR (the health clinic) will not be operational the first week but will be completely staffed from August 1 to 26. All other service providers should check their calenders and decide what days they will be at the Center. Again, it is important for any service provider to be at the Center as early as possible on the days they are scheduled for the Center. The Center hours will be 8:00 to 4:30.

Annual Center Report - Paul T. wondered if there would be a Center report this year. After some discussion, Carolyn describe how that task would fit nicely within her objectives.

Pine Tree Legal Assistance - Paul mentioned that they would be hiring an extra person during the raking season and that he and Lisa Butler, PTLA paralegal, would be in and out of the Center throughout the season.

WIC - WIC representatives were not at the meeting. Last year WIC's Center schedule was unable to predict the high traffic flow days. W-HCA will contact Downeast Health regarding their Center plans.

Food Pantry - Will CMIA provide a food pantry at the Center this year? Paul will contact them regarding their plans. Last year, the food pantry procedure worked very well and served many families when GA and food stamps were not available.

Other social services - What about substance abuse services? The group agreed that the raking season is a time when AA members do not attend their regular meetings, therefore making it easier to "fall off the wagon". Bo,

Gena, Paul and Rich will be reviewing ideas to address this problem.

Community awareness - How can we better publicize the Center and it's services? Good articles in the Bangor Daily News, Ellsworth American and Machias Valley Observer. Maybe even a press conference.

Pesticides - Lisa described a new law that requires agricultural employers to educate their employees on the pesticides used on the crop. The DOL and the Ext. Service may also be involved in the education process. How can the Center help, directly or indirectly? Bo and Pine Tree will check out the possibilities.

Old site - We must keep in mind that when a new site is found we must publicize that location extensively to minimize the traffic flow through the Weald Bethel. Print "you are here" maps, new signs etc.

Mailing lists - Carolyn will be updating the current list by including the new folks at the June 2 meeting. Is there anyone else that should be included or deleted?

Next Meeting - the next official meeting is June 20 IF we do not have a site. Carolyn will be contacting most of you to arrange individual meetings so that she may better understand all of our roles regarding the Rakers' Center.

Memo June 29, 1988

To: Rakers' Center Participants

From: Carolyn Brennan-Alley

Subject: Site Update and Etc.

I am writing to follow-up with you regarding this year's Rakers' Center Site. As we discussed by phone earlier this week, the Snowmobile Club site is out of the question, because of their rather stringent request for a rent payment of 1000,00 dollars with an additional 500,00 dollar sequrity deposit. In addition to this problem Keith and I feel their is a strained relationship with the Club in terms of their role as landlord. We feel we would have to sweat bullits during the Center's operations because of the Club's endless concerns and no one needs the added stress. Realistically, their financial request is a clear attempt to capitalize upon our dire straits for a site this year.

In spite of these problems, Keith located a site on Main St. in Milbridge. Although this is further away from Cherryfield, the site will accommodate our needs nicely. We will be renting space from a Mr. John Hall, proprietor of Milbridge AG. The building sits behind Dale's Take Out at the back of the parking lot. Mr. Hall has been very cooperative with us to assure the use of his building. He has an excellent attitude toward the migrant population and had no problems in the past in serving Rakers at his store and Laundromat. If you wish to view the site please call Keith or I to arrange a visit.

The building and parking layout enclosed gives you an idea of the physical plant. There is ample parking, although care will need to be taken to make sure adequate space is available for Mr. Hall's customers at the Laundromat and Store. The layout will require your cooperation to assist me in assuring we can organize the flow of traffic inside as well as outside the Center during busier times especially.

Having seen the site, Keith and I feel certain we can manage in a smooth streamlined fashion. I will be considering ideas for presentation at the next Rakers' Center meeting. Please feel free to bring your ideas with you as well. Maybe you can map out some alternatives to be share with the group. Jot down your thoughts on the map enclosed.

On July 11th we will have our next Rakers' Center meeting at the rectory of St Joseph's Catholic Church in Ellsworth.

We will meet at 10:00 a.m. If you have other agenda items for this meeting in addition to the enclosed agenda, please let me know.

Also, could you please develop your schedules when you will be at the Center and bring them with you on July 11th. I need this information in writing to organize the flyer for the printer. Please remember that early mornings are the busiest times at the Center. If your services are available at other locations during the raking season and you will accept referrals for services, please note those schedules as well for the flyer.

PROPOSED AGENDA

--Update on site/group discussion
--Organization of the site/physical layout
--Update from Bo on Van
--Plan to advertise Center to Canadian groups
--Update from Pine Tree re: Pesticide laws/educating Rakers
--Organizational Chart to assist with responsibilities on site
--Update from Gena re: Substance Abuse Services/ Groups
--Terry Polchies to discuss Food Pantry availability CMIA
--Long range planning some beginning ideas/who is interested
--Update on trips to Native American groups/ Carolyn and Betty

cc Sandra Prescott
Keith Small

Minutes Rakers' Center Meeting July 11, 1988
St. Joseph's Parish Center Ellsworth, Maine

Those Present: Keith Small, W-HCA, Betty Phillips, PTLA, Linda Brewer, guest, Betty Grant, EMT, Lisa Butler, PTLA, Ralph Colwell, DHS, Food Stamps, June Hallowell, DHS, Food Stamps, Betty Ring, Maine Migrant Education, Terry Polchis, CMIA, Dick Campbell, DHS, General Assistance, Carolyn Brennen-Alley, W-HCA, Bo Yerxa, KAHEC, Bonnie Moran, DHS, Food Stamps

1. Schedule

One or two food stamp workers will be in the Center at least 8:30 to 11:30, every day for the first three weeks. The Food Stamp office has always been cooperative and stayed later than 11:30 when necessary.

Betty Phillips, Pine Tree Legal Assistance will be at the Center every day for five weeks from 8:00 to 10:00 AM. Lisa Butler, Paralegal, Pine Tree Legal, will be in the field a lot but will be checking into the Center regularly and can be reached through Betty Philips.

General Assistance (DHS Food Vouchers) will be in the Center from 8:00 am to 1:00 pm, every day for the first three weeks. Dick C. originally said that GA would be there 8 am to 2 or 3 pm with a lunch break like it happened last year. Keith described the pressure placed on the Rakers' Center (people waiting to apply for GA) while GA was out to lunch and felt it would be better to stay in the Center (taking apps) as long as possible and then when GA shuts down for the day, food voucher inquiries could be referred to the next morning. CB-A spoke to Dan O'Leary who agreed to set up a table at intake to process GA applications with intake forms. This would assist with one less trip to the GA folk after intake and ease the additional flow of traffic. Dan agreed to give it a try and see how it works for his people. If this becomes a problem, we will take another look during Center operations. GA people will be the only persons processing their applications (no help necessary from W-HCA or others).

Maine Migrant Education will have a rep (Betty Ring, most of the time) at the Center all day for the first four weeks.

Social Security will be at the Center for three days; Friday, July 29, Monday, August 1, and Thursday, August 4 from 10:00 AM to 3:00 PM. If there is a pronounced need for Social Security to be on site an additional day, they will rise to the occaision, according to Levi Ross. Additional appointments will be accepted by phoning the Bangor Federal Building only, at 1-800-322-9401 or 947-6717.

WIC's schedule will be on July 27, 28 and 29 and August 1,2 and 3 from 8:00 am to 12:00 PM. WIC will take referrals at their Down East Office in Harrington, Rt. 1, next to the Fire Station,. Regina Beal will be staffing the office from 8:00 AM to 3:30 PM.

The Health Clinic, of course, will be open five days a week from August 1 to 26.

2. Food Pantry

Terry Polchis, Executive Director, CMIA, was concerned that there were not more Agency Directors having decision making capability, like himself, present at this meeting. Also, CMIA would be unable to fund the food pantry this year. Their funds are to be spent for services for Maine Native Americans that live off reservations. The question was raised regarding whether or not other Agencies like Training and Development Corporation or the New England Farmworkers Council, who received funding for migrants activities, could fund the pantry this year. Carolyn felt that TDC would not be able to divert.funding to a food pantry where their focus is on education and training, therefore the attention of Carolyn, Terry and Bo was directed to Keith, W-HCA, who will be receiving substantial support from the NEFWCouncil, regarding the Council's ability to support a pantry. The importance of the food pantry; good nutrition as it relates to health; it's flexible ability to supplement WIC, food stamps, and GA; and the many families who were helped last year, were discussed and support for continuation of the pantry grew. Keith volunteered to contact the NEFWC regarding funds for a food pantry and report back. Terry offered to supplement the pantry with surplus federal cheese and other foods.

3. Organization of the site

Carolyn described the layout of the building and suggested some possible scenarios for who should be located where. As the group review the floor plans, it became very clear that inside space would be a premium. There would be enough space for the various services to deal with a few clients at a time but no room for large milling crowds. Bo suggested getting a large tent, perhaps from the National Guard that could be set up beside the building. With a few large tables and some benches, it could become a waiting area. Then clients could be notified, 5 or 10 at a time, when it is their turn to be interviewed for food stamps, GA, etc. Also, outside portable toilets were determined to be necessary. Our landlord has graciously offered the use of the bathroom in the adjacent laundrymat but that the high traffic flow of a few peak days may require additional facilities.

Ralph Colwell is going to check out tables and chairs for State Surplus Property. Chairs, particularly, are in very short supply.

The group continued to discuss the traffic flow within the building and finally left the final decision up to W-HCA, keeping in mind the needs of each service.

4. Pesticide Education

Lisa reported that the Department of Agriculture had hired Jane Garland, a Toxicologist, to develop a program to better inform farmworkers of the environment in which they are working. Lisa will be meeting with Jane soon. There are several possibilities to provide educational pamphlets and perhaps a video. Bo referred Lisa to Diana White, Director of the Maine Labor Group on Health for additional training materials.

5. Long range planning

As everyone is painfully aware, the site we have acquired is for this season only. We will still be searching for a home. Therefore, Carolyn wants to develop a long range planning group which can continue to work on our future space needs and other issues regarding the development of the Rakers' Center. Bo Yerxa and Gena Molitor want to participate and any one else that is interested is welcome and should let Carolyn know by the first week in September. The group will likely begin it's work in October of this year. Please think about supporting this effort as your time allows.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NOTICE: The New England Farmworkers' Council has agreed to support the Food Pantry up to $1,000, if W-HCA will be administering it as an expansion of their contract with NEFWC and if surplus federal foods can be acquired to be a supplement.

Betty Ring/Pam Gatcomb
Migrant Education Program
Dept. of Education and Cultural Services
Education Building
Augusta Maine 04330
289-5170/1-800-452-1909

Daniel O'Leary/Dick Campbell
Special Services
Maine Department of Human Services
221 State Street
Augusta Maine 04330
289-3691/1-800-442-6003

Lanie Graham M.D.
Division of Disease Control
State Department of Human Services
221 State Street
Augusta Maine 04330
289-3591

Rev. Ray Blaisdell
Weald Bethel
Cherryfield Maine 04622
546-7424

Ralph Colwell
Director Food Stamp Program
State House Station 11
Augusta Maine 04333
289-2826

Gerry Moore
EMT
Columbia Falls Maine 04623
4832844

Betty Grant
EMT
Rt. 1 Box 4
Columbia Falls Maine 04623

Richard Silliboy
Economic Development Coordinator
Mic Mac Council
R 1 Box 288/P.O. Box 930
Houlton Maine 04730/Presque Isle ME. 04769
764-1972

Tom Rush
Cherryfield Foods
Cherryfield Maine 04622
546-7573

Fulton Colbirth/Gary Wiley
Wyman and Son
Cherryfield ME. 04622
546-2311

Grace Taylor
Deputy Director of Operations
New England Farmworker Council
6 Frost Street
Springfield MA. 01105
413-781-2145

Keith Small/Sandra Prescott
WHCA P.O. Box 280
Milbridge Maine 04658
546-7544

Betty Phillips Outreach
Pine Tree Legal Assistance Inc.
14 Smyrna Street
Houlton Maine 04730
532-9829

Gena Molitor/Ken Schmidt
Harrington Family Health Clinic
Harrington Maine 04623
483-4144

Harper Dean
TDC
P.O. Box H
Calais Maine 04619
255-8610

Terry Polchies/John Libby/Fred Thurlow
Central Maine Indian Association
352 Harlow Street
Bangor Maine 04401
942-2946

Alison Bernard
Chief Mic Mac
Eskasoni
902-379-2800/902-379-2506(home)

Eva Sock/Vincent Simon(Human Services Manager)
Big Cove Band
506-523-9183/506-523-9186

Sharon Orrall(Maliseet)
Executive Director ~~Social Services~~
P.O.Box 576
Houlton Maine 04730
532-7339
Jeannie Wypyski Social Services Dierctor
Carol Nickerson Health Director
Dana Boyce Education

Nancy Wilkenson
Wyman and Son
Cherryfield Maine 04622
546-2311

Sonya Dana/Molly Neptune/Jeannette Neptune/
Tribal Health and Social Services
Indian Township
Princeton Maine 04668
796-2322

Paul Thibeault/Lisa Butler
Pine Tree Legal Assistance Inc.
61 Main Street
Farmworker Unit
Bangor Maine 04401
942-0673

Donna Allen
Public Health Nursing
Maine Department of Human Services
100 Court St.
Machias Maine 04654
255-8641

June Hallowell/Bonnie Moran/Nancy Davis
Food Stamps
DHS
100 Court St.
Machias Maine 04654
255-8641/1-800-432-7846

Rich Entel M.D./Ted La Rochelle
Maine-Dartmouth Family Practice Residency
12 Chesnut St.
Augusta Maine 04330
626-1561/622-9362

Claire Bolduc
Penquis KAHEC
118 Belfast Hall, Texas Ave.
Bangor Maine 04401
581-6038/5812371

Bo Yerxa
KAHEC
WCVTI #10
River Road
Calais Maine 04619
454-2144 Ext. 48

Lt. Thomas Michaud
Maine State Police
P.O. Box 25
East Machias Maine 04630
255-8000

Michael Murphy, President
Narraguagus Snowmobile Club
P.O. Box 35
Addison Maine 04606

Wayne Newell, Tribal Planner
Passamaquoddy Tribe
P.O. Box 97
Princeton, Maine 04668
796-2321/home 796-2905

Chris Rollis
Migrant and Seasonal Farmworker Programs
Training and Development Corporation
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Bangor Maine 04401
945-9431

Jane Small
Training and Development Corporation
P.O. Box H
Calais, Maine 04619

Bob Broadbent/Levi Ross
Social Security Administration
Smith Federal Building
Harlow St.
Bangor Maine 04401
947-6717/1-800-322-9401

Ellie Carlisle/Gloria Merritt Office Manager
Downeast Health
3 Oak St./P.O. Box 213
Ellsworth Maine 04650/Harrington ME. 04623
1-800-492-5550/483-2742

Kay Dutram
Maternal and Child Health/WIC
Station 11
Augusta Maine 04333
289-3311

Virginia Wentworth/Brian Altevator
Director Social Services
Pleasant Point
Perry Maine 04667

Sheriff Harold Prescott
Chief Deputy Hollis Ferguson
P.O. Box 312
Court St.
Machias Maine 04654
255-4422

Mr. John Hall,landlord
Milbridge AG
Main Street
Milbridge Maine 04658
546-2321

November 9, 1987

TO: James Ross, Executive Director
FROM: Bo Yerxa, Field Coordinator
RE: Native American Youth Development Project
DATE: 10/20/87

Per your request, I am outlining some of the issues associated with the Native Youth Development Project.

This project stems from the very genesis of the KAHEC project, the conception of which occured at a picnic table at Passamaquoddy Indian Township in 1985. In the course of a discussion between Tribal Governor Stevens, Tribal Health Director Newell, UNE President Ford, UNE COM Associate Dean Bates and myself, Governor Stevens stated a strong desire to see more Tribal youth enter/complete health professions educational programs, as one way to manifest the principles of Tribal self-determination.

As the planning process unfolded, the concept of targeting some resources to this area was conceptualized as one that would attempt to address the need for health career awareness among the reservations' (3) elementary school populations. It was recognized that this effort needed to be integrated into activities that were emerging as Tribally initiated and implemented that dealt with issues such as self-esteem, cultural identity, substance abuse, dropout prevention, etc.

The planning committee has basically consisted of Rick Doyle (Pleasant Point), Wayne Newell (Indian Township) and Brian Altvater (Pleasant Point), all Passamaquoddy Tribal members.

Present plans call for: a) meeting with Brian Smith, superintendent of Maine Indian Education by early Nov. '87 b) Initiating, with Supt. Smith, a request for technical assistance from the Region I Title IV Indian Education Clearinghouse in the person of McClellan Hall. Mr. Hall, an Eastern Cherokee, has an excellent track record of working with Tribes to assist them in developing their own approach to utilizing traditional values and experiential educational programing to address low aspirations, low self-esteem, and associated issues among Native American youth. His approach stresses Tribal involvement/ownership as central to any change process. c) The possible development of a conference/ workshop on Native Youth Aspirations to be held in late winter/early spring.

While this committee needs appropriate support, it must be clear that this effort must be a Native American initiative. Staff must be sensitive to differing perceptions, timelines and processes that are culture-related. Lessons may be derived that could be applied down the road to a simular endeavor with Franco-American youth.

Aspirations - Native Youth Development

MINUTES of the meeting of the Native American Youth Development Committee of the Katahdin AHEC, held 10/27/87 at WCVTI, Calais.

Present for that meeting were Committee Members Brian Altvator and Rick Doyle; staff Bo Yerxa; and guests Brian Smith, Superintendent of Maine Indian Education; and (for part of the meeting) Sonya Dana, Planner, Passamaquoddy Indian Township Tribal Government.

1. Members of the Committee discussed with Superintendent Smith the genesis of the Katahdin AHEC effort, and specifically the Native American Youth Development Project as part of that effort. The desire of members of this committee to support the entry of Native American youth in to health professions was evident and the issue a complex one. A need to develop a joint effort with other groups involved in Native American youth, such as Maine Indian Education, and to develop or expand efforts addressing issues of self-esteem, school retention, substance abuse, cultural identity, career awareness and responsibility to Tribe, family and self was discussed. A joint effort between KAHEC and Maine Indian Education would cover all bases assuring programmatic coordination and appropriate community involvement.

2. A brainstorming discussion ensued, which touched on various activities currently underway in this area. Many of them involving Maine Indian Education; others involving Tribal health programs and/or Tribal Government per se. Other such activity involves developing a Tribal coordinating committee and a Tribal action plan under the provisions of P.L. 99570, which is the Bureau of Indian Affairs and Indian Health Service money flowing onto the reservation through schools and health centers to develop an action plan that in a comprehensive manner addresses issues of substance abuse. Other activities on-going associated with Maine Indian Education include a grant from Maine Department of Education & Cultural Services, called "Alcohol/Drugs in Maine," which defines resources and strategies for addressing substance abuse and substance abuse prevention. Another grant "Children at Risk," which is essentially a truancy and drop-out prevention project, is jointly funded by the Maine Department of Education and Cultural Services and the Northeast Regional Laboratory of the U.S. Department of Education; essentially this is a research project. Another activity that is going on through Indian Ed at the Township is a Johnson O'Mally grant, which is an "Afterschool Support Tutorial and Learning Enhancement Program." Still another program is "Here's Looking at Year 2000 Project," which looks at issues relating to school curriculum and associated support activities. Other ideas that were brainstormed included looking at how some of the camp and wilderness experiences that have been undertaken in the distant and more recent past might be enhanced or supported. Looking at some of the career awareness activities that have gone on in Maine or elsewhere, health professional job-shadowing and such, examples being the trips that elementary school students have taken to the Cherokee Reserve IHS Hospital so that they can see Native Americans in positions of dentists and occupational therapists and such, and kind of a Native American Health Career Upward Bound Program, such as the "Redlands Program." Potential to bring in a speaker for kids at the Indian

Youth Project Camps, such as Billy Mills or similar inspirational individuals, was discussed. The possibility of doing a one or two-day conference on Indian youth aspirations for Maine and/or New England and/or the Maritimes was discussed with possible resources for that kind of an activity being Mac Hall or Wilma Mankiller.

3. The KAHEC grant was discussed in relationship to the above two areas. The program has around $17,000 to be made available to as broad a Native American in Maine as feasible for the purposes of enhancing health career awareness among Native American youth. It was noted that $17,000 is not a lot of money. It could be a year of a part-time person or a half a year of a full-time person. It could be a staff person within KAHEC or with the proper kind of planning and process could be something that could be subcontracted through Maine Indian Education. The discussion was inconclusive as to the best way to proceed. KAHEC/MIEd could employ a confident, flexible, vivacious, child-oriented person who could rotate among the schools and work directly with youth on health career awareness issues and/or to do staff development with schools, health centers, clergy and other elements within Tribal Government that work very closely with youth. It was decided to defer further discussion on staffing to future meetings.

4. Sonya Dana shared her perception that such activities would not be successful unless they were securely routed in the Tribal context. She shared her plan for exposing Tribal youth in Indian Township to health careers by involving them in the Ambulance Corps. She further offered to "take any moneys available" through this program for utilization in the establishment of a summer recreation program at Indian Township.

5. A possibility of obtaining MacLelland Hall, a member of the Eastern Band of Cherokee as a Technical Consultant on this project was discussed. Mac Hall is well-respected for his work in Native youth in several western tribes utilizing a local or Tribal-based intervention and prevention strategy that relies on experiential and wilderness education. Mac Hall is an associate and friend of Mike Morris, Dean of the College of Arts & Sciences, University of New England. Dr. Morris and Mac Hall are collaborating on a national project addressing similar needs and aspirations. It was felt that a mutually beneficial synergetic interraction might result from their consultantion to the group. Superintendent Smith agreed to work with Rick Doyle and Bo Yerxa in drafting a letter to the Eastern Region I, Title IV Indian Education Clearing House requesting Mr. Hall's technical assistance.

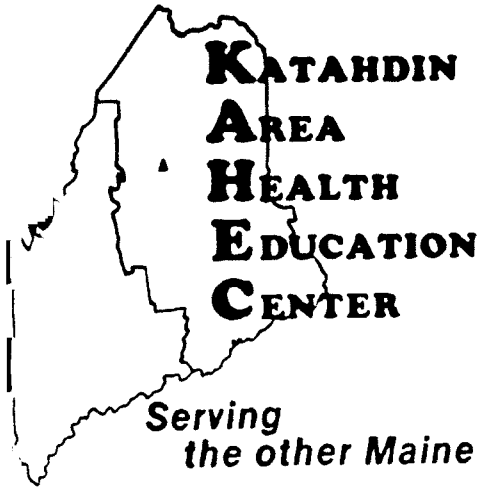
KAHEC Board
Brian Smith
Bo Yerxa
Jim Ross
Shirl Weaver
Dean Morris

TO: James Ross, Ex Director
FROM: Bo Yerxa, Field Coordinator BY
RE: Native American Youth Development Program
DATE: 9/15/87

I am enclosing for your review a draft of a proposal that Dr. Mike Morris, Dean, CAS at UNE, has shared with me. Dr. Morris has collaborated with MacClellan Hall, one of the leaders of the Indian youth leadership development movement nationally, on this proposal, which is being submitted to a major foundation for multi-year funding.

I have shared this also with Rick Doyle chair of the KAHEC Program Committee and member of the Native American Youth Development Committee. In his opinion, the approach out lined is consistent with several initiatives abuilding within several Tribal health programs in Maine insofar that it is Tribal initiated, culturally oriented, experientially based and leadership enhancing at all levels. It would seem a prudent strategy, therefore, to request technical assistance from Mac Hall and Mike Morris in structuring some of the KAHEC programator activities (possibly in conjunction with Maine Indian Education) to dovetail into some of the activities outlined in this proposal. By doing so, we may well lay the base for serving as the northeastern "pilot project" if substantial private foundation funding is forth coming as anticipated.

Rick and others on the committee feel strongly that self-esteem and cultural identity issues are directly linked with school retention and performance, and that we must work (with others) in this area as we move forward on initiatives more obviously addressing health career awareness.



WCVTI #10
River Road
Calais, Maine 04619
(207) 454-2144 ext. 48

May 9, 1988

MEMORANDUM TO ALL INTERESTED PARTIES BOY

FROM: Bo Yerxa, Downeast Regional Coordinator

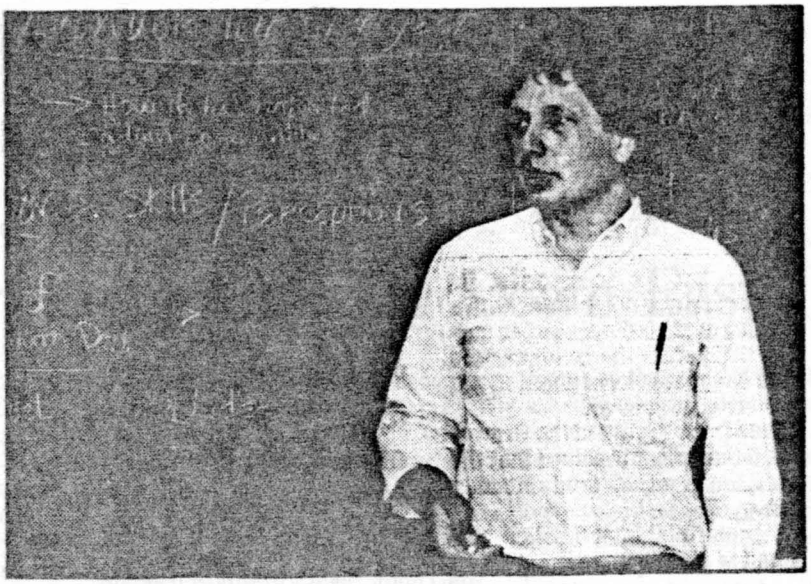
RE: Mac Hall and Native American Youth Leadership Development

The Katahdin Area Health Education Center (KAHEC), with the support of Maine Indian Education, is bringing Mr. MacLellan Hall to Maine next week. Mr. Hall is a Cherokee, who has been experienced in the areas of Youth Leadership Development among Native American Tribes in Oklahoma, North Carolina, Navajo and Michigan. He utilizes wilderness-based experiential education experiences to address issues of self-esteem, cultural identity and aspirations among the at-risk. Among the goals of the programs he has been affiliated with are the prevention of substance abuse, dropping out of school, and other destructive or non-productive behaviors. Mac also promotes a concept of "service-leadership" within his work while each program he has worked with is somewhat different, reflecting their differing Tribal contexts, he believes that this "service-leadership" model captures an essential pre-European approach to leadership that is based on an altruistic desire to serve one's Tribe. By utilizing this approach, youths are motivated to become their highest and best selves and to aspire to serve their communities.

There are several meetings scheduled at which Mr. Hall will share slides and materials he has developed over the past few years, with an opportunity to discuss these concepts and their possible applicability to serve youth-oriented initiatives currently underway within Maine and Maine-based Tribes. These meetings are scheduled for:

2:30 p.m., Thursday, May 19th, WCVTI, Calais and
11:00 a.m., Friday, May 20th, Tribal Courtroom, Community Bldg., Penobscot Nation

If you are interested in youth, particularly Native American Youth, you are cordially invited to attend and participate in these meetings. Please feel free to contact Rick Doyle (Passamaquoddy Tribe, Pleasant Point, Perry, Tel: 853-2551), Claire Bolduc (KAHEC Penquis, 118 Belfast Hall, Texas Avenue, Bangor, Tel: 581-6038) or myself for more information, or if you know others who would be interested in attending.



McClellan Hall

Western camp designed to help teach Indian youth

By Bruce Kyle
Down East Bureau

CALAIS — Habilitation rather than rehabilitation is the goal of New Mexico's National Indian Youth Leadership Program, a 10-day wilderness-experience camp designed, according to McClellan Hall, "to teach our young that they are not victims of a system, but a resource for the future."

Hall, a Cherokee who holds a master's degree in education from Arizona State University, started the camp in Oklahoma in 1983 and expanded it to the Navajo reservation in New Mexico the next year. He described the program to representatives of the Passamaquoddy Tribe and the University of Maine at Machias' Greenland Point Center at a conference held at the Washington County VTI in Calais and also planned to meet with Penobscot Indian officials.

"This is just a model," Hall said. "I'm not here to tell anybody what to do. What works for one tribe may not work for another, but we all have common values and a common desire for our children to become competent adults."

The camp combines the physical challenges of canoeing, rock climbing, horseback riding and wilderness camping with traditional spiritual values, wellness and drug and alcohol awareness. "There is no junk food, radios, TV," Hall said. "We want everybody's attention."

The camp is based on the traditional Indian "servant-leadership approach," he said. "In our ancient, more humble days, we saw the leader as a servant of the people, not as one above the people. Our older campers move up into leadership positions, using the idea of community service as a way of re-engaging our youth in the community, rather than driving them away."

While the enormous changes in society have brought technological progress, they have also brought latchkey children, unclear values, single parents, the breakdown of the family and a victim mentality to the young, Hall said. "The answer is either increasing self-esteem ... or we can continue down the path of drugs, alcohol and alienation.

"Native Americans today too often combine bits and pieces of the worst of Indian culture with the sleazier parts of non-Indian culture. We're trying to raise our children to be competent adults, people who can succeed in both cultures by combining the best of both."

Bangor Daily News 5/24/88

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WCVTI #10
River Road
Calais, Maine 04619
(207) 454-2144 ext. 48

May 23, 1988

MEMORANDUM TO: James L. Ross, Executive Director

FROM: Bo Yerxa, Downeast Regional Coordinator

RE: Native Youth Development/Aspirations

The workshop on Indian Youth Leadership Development led by Mac Hall and sponsored by Maine Indian Ed and the KAHEC via the Indian Ed Eastern Title IV office had an excellent reception at all three presentation sites.

The Washington County/Passamaquoddy presentation (at WCVTI) on the 19th drew 17 participants. This included reps from the Tribal Council, the Inter-Tribal Youth Camp committee, staff from the Pleasant Point School (Title IV), the media (Tribal and BDN), and numerous staff from UMM's Greenland Point Center (who've just received a grant to do environment-based ed with the Township's elem. school), among others.

The Penobscot presentation (at Penobscot Tribal Court) included numerous members of the Inter-Tribal Youth Camp committee, two more school (Title IV) staff (Penobscot and Indian Township), health and substance abuse staff and (for part of the presentation) Gov. Sappier. A total of 14 participated.

My sense is that the Inter-Tribal Youth Camp planning committee found merit to Mac's approach and will be following up directly with a request for additional t.a., especially around training staff for their camp. Several present also indicated interest in going through one of Mac's programs as a learning experience. There was also interest in the possibility of getting some training for high school students who would be counselors in any Maine program.

The later presentation before the board of the Maine Institute for Community Leadership and Development (ICLAD) was well received. This group may favorably consider including some monies to support Native youth programming in their upcoming proposal to the Kellogg Foundation.

I am attaching participant lists from these presentations FY 1.

cc: Smith
Hall
Doyle

A List of Participants at the workshop on Indian Youth Leadership Development Held at WCVTI, May 19, 1988 is available in hard copy at the Shapiro Library, Southern New Hampshire University.

INSTITUTE FOR COMMUNITY LEADERSHIP AND DEVELOPMENT (ICLAD)
Board of Directors - January 1988

Doug Babkirk
Cumberland County Extension Office
96 Falmouth Street
Portland, Maine 04103
(W) 581-3391 or 780-4205

Ron Beard
Hancock County Extension Office
RFD #5 Boggy Brook Road
Ellsworth, Maine 04605
(W) 581-3303 or 667-8212

Bettina Blanchard
21 Spruce Street
Richmond, Maine 04357
(W) 846-3737 (H) 737-2822

Karen Brown-Mohr
Boise Cascade
53 Exchange Street
Portland, Maine 04101
(W) 774-3557 (H) 775-6577

Don Bruce
The Maples
University of Maine
Orono, Maine 04469
(W) 581-3875

Mary Lou Maisel
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Saco, Maine 04072
(H & W) 929-5795

Paul McCann
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Surry, Maine 04684
(H) 667-3124

Michael Morris (Dean, CAS / U.N.E.)
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Kennebunkport, Maine 04046
(W) 283-0171 Ext. 320
(H) 967-4877

Catherine Newell
Box 65
Bethel, Maine 04217
(W) 824-2780 (H) 824-2089

Ruth Pearse
RFD 2 Box 382
Union, Maine 04862
(H) 763-3325

Hilton Power
207 College Avenue
Lewiston, Maine 04240
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Bo Yerxa (Katahdin AHEC)
One Cathance Lane
Cooper, Maine 04638
(W) 454-2144 Ext. 48 (H) 454- 8029

Gardiner Young
RFD #1 Box 303
Kingfield, Maine 04947
(H) 265-2505

Mary Elwell
RFD 1 Box 1390
Wilton, Maine 04294
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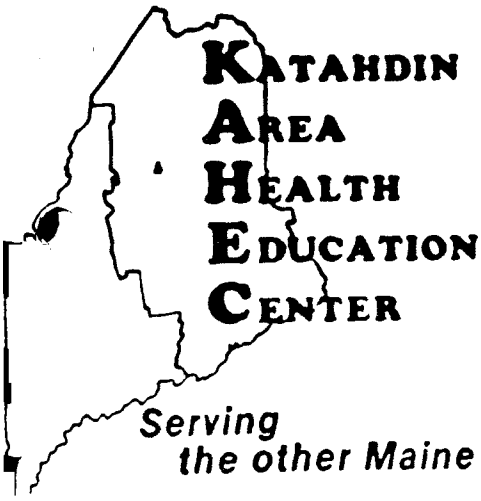
Ex Officio
Sandi Magill
100 Winslow Hall (temporary)
University of Maine
Orono, Maine 04469
(W) 581-3199

Conrad Griffin
302 Winslow Hall
University of Maine
Orono, Maine 04469
(W) 581-3167

Roger Leach
100 Winslow Hall
University of Maine
Orono, Maine 04469
(W) 581-3194

Jim Killacky
100 Winslow Hall (temporary)
University of Maine
Orono, Maine 04469
(W) 581-3201



WCVTI #10
River Road
Calais, Maine 04619
(207) 454-2144 ext. 48

May 9, 1988

MEMORANDUM TO ALL INTERESTED PARTIES BY

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KATAHDIN
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Please respond to:
KAHEC Downeast
WCVTI #10, River Road
Calais, Maine 04619

June 7, 1988

MEMORANDUM TO: Participants in Indian Youth Leadership Development (Mac Hall) Workshop

FROM: Bo Yerxa, KAHEC Downeast Coordinator

RE: Follow-up Materials

Mac Hall has asked me to distribute copies of the enclosed to you for your review and utilization.

I hope that you felt our efforts in getting Mac to Maine were worthwhile. It seemed there was considerable interest in drawing upon some aspects of his model for ongoing activities here in Maine. He is available at no cost as a Title IV consultant through Maine Indian Education.

Should you wish to communicate directly with Mac, his address is:

Mr. McClellan Hall, Director
National Indian Youth Leadership Project
Box 96
Pine Hill, New Mexico 87357
(505) 775-3366

cc: Lisa Altvater
Cliff Cole
Barry Dana
Sonja Dana
Rick Doyle
Gordon Ferguson
Deanna Francis
Frances Frey
Sue Gibson
Pat Knox
Ellie Mason
Betty McHue-Herlihy
Darrell Newell
Mark Ranco
Fran Robinson
Brian Smith
Fred Thurlow
Frances Tomah

AHEC CENTRAL
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Beddington Road
rono, ME 04469
07) 581-2371

KAHEC DOWNEAST
WCVTI #10
ver Road
alais, ME 04619
(207) 454-2144 Ext. 48

AHEC PENQUIS
18 Belfast Hall
Texas Avenue
Bangor, ME 04401
07) 581-6038

AHEC AROOSTOOK
Northern Me. Med. Ctr.
13 East Main Street
ort Kent, ME 04743
(207) 834-3114

PROPOSAL
TO
KAHEC
NATIVE YOUTH LEADERSHIP DEVELOPMENT

1. Project Title_____

2. Project Director_____Name

   Address_____Phone_____
   (Attach resume)

3. Project Staff:
   A. Name_____Title_____

      Address_____Phone_____

   B. Name_____Title_____

      Address_____Phone_____

4. Advisory/Planning Committee Members:

   Name_____Address_____

   Name_____Address_____

   Name_____Address_____

5. Summary of project development;
   briefly describe how and why this idea came about.

6. Summary of project; briefly describe what you propose to do. Include a calendar or time line.

7. Participants. Please describe how you will select participants, how many you expect, their age/sex.

8. Specific objectives. Briefly state what you intend to accomplish with the project.

9. Evaluation/follow-up. How will you measure the impact of the project?

10. Budget, Please provide the complete budget, and the portion you want KAHEC to consider funding.

11. Community involvement. Briefly describe the community's commitment to the project, e.g. schools? Health Center?

12. Assurances. Naturally you'll want a statement about being an EEOC employer, and about liability insurance, proper transportation and health care on-site.

UNIVERSITY OF MAINE

Office of the President

Alumni Hall
Orono, Maine 04469
207 581-1512

RECEIVED MAY 14 1987

May 11, 1987

Mr. Bo Yerxa
AHEC Planning Office
WIKIKONOL - EYIK Learning Center
Princeton Box 805
Passamaquoddy Indian Township, ME 04668

Dear Bo:

I want to thank you and the other members of the Aspirations Conference Planning Committee for a job very well done, indeed. I realize that the time span from the beginning of the planning to the actual event was very short, and you and the others are to be commended for the very impressive efforts put forth and for the very impressive product! All parts of the conference went exceedingly well, thanks to each one of you.

I believe that you and we are taking a leadership role in a significant, state-wide effort, and I look forward to the next stages.

Again, my thanks for your role in this Conference and in this endeavor. Best wishes.

Sincerely yours,

Dale W. Lick
President

DWL/dlp

The Affecting Presence

FRIDAY, MAY 20

8:30 Registration (All Events Free and Open to the Public)

9:00 Opening Ceremonies
Greeting by **Marisue Pickering,** Assistant to the President

9:30 *Myth & Reality in Indian History*
Andrea Bear Nicholas

10:15 *Acadian Made Things: Culture & Character*
Don Cyr

11:00 PANEL DISCUSSION
Land, Place, Roots: The Spirit in the Ground
Moderator: **Burton Hatlen**
Panelists: **Yvonne Godin, Jacques LaPointe, Dana Mitchell, Andrea Bear Nicholas, John Stevens**

1:30 KEYNOTE ADDRESSES
Assimilation and Cultural Survival
Rene Attean
The French and Indian Peace
Claire Bolduc

3:00 *Retrieval of a Language*
Joseph A. Nicholas and **David A. Francis, Sr.**

3:30 PANEL DISCUSSION
Language and Spirituality: Lost Gods and Found Ones
Moderator: **Robert Leavitt**
Panelists: **Charlotte Cormier, Carol Dana, Rita Joe, Jacques LaPointe, Darryl Newell**

7:30 INFORMAL PROGRAM OF SONG, DANCE AND STORY TELLING IN THE WABANAKI AND ACADIAN TRADITIONS
Participants: **Victor Albert, Robert Cormier, Don Cyr, Deanna Francis, Yvonne Godin, Leo LeBlanc, Paul LeBlanc, Dorothy Newell, Mary Ellen Newell, Wayne Newell, Lee Roy, Blanche Socabasin**

SATURDAY, MAY 21

9:30 *Acadian Folk Song: A Window to History*
Charlotte Cormier

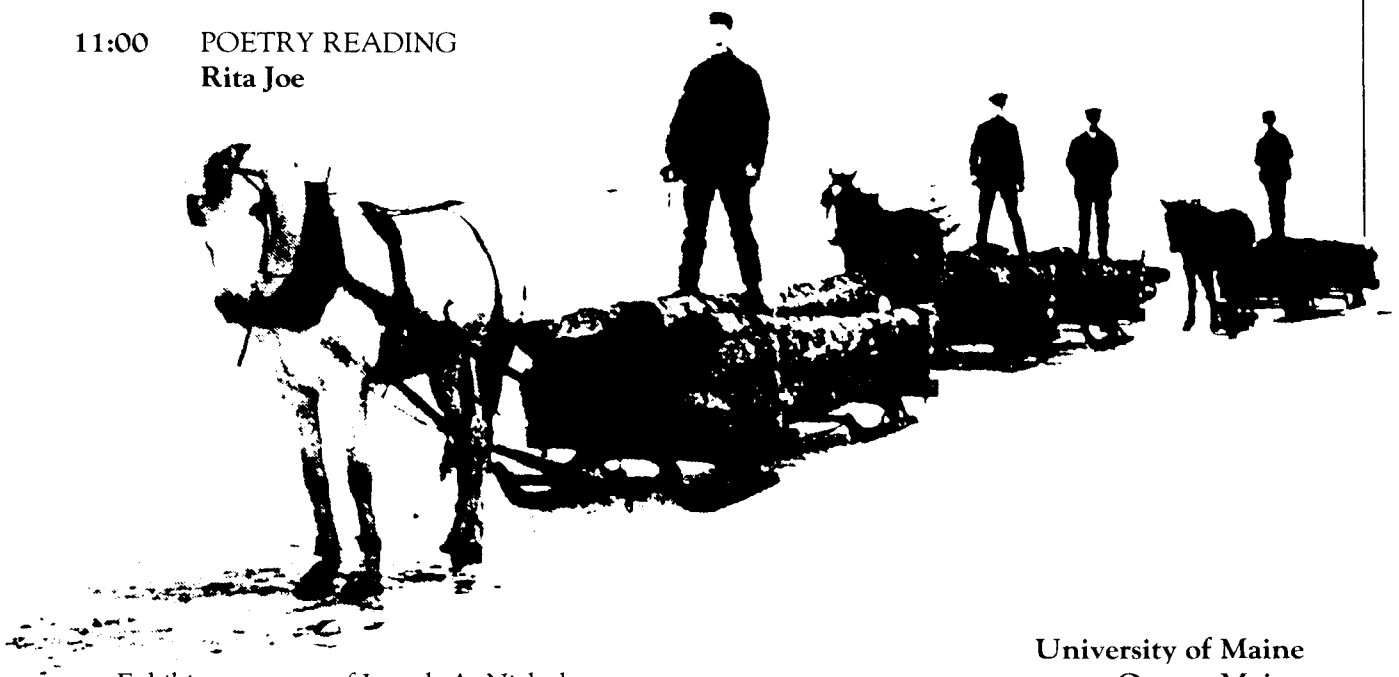
10:15 *Indian Languages and the Collective Vision*
Robert Leavitt

11:00 POETRY READING
Rita Joe

1:30 SHORT READINGS AND DISCUSSION BY NATIVE AMERICAN AND ACADIAN WRITERS
Readers: **Mary Bassett, Carol Dana, Yvonne Godin, Gerald LeBlanc, Skip Mitchell, Mary Ellen Newell, Susan Pelletier, Sipsis**

3:30 PANEL DISCUSSION
Cultural Identity in Our Time: Beyond the Melting Pot
Moderator: **Rene Attean**
Panelists: **Claire Bolduc, Ralph Dana, Deanna Francis, Gilman Hebert, Paul LeBlanc**

4:45 WRAP-UP



Exhibits courtesy of Joseph A. Nicholas, Rose Scribner and Don Cyr

University of Maine
Orono, Maine
All Events in Wells Common Lounge

Funding by

The Anthropology Department
The Archives of Northeast Folklore and Oral History
The Arthur Lord Fund
The Canadian-American Center
The Chancellor's Office
The Class of 1934 Fund
The College of Arts and Sciences
The English Department
The Franco-American Center
The Katahdin Area Health Education Center
The Maine Humanities Council
The New England Multifunctional Resource Center
The Northeast Folklore Society
The Office of Indian Programs and Minority Services
The Passamaquoddy Tribal Council
The Penobscot Tribal Council
The Vice President for Academic Affairs
The Vice President for Research and Public Service

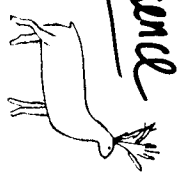
Colloquium Coordinator
Jim Bishop

Organizing Committee

Burton Hatlen, English Department
Sandy Ives, Anthropology Department
Yvon Labbé, Franco-American Center
Mary Ellen Newell, Indian Township School
Wayne Newell, Passamaquoddy Tribal Government
Jim Ross, Katahdin Area Health Education Center

A Colloquium on the
WABANAKI and the ACADIAN people
TEL: 581-3764

The Affecting Presence



University of Maine
Orono, Maine 04469

The Affecting Presence

A Colloquium on the
History, Traditions, and
Contemporary Reality
of the
WABANAKI and the **ACADIAN**
People

WABANAKI - Native people of the *PLACE OF THE EARLY DAWN*, currently including the Maliseet, the Micmac, the Passamaquoddy and the Penobscot tribes.

ACADIAN - Descendant of early French inhabitants of the territory they called *ACADIE*, an area today including the provinces of Nova Scotia, New Brunswick, Prince Edward Island, and part of the present State of Maine.

Veterans Administration

CHEP (11C)
Medical and Regional Office Center
Togus, ME 04330

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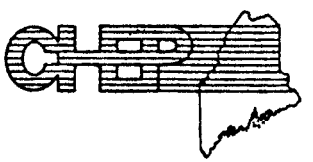
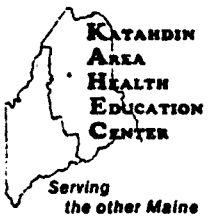
$300





AIDS:
Medical and
Psychosocial Perspectives

June 26, 1987

Washington County
Vocational Technical Institute,
Route 1, Calais, Maine

Sponsored by:

- Katahdin Area Health Education Center
- Bureau of Health, Department of Human Services
- The AIDS Project
- Maine Area Home Care Coalition

PROGRAM DESCRIPTION:

This one day conference will address various medical, psychosocial, ethical, and educational concerns related to the care and services for clients with AIDS, AIDS-related complex, and those who are sero-positive. Presentations from several disciplines, including medicine, nursing, administration, and social services will address the forementioned.

In the afternoon, participants will have a choice of workshops from the concurrent sessions offering a discussion of a variety of specific topics. The afternoon presentations will be followed by a multidisciplinary panel question and answer period, which will allow for audience participation. Ample time is planned for dialogue and questions from participants.

PROGRAM OBJECTIVES:

By the end of this program, participants will be able to:

1. Discuss the etiology, epidemiology and pathogenisis of AIDS as well as the most recent treatment modalities and infection control related issues.
2. Distinguish the differences in illnesses among the three levels of infection: sero-positivity, ARC, and AIDS.
3. Identify the amount of care required for each level of illness.
4. Consider the psychosocial issues encountered by the primary and ancillary members of the healthcare team.
5. Explain the pros/cons of anonymous testing and related policies for anonymous test sites centers.
6. Determine the requirements for assisting educational institutions to develop policies and procedures for providing services to

TARGET AUDIENCE:
Physicians, Psychologists, Social Workers, Nurses, Allied Health Professions, Educators, Community Planners, and other interested people.

FACULTY:
Gary Anderson, BSW, Executive Director, The AIDS Project, Portland, ME

Michael Bach, M.D. Assistant Chief, Infectious Diseases, Maine Medical Center, Portland, ME

Patrick Cote R.N. Director of the Office on AIDS, Bureau of Health, Department of Human Services, Augusta, ME

Lani Graham, M.D. M.P.H. Director Division of Disease Control, Bureau of Health Department of Health, Department of Human Services, Augusta, ME.

Kristen Kreamer, R.N. M.S. Oncology Clinical Nurse Specialist, Community Health Services, Inc., Portland, ME.

Craig Wallingford, D.O. Medical Director, University Health Center and York County STD Clinic, University of New England, Biddeford, ME.

INKIND CONTRIBUTIONS PROVIDED BY:
Washington County Vocational Institute and GLAXO, INC.

CONTINUING EDUCATION CREDITS:

Application is being made for CME's for M.D. and D.O.'s. Application is being made for CEU's for nurses through MSNA.
This program is approved for .6 CEU's which can be applied to Teacher Recertification Requirements.
This program has been approved for 6 hours of Category I continuing education for psychologists.

AIDS: MEDICAL AND PSCHOSOCIAL PERSPECTIVES
JUNE 26, 1987
AGENDA

8:30 - 9:00	**REGISTRATION**
9:00 - 9:15	Welcome/Program Overview- Deborah J.Wheaton, RN, BSN, Acting Director KAHEC Patrick Cote, RN, Bur of Hlth
9:15 - 10:00	The Epidemiology of AIDS Lani Graham,MD, MPH
10:00 - 10:15	**BREAK**
10:15 - 11:45	Medical Overview Michael Bach, MD
11:45 - 1:00	**LUNCH**
1:00 - 2:00	Concurrent Sessions I 1. Psychosocial Perspectives /Counseling Craig Wallingford, DO 2. Public Health Policies and AIDS Lani Graham, MD, MPH 3. Infection Control/ Infections in the Immunocompromised Host Michael Bach, MD 4. Annonymous Testing (pros&cons/policies) Patrick Cote, RN 5. Home Care Issues Gary Anderson, BSW
2:00 - 3:00	Concurrent Sessions II 1. Safe Sex Practices/The Role of Sex Education Michael Bach, MD 2. Patient Care/A Nurse's Perspective Kristen Kreamer, RN, MS 3. Screening Tests/Counseling Craig Wallingford, DO 4. Living with AIDS/A

AIDS:MEDICAL AND PSYCHOSOCIAL PERSPECTIVES
JUNE 26, 1987

NAME:_____ **TITLE:**_____
NAME:_____ **TITLE:**_____

ORGANIZATION:_____ **Tel#**_____

ADDRESS:_____ **ZIP:**_____

APPLICANTS WHO ARE NOT PRE-REGISTERED WILL ONLY BE ACCEPTED ON A SPACE AVAILABLE BASIS WITH NO GUARANTY OF HANDOUT MATERIALS.

Early Registration: (Registration and Fee* received by June 16, 1987) includes lunch, breaks and handouts - $25.00

After Early Registration Deadline: (Registration and/or Fee* received after June 16, 1987) includes lunch, breaks and handouts - $30.00

VA PARTICIPANTS ONLY: Unless you indicate your preference lunch and breaks will not be provided for you:
Lunch/Breaks - $5.50 YES ( ) NO ( )

Please make check payable to:**MCHPE** (Maine Consortium for Health Professions Education) and mail to the CHEP Office (11C), VAM&ROC, Togus, ME 04330. Refunds granted through June 16, 1987, excluding a $5.00 processing fee.

SIGN UP FOR CONCURRENT SESSIONS:
(Check one for each session)
Session I (1:00-2:00) 1.( ) 2. ( ) 3. ( )
4. ( ) 5. ( ).
Session II (2:00-3:00) 1. ( ) 2. ( ) 3. ( )
4. ( ).

SUBJECT: AIDS: Medical and Psychosocial Perspectives
Sponsored by KAHEC & CHEP
June 26, 1987

STATEMENT OF KAHEC GOALS AND EVALUATION

The KAHEC's goals and objectives for organizing and hosting an AIDS Conference during an extremely busy developmental year were:

1. To provide current data on AIDS in an isolated rural area for nurses, physicians, psychologists, social workers, allied health professionals, educato community planners and other interested people.
2. To increase the community awareness of the KAHEC.
3. To provide CEU/CME opportunities in the KAHEC target area.
4. To establish a working relationship with other health professions educati providers in Maine.
5. To provide an experiential basis for future program development and delivery activities.

It is my opinion, as Acting Director and orginator of the above, that all of the set goals were achieved. I will highlight actions and provide data that will support this conclusion, along with discussing some of the changes I have proposed to be made in the AIDS Conference to follow: Aroostook County, September 25, 1987.

GOAL ONE:
To provide current data on AIDS in an isolated rural area for nursing, physicians, psychologist, social workers, allied health professions, educators, community planners and other interested people.

There were 127 people in attendance at this AIDS Conference (see Appendix A). The overall evaluation by those in attendance was that the information presented was excellent in content and "not too complex". (Appendix B)

GOAL TWO:
To increase community awareness of the KAHEC.

Community awareness of the KAHEC was enhanced by the marketing strategies utilized for this conference.

A. May 12, a KAHEC Board member and myself participated in an one-hour radi broadcast (WQDY in Calais) called "Talk of the Town". We discussed the goals of the KAHEC as an organization along with presenting an overview of the upcom AIDS Conference.
B. News Media, Bangor Daily News twice prior to the AIDS Conference with some discussion of KAHEC in both. Also, in local papers, Calais Advertiser and St. Croix Courier (see Appendix C).

C. Mailings of tentative agenda and asking for input (see Appendix D).
D. Addressing KAHEC and overall goals was presented in my welcome at AIDS: Medical and Psychosocial Perspectives.

During the marketing phase we received many phone calls to our office concerning the conference and people asking--"What is KAHEC?" Throughout the conference, several people approached me to not only commend the quality of the conference but to show inter in the regional council aspect of KAHEC. (A concept I had introduced at different times via the media.)

GOAL THREE:
To provide CEU/CME opportunities in the KAHEC target area.

The following were applied for and approval received on those indicated:
A. A.O.A. approved 5.5 category 1-A CME's approved for D.O.'s.
B. 0.6 CEU's can be applied to teacher recertification requirements.
C. MSNA approved 6.0 contact hours for nurses.
D. 6 hours category 1 continuing education for psychologists.
E. A.M.A. approved 6 credit hours for CME's for MD's
F. Certificate of attendance given to all other persons.

GOAL FOUR:
To establish a working relationship with other health professions education provide in Maine.

I was fortunate to have contacted several "key people" who proved to be verys ort of my efforts.

A. Kim Matthews--Director of Maine Consortium for Health Professions Education: Kim provided me with the opportunity to view several expert speakers on AIDS and introduced me to the Cooperative Health Education Program (CHEP). The Consortium very willingly acted as a co-sponsor for this AIDS Conference and was excited about having a contact (the KAHEC) in rural Maine to work with in the future.
B. Larry Johnson/Ken Russell, Assistant Director/Executive Director of the V.A. CHEP: Both were extremely supportive of an AIDS Conference in Washington County and offered to sponsor and work with me throughout the planning, implementation and evaulation phases. Their assistance was invaluable. The CHEP office consumed a great deal of the cost during the planning phase and dedicated several manpower hours in all phases. CHEP absorbed the printing and mailing cost and gave us a mailing list of over 400 for Washington County. Larry and Ken were enthusiastic and motivating to work with. They are committed health professions education providers and are optimistic that CHEP and KAHEC can co-sponsor many educational conferences in the future.
C. Bureau of Health, Department of Human Services: The director of Disease Control, Dr. Lani Graham, and director of the AIDS office, Patrick Cote, endorsed AIDS, Medical and Psychosocial Perspective wholeheartedly. Lani and Pat donated both their time and knowledge. They view KAHEC as a viable channel through which they can provide AIDS education to communities.
D. Northern Maine Raise--John Lisnik, Director: Ongoing efforts are being made at this time to establish a collaborative working relationship with this health profesions education organization in Aroostook County. My goal in trying to establish a network between CHEP, Northern Maine Raise, and KAHEC is to enhance versus duplicate educational efforts. I cannot express how important I think achieving this goal is for KAHEC. Providing quality health professions educational opportunities in rural Maine is a must if we are to have an impact on recruitment and retention of health professions. Pooling resources serves to strengthen that commitment that we all share.

GOAL FIVE:
To provide an experiential basis for future program development and delivery activities.

It is my opinion that the KAHEC's willingness to seek innovative and collaborative relationships resulted in a successful quality conference and established an approach that should be adhered to in future educational endeavors.

A. Our goal to provide quality education at a minimum cost should not be compromise and this conference certainly indicates that this goal is realistic. By networking and establishing collaborative versus competitive relationships we (KAHEC AND CHEP) were able to assemble the "creme de le creme" of the AIDS experts in Maine under one roof for a full day's conference for a price of only $25 (including lunch) to the consumer.
B. We flew speakers in at no cost to either organization and had honorariums paid in full to some speakers by simply utilizing contacts with drug companies and giving them some recognition in return.
C. Space provisions were made to us at no cost via innovative negotiating with institutions who share similar goals.
D. Handouts were mailed to us by the 100's for distribution in response to written requests from various organizations (American Red Cross, Centers for Disease Control, Public Health Service).

An exploration of all possible angles that could potentially augment this educational effort was but a phone call away--so we called. The relationships established need to be nutured. The avenues identified to facilitate this Conference should not be forgotten. If KAHEC is willing to do the forementioned, the precedent that "AIDS:, Medical and Psychosocial Perspectives" set can be continued.

RECOMMENDED CHANGES FOR AIDS: MEDICAL AND PSYCHOSOCIAL PERSPECTIVE--AROOSTOOK COUNTY, SEPTEMBER 25, 1987

My opinion, and that of many others, was that there need to be four (4) significant changes in the content of this conference:

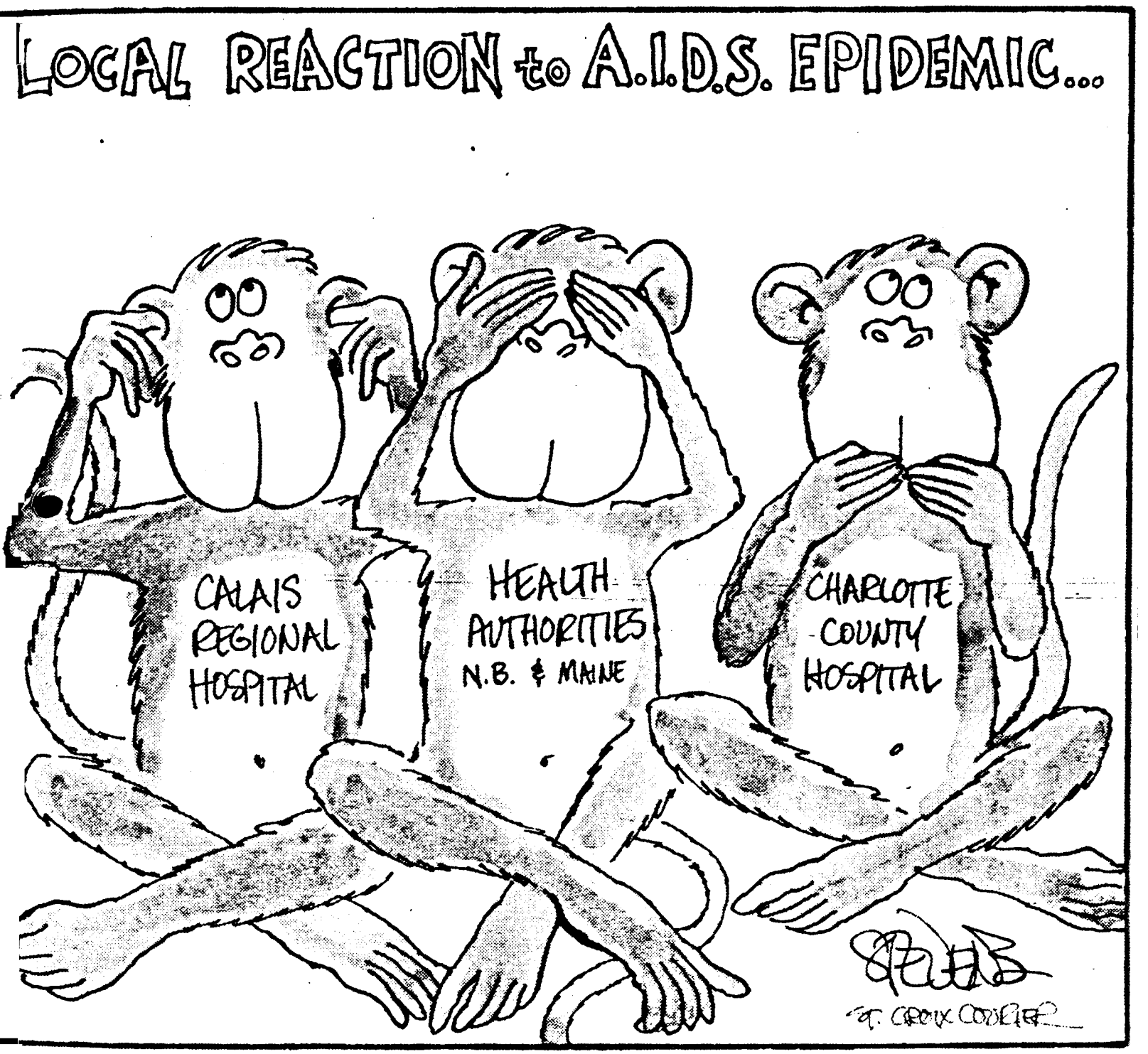
1. Project more significantly the problem of AIDS in Africa via Dr. Lani Graham's opening presentation.
2. To have a psychologist share the psychosocial perspective/counseling workshop with Dr. Wallingford.
3. To incorporate anonymous testing policies into Dr. Lani Graham's workshop and pull out education policies related to AIDS for Pat Cote to address.
4. Changes in the discussion panel format are being contemplated in consideration of the speakers as a separate entity.

Efforts are being made at this time to bring about these changes in the program prior to its "Dayview" in Aroostook County.

Respectfully Submitted,

Deborah J. Wheaton
KAHEC Acting Director
July 13, 1987

The Saint Croix Courier
'THE INTERNATIONAL WEEKLY SINCE 1865'
WEDNESDA
JULY 22, 19



FIRST PAGE BANGOR DAILY 6/3/87

AIDS conference calls for planning, not panic

By Bruce Kyle
Down East Bureau

CALAIS — The need for education and preparation, to act on a plan rather than react to panic, was the message delivered to the 135 people who attended the AIDS conference Friday in Calais.

The conference, held at the Washington County Vocational Technical Institute, was organized by the Katahdin Area Health Education Center. The audience, which included health-care professionals, psychologists, social workers and educators, heard a panel of nationally recognized experts speak on the medical, psychosocial, ethical and educational concerns related to the care of patients and the development of policies that will protect individual rights and the safety of the public.

Michael Bach, M.D., provided a medical overview of the disease, in which he said: "AIDS is not a mini-epidemic — it's full-blown and will continue to fester. We can't just wait and hope for a vaccine. We must get informed, act rationally, and stop the spread."

Bach, who is assistant chief for infectious diseases at the Maine Medical Center, added: "It's sad that AIDS first appeared in this country in the homosexual population — it polarized public opinion, and made it 'their' problem. It is clear now that it is a blood-borne disease, and sex is only one of the ways it can be transmitted."

The most frightening aspects of AIDS, he said, are that it is asymptomatic — a person can carry the virus and still feel well — and that the incubation period is at least seven years and may be as long as 15 years. Medical science, Bach said, has little experience with a disease that incubates that long. "If you learn nothing else today," he said, "learn that AIDS is not highly contagious if you know how it is spread and take logical precautions."

Lani Graham, M.D., director of the Division of Disease Control for the Maine Department of Human Services, lectured on the epidemiology of AIDS. There is a tremendous conflict in public health policies, she said, and the epidemic is following a classic pattern. "We make great strides in medicine, but not in public attitudes." The response to AIDS, she said, has been similar to the responses to leprosy, tuberculosis or

See AIDS on Page 8

AIDS conference calls for action on a plan, not reaction to panic

BDN 6/30

from page 1

bubonic plague. Fright and overreaction lead to wholesale abridgement of civil rights, Graham said, that serves to drive the infected underground, prolonging the epidemic.

Graham reviewed the present legislation in Maine regarding AIDS testing, and the confidentiality of test results. Passed this session, LD 1490 provides for informed consent, whereby no one is tested unless informed about risks and benefits of the test.

"This is very unusual for a blood test," Graham said, "but it assures us that all patients who get tested will also get counseled. It's the only way to control the epidemic." A prohibition on insurance carriers to inquire about a person's history of blood tests has been extended for another year, Graham said, and it is the best policy to encourage testing without the fear of losing insurance coverage.

Graham said that one of the biggest issues facing society was that of school attendance for children with the virus. The Board of Health takes the position that there is no reason that such a child cannot go to school, and there is no evidence that AIDS can be transmitted through casual contact. It is important, she said, that school personnel know how to [illegible] blood

bing alcohol will kill it," she said.

Educating the young in safe sex practices is critical, Graham said, and condoms are the key. Preaching abstinence has not worked before and will not work now. "This is not a moral issue, a birth-control issue, or a parent versus teacher issue," she said, "it's a life or death issue."

Other speakers were Craig Wallingford, D.O., Patrick Cote, R.N., Kristen Kreamer, R.N., and Gary Anderson, B.S.W. Their topics covered the aspects of counseling the patient, testing policies, patient care, and home care issues.

Reactions from those in attendance were overwhelmingly favorable.

Bo Yerxa, a public health specialist, said: "The conference was a great opportunity for those of us without previous experience with AIDS. It helped me see that we're all part of the problem and part of the solution. It's possible that nothing can be done about the virus. We have to alter our behavior through community organization and education.

"Abstinance may be the optimal solution, but statistical data doesn't support its working. The use of condoms will have to be accepted as a method of disease control, in spite of opposition to birth control."

Sue Clark, R.N., infection control nurse at Calais Regional Hospital, said: "The lectures helped provide

> "AIDS is not a mini-epidemic — it's full-blown and will continue to fester. We can't just wait and hope for a vaccine. We must get informed, act rationally, and stop the spread."
>
> — Michael Bach, M.D.

here to avoid panic when we need to act. Health-care workers have an increased risk, but they can be overcome with precautions." Clark said that the hospital, which has not yet had an AIDS patient, has policies and procedures in place to treat patients. An important point stressed at the conference, she said, is that "it's up to every community to deal with this. We can't wait for the state or federal government to tell us what to do. While sex education can be offensive to some people, we have to be specific. Children's lives will be at stake. Every adult has to get involved."

Dr. Steven Dawson, a psychologist at Cook Cove Psychological Asso-

thought that parents needed to take the lead role in educating their children. "I'm concerned about placing more and more responsibilities on the schools. Parents need to be made more aware. We use the media to sell everything else, we can use it to sell life or death information."

Dawson said he would like to see community groups, such as Rotary and Lions clubs, the Boy and Girl Scouts, religious groups, and parent-teacher organizations get involved in the information network. "We need to spread the word," he said, "and not wait for the problem to hit us before we act."

Peter Wilkinson, D.O., medical director at Indian Township, said: "What hit home with me was that educating children is only half the job. Parents and teachers must work together to share information and not pass rumors. We're uninfected here but also uninformed. Getting to the kids is the easy part; they're receptive. Health educators can't be afraid of taking the first step. We have to get to the parents."

Wilkinson said that every adult who has contact with children must be aware of the AIDS problem. "A kid might tell something to his math teacher or Scout leader that he wouldn't tell to his health teacher or parents," he said. Wilkinson said that when a child comes into his office with a sprained ankle, "I ask a

> "It's sad that AIDS first appeared in this country in the homosexual population — it polarized public opinion, and made it 'their' problem. It is clear now that it is a blood-borne disease, and sex is only one of the ways it can be transmitted."
>
> — Michael Bach, M.D.

tivity. When they come back a week later, I ask a few more questions and give them some information. If you keep your ears open, you can learn a lot and maybe help a lot." Wilkinson is initiating a curriculum at Indian Township in the fall on safe sex, disease control and pregnancy.

Anna Ward, a teacher for the Head Start program in Princeton, said that the workshop gave her valuable information to relay to the families she works with. "Education is the only thing we can count on. There

may never be a vaccine," she
While there are deep-rooted fe
against sex education in the sc
Ward said, "parents have to
with their school committees t
ate a program that will do the

Part of a federally funded
gram to provide continuing e
tion opportunities for health
workers in rural areas, K
serves Washington, Hancock, A
took, Piscataquis, and Penn
counties. The AIDS conferenc
be offered in Aroostook Cou
September and an update
ference in Calais is planned f
winter. While delighted with t
sponse to the conference, Dr
Wheaton, R.N., acting direc
KAHEC, said, "The key to this
a success is how this informa
used and if it stimulated any o
zation among those who atte
Wheaton added that she hope
the people who came to the
ference would join the KAH
gional council to help
organization plan for further
tional needs in the region.

The conference also was
sored by the Bureau of Health
Department of Human Resou
the AIDS Project, the Maine A
latory Care Coalition, the Vet
Administration Cooperative H
Education Program, and the M
Consortium for Health Profe
Education.

Saint Croix Courier 7/1/87

AIDS victim tells a story full of sorrow, fear, warnin

This story, and the accompanying one on page A-8 marks the beginning of a series of special reports on AIDS — about the disease and its impact on the people of the St. Croix Valley. The series will continue for the next several weeks, in both Courier Weekend and the Saint Croix Courier.

In Courier Weekend — Questions and answers about AIDS.

By JEROME NASON
Staff Writer

CALAIS — "Hello, my name is Vincent Boulanger and I am a person who has AIDS." Boulanger, 24, of Portland spoke honestly of his life with the disease at a session of Friday's workshop in Calais.

Boulanger was diagnosed two years ago and has been hospitalized six times since. He has seen over a dozen friends die from AIDS. He has been taking AZT for about a month at a cost of $872.

"The biggest problem is prejudice against homosexuality," he said. He has had trouble getting his Social Security checks and the city had to intervene to help him get oil in the winter. "I went two days without and no one would help," he said.

"Seeing my mother cry was the worst in the world. It took me a year to tell my family, but they have been wonderful, although my father hasn't talked about it yet. He asks how I'm doing but shows no emotional reaction. They have known that I was gay for 10 years and sent me to a psychiatrist when I was 14. He told them I was very well adjusted."

"I have been on AZT for a month now. I used to pass out a lot and it's not so bad now. The night sweats are not so bad and I'm happier and less cynical."

Boulanger worked until about a year ago at the Portland Museum of Art. Of his six spells in the hospital, Boulanger said "every time is different." He has had pneumonia and then went for several months until he had a form of stroke.

Boulanger works on the floor with AIDS patients. "You've got to be funny and keep a good attitude," he says. "We pretend that they are going on a trip to Florida or some better place and when they get really bad we say their bags are packed and ready. Attitude is very important for I've seen people die who were still very angry."

AIDS: The disease that knows no boundaries

"I'm not a religious person. It's better not to be one - more people have died violently because of their religion than anything else. My parents are non-practising Catholics living in sin and I'm a bastard," Boulanger said.

"Was I promiscuous? How many people are there in Portland?" Boulanger laughed. But on the serious side he warns, "Safe sex is very important. It's not worth getting AIDS. Love and respect each other and be careful."

"I went a whole year without sex after I first found out. I have lovers now but we are friends and I have known them for years. I do not go to bars an up. It is very selfish of those who do and if th infected it's murder. I'd shoot them all if I ev

"I have no idea where I got AIDS - there w lover in New York for about six months who ha died - but it could be anyone."

How would Boulanger have people in the cou ty respond to his problem? "People are people - white, straight, gay, and we are all in this tog Unfortunately we are the only species that pr itself," he said.

Asked about mandatory AIDS testing, Bou said, "Nothing should be mandatory. I am a of the world. Do not trust your government. Th and talk and nothing gets done."

Boulanger had an appointment to get his teeth ed at the dentist and just before his appointme nurse decided she didn't want to do it and "the were wearing three pairs of gloves and two ma was incredible. I could have caught something them a lot easier."

Continued o

AIDS: The disease that knows no boundaries

Diagnosed AIDS cases are the tip of the plague's iceberg

By JEROME NASON
Staff Writer

CALAIS – For every known case of Acquired Immune Deficiency Syndrome, there are 100 asymptomatic carriers of the virus, said Dr. Lani Graham at the AIDS workshop held at Calais on Friday.

Graham, M.D. M.P.H. director Division of Disease Control in Augusta, told health officials and other interested people at Washington County Vocational Technical Institute that many manifestations of human immunodeficient virus (HIV) infection lie below the surface of the "AIDS iceberg."

Speaking about the epidemiology of AIDS, Graham defined the word as a "study of what is upon the people." She described the stages that people go through to reach a final acceptance of what the disease is. The first stage is one of avoidance and denial when people say, "This is not our problem, it belongs to another state or country." The second stage is recognition associated with anger when we ask, "Whose fault is this?" and seek out someone to blame. In the third stage we bargain for control and say we are prepared to confront the problem in a risk free environment but refuse to deal with the disease directly. The depression stage is fourth when we are overwhelmed with information and finally, we enter the stage where we accept the facts and become realistic in our concern for patients, prevention and ourselves.

"I hope this community can reach the final stage," said Graham, "as we need to work together to stop this epidemic with a realistic approach."

"Six years ago the first cases of AIDS were diagnosed and since then 35,000 cases have been reported in the U.S. Of the 53 cases diagnosed in the state of Maine, 21 are now dead," she said. "Death has been the result of 58 per cent of all cases reported thus far."

Statistics show that 68 per cent of known cases are victims between the age of 20 and 39 with the white population holding 60 per cent of those diagnosed, Graham said. Hot spots in the country have been identified as New York, Texas, Florida and California and 29 per cent of AIDS cases in New York City reflects the urban nature of the disease, she said.

Pediatric cases of AIDS reflect the same hot spots as parents with the disease transmit it to children during pregnancy or the birth process. Perinatal transmission is effective in 30 to 50 per cent of pediatric cases and there has been one documented case of the virus being found in breast milk, Graham said.

There are only three methods of transmission of the disease, Graham said. The most effective method is sexual intercourse with increased risk associated with receptive anal intercourse and oral sex when semen is swallowed. Most efficient transmission has been noted in male homosexual activities but it also occurs in female to male transmissions.

Other effective methods of transmission include transfusions of blood or blood products as in the case of hemophiliacs and perinatal transmissions. The virus has been found in very low concentrations in saliva, tears and urine, Graham said.

After exposure, the patient will begin to mount an immune response and HIV antibody tests can be done. It is important to understand the test, said Graham. False positives as well as false negatives are possible. Testing in Maine has shown a 3.5 per cent positivity rate for high risk groups which include homosexuals and IV drug users.

With between one and two million people infected now in the country and 200 cases expected to be diagnosed in Maine by the end of next year, "we need to work now," Graham said.

An overwhelming burden exists with just the emotional strain, hysteria and financial cost of just one case of AIDS, said Graham. With about $4c,000 just for the care of one patient (AZT costs not included) we are looking at a bill of $9.2 million by the end of 1988, she said.

WHAT IS UPON US? – Dr. Lani Graham discussed the epidemiolo AIDS at Friday's workshop at WCVTI in Calais, attended by ove health care workers from Washington and Charlotte counties.
Courier photo/Jerome N

PREJUDICE IS BIGGEST PROBLEM – Vincent Boulanger, 24, of Portland spoke candidly about his problems with society since being diagnosed with AIDS two years ago. *Courier photo/Jerome Nason*

Victim
from A-1

Boulanger was told he had a year to live but that was a year and a half ago.

"I had lost 20 pounds but I've gained most of it back. I eat twice as much but it goes right through."

"I love to smoke pot a little but don't like inhalents or other drugs. I might have one drink but it only reacts with the AZT," he said.

Boulanger was very candid about his affliction and doesn't mind being photographed or questioned if it will help people understand more about AIDS and the people it affects. "I don't plan on dying; there is too much to do. I am not a victim yet. I am just a person who has AIDS."

Veterans Administration MEMORANDUM

Date: October 20, 1987

Subj: Program Evaluation

To: Chief of Staff (11)

From: Director CHEP (11C)

1. On September 25, 1987, Northern Maine RAISE, KAHEC and CHEP presented the program, "AIDS: Medical and Psychosocial Perspectives". Attached is a summary of evaluations for 93 of the 143 participants who attended the program.

KENNETH S. RUSSELL, D.Ed.

EVALUATION FORM

AIDS: MEDICAL AND PSYCOSOCIAL PERSPECTIVES

September 25, 1987

VA PROFESSION

Physician 1=1%
Assoc. Health 2=2%
Nurse 3=3%

NON-VA PROFESSION

Physician 3=3%
Assoc. Health 15=16%
Nurse 68=73%
Administrative 1=1%

1. WHY DID YOU ATTEND THE PROGRAM?
   A) The topic interested me 57=37%
   B) The topic related specifically to my professional activities 77=50%
   C) My supervisor recommended that I attend this program 19=12%

2. WHAT IS THE PRIMARY BENEFIT RECEIVED FROM THIS PROGRAM?
   A) Specific information on new topics, procedures or treatment 63=46%
   B) General information on the state of the art 28=20%
   C) Comparison of my procedures with others in my profession 16=12%
   D) A helpful review of material with which I am familiar 31=22%

3. THE CONTENT AND PRESENTATION LEVEL OF THIS PROGRAM WAS:

Too basic	1	2	3	4	5	Too Complex
	1=1%	2=2%	66=67%	18=18%	11=11%	

4. WERE THE PROGRAM OBJECTIVES MET?

Not at all	1	2	3	4	5	Completely
		1=1%	11=11%	20=21%	64=67%	

5. TO WHAT EXTENT DID THE PRESENTERS ELICIT AUDIENCE PARTICIPATION?

Not at all	1	2	3	4	5	Extensively
		2=2%	6=7%	23=25%	61=65%	

6. THE AUDIO-VISUAL AIDS WERE

Poor	1	2	3	4	5	Excellent
	2=2%	1=1%	10=11%	29=31%	52=55%	

7. THE OVERALL QUALITY OF THE PROGRAM WAS

Poor	1	2	3	4	5	Excellent
			4=4%	14=15%	73=80%	

-Wish there had been more on counseling techniques.
-Excellent workshop-valuable information and excellent expertise and personal sharing.
-I found this very educational and helpful
I wish that some basic information on AIDS would have been made available prior to program.
-Excellent.
-I felt objectives were not all met because one could not attend all afternoon sessions.
-The entire conference was very well done and extremely informative.
-The program is very informative and well presented. I wish the afternoon sessions were not run concurrently because I was interested in them all.
-All of the presentations were excellent and very informative for me to pass on to other members of my facility.
-I think we are doing a disservice to our young people if we do not include abstinence as a viable option for them. Much reading I've done cites not only the physical risks of pre-marital sex, but also many of the psychological and emotional difficulties that arise, perhaps years later.

RECOMMENDATIONS:
-During concurrent sessions, the issues vary wonderfully. However, disappointed I could choose only one. I needed info on some of the other topics. At the end of the sessions, maybe it would help if each speaker summarized what their topic was and opened it up for discussion.
-DR. Bach to speak to area Medical Staffs.
-Could a workshop for the general public be made available through the Bureau of Public Health? Is this feasable utilizing educated professionals?
-More information programs in future for the public in general.
-To be taught in our schools, towns, and civic activities.
-Please get into the school systems with your program for educators.
-Needed opportunity to have ability to attend more sessions.
-There's a need to educate general public through similar programs for voluntary participants. There are concerned people in professions other than medical, as well as non-working.
-More like this one as well as others on medical/mental health care.
-Offer this more frequently in Aroostook county.
-Presentations on Public TV and local stations. The need to know is now. Maybe episodes like in Florida would not happen. Local hospital giving educational workshops, schools....
-I wish you would encourage more education with people in public education institutions, especially with children that are teenagers.
-Perhaps specific educational programs for public groups-school children, churches etc.
-Follow-up workshop with similar format.
-Circulate some of this info prior to those who wish to attend.
-In the future, maybe it would be beneficial to have two days to enable people to participate in all sessions.
-Somehow, offer more time for the concurrent sessions. It was very difficult to choose which to attend.
-Let Optometrists know about future programs.

KENNETH S. RUSSELL
Director, Cooperative Health Education Program

Veterans Administration
CHEP (11C)
Medical and Regional Office Center
Togus, ME 04330

Official Business
Penalty for private use
$300

Katahdin Area Health Education Center
Serving the other Maine

northern maine Raise

CHEP

AIDS: Medical and Psychosocial Perspectives

September 25 , 1987

Wieden Hall
University of Maine at Presque Isle
Presque Isle, Maine

Sponsored by:

- Northern Maine RAISE
- Katahdin Area Health Education Center
- Bureau of Health, Department of Human Services
- The AIDS Project

PROGRAM DESCRIPTION:

This one day conference will address various medical, psychosocial, ethical, and educational concerns related to the care and services for clients with AIDS, AIDS-related complex, and those who are sero-positive. Presentations from several disciplines, including medicine, nursing, administration, and social services will address the forementioned.

In the afternoon, participants will have a choice of workshops from the concurrent sessions offering a discussion of a variety of specific topics. The afternoon presentations will be followed by a multidisciplinary panel question and answer period, which will allow for audience participation. Ample time is planned for dialogue and questions from participants.

PROGRAM OBJECTIVES:

By the end of this program, participants will be able to:

1. Discuss the etiology, epidemiology and pathogenisis of AIDS as well as the most recent treatment modalities and infection control related issues.
2. Distinguish the differences in illnesses among the three levels of infection: sero-positivity, ARC, and AIDS.
3. Identify the amount of care required for each level of illness.
4. Consider the psychosocial issues encountered by the primary and ancillary members of the healthcare team.
5. Explain the pros/cons of anonymous testing and related policies for anonymous test sites centers.
6. Determine the requirements for assisting educational institutions to develop policies and procedures for providing services to persons with AIDS and related disorders.

TARGET AUDIENCE:
Physicians, Psychologists, Social Workers, Nurses, Allied Health Professions, Educators, Community Planners, and other interested people.

FACULTY:
Gary Anderson, BSW, Executive Director, The AIDS Project, Portland, ME

Michael Bach, M.D. Assistant Chief, Infectious Diseases, Maine Medical Center, Portland, ME

Patrick Cote R.N. Director of the Office on AIDS, Bureau of Health, Department of Human Services, Augusta, ME

Lani Graham, M.D. M.P.H. Director Division of Disease Control, Bureau of Health Department of Health, Department of Human Services, Augusta, ME.

Kristen Kreamer, R.N. M.S. Oncology Clinical Nurse Specialist, Community Health Services, Inc., Portland, ME.

Joyce Johnson, D.O. Certified and a fellow in Public Health and Preventive Medicine, Board eligible in Psychiatry. She is a recognized expert on the International AIDS situation and serves on the AIDS task force for the American Psychiatric Association. She practices in Washington, D.C.

INKIND CONTRIBUTIONS PROVIDED BY:
University of Maine at Presque Isle
University of New England
GLAXO, INC.

CONTINUING EDUCATION CREDITS:

Application is being made for CME's for M.D. and D.O.'s. This program is approved for 6 contact hours by the Maine State Nurses Association (Activity #87-234). This program is approved for .6 CEU's which can be applied to Teacher Recertification Requirements. This program has been approved for 6 hours of Category 1 continuing education for psychologists. CHEP is approved by the Ame[illegible] Psychological Association to offer Category [illegible] continuing education for

AIDS: MEDICAL AND PSCHOSOCIAL PERSPECTIVES
SEPTEMBER 25, 1987
AGENDA

8:30 - 9:00	**REGISTRATION**
9:00 - 9:15	Welcome/Program Overview- Larry Johnson, MSPH Assistant Director CHEP Patrick Cote, RN, Director Office on AIDS, Bur of Hlth
9:15 - 10:00	The Epidemiology of AIDS Lani Graham,MD, MPH
10:00 - 10:15	**BREAK**
10:15 - 11:45	Medical Overview Michael Bach, MD
11:45 - 1:00	**LUNCH** (on your own)
1:00 - 2:00	Concurrent Sessions I 1. Psychosocial Perspectives /Counseling Joyce Johnson, DO 2. HIV Antibody Testing Lani Graham, MD, MPH 3. Infection Control/ Infections in the Immunocompromised Host Michael Bach, MD 4. Schools and HIV Issues Patrick Cote, RN 5. Home Care Issues Gary Anderson, BSW
2:00 - 3:00	Concurrent Sessions II 1. Safe Sex Practices/The Role of Sex Education Michael Bach, MD 2. Patient Care/A Nurse's Perspective Kristen Kreamer, RN, MS 3. Screening Tests/Counseling Joyce Johnson, DO 4. L[illegible]g with AIDS/A F[illegible]nal Experience Ga[illegible] Anderson, Facilitator

AIDS:MEDICAL AND PSYCHOSOCIAL PERSPECTIVES
SEPTEMBER 25,1987

NAME:_____ **TITLE:**_____
NAME:_____ **TITLE:**_____

ORGANIZATION:_____ **Tel#**_____

ADDRESS:_____ **ZIP:**_____

APPLICANTS WHO ARE NOT PRE-REGISTERED WILL ONLY BE ACCEPTED ON A SPACE AVAILABLE BASIS WITH NO GUARANTY OF HANDOUT MATERIALS.

Early Registration: (Registration and Fee* received by September 15, 1987) includes, breaks and handouts - $25.00 ($33.00 Canadian)

After Early Registration Deadline: (Registration and/or Fee* received after September 15, 1987) includes breaks and handouts - $30.00 ($40.00 Canadian)

VA PARTICIPANTS ONLY: Mandatory Break Fee - $2.00

Lunch on your own is available at the cafeteria for about $3.50 for a good size meal

Please make check payable to:**MCHPE** (Maine Consortium for Health Professions Education) and mail to the CHEP Office (11C), VAM&ROC, Togus, ME 04330. Refunds granted through September 15, 1987, excluding a $5.00 processing fee.

SIGN UP FOR CONCURRENT SESSIONS:
(Check one for each session)
Session I (1:00-2:00) 1.( ) 2. ( ) 3. ( ) 4. ( ) 5. ( ).
Session II (2:00-3:00) 1. ( ) 2. ( ) 3. ( ) 4. ( ).

For further information contact L[illegible]y Johnson at (207) 623-8411 Ext. 5622 [illegible]

Conference on AIDS scheduled in Presque Isle

By Debra Sund
Central Aroostook Bureau

PRESQUE ISLE — Discussions of the medical and social aspects of Acquired Immunity Deficiency Syndrome and the participation of a diagnosed AIDS victim are scheduled to be part of a daylong conference on the disease on Friday, Sept. 25, at the University of Maine at Presque Isle.

Sponsored by seven health-related agencies, including The AIDS Project in Portland and the Veterans Administration, the conference will feature six speakers on the subject of the disease.

According to conference organizers, Maine has had 58 confirmed cases of AIDS, six of which are in northern Maine. A total of 13 are in the central portion of the state, with southern Maine reporting 38 cases. Of the total, 25 have died.

The conference will begin with overviews of the disease. In the afternoon, nine concurrent sessions will be held, with conference participants selecting two workshops.

A panel discussion will close the conference. Questions submitted by the audience will be read to the conference presenters for discussion.

The program is similar to a conference held in Calais earlier this summer, except for the addition of Joyce Johnson, a certified fellow in public health and preventive medicine.

Johnson will discuss the psychosocial perspectives and counseling involved in dealing with the disease. Screening tests will be discussed during one of her sessions.

Also participating in the conference will be Gary Anderson, the executive director of The AIDS Project in Portland.

Anderson will discuss the home

See AIDS on Page 8

AIDS conference scheduled in Presque Isle

● from page 1

nosed as having the disease, according to conference officials.

Dr. Michael Bach, assistant chief of the infectious diseases division at Maine Medical Center in Portland, will offer a medical overview in the morning session.

During the afternoon, Bach will discuss infection control and infections in the "immuno-compromised host." Safe sex practices and the role of sex education will be discussed during Bach's second session.

The director of the office on AIDS with the Maine Bureau of Health, Patrick Cote, will offer a program overview in the morning and discuss schools and AIDS-related issues during an afternoon session.

Dr. Lani Graham, director of Division of Disease Control with the Maine Bureau of Health, will present an epidemiology of AIDS during the morning session. In the afternoon, Graham will discuss antibody testing of AIDS.

Kristen Kreamer, an oncology clinical nurse specialist from Portland, will discuss patient care from a nurse's perspective.

Other sponsors of the conference are Northern Maine RAISE, Katahdin Area Health Education Center, Maine Bureau of Health, Maine Ambulatory Care Coalition and the Maine Consortium for Health Professions Education.

Education, prevention best medicine to control AIDS virus, experts concur

DR. MICHAEL BACH offers comfort to one of his AIDS patients at Maine Medical Center in Portland last December, who he had just informed had little time to live. The patient has since died. (AP Photo)

By Debra Sund
Central Aroostook Bureau

PRESQUE ISLE — Education and prevention are the methods by which AIDS can be controlled, according to speakers at a conference Friday on the virus.

"We have a golden opportunity" to control the disease in Maine where the incidence of AIDS is not as numerous as in New York or Miami, said Dr. Michael Bach, the assistant chief of infectious diseases at Maine Medical Center in Portland.

About 140 health and other professionals attended the daylong session at the University of Maine at Presque Isle. The program included workshops on AIDS-related issues, such as mandatory testing, counseling, safe sex practices, AIDS patient care and a presentation by an AIDS patient.

Illustrated by slides, Bach's presentation touched upon the transmission of the virus and the need to be specific when talking about "safe sex."

"It's the only way we have to prevent transmission of the virus," Bach said.

Maine has had 57 diagnosed cases of the AIDS disease out of a total of 41,000 nationwide, said Dr. Lani Graham, director of the Division of Disease Control with the Maine Bureau of Health.

Graham said the impact of the disease on Maine is impossible to determine because an individual may be a carrier of the virus but show no symptoms. Using national statistics, Maine could have a total of 570 people carrying the virus who show no signs of the disease, Graham said.

Bach said that women are the fastest growing group of AIDS patients in the United States. As of July 1987, there were 2,535 women with AIDS, 29 percent of which contracted the disease through heterosexual contact. Because of the increase of AIDS in women, Bach pointed to the uselessness of premarital screening for disease.

"Most of the women at risk, such as prostitutes, are not getting married," Bach said.

The doctor warned against allowing the disease to become a political issue, with policies set according to popularity rather that what's right.

Bach said that it should be no surprise that some health-care professionals, because of the nature of their work, become infected.

"We in the health profession are at risk," he said. "We always are at risk (when faced with disease)."

Bach cited examples of nurses exposed to blood infected with the AIDS virus, but who fail to take precautions, such as wearing gloves and being careful with needles.

"All blood needs to be considered infectious," Bach said. "You don't know who does and who doesn't have the virus."

Labeling AIDS patients or identifying school children with the virus is senseless, Bach said, when others who don't show signs of the disease may be all around.

Bach said that he does not support mandatory testing of patients admitted to the hospital for routine treatment or for hospital employees. However, testing should be conducted when a health worker is stuck accidentally with a needle or exposed to blood.

The conference was sponsored by Northern Maine RAISE, Katahdin Area Health Education Center, Maine Bureau of Health, the AIDS Project, Maine Ambulatory Care Coalition, Veterans Administration Cooperative Health Care Program and the Maine Consortium for Health Professions Education.

AIDS victim explains living, dealing with virus

Central Aroostook Bureau

PRESQUE ISLE — His name is Vince. He has AIDS and he wants to talk about it.

At a conference on the disease held Friday in Presque Isle, Vince talked about his illness and answered questions about coping with life as an AIDS victim. Also central to his presentation was the need for improved social services for AIDS victims.

"There is definitely a problem with social services," said Vince, citing problems with receiving Medicaid, food stamps and other assistance. Although he is able to perform office work, the money earned would reduce his medical assistance.

Vince described "insulting" situations where dental hygienists refused to clean his teeth and other incidents where he was denied service because of his illness.

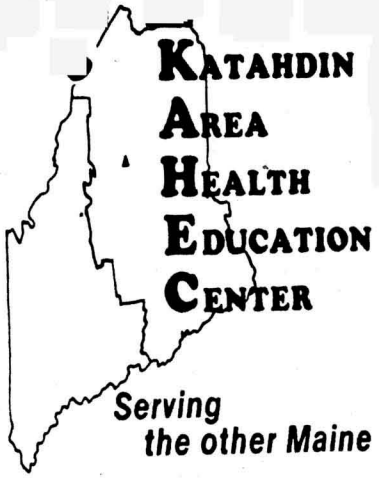
"There is a stigma so great associated with this disease," said Gary Anderson, director of the AIDS Project in Portland, that patients are leaving home to receive treatment they should be getting at their local hospital.

However, Vince said he was not angry or bitter about his condition and wanted to help with the education of the public.

In answer to a question, Vince said that testing for the AIDS virus is unnecessary if "safe sex" is practiced and needles are handled correctly.

"If you protect yourself, you're protecting someone else," Vince said. "It's (AIDS) very hard to get

WCVTI #10
River Road
Calais, ME 04619



UNDERSTANDING FAMILY SYSTEMS
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A WORKSHOP
January 15, 1988

Washington County Vocational Technical Institute
River Road
Calais, Maine

Sponsored by:

Katahdin Area Health Education Center
V.A. Cooperative Health Education Program
and
Maine Consortium for Health Professions Education

DESCRIPTION:

This program is designed to assist health professionals and others who council, treat, or come from addicted or other non-functional families.

Discussion will include healthy vs. unhealthy families, roles individuals in families play, symptoms of a person from dysfunctional family and treatment strategies. Participants will have the opportunity to take part in discussion and role playing activities.

PROGRAM OBJECTIVES:

By the end of this program, participants should be able to:

1. Describe the different aspects of addiction which contributes to a person becoming unhealthy.

2. Identify the symptoms of an unhealthy family system.

3. Discuss treatment and support strategies for working with individuals from dysfunctional family systems.

TARGET AUDIENCE:

This program is designed for social workers, psychologists, Registered Substance Abuse Counselors, nurses, teachers, ministers, and others who work, treat, or live with families when addiction is a problem.

PROGRAM FACULTY:

Kenneth Russell, Ed.D., is the Director of the Cooperative Health Education Program (CHEP) at the Veterans Administration Medical Center at Togus, Maine. Dr. Russell's academic background is in the area of counseling psychology, and he has over two decades of treatment and teaching experience in university settings and the Veterans Administration.

Larry J. Johnson, M.S.P.H., is the Assistant Director of the Cooperative Health Education Program (CHEP) at the Veterans Administration Medical Center at Togus. Mr. Johnson's academic work emphasized community health education, and he brings a decade of experience and interest in the area of substance abuse and its effect on families to this program.

CONTINUING EDUCATION UNITS:

Applications being submitted for continuing education units for physicians and psychologists. Certificates of Attendance equivalent to .5 CEUs will be provided to social workers, substance abuse counselors and all other participants desiring them.

DATE: January 15, 1988

TIME: 8:30 a.m. to 9:00 a.m. Registration
9:00 a.m. to 3:45 p.m. Program

LOCATION: W.C.V.T.I., Calais

FEE: $25.00 pre-registration
$30.00 at the door

AGENDA

8:30 - 9:00 a.m.	Registration
9:00 - 10:15 a.m.	Addiction Leading to Family System Problems
10:15 - 10:30 a.m.	BREAK
10:30 - 12:00 p.m.	Role Development and Maintenance in Dysfunctional Family
12:00 - 1:00 p.m.	LUNCH
1:00 - 2:30 p.m.	Smaller Group Sessions A. Counselors - Ken B. Non-counselors - Larry
2:30 - 2:45 p.m.	BREAK
2:45 - 3:30 p.m.	Groups (con't) Discussion of Relation to Practice - Day-to-Day Life
3:30 - 3:45 p.m.	Evaluation Adjourn

UNDERSTANDING FAMILY SYSTEMS
January 15, 1988

NAME _____
(last) (first) (degree;BSW.,SW.RM)

JOB TITLE _____

FACILITY/ORGANIZATION _____

SERVICE/DEPT (if a veteran) _____
(VA employees use service code; i.e., Nursing 118)

ADDRESS _____
(street, box) (city) (state) (zip code)

TELEPHONE _____ SSN (if a veteran) _____
needed to certify attendance

PARTICIPATION CATEGORY: (Please check one)

___AD Administrative ___SW Social Worker
___AH Associated Health ___RSAC or Substance Abuse
___ P Physician ___ D Dentist
___ N Nurse ___Non-Health Care Profession
(Please specify)

OCCUPATIONAL CATEGORY:

___VA employee DM&S (Dept. of Medicine & Surgery)
___VA employee non-DM&S(V)
___Non VA employee (X1)

Early Registration: (Fees received prior to Jan 8th) includes lunch breaks and materials. Applicants after that date but before Jan 15th will be accepted for $25, but not provided with lunch. Registration received at the door will cost $30.00.

KAHEC Sets Up Workshop

The Katahdin Area Health Education Center is initiating a workshop titled "Understanding Family Systems" to be held at the Washington County Vocational Technical Institute in Calais on January 15, 1988. This presentation will focus on identification and treatment strategies for addicted, substance abusing, or otherwise non-functional families.

The workshop is designed to assist health and social service professionals and other interested individuals who counsel, treat or come from addicted or non-functional families. The target audience includes social workers, psychologists, substance abuse counselors, nurses, teachers, clergy and others who treat, work with or live in families where substance abuse or addiction is a problem.

The trainers for this program are Kenneth S. Russell, D. Ed. and Larry Johnson, M.S., P.H., Director and Assistant Director of the Cooperative Health Education Program of Veterans Administration's Regional Medical Center in Togus, a co-sponsor of the workshop. Dr. Russell's doctorate is in the area of counseling psychology, and he has two decades of treatment and teaching experience within university settings and the V.A. Mr. Johnson's graduate work in public health focused on community health education.

The Katahdin Area Health Education Center is a program supported by the U.S. Public Health Service's Office of Health Professions via a cooperative agreement with the College of Osteopathic Medicine at the University of New England (Biddeford). The Center's goals are to address recruitment and retention problems of health professionals in rural Maine by a variety of activities, including the development of continuing educational programming. Individuals interested in obtaining details of the "Understanding Family Systems" workshop should contact Bo Yerxa or Grace Brace, Katahdin AHEC, WCVTI #10, Calais, Me. 04619 (207) 454-2144 X 48.

Area health professionals elected to serve on KAHEC directors board

CALAIS — Three area health professionals have been elected from the Downeast Regional Advisory Council of the Katahdin Area Health Education Center to serve on the KAHEC's Board of Directors.

Selected were: Priscilla Staples, R.N., M.S.N., director of nursing at Downeast Community Hospital in Machias; Peggy Dumond, L.S.W., care manager with the Eastern Maine Agency on Aging in Ellsworth; and Carole Webber, R.N., director of nursing at Oceanview Nursing Home in Lubec will serve as an alternate director.

KAHEC is a program supported by the U.S. Public Health Service's Office of Health Professions through a cooperative agreement with the College of Osteopathic Medicine at the University of New England in Biddeford for the purpose of enhancing the availability of health-professions education in Eastern and Northern Maine. Activities toward that goal include the development of clinical training opportunities in underserved areas for students, continuing education programs for health professionals working in rural areas, and programs which support minority, bilingual, and underrepresented populations in entering health professions. This three-pronged approach has been effective in addressing recruitment and retention problems for health professionals in other medically underserved and rural areas.

People interested in learning more about the KAHEC are encouraged to attend the Regional Advisory Council meeting at 3 p.m. Jan. 11, at Downeast Community Hospital in Machias, or the February meeting in Ellsworth. For information, contact Regional Coordinator Bo Yerxa, WCVTI 10, Calais 04619, 454-2144 ext. 48, or Executive Director James Ross, 222 East Annex, University of Maine, Orono 04469, 581-2371.

Workshop at WCVTI to focus on non-functional family

CALAIS — The Katahdin Area Health Education Center will offer a workshop titled "Understanding Family Systems" to be held at the Washington County VTI in Calais on Jan. 15, 1988. This presentation will focus on identification and treatment strategies for addicted, substance-abusing, and otherwise non-functional families.

The workshop is designed to assist health and social service professionals and other interested people who counsel, treat, or come from addicted or non-functional families. The target audience includes social workers, psychologists, substance-abuse counselors, nurses, teachers, clergy, and others who treat, work with, or live in families where substance abuse or addiction is a problem.

The trainers for this program are Kenneth S. Russell, D.Ed., and Larry Johnson, M.S.P.H., director and assistant director of the Cooperative Health Education Program of the Veterans Administration Regional Medical Center at Togus, a co-sponsor of the workshop. Russell's doctorate is in the area of counseling psychology, and he has two decades of treatment and teaching experience in university settings and the Veterans Administration. Johnson's graduate work in public health focused on community health education.

KAHEC is a program supported by the U.S. Public Health Service's Office of Health Professions through a cooperative agreement with the College of Osteopathic Medicine at the University of New England in Biddeford. The center's goals are to address recruitment and retention problems of health professionals in rural Maine by a variety of activities, including development of Continuing Education activities.

New director joins center at UMPI

PRESQUE ISLE — The Professional Development Center at the University of Maine at Presque Isle has a new director.

Dr. Peter L. Henderson from Auburn University in Auburn, Ala., is a graduate of Colby College in Waterville with a major in sociology. He received a master's degree in business administration and a doctorate in administration of higher education. A retired lieutenant colonel of the U.S. Air Force, Henderson served in the military for 20 years.

RECEIVED DEC 2 2 1987

EVALUATION FORM
UNDERSTANDING FAMILY SYSTEMS

January 15, 1988

VA PROFESSION

NON-VA PROFESSION

Physician	
Nurse	06%
Dentist	
Assoc. Health	17%
Administration	14%
Non-Health	69%

1. WHY DID YOU ATTEND THE PROGRAM?
   - A) The topic interested me 4%
   - B) The topic relates specifically to my professional activities 54%
   - C) My supervisor recommended that I attend this program 09%
   - D)
     - Topic of interest and does apply to my professional activities indirectly
     - Which I enjoyed very much.
     - Student - sociology - counselling

2. WHAT IS THE PRIMARY BENEFIT RECEIVED FROM THIS PROGRAM?
   - A) A helpful review of material with which I am familiar 46%
   - B) Update information on current issues in my profession 26%
   - C) Comparison of my procedures with others in my profession 06%
   - D) Other
     - Very informative information
     - Personal growth
     - I now can relate to my childhood and my life today - found out about ACOA for first time
     - None
     - I found out today how this all relates to my own life, my father was an alcoholic
     - Conceptualization re: family dysfunction
     - I'm not particularly involved with treatment based on alcoholism - this is helpful information
     - Some ah hahs about my work situation

3. THE CONTENT AND PRESENTATION LEVEL OF THIS PROGRAM WAS:

TOO BASIC	1	2	3	4	5	TOO COMPLEX
	17%	17%	54%	06%	03%	

4. HAVING COMPLETED THE COURSE, TO WHAT EXTENT:

NOT AT ALL	1	2	3	4	5	COMPLETELY
A)		03%	49%	43%	2%	
B)			17%	49%	29%	
C)		06%	37%	4 %	11%	

- I have been in the field of counseling families and individuals who are somehow chemically addicted or are recovering for the past 6 years. I was hoping to gain new insights into a very old problem. Not only was all the material much too basic, but some material is badly outdated, particularly in terms of treatment strategies currently being developed for family members. I think that there are professionals in Washington County who could have done a better (more concise, comprehensive, time) job of presenting. Also many participants wanted to know about resources available in this county.

5. THE AUDIOVISUAL AIDS WERE:

POOR OR NONEXISTENT	1	2	3	4	5 EXCEPTIONAL
	11%	17%	26%	26%	2%

6. OVERALL QUALITY OF THE PROGRAM WAS:

POOR	1	2	3	4	5 EXCELLENT
	06%	03%	2 %	34%	37%

7. PLEASE INDICATE THE QUALITY OF EACH SPEAKER'S DELIVERY:

POOR	1	2	3	4	5 EXCELLENT
Kenneth Russell		03%	17%	49%	31%
Larry J. Johnson		06%	23%	43%	29%

8. DID THE PRESENTERS ELICIT AUDIENCE PARTICIPATION?:

NOT AT ALL	1	2	3	4	5 VERY EFFECTIVELY
		11%	2 %	4 %	29%

9. COMMENTS:

- Ken's interventions aren't appropriate to a remote rural area where intense treatment programs are far away from isolated families. I believe that intervention is dangerous and the potential for violence and abuse would be escalated toward family members.
- Not a "rushed" workshop - time for processing helpful handouts
- Good stuff!
- Very informative
- First rate program - didn't think so at first but you built on each piece very effectively and created an environment that elicited a lot of good learning and sharing.
- Program was trying to appeal to too wide an audience/thence not satisfying everyones expectations. For Washington County - an excellent presentation.
- Larry and Ken were very pleasant and knowledgeable people. I think that it is unfortunate that some of the participants already had similar knowledge to that being presented.
- I really enjoyed the Understanding Family Systems - in fact the whole day.
- Excellent program, need more like this Downeast.
- Good day.
- Very well done.
- I enjoyed the program tremendously and found it to be very helpful in various ways (including self-benefit). Keep up with the good work.
- This program gave me a better understanding of family systems from the normal to abnormal. There was a lot of sharing in Larry's afternoon session - was very good.
- Much too basic.
- More visual aids and info beyond definition.
- Would have liked to have attended other p.m. group also (just attended Ken's).
- Very effective - clear and informative.

10. RECOMMENDATIONS FOR FUTURE PROGRAMS:

- AIDS!
- Talk about specifics of addiction vis-a-vis Marie Shaets (sp.?) concepts of interpersonal relationships and hologram - whole society and on every social level.

- Indicate level of expertise.
- Violence - isolation
- AIDS program
- Mental health issues with elderly population. Drug use/abuse interactions - focus on elderly.
- Follow-up with substance abuse program - adolescent substance abuse. Intervention strategies re: adolescents/Native Americans. Something around Menuchin and Family Therapy.
- AIDS
- Addiction techniques in treatment of dysfunctional families
- More specific information about the intent and content of the workshop in advertising it could be helpful. Keep trying!
- Networking
- More on the therapy and confrontation part
- I recommend that Ken find new interventions for helping alcoholics get help.

Maine Consortium
for Health Professions Education
150 Capitol Street
Augusta, Maine 04330

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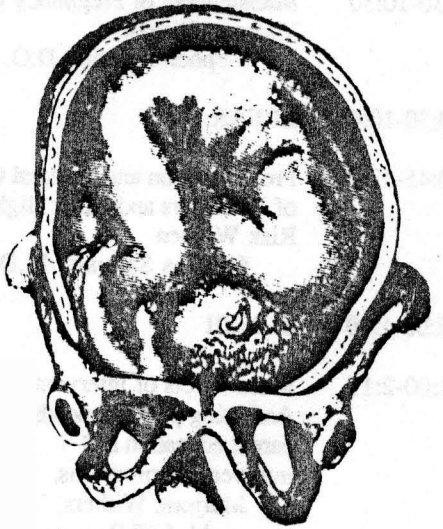
PREVENTING DEVELOPMENTAL DISABILITIES

FRIDAY, MAY 13, 1988

ASSEMBLY ROOM

WCVTI
River Road
Calais, Maine



Sponsored by:

KATAHDIN AREA HEALTH EDUCATION CENTER

MAINE CONSORTIUM FOR HEALTH PROFESSIONS EDUCATION

Society pays an extremely high price when children are born with a developmental disability or acquire a disability during childhood, and families face inordinate challenges and frustrations when their child has a disability. Prevention programs can reduce the number of children needing costly treatment and services, special education programs and longterm care, and can reduce the emotional and financial burden to the families involved.

The State of Maine is committed to prevention of developmental disabilities and in response to the Report of the Select Committee for the Prevention of Developmental Disabilities has mandated development and implementation of education programs for physicians, nurses and allied health professionals to expand their knowledge and skills in prevention of developmental disabilities.

As a result of this mandate, new and expanded educational programs have been initiated by the Maine Consortium for Health Professions Education, with funding from the Department of Human Services Division of Maternal and Child Health, to provide physicians, nurses, and allied health professionals with current approaches to primary prevention of developmental disabilities.

TARGET AUDIENCE

* Physicians
* Nurses
* Social Workers, Psychologists and other counselors
* Other Allied Health Professionsla

FACULTY

STAN EVANS, M.D.

Dr. Evans was the founder of the Alcohol Institute at Eastern Maine Medical Center and is currently the Medical Director of the Alcohol Institute at Mercy Hospital in Portland. Since 1978 he has served on the Advisory Council of the National Institute of Alcohol Abuse and Alcoholism.

STEPHEN GRAHAM, D.O.

Dr. Graham did his residency in Obstetrics/Gynocology at Allentown, Pennsylvania, from 1982 - 1986. He is currently in private practice in Machias, Maine where he also provides Family Planning, Maternal and Child Health Services in association with Downeast Health Services.

CYNTHIA SAMMIS, M.D.

Dr. Sammis did her residency at the Maine-Dartmouth Family Practice Residency Program in Augusta, Maine, from 1982 - 1985. She is the Assistant Medical Director at the Regional Medical Center at Lubec, where a substantial part of her practice involves young, poor and otherwise high risk women.

MARJORIE WITHERS, M.A.C.P.

Ms. Withers is a Psychologist in private practice in the St. Croix Valley. She is a consultant to numerous state and local agencies, designing and conducting training for both professionals and parents on child development, parenting skills and other health issues.

PROGRAM SCHEDULE

8:30-9:00	Registration
9:00-9:10	Welcome and Introductions Bo Yerxa, L.S.W. Downeast Regional Coordinator, KAHEC
9:10-9:30	Trends in Neonatal Mortality Stephen Graham, D.O.
9:30-10:30	Management of Pregnancy with Maternal Disease Stephen Graham, D.O.
10:30-10:45	BREAK
10:45-12:00	Preconception and Prenatal Care of Teenagers and Other High Risk Women Cynthia Sammis, M.D.
12:00-1:00	LUNCH
1:00-2:15	Multi-levels of intervention; Assessing parental needs with parent education and intervention programs. Marjorie Withers, M.A.C.P.
2:15-2:30	BREAK
2:30-3:45	Effects of Alcohol on Pregnancy Stan Evans, M.D.

REGISTRATION FORM

Name_____

Home Address_____

_____

Zip_____Tel_____

Employer_____

Address_____

_____

Zip_____Tel_____

Profession_____

_____

Continuing Education Credits have been applied for. Certificates of Attendance will be available for Participants.

REGISTRATION FEE:
$10.00 includes all handout materials, lunch and breaks.

PLEASE REGISTER EARLY!!
Deadline to Register: May 9, 1988

Please make check payable to Katahdin AHEC, and mail to:

KAHEC
WCVTI #10
River Road
Calais, Maine 04619

... Debiois. (NEWS Photo by Diana Gr...

Katahdin Health Center holding workshop on preventing developmental disabilities

BANGOR DAILY NEWS 5/6/88

CALAIS — The Katahdin Area Health Education Center and the Maine Consortium for Health Professions Education are co-sponsoring a workshop, "Preventing Developmental Disabilities," Friday, May 13, at the Washington County Vocational Technical Institute in Calais.

This workshop is one of a series being offered around the state in response to the report of the Select Committee for the Prevention of Developmental Disabilities, which called for strengthened education and prevention programs to reduce the number of Maine children needing costly treatment and services, special education programs, and long-term care, and the emotional and financial burdens to the families involved.

Topics to be covered are: "Management of Pregnancy with Maternal Disease" by Stephen Graham. D.O. Graham did his residency in obstetrics and gynecology at Allentown, Pa., from 1982 to 1986. He is in private practice in Machias, where he also provides family planning, maternal and child health services in association with Downeast Health Services.

"Assessing Parental Needs with Parent Education and Intervention Programs" by Marjorie Withers, M.A.C.P. Withers is a psychologist in private practice in the St. Croix valley. She is a consultant to state and local agencies, designing and conducting training for professionals and parents on child development, parenting skills and other health issues.

"Preconception and Prenatal Care of Teenagers and Other High-Risk Women" by Cynthis Sammis, M.D. Sammis did her residency at the Maine-Dartmouth Family Practice Residency Program in Augusta from 1982 to 1985. She is the assistant medical director at the Regional Medical Center in Lubec, where a substantial part of her practice involves working with young, poor and otherwise high-risk women.

"Effects of Alcohol and Other Drugs on Pregnancy" by Stanley Evans, M.D. Evans is the founder of the Alcohol Institute at Eastern Maine Medical Center and is medical director of the Alcohol Institute at Mercy Hospital in Portland. Since 1978, he has served on the Advisory Council of the National Institute of Alcohol Abuse and Alcoholism.

For information about registration, contact the Katahdin AHEC at WCVTI 10, Calais 04619, phone 454-2144, ext. 48, by May 9.

EVALUATION FORM
PREVENTING DEVELOPMENTAL DISABILITIES

May 24, 1988

Physician	8% (2)	Admin	4% (1)
Nurse	60% (15)	Nonhealth	12% (3)
Assoc. Health	4% (1)	Social Workers	8% (2)

Total Evaluations - 25

1. WHY DID YOU ATTEND THE PROGRAM?

A)	The topic was of interest to me	56% (14)
B)	The topic relates specifically to my professional activities	40% (10)
C)	My supervisor recommended that I attend this program	
D)	Other	T = 24

2. WHAT IS THE PRIMARY BENEFIT RECEIVED FROM THIS PROGRAM?

A)	A helpful review of material with which I am familiar	12.5% (3)
B)	Update information on current issues in my profession	54% (13)
C)	Comparison of my procedures with others in my profession	29% (7)
D)	Other	4% (1)

o I wanted to meet these presenters since my clients use them.

T = 24

3. PLEASE INDICATE THE QUALITY OF EACH SPEAKER'S CONTENT AND DELIVERY:

Content	TOO BASIC 1	2	3	4	5 TOO COMPLEX	
A) GRAHAM			44% (10)	35% (8)	22% (5)	T = 23
B) SAMMIS	4% (1)	13% (3)	61% (14)	17% (4)	4% (1)	T = 23
C) WITHERS			74% (17)	17% (4)	9% (2)	T = 23
D) EVANS			78% (18)	13% (3)	9% (2)	T = 23

Delivery	POOR 1	2	3	4	5 EXCELLENT	
A) GRAHAM		8% (2)	8% (2)	42% (10)	42% (10)	T = 24
B) SAMMIS	4% (1)	8% (2)	29% (7)	25% (6)	33% (8)	T = 24
C) WITHERS			4% (1)	25% (5)	76% (19)	T = 25
D) EVANS		4% (1)	25% (6)	29% (7)	42% (10)	T = 24

Comments

GRAHAM
- o Well done.
- o Went too fast at times to take notes--very informational however.
- o A lot he said was way over my head.

Comments (Continued)

SAMMIS
- Did not give any answers/info.
- Use of case reports in which patients were known to members of the audience was a major breach of confidentiality.
- Good involvement of audience, welldone.
- She was a good speaker--she got right to the point.
- Actual cases made the content very applicable and showed the frustrations involved.

WITHERS
- Marjorie communicates from the heart--a unique ability!!
- Very interesting--would like to have had more time with her.
- Well done.
- Stimulating presentation, practical suggestions, positive attitude.
- Helped to clarify approaches to be used in teaching parenting skills.
- We need more people in the professional field like this lady. She is terrific!

EVANS
- Our area needs to know more about this issue.
- Very good.
- Very well done.
- I found that he did not talk too much about F.A.S. He mostly talked about alcoholics who aren't pregnant, but I found him very interesting.
- Good general overview of chemical use, dependency and addiction and its effect on health of the individual and the unborn.
- Very practical in approach to alcohol dependency and addiction.
- He was interesting to listen to.

4. THE OVERALL CONTENT AND PRESENTATION LEVEL OF THIS PROGRAM WAS:

	1	2	3	4	5		
TOO BASIC						TOO COMPLEX	
			68%	27%	4%		
			(15)	(6)	(1)		T = 22

5. OVERALL QUALITY OF THE PROGRAM WAS:

	1	2	3	4	5		
POOR						EXCELLENT	
			18%	32%	50%		
			(4)	(7)	(11)		T = 22

6. DID THE PRESENTERS ELICIT AUDIENCE PARTICIPATION?

	1	2	3	4	5		
NOT AT ALL						VERY EFFECTIVELY	
			29%	24%	48%		
			(6)	(5)	(10)		T = 21

7. COMMENTS:

- I leave this last session of the day feeling good - refreshed, with new perspectives about what I'm doing. Hopefully to pass on to others some of what I feel I've learned today.

7 COMMENTS Continued

- o Been a good day.
- o Program welldone!
- o Too bad more physicians couldn't take the time to update themselves. I guess it will fall upon the other professionals who attended to educate their physician colleagues.
- o The speakers held my attention and were very informative. I could relate many things to my nursing experiences.
- o It was enjoyable to have local presenters. The meal(s) were great and the room was very comfortable.
- o Very interesting and educational. I think it is terrific we (way down here) in Washington County particularly Calais, Maine, are finally being recognized in needing help. All the more, all the better. Keep up the good job.
- o I think participation was about average. I really appreciated having such a well organized program right here in WACO.

8. RECOMMENDATIONS FOR FUTURE PROGRAMS:

- o Stress management, communication skills, death and dying, the grieving process, organ transplants, pro's and con's.
- o Death and dying, caring for the geriatric population, physical assessment (ongoing-weekly sessions), preventive health (wellness), diabetes (etiology, complications, management, teaching), Diabetes Control Project - Augusta - good resource.; sports medicine/injuries; AHA - recommendations/guidelines, scope of the problem cardiovascular disease, prevention, B/P guidelines, Rx, Cholesterol guidelines, Rx, diet; Lung Association Training Program for Facilitators for stop smoking programs; Respiratory Diseases - COPD, Asthma.
- o Communication skills; hands on methods of exchanging healthful life needs.
- o More of the same but more in depth and somehow less formal (more discussion, less lecture).

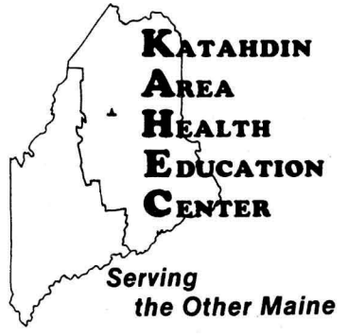
Sunrise County Children's Task Force
14 Downes Street
Calais, Maine 04619

A joint effort of the Community and the Maine Department of Human Services

Sunrise County Childrens Task Force

Child Abuse Conference

To be held at
Washington County Vocational Technical Institute
River Road, Calais, Maine



PROGRAM FACULTY

Holly Ramsey-Klawsnik, Ph. D., is a licensed social worker, practicing psychotherapist and clinical sociologist, specializing in the assessment, treatment and study of child sexual abuse. She works extensively with child protective service systems, training social workers to investigate and respond to sex abuse cases, and trains mental health professionals in the provision of diagnostic and treatment services to victimized children.

John Farquhar, Jr., M.D., is the Director of Rural Pediatric Health Service and Co-chairman of the Suspected Child Abuse and Neglect Committee at Eastern Maine Medical Center. He serves on several statewide committees dealing with child abuse and has addressed medical and other professional groups within the state of Maine.

CONTINUING EDUCATION UNITS:

Applications are being submitted for C.E.U.'s for psychologists, nurses, social workers, law enforcement officers, P.A.'s, N.P.'s, and Physicians.

For more specific information regarding C.E.U.'s contact the S.C.C.T.F. office at 454-2645 or K.A.H.E.C. office at 454-2144.

TARGETED AUDIENCE

Department of Human Services Personnel, Mental Health Consultants, Physicians, Attorneys, Law Enforcement Officers, Nurses, Social Workers, Educators, Day Care Providers, Substance Abuse Counselors, Clergy, E.M.T.'s and other mandated reporters.

Co-Sponsored by
Sunrise County Children's Task Force
and
Katahdin Area Health Education Center

AGENDA

JUNE 13, 1988

Registration - Begins at 8:15

8:55
WELCOME

9:00 - 12:00
Assessment and Treatment of
Child Sexual Abuse
Dr. Holly Klawsnik
Appropriate for all disciplines

Introduction to the Issues

The Sexual Abuse Continuum

Children's Socio-Emotional
Response to Sexual Abuse

This training is appropriate for professionals serving children and their families, including school personnel, social workers, mental health clinicians, law enforcement and medical personnel.

Noon - 1:30
Lunch Break

1:30 - 4:30
Interviewing Suspected Sexual
Abuse Victims

Principles and techniques of conducting the initial interview for possible sexual abuse will be presented. When, where and who to interview, the issue of taping the interview and steps to take prior to the interview. Rapport-building techniques, screening questions and documenting disclosures through the use of anatomical dolls and drawings. The issue of leading the interview and interviewer suggestiveness will be discussed.

JUNE 14, 1988

Workshop (A)

9:00 - 12:00
The Sexual Abuse Assessment:
A Diagnostic Evaluation
Dr. Holly Klawsnik

This training is designed for mental health clinicians providing diagnostic and/or ongoing psychotherapy to child victims, **only.** (Must have attended the first day's session also.)

Protocol for conducting forensic evaluations of a vic[illegible]will be presented. The use of diagnostic artwork, unstructured diagnostic play and focused clinical interviewing for in-depth evaluation of child victims. The purpose of the assessment is to gather detailed information concerning the abuse, assess the socio-emotional damage to the child, and to construct a treatment plan and document the results of the evaluation for child protective services, the legal systems and clinicians who will provide treatment to the child and the family.

Noon - 1:00
Lunch Break

1:00 - 4:00
Treatment of the Sexually
Abused Child

Principles and techniques of providing psychotherapy services to sexually victimized children will be presented. Specially created play therapy techniques designed to aid children in gaining mastery over the abuse will be demonstrated.

Workshop (B)

9:00 - 12:00
The Role of the Hospital in
Identification and Management
Dr. John Farquhar, Jr.
Appropriate for all disciplines

Recognition of signs and symptoms of child abuse. The multidisciplinary approach to handling identified cases of child abuse.

1:00 - 4:00
SCAN Committee

This work session will focus on developing a team approach. Q & A's regarding setting guidelines for policy and procedures appropriate in team assessment, intervention and treatment of cases of suspected child abuse and neglect will be answered.

Mid-morning and afternoon breaks will be announced prior to individual sessions. Coffee will be available during registration and mid-morning break.

CHILD ABUSE CONFERENCE

Pre-Registration is a must, (on or before May 20) so that we can make all necessary arrangements.
Registration Fee: $50.00 - includes both days with lunch.

MAIL REGISTRATION TO:
Sunrise County Children's Task Force, c/o JoAnna Black
14 Downes Street, Calais, Maine 04619

Name: _____

Address: _____

_____

Professional Discipline: _____

Organizational Affiliation: _____

Phone (work) _____ (home) _____ Limited to 1st **100** to register

Day 2 Workshop choice: A-Klawsnik _____ B-Farquhar _____

Sexual ... from A-1

sexual abuse. She works extensively with child protective service systems, training social workers to investigate and respond to sex abuse cases, and also trains mental health professionals in the provision of diagnostic and treatment services to victimized children.

The first part of Monday's workshop covered the assessment and treatment of child sexual abuse. Ramsey-Klawsnik introduced the issues, discussed the sexual abuse continuum, and addressed the children's socio-emotional response to sexual abuse.

covert and overt sexual activity. The covert sexual activity is characterized by a sexualized relationship, inappropriate interest in a child's body, sexual jokes and comments, and inappropriate discussion of sexual activity. "It is damaging socially and emotionally for the child involved." Ramsey-Klawsnik said. She noted that although it was very damaging and painful for the child, it is rarely addressed in sexual abuse literature. A case was told to the audience of a father who told his young sons about their mother's body and what do with her sexually when home.

Overt abuse

l abuse covers many areas. snik begins with the pre- se which she defines by he child while bathing or ing the child to observe r sexual activity perhaps ography. Voyeurism and are an integral part of this

kissing, touching and e child is listed next on the Ramsey-Klawsnik noted uffer more if they are forc- ctive sexual role. Then ral-genital contact digital f the vaginal or anal open- al penetration. This last ferred to as "dry inter- ery real, but leaves no nce with the medical ex- d children are frequently ying by the perpetrator or .

stounded as to how many cially young children, are anally raped," Ramsey- . The audience listened in- nished discussing the con-

DR. HOLLY RAMSEY-KLAWSNIK, a practicing psychotherapist, clinical sociologist, and licensed social worker from Massachusetts, was key speaker at a two-day child sexual abuse conference at WCVTI. With her is Dr. Steven Dawson from the Sunrise County Children's Task Force.
Courier photo/Victoria Cyr

Sexual abuse takes some surprising forms

6/15/86

The St. Croix Courier

By VICTORIA CYR
Staff Writer

CALAIS — We usually hear that a child was molested or abused, but Dr. Holly Ramsey-Klawsnik believes these are euphemisms for rape.

"It eases our conscience," she told the 75 people who attended the first day of a two-day child abuse conference Monday, sponsored by the Sunrise County Children's Task Force and the Katahdin Area Health Education Center.

The targeted audience of the conference included Department of Human Services personnel, mental health consultants, physicians, nurses, other health care workers, law enforcement officers and attorneys, social workers, educators and administrators, day care providers, clergy, and substance abuse counselors. The conference primarily covered child sexual abuse, but also addressed other forms of physical and emotional abuse.

Ramsey-Klawsnik presented a workshop Monday and Tuesday and Dr. John Farquhar, Jr. gave a workshop Tuesday. Farquhar is the Director of Rural Health Services and co-chairman of the Suspected Child Abuse and Neglect Committee at Eastern Maine Medical Center.

Ramsey-Klawsnik is a licensed social worker, a practicing pychotherapist and clinical sociologist specializing in the assessment, treatment and study of child

Continued on A-2

tinuum which included sadistic activity or inflicting pain with sexual activity, exploitation where children are swapped or prostituted to another adult for sexual pleasure in return for money or other material goods or another child, and ritualized cults that she added only two years ago to the continuum. "Kids who experience this type of abuse are extremely damaged. Offenders are very careful and very clever," she added. The techniques that the cults use to silence the children are similar to the brainwashing techniques used during World War II. With sadistic activity, Ramsey-Klawsnik said she has seen cases where pens, pencils, tinker toys, knives, scissors or even guns were inserted into a child's sexual anatomy.

How they cope

Ramsey-Klawsnik identified five factors related to how children cope with their victimization based on research of children under age 8.

Ramsey-Klawsnik described a woman who had been sexually abused by her father from age four to 18 until she left for college where she eventually dropped out. At 24, the woman was involved with a physically and sexually abusive partner, contemplated becoming a prostitute, had a poor sense of self and had been gang-raped twice when walking the city streets late at night. Ramsey-Klawsnik pointed out that this woman would have been much better off had someone intervened earlier. "We're just discovering what we ought to be doing in this very new field," she said.

Veterans Administration

CHEP(11C)
Medical and Regional Office Center
Togus, ME 04330

Official Business
Penalty for private use
$300

BD YERXA
W.C.V.T.I. RIVER RD.
WCTVI 10
CALAIS ME 04619

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VAMROC
Togus, ME 04330
Permit No. G-75

Katahdin Area Health Education Center
Serving the other Maine

CHEP

Family Violence and the Chemical Connection

August 26, 1988

Room 102, Science
University of Maine at Machias
Machias, Maine

Sponsored by:

Katahdin Area Health Education Center,
VA Cooperative Health Education Program;
and Maine Consortium for Health Professions Education

PROGRAM DESCRIPTION:

This program will identify the interplay and synergistic effects of substance abuse and family violence. The underlying concept of the program will be that the "Treatment of chemical dependency and the treatment of family violence are concomitant issues requiring that both be addressed, not as cause and effect, but rather as separate issues". Detailed practical information including strategies and skills for identification, diagnosis, referral, treatment, recovery maintenance, progress measurement, and relapse prevention will be presented.

TARGET AUDIENCE: Health Professionals including social workers, psychologists, counselors, clergy, and others who know and work with people from families where chemical dependency or family violence is happening.

CONTINUING EDUCATION CREDITS: This program is approved for .6 CEU's by the Maine State Board of Substance Abuse Counselors.

ACKNOWLEDGEMENT: This program was made possible through the cooperation of Jane Hinson, Office of Special Programs, University of Maine at Machias.

PROGRAM OBJECTIVES:

By the end of this program participants will be able to:

1. Identify cycles of neglectful and abusive relationships in the context of dysfunctional family systems (including chemically dependent and co-dependent).

2. Recognize clinical issues for abuse victims and the victims of chemical dependency or co-dependency.

3. Describe the synergistic aspects of chemical dependency and family violence.

4. Make use of strategies for identification, diagnosis, referrals, treatment, recovery maintenance and relapse prevention.

PROGRAM FACULTY:

Sally Allen Baker is Founder and Director of Inter Reflections,® Waterville, Maine. She holds a Master of Education degree and is currently enrolled as a candidate at the University of Maine for the Certificate of Advanced Study. Sally has good background in crisis counseling, developing programs, interpreting tests and programs to clients. She has become a nationally recognized expert on the subject of family violence and the chemical connection. Some recent accomplishments include publication of an article entitled "Family Violence and the Chemical Connection: A Case of Double Jeopardy," in FOCUS on Chemically Dependent Families magazine and the future publication of a book titled Family Violence and the Chemical Connection (Copyright 1987 by Inter Reflections®).

AGENDA

8:30 - 9:00	REGISTRATION
9:00 - 10:15	Definitions and Terms Used In Chemical Dependency and Codependency Issues Sally Baker, M. Ed.
10:15 - 10:30	Break
10:00 - 12:00	Cycles of Abuse and Neglect (Active/passive) Legal/Clinical Definitions Roots of Intergenerational Behaviors Societal/Familial (Underlying Dynamics) "Second Hand Goods" Syndrome/ "Syndrome Shifts" Physical Mental (intellectual/ psychological/ emotional Spiritual Post Traumatic Stress Disorder
12:00 - 1:00	Lunch
1:00 - 2:30	Personal/Professional/ Institutional "Victim Blaming" Attitudes Confrontation/"Empowerment" "Syndrome Shifts" - Staying 'Stuck' - Relapse (Attitudes and Behaviors)
2:30 - 2:45	Break
2:45 - 3:30	"The Internal Addictive Drug in Family Violence" A 'Systems Approach' to Substance Abuse in Family Violence
3:30 - 4:00	Summary and Evaluation

[88J3]

FAMILY VIOLENCE AND THE CHEMICAL CONNECTION
AUGUST 26, 1988

NAME _____
(last) (first) (Degree, MD, RN, ETC)

JOB TITLE _____

FACILITY/ORGANIZATION _____

SERVICE/DEPT _____
(VA Employees Use Service Code, i.e. Nursing 118)

BUSINESS ADDRESS _____
(street, box) (city) (state) (zip)

TELEPHONE _____ SSN _____
(Needed to certify attendance)

OCCUPATIONAL CATEGORY (check one)

_____ VA Employee-DM & S (Dept. of Medicine & Surgery)

_____ VA Employee-Non-DM & S (V) _____ Non-VA Employee (X1)

PARTICIPANT CATEGORY: (Please Check One)

_____ AD-Administrative

_____ AH-Associated Health _____ D-Dentist _____ N-Nurse

_____ P-Physician _____ Non-Health Care Profession

Early Registration: (Fees received by 8/16/88) includes lunch,breaks and materials. - Consortium/State Employees $25.00. Non-Consort./Non-State Employees: $30.00.

After Early Registration Deadline: (Fees received after 8/16/88) includes lunch, breaks and materials. -Consortium: $35.00. Non-Consort./Non-State Employees: $40.00.

VA PARTICIPANTS ONLY: Mandatory Fee of $6.00, (includes lunch,breaks and materials)

Please make check payable to MCHPE (Maine Consortium for Health Professions Education) and mail to the CHEP Office (11C), VAM & ROC, Togus, ME 04330. Refunds granted through August 16, 1988, excluding a $5.00 processing fee.

For further information contact Larry J. Johnson, (207) 623-5744 or Bo Yerxa, (207) 454-2144 X48.

Purchase order numbers are acceptable.

NONTRADITIONAL POST-SECONDARY EDUCATION REFERENCES

(DRAFT BROCHURE)

KATAHDIN
AREA
HEALTH
EDUCATION
CENTER

Serving the Other Maine

Please respond to:
KAHEC Downeast
WCVTI #10, River Road
Calais, Maine 04619

April 30, 1988

KAHEC CENTRAL
22 East Annex Bldg.
Beddington Road
Orono, ME 04469
(207) 581-2371

KAHEC DOWNEAST
WCVTI #10
River Road
Calais, ME 04619
(207) 454-2144 Ext. 48

KAHEC PENQUIS
18 Belfast Hall
Texas Avenue
Bangor, ME 04401
(207) 581-6038

KAHEC AROOSTOOK
Northern Me. Med. Ctr.
143 East Main Street
Fort Kent, ME 04743
(207) 834-3114

Dear Colleague:

There are many of us working in health and social services in rural Maine who need and desire access to educational programming. As adults, we face additional problems in obtaining access to such opportunities including geotransportational isolation, jobs, families and community responsibilities. The challenge of overcoming these obstacles is central both to socioeconomic equity issues and to quality-of-service issues within our region and state. While most of our local post-secondary educational institutions have become more sensitized to the needs of the adult or nontraditional learner, their own limited range of programmatic offerings and/or our sparse population base frequently precludes them from fully responding to the broad range of needs articulated from the community.

The attached materials on nontraditional post-secondary education were adapted from a reference work-in-process that I have been assembling over the past few months. It is my belief that creative utilization of the resources noted can, in part, offer health and social service workers in our educationally underserved region an alternative route to personal and professional development within an academic context. Materials on many of the programs described are available for review at the Alternative Education Resource Center at one of the Katahdin Area Health Education Center offices.

Although much of this effort stems from my own interests and perception of regional needs, I have received support while compiling this resource packet from several sources. They include the Katahdin Area Health Education Center, the Washington County Vocational Technical Institute, the Area Health Education Center Program Office of the College of Osteopathic Medicine at the University of New England and the Office of Health Professions of the U.S. Public Health Service/DHHS.

Any errors or omissions are solely my responsibility. I request your direct feedback in evaluating and improving this draft, so that the final product might be more useful to all concerned.

Sincerely,

Bo Yerxa

Bo Yerxa
Downeast Regional Coordinator

Enclosure

NONTRADITIONAL AND/OR EXTERNAL DEGREE PROGRAMS

The following nontraditional or external degree programs are a sampling of those accessible to adults living/working in educationally underserved areas. They include programs that can be completed without ever setting foot on a campus (such as the University of the State of New York or Charter Oak College) and programs that, while requiring some on-site classes, make a progressive effort to accommodate the needs of the adult learner (such as Goddard College and the University of Minnesota). All schools listed are accredited by the appropriate regional institutional accrediting association recognized by the U.S. Department of education, and, unless otherwise noted, by the appropriate specialized/professional accrediting body (i.e., National League for Nursing, Council on Social Work Education, etc.).

UNDERGRADUATE PROGRAMS

CHARTER OAK COLLEGE
340 Capital Avenue
Hartford, CT 06106
(203) 566-7230

This program was established by the State of Connecticut to serve only New England residents (under the New England Regional Compact). Although Charter Oak has a smaller staff and is newer to nontraditional education than are some other institutions listed below (such as Edison State or the University of the State of New York), their B.A. and B.S. programs are equivalent and require no on-campus time.

CITY UNIVERSITY
16661 Northup Way
Bellevue, WA 98008
(206) 643-2000

Offers a non-residential B.S. in Health Care Administration via independent study.

EDISON STATE COLLEGE
101 West State Street
Trenton, NJ 08625
(609) 984-1150

Derived in part from, and as equally accommodating a program as, the University of the State of New York, Edison State College offers numerous undergraduate degrees in the area of health/social service. They include: an A.S. in Management (Human Resources, Health Care), Public and Social Services (Child Development, Mental Retardation, Legal Services, Rehabilitation Services, Counseling), and Radiologic Technology; a B.S. in Applied Science/ Technology (Enviornmental Science, Nuclear Medicine, Respiratory Therapy), Human Services (Art Therapy, Child Development, Counseling, Gerontology, Nutrition, MENTAL Health/Retardation, Public/Health/Social Services Administration, Services for the Deaf), Nursing, Business Administration (Health Care Administration, Management); and a B.A. in Psychology, Sociology, Labor Studies, or Environmental Studies.

Ferris State College
Gerholz Institute of Lifelong Learning
Big Rapids, MI 49307
(616) 796-0461 ext. 3545

Ferris State utilizes prior learning, independent study and three-week summer sessions to work towards its B.S. degrees in environmental health and health services management. Work experience in the field is required to admission.

Goddard College
Plainfield, VT 05667
(802) 454-8311

Founded as an experiment in progressive education in 1938, Goddard is a pioneer in nontraditional post-secondary education. Its curriculum includes social studies, feminist studies, environmental studies, education, organizational leadership, psychology and counseling. The Goddard B.A. is obtained via a combination of prior learning, independent study (a minimum of 26 hours per week) and nine-day on-campus sessions at the beginning of every semester.

H.O.M.E., Inc.
Rural Education Program
P.O. Box 10
Orland, Maine 04472
(207) 469-7961

H.O.M.E. is a multi-faceted organization involved in economic reconstruction and social rehabilitation via a variety of programmatic initiatives. The Rural Education Program is a collaborative effort of H.O.M.E.'s Learning Center and Unity College in Maine. Participants can utilize transfer credits, challenge exams (such as CLEP), assessment of experiential learning and evening (Fridays) classes to obtain an A.A. in Liberal Studies.

Husson College
Eastern Maine Medical Center
Baccalaureate Nursing Degree
Upward Mobility Program
College Circle
Bangor, Maine 04401
(207) 947-1121

Husson's RN to BSN program offers experienced Registered Nurses an opportunity to utilize CLEP and other proficiency exams in conjunction with as few as three on-campus courses to obtain their BSN degree. A total of 30 credits must be obtained under the auspices of Husson College.

Saint Joseph's College
(North Windham, Maine)
External Degree Services
107 Campbell Avenue, S.W.
PO Box 13486
Roanoke, VA 24034-9989
(800-336-9622)

St. Joseph's utilizes credit transfer, challenge exams and "curriculum-related prior learning" in conjunction with independent study and at least one on-campus three-week residency session in its B.S. in Health Care Administration and B.S. in Professional Arts (concentrations in Education, Health Care Administration and Pyschology) programs. A minimum of 39 of the 128 semester hours required for graduation must be completed under the auspices of Saint Joseph's College.

The Electronic University
505 Beach Street
San Francisco, CA 94133
(800) 225-3276

The Electric University is an educational telecommunications network which allows anyone with access to a personal computer and a phone to connect with a variety of accredited colleges and universities around the country. Although primarily oriented to business administration, the network does plug into A.A., A.S. (management) and B.A. programs (as well as MBAs). This route to a degree, while flexible, would seem a bit more expensive than most of the other undergraduate programs described here.

University of Maine
School of Nursing
College Avenue
Orono, Maine 04469
(207) 581-1110

University of Maine at Fort Kent
Nursing Program /USM Extension
Pleasant Street
Fort Kent, Maine 04743
(207) 834-3162

As part of the University of Maine System, both of these nursing programs offer a cost-effective route for RNs in central and northern Maine to complete a BSN via their "Challenge Process". This involves assessment of prior learning, credit transfer, challenge exams and flexible course scheduling.

GRACELAND COLLEGE
Lamoni, Iowa 50140
1-800-53-RN-BSN, ext. 329

Graceland College offers RNs an opportunity to utilize credit transfer, evaluation of prior learning/work experience, proficiency exams, guided independent studies and at least two two-week (summer) residency sessions to earn a BSN degree.

University of the State of New York
Regents College Programs
Cultural Education Center
Albany, NY 12230
(518) 474-3703

The oldest state educational agency and the largest student body of any external degree program in the U.S., the University offers no courses of its own but utilizes credit transfer/banking, challenge exams of all types, and assessment of experiential learning for academic credit. Health/social service related degrees include a B.S. with a major in nursing and a B.A. with concentrations in sociology and psychology. Possibly the best and most cost-effective accredited degree program that requires no time spent on campus (except for a one-week clinical assessment session for nursing).

ADDITIONAL NONTRADITIONAL BACHELORS PROGRAMS OF POSSIBLE INTEREST INCLUDE:

Skidmore College
University Without Walls
Saratog Springs, NY 12866
(518) 584-5000 ext. 2295

Acadia University
Wolfville, Nova Scotia BOP IXO
(902) 542-2201

Burlington College
95 North Avenue
Burlington, VT 05401
(802) 862-9616

Western Illinois University
BOG/BA Program
5 Horrabin Hall
Macomb, IL 61455-1395
(309) 298-1929

University of Iowa
Center for Credit Programs
W400 Seashore Hall
Iowa City, IA 52242

University of Maryland
College Park, Maryland 10742
(301) 454-2765

Indiana University
External Degree Program
Division of Extended studies
620 Union Drive
Indianapolis, IN 46205
(317) 923-1321

Ohio University
External Student Program
301 Tupper Hall
Athens, Ohio 47501
(800) 342-4791

University of Alabama
New College/External Degree Programs
P.O. Drawer ED
University, AL 35486
(205) 348-6000

University of Minnesota
University Without Walls
201 Westbrook Hall
Minneapolis, MN 55455
(612) 373-3919

Lesley College
Independent Study Degree Program
29 Everett Street
Cambridge, MA 02238-9990

University of Maine (Orono)
Office of the Dean
Nontraditional Student Program
Orono, Maine 04473
(207) 581-1406

INDEPENDENT STUDY PROGRAMS

A selection of college undergraduate correspondence and independent studies programs are listed here. You may write or call them for their catalog. They may or may not offer degrees entirely via independent study.

INSTITUTIONS

BRIGHAM YOUNG UNIVERSITY
Independent Study
206 Harmon Continuing Ed. Building
Provo, Utah 84602
(801) 378-2868

UNIVERSITY OF CALIFORNIA
Independent Study, Department NN
2223 Fulton Street
Berkley, California 94720
(415) 642-4124

UNIVERSITY OF FLORIDA
Division of Continuing Education
1938 West University Avenue, Room 1
Gainesville, Florida 32603
(904) 392-1711

UNIVERSITY OF GEORGIA
Georgia Center for Continuing Education
Athens, Georgia 30602
(404) 542-3243

INDIANA UNIVERSITY
Independent Study Program
Owen Hall 001
Bloomington, Indiana 47405
(812) 335-3693

LOUISIANA STATE UNIVERSITY
Independent Study by Correspondence
Baton Rouge, Louisiana 70803
(504) 388-3171

OHIO UNIVERSITY
Independent Study Division
Tupper Hall 303
Athens, Ohio 45701
(614) 594-6721

PENNSYLVANIA STATE UNIVERSITY
Department of Independent Study by Correspondence
128 Mitchell Building
University Park, Pennsylvania 16802

UNIVERSITY OF ILLINOIS
Guided Individual Study Division
104A Illini Hall
725 South Wright Street
Champaign, Illinois 61820
(217) 333-1321 (ext. 3758)

UNIVERSITY OF IOWA
Guided Correspondence Study
W400 Seashore Hall
Iowa City, Iowa 52242
(319) 335-3500

UNIVERSITY OF KANSAS
Division of Continuing Education
Lawrence, Kansas 66045
(913) 864-4792

UNIVERSITY OF KENTUCKY
Independent study Program
Room 1, Frazee Hall
Lexington, Kentucky 40506
(606) 257-3466

UNIVERSITY OF MINNESOTA
Department of Independent Study
45 Westbrook Hall
77 Pleasant Street
Minneapolis, Minnesota 55455
(612) 373-3256

UNIVERSITY OF WISCONSIN-EXTENSION
Independent study Division
432 North Lake Street
Madison, Wisconsin 53706
(608) 263-2055

OPEN COLLEGE
Ryerson Polytechnical Institute
297 Victoria Street
Toronto, Ontario M5B1W1
(416) 595-0485

UNIVERSITY OF GUELPH
Distance Education Division
153 Johnson Hall
Guelph, Ontario N1G 2W1
(519) 824-1330

UNIVERSITE LAURENTIENNE *
Centre for Continuing Education
and Part-Time Studies
Ramsey Lake Road
Sudbury, Ontario B3E 2C6
(705) 675-1151, ext. 500

THE UNIVERSITY OF OTTAWA *
The Service for Continuing Education
5 Osgoode
Ottawa, Ontario K1N 6N5
(613) 564-4263

UNIVERSITY OF WATERLOO
Correspondence Office
Waterloo, Ontario N21 3G1
(519) 888-4050

* courses available in French.

UNIVERSITY OF SASKATCHEWAN
Division of Extension and Community Relations
Saskatoon, Saskatchewan S7N 0W0
(306) 966-5562

UNIVERSITY OF NEW BRUNSWICK
Extension and Summer Session
PO Box 4400
Fredericton, New Brunswick E3B 5A3
(506) 453-4646

SIMON FRASER UNIVERSITY
Centre for Distance Education
Burnaby, British Columbia V5A 1S6
(604) 291-3524

UNIVERSITY OF BRITISH COLUMBIA
Guided Independent Study Programme
Library Centre, 2206 East Mall
Vancouver, British Columbia V6T 1Z8
(604) 224-3214

UNIVERSITY OF VICTORIA
University Extension
PO Box 1700
Victoria, British Columbia V8W 2Y2
(604) 721-8451

GRADUATE PROGRAMS

ANTIOCH UNIVERSITY
Antioch International
Yellow Springs, Ohio 45387
(513) 767-2661

Antioch offers individually designed non-residential M.A. programs in numerous areas, including psychology and management.

ANTIOCH UNIVERSITY
Antioch New England Graduate School
Roxbury Street
Keene, New Hampshire 03431
(603) 357-3122

Antioch New England offers a variety of graduate degrees in Organization and Management (H.S.A., M.S.), education (M.Ed.), Psychology (M.A.--Counseling Psychology, Dance Movement Therapy; M.Ed.--Guidance and counseling; Psy.D--Clinical Psychology). Students must attend classes one day a week, weekend workshops and undertake supervised independent study.

CENTRAL MICHIGAN UNIVERSITY
Institute for Personal and Career Development
Mount Pleasant, Michigan 48859
(517) 774-3866

Central Michigan University offers an M.S. in Administration and a M.A. in Education targeted at individuals working in health care and post-secondary educational (especially community college) settings. Program utilizes prior learning credit, transfer credit, independent study and short courses offered regionally throughout the U.S.

COLUMBIA UNIVERSITY
Teachers College
Box 50
New York, New York 10027
(212) 678-3760

Teachers College offers a Doctor of Education with emphasis on adult/community education, via its AEGIS program, which utilizes individual study, monthly one-day on-campus seminars and two three-week summer sessions.

EMPIRE STATE COLLEGE
State University of New York
2 Union Avenue
Saratoga Springs, New York 12866
(518) 587-2100

Empire State offers an M.A. in policy studies concentrating on either culture, labor or business. The program involves a short residency at the start of each trimester and guided independent study.

FIELDING INSTITUTE
2112 Santa Barbara Street
Santa Barbara, California 93105
(805) 687-1099

Although only an initial five-day planning seminar is required "on-campus", Fielding functions much like a European university, awarding its degrees on the basis of stringent comprehensive exams following two to five-year periods of study. Programs and degrees offered are in clinical, counseling or organizational psychology (M.A., Ph.D., Psy.D.) and in human and organizational development (M.A., Ph.D., Ed.D., D.H.S.).

INSTITUTE FOR SOCIAL ECOLOGY
G.C./I.S.E. Master's Program
P.O. Box 384
Rochester, Vermont 05767

The Institute, in conjunction with Goddard College, offers an M.A. in Social Ecology. This degree requires at least one four-week summer session with the Institute, several 8-10 day sessions at Goddard, independent study, and a significant project or thesis.

LESLEY COLLEGE GRADUATE SCHOOL
Independent Study Degree Program
Advanced Graduate Study & Research Division
29 Everett Street
Cambridge, Massachusetts 02238-2790
(617) 868-9600

Lesley allows motivated students to develop an individualized alternative program leading to an M.A., an M.Ed. or a C.A.G.S., utilizing courses, independent study, directed readings, field work, internships and a major project or paper (which may resemble a thesis). They also offer a long distance program leading to an M.S. in management with an emphasis on the management of substance abuse services.

LOMA LINDA UNIVERSITY
School of Health
Office of Extended Programs
Loma LInda, California 92350
(800) 854-5661

Loma Linda offers a non-residential Masters of Public Health program based on 3-4 day classes held four times a year. The full program requires 2-3 years to complete, and is presently being offered in Maine (Riverview Memorial Hospital, Brunswick, (207) 729-1641, ext. 211).

NEW HAMPSHIRE COLLEGE
Graduate Programs in CED/ICD
2500 North River Road
Manchester, New Hampshire 03104
(603) 644-3103/668-2211

New Hampshire College offers an accredited four-trimester (16 month) Masters in Community and Economic Development (community organizing/economic development) program combining independent study, internships or "major projects" (which may resemble a thesis), and monthly three-day on-campus classes.

NOVA UNIVERSITY
3301 College Avenue
Fort Lauderdale, Florida 33314
(305) 475-7580

Nova offers Masters (M.A., M.P.A.) and doctoral (Ph.D., Psy.D., Ed.D.) programs in human services, information science, education, psychology, management and administration via independent study, monthly regional study group meetings and 2-3 one-week residencies.

SAINT MARY'S COLLEGE
Winona, Minnesota 55987
(507) 452-4430

St. Mary's offers M.A. programs in education and human development that require as little as a week on campus. Learning is via independent study and required participation in a regional learning/study cluster that meets periodically (one of which operates out of the Boston area).

SAYBROOK INSTITUTE
1772 Vallejo Street
San Francisco, California 94123
(415) 441-5034

Saybrook offers M.A. and Ph.D. degrees in human science and psychology via independent study, brief residencies, and completion of a thesis or dissertation.

SONOMA STATE UNIVERSITY
1801 East Cotati Avenue
Rohnert Park, California 94928
(707) 664-2411

Sonoma offers working professionals with an undergraduate degree in psychology and appropriate work experience, an external M.A. in psychology that is based on independent study, field work and research. Althouth no on-campus study is required, "periodic" meetings/interaction with a faculty advisor are a vital part of their program.

SYRACUSE UNIVERSITY
Independent Study Degree Programs
610 East Fayette Street
Syracuse, New York 13202

Syracuse offers a Master of Social Science degree that entails 2-3 years of independent study and two 14-day summer residencies.

THE AMERICAN COLLEGE
Graduate Studies Department
270 Bryn Mawr Avenue
Bryn Mawr, Pennsylvania 19010
(215) 896-4521

The American College offers M.S. programs in management and financial services that can be completed by independent study with as little as one two-week residency.

THE AMERICAN UNIVERSITY
Institute for Human Resource Development
AU/NTLI HRD Program
215 Ward Circle Building
Washington, D.C. 20037
(202) 885-6206

A joint effort of The American University and the National Training Labs Institute results in this M.S. in human resource development program. The degree requires 36 graduate hours, which are earned by taking 12 six-day courses, including training design, organizational development, financial management, leadership and groupdynamics. Some courses are available on three-day weekends, many of them at the NTL facility in Bethel, Maine.

THE UNION
Provident Building
Seventh and Vine, PO Box 85315
Cincinnati, Ohio 45201
(513) 621-6444

The Union Graduate School for Experimenting Colleges and Universities was founded by ten college and university presidents in 1964 as an educational research and experimentation organization. Over the past two decades, the Union has gained an additional twenty academic institutional affiliates and recognition as a national leader in developing and implementing alternative programs in higher education for the motivated adult learner. Their Ph.D. is earned via prior learning, a 10-day entry colloquium, at least three 5-day seminars, at least 10 peer (group) study (methodology) days, periodic meetings as required with a doctoral committee, and independent study resulting in a Project Demonstrating Excellence (which may be a dissertation or may take other forms).

UNIVERSITY OF CINCINNATI
College of Design, arthitecture, art & Planning
School of Planning, ML #16
Cincinati, Ohio 45221
(513) 475-2544

The University of Cincinnati has long offered a highly regarded Masters in community planning degree and now offers, on a non-residential basis, a Master of Science in health planning and administration. The process involves independent study (which primarily involves Learning Resource Units, a series of one-credit correspondence "short courses"), quarterly two-day peer meetings in regional "clusters", coursework at other (local) universities, and a "comprehensive project".

UNIVERSITY OF MINNESOTA
School of Public Health
Independent Study Programs
2642 University Avenue, 2nd Floor
St. Paul, Minnesota 55114
(612) 624-1411/1544

The Independent Study Program for Ambulatory Care Administrators (ISP/ACA) offered through the University of Minnesota allows about 50 health professionals each year to work, at a distance, on a Master of public health (administration) or a Master of hospital administration (hospital and health care administration) degree.

The program requires at least three on-campus summer sessions, guided independent study, clinical preceptorships, periodic regional seminars, all of which can result in 55 quarter credits. Of the remaining 15 quarter credits required for either masters degrees, at least 9 must be earned at the University of Minnesota. Concentrations are available in ambulatory care, hospital/health care, long term care, mental health, nutrition services and nursing/patient care.

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
School of Public Health
Department of Health Policy & Administration
263 Rosenan Building #201H
Chapel Hill, North Carolina 27514

The University of North Carolina at Chapel Hill offers one of the most respected Masters of public health degrees in the U.S., which is available via its non-residential regional master's degree program for working health professionals and administrators. Of the required 39 semester hours, up to 12 may be transferred from appropriate programs and up to another 15 may be earned via independent study. The balance must be earned by participating in 5-day sessions and at least three 6-week summer sessions in residence.

UNIVERSITY OF TEXAS AT EL PASO
College of Nursing and Allied Health
Graduate Programs, 1101 No. Campbell
El Paso, Texas 79902
(915) 747-5880

The UTEP"S Master of science in nursing program is well-regarded by nurses in rural areas due to its perceived quality and accessibility. Clinical areas of concentration include med-surg, psyc-mental health and maternal-child nursing, with functional minors available in teaching or administration/ supervision. Both thesis and non-thesis options are available. This program can be completed via a summers-only plan where learners undertake 9-12 credits of coursework in residence each summer for three to four summers.

WALDEN UNIVERSITY
430 Marquette Avenue, Suite 408
Minneapolis, Minnesota 55401
(800) 237-6434

Walden offers Ph.D. and Ed.D. programs for experienced professionals in the fields of education, psychology, health and social service, via a four-week residential session, an advised research process and independent work resulting in a dissertation. Walden has a progressive mission and has achieved candidacy status for accreditation in a very short time.

UNIVERSITY OF NEW ENGLAND
School of Social Work
Hills Beach Road
Biddeford, Maine 04005-9599
(207) 283-0171/942-7005

The University of New England has assumed the Northern New England School of Social Work program previously offered by the University of Connecticut under an NIMH grant. Courses are scheduled at times (mostly evenings or weekends) and places (Bangor, Augusta, Biddeford, Concord) that are accessible to working people. This sixty-credit hour program is currently seeking candidacy for accreditation status from the Council on Social Work Education.

A BRIEF BIBLIOGRAPHY ON NONTRADITIONAL POST-SECONDARY EDUCATION

ADAPTING INSTITUTIONS TO THE ADULT LEARNER: EXPERIMENTS IN PROGRESS by the staff of the American Association for Higher Education (1978)
Reports on proceedings from the 1978 National Conference Series on Current Issues in Higher Education.

ADULT ACCESS TO EDUCATION AND NEW CAREERS: A HANDBOOK FOR ACTION by Alsanian and Schmelter, College Entrance Examination Board (1980)
A useful guide for establishing or improving adult learning programs.

BEAR'S GUIDE TO NON-TRADITIONAL COLLEGE DEGREES, by John Bear, Ten-Speed Press (1985)
Subtitled "How to Get the Degree You Want", this is the most current, comprehensive and enjoyably written reference I've yet found on the subject.

COLLEGE DEGREES FOR ADULTS, Blaze & Mero, Beacon (1979)
This volume outlines some of the planning issues associated with self-directed learning, as well as outlining some alternative programs.

COLLEGE LEARNING ANYTIME ANYWHERE, by Ewald B. Nyquist (with/Arbulino & Hawes) Harcourt Brace Jovanovich (1977)
Written by a former president of America's largest non-resident accredited university (University of the State of New York), this is largely an inspirational collection of stories and case histories of participants in external degree programs.

COLLEGE ON YOUR OWN, Parker and Hawes, Bantam (1978)
This book is essentially a 400-plus page bibliography useful for learners interested in pursuing challenge exams (such as CLEP or ACT-PEP).

DESCHOOLING SOCIETY, Ivan Illich, Harper & Row (1972)
An illuminating and provocative critique of formal education as antithical to "genuine learning".

GETTING COLLEGE CREDITS BY EXAMINATION, by Gene Hawes, McGraw (1979)
Describes virtually all the various equivalency exams that can be taken for college credit and suggests study strategies for the same.

HOW TO BEAT THE HIGH COST OF A COLLEGE EDUCATION, by Alfred Munzert, Kend Publishing (1977)
Although a bit dated, this remains a good little reference work on alternatives to traditional routes to a college degree.

ON-CAMPUS/OFF-CAMPUS: DEGREE PROGRAMS FOR PART-TIME STUDENTS, Gordon & Schub, Editors National University Extension Association (1976)
Also somewhat dated, this does have a good section on programs available internationally, especially for service persons.

PLANNING NON-TRADITIONAL PROGRAMS: AN ANALYSIS OF THE ISSUES FOR POST-SECONDARY EDUCATION, by Cross, Valley & Associates, Jossey-Bass (1976)

This summarizes the findings of a series of research projects undertaken by the Commission on Non-traditional Study. Additional titles in this series available from Jossey-Bass include:

1. Advising and Counseling Adult Learners, edited by DiSilvesto (1981)
2. Organizing Non-traditional study, Edited by Baskin (1974)
3. Attracting Able Instructors of aDults, Edited by Brown & Copeland (1979)
4. Developing New Adult Clientele by Recogniizing Prior Learning, Edited by Moon & Harvey (1980)

QUALITY IN OFF-CAMPUS CREDIT PROGRAMS: RESPONSIBILITIES, REGULATIONS AND REALITIES, Edited by Hurley & Barnes, Kansas State University (1982)

This is one of a series of publications that KSU has put out over the past decade dealing with non-residential degree programs, including the proceedings from several annual national conferences on quality in off-campus credit programs.

SELF-DIRECTED LEARNING: A GUIDE FOR LEARNERS & TEACHERS, Malcolm Knowles, Association Press (1975)

A manual on planning/executing learning projects or contracts as an approach to individualized higher education.

NEW HORIZONS: THE EDUCATION AND CAREER GUIDE FOR ADULTS, by Haponski and McCabe Peterson's Guides (1985)

Focuses on career-related aspects of adult education, but includes material on non-traditional degree programs.

THE ALLIANCE MANUALS: ALTERNATIVE DEGREE PROGRAMS FOR ADULTS, Thomas M. Rocco, General Editor (1985)

A series of manuals published by the Alliance (An Association for Alternative Degree Programs for Adults), whose titles include:

1. Providing Access for Adults to Alternative Degree Programs
2. Institutional and Staff Structures for Non-Traditional Programs
3. Financing Non-Traditional Programs
4. Procedures and Services in Non-Traditional Programs
5. Curricula Issues in Non-Traditional Programs.

THE COMPLETE GUIDE TO NON-TRADITIONAL EDUCATION, by William J. Halterman, Facts on File (1983)

Contains basic descriptive material on over 100 non-traditional college-level degree programs.

THE EXTERNAL DEGREE, by Cyril O. Houle, Jossey-Bass Publishers (1973)

This is an excellent reference as a companion book to the report of the U.S. Commission on Non-traditional Study, Diversity by Design, both published as part of the Jossey-Bass Series on Higher Education. It covers the history of external degree programs (offered since 1836) and fairly current issues associated with such non-traditional approaches to adult education at the post-secondary level.

THE INDEPENDENT STUDY CATALOG: NUCEA'S GUIDE TO INDEPENDENT STUDY THROUGH CORRESPONDENCE INSTRUCTION, Joan Hunter, editor (biannual)

A listing compiled by the National University Continuing Education Association of over 12,000 correspondence courses available from 72 member colleges and universities. A particularly valuable reference for those pursuing an undergraduate degree.

THE LIFELONG LEARNER, Ronald Gross, Simon & Schuster (1977)

Profiles of self-learning adults such as Buckminister Fuller, I.F. Stone, and Eric Hoffer which suggest as resources libraries, "learning groups", correspondence courses and alternative college programs.

THE MACMILLAN GUIDE TO CORRESPONDENCE STUDY, Modoc Press, Editor, MacMillan Publishing Co. (1983)

A massive (500 page) compilation of correspondence courses that is much more expensive and less useful than several other listed references (such as the Independent Study CAtalog or Bear's Guide).

THIS WAY OUT: A GUIDE TO ALTERNATIVES TO TRADITIONAL EDUCATION IN THE U.S., EUROPE, AND THE THIRD WORLD, John Coyne & Tom Hebert, Dalton

An electric, enjoyable (out-of-print) reading on the subject.

WHO OFFERS PART-TIME DEGREE PROGRAMS? Patricia Consolloy, Editor, Peterson's Guides (1985)

Subtitled "The Most Complete Overview to Data of Part-time Degree Opportunities--Daytime, Evening, Weekend, Summer and External Degree Programs--Available from Accredited Colleges and Universities in the U.S.", this book lives up to its subtitle.

WORLD-WIDE INVENTORY OF NON-TRADITIONAL DEGREE PROGRAMS, Unipublishers

Compiled by the staff of UNESCO, this publication offers a helpful (if sometimes overly detailed) overview of the international alternative education scene.

This publication is in part supported by the Katahdin Area Health Education Center.

1987
NATIONAL AHEC MEETING
TUCSON, ARIZONA

PLENARY PRESENTATION: June 9, 1987

"THE EVOLUTION OF THE AHEC PROGRAM: BRIDGING OUR PAST WITH THE FUTURE"

Eugene S. Mayer, M.D.
Associate Dean and Program Director
North Carolina AHEC Program
University of North Carolina
School of Medicine
Chapel Hill, North Carolina
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I am honored to have the opportunity to address so many AHEC staff and friends today. We have a proud past and an exciting future. This meeting will help us move forward with a shared spirit and common goals.

In preparing these remarks I could not help but recall the first meeting of the AHEC project directors which was organized by the federal staff and held in St. Louis in May 1973. Originally there were eleven projects and each made a brief presentation. We learned two thing at that meeting:

- First, that we had a lot to learn from each other.
- Second, that we should plan a certain number of meetings ourselves if we really wanted to share the substance of our work.

This led to the first National AHEC Meeting organized by the projects for all AHEC staff. It was held in Asheville, North Carolina, in May 1975. If my memory is correct we have had at least six national meetings. This meeting in Tucson follows the pattern of organization and content of the preceding meetings and continues our tradition of excellent programs. We are indebted to Andy Nichols, Christy Snow, the entire Arizona AHEC staff, and the Conference Planning Committee for bringing us together.

The value of these meetings has been significant to the survival of the National AHEC Program, especially when combined with what has been at least three meetings per year of the Project Directors since 1972. As one who has attended almost all of these meetings, starting with the first one, I believe the most important thing we have going for us is our confederation, especially as our confederation has evolved within a constant mission for the program.

Our mission has remained constant even though our specific activities and organizational structures are very different from state to state, from AHEC to AHEC in a given state, and within a given AHEC over time.

-<u>And what has been our mission</u>?

To answer this I turn to the statement developed by the Project Directors in 1976. It reads:

"The AHEC Program is to provide community-based education and training programs for health care providers. It does so by linking the academic health science centers with community service agencies and practitioners. The vehicle for this linkage is a regional education and training center called an AHEC. The program's overall purpose is to improve the climate for professional practice in underserved areas so as to improve the recruitment, retention, and quality of health manpower with special attention to primary care."

We have kept this mission secure by grounding it in various generations of health professions education legislation. However there have been pressures to change our mission and they have come from several sources:

First, projects have occasionally wanted AHEC to become something else. The greatest internal pressures are for AHEC to become a program of public education or a program of clinical service delivery.

A second source of pressure to change has come from the federal government which occasionally has tried to get us into other things (e.g., once, we were asked to become a vehicle for HMO's and even to become peer review organizations.)

Finally, a third source of pressure to change has come from evaluation groups that would effectively change our mission by evaluating us according to whether we were accomplishing things we never set out to do. For example, in the mid-70's we were presented with a protocol by such a group that planned to evaluate the National AHEC Program against changes in health status indices such as the incidence of diabetes in the community.

Although we have kept our mission constant we have seen an exciting evolution in our programming such that those AHEC's which have continued since 1972 are doing <u>not only</u> many of the same baseline activities (such as the decentralized education of medical students) but, with the help of the special initiative section and state and local funding, have added other activities consistent with changing patterns of health status and health care delivery.

In my own state of North Carolina, we are not only doing extensive amounts of training for students and residents along with continuing education and technical assistance for practitioners in all health fields, but we have taken on special activities in areas such as aging, health promotion/disease prevention, and health services management. Meanwhile we are also building a parallel AHEC relationship with the mental health system of the state which is leading to the development of a network of teaching mental health centers which, in turn, brings programs to our most rural mental health centers. These are activities we never envisioned in 1972, but they are within our mission.

Our national track record is an excellent one, especially when viewed against that of many other federal programs of the late 1960's and 1970's. The most important statistic is not that so many of the original projects survive but that significant state and local funds have been forthcoming in response to the federal AHEC catalyst.

We recently had the opportunity to present our case to the appropriations subcommittees in both the U.S. House and the U.S. Senate. There we pointed out that this year's federal appropriation of $18 million is enhanced by over $100 million of state and local AHEC funding. In response, both Congressman Natcher of Kentucky and Senator Inouye of Hawaii, who was speaking for Senator Chiles of Florida, indicated we could expect to be proposed for an appropriation of $18 million for fiscal year 1988. Congratulations to each person in this room and our AHEC staffs "back home" who made this possible.

The Congress seems to be impressed with our work. And, our work is impressive. Furthermore, it will continue to be impressive if we retain our confederation, stay true to our mission, and adapt our activities to meet changing community needs. **AHEC is a winner! And, we are poised to be helpful in the solution of tomorrow's problems.**

Some have asked if we can maintain a program like AHEC that depends upon partnerships and cooperation in an era wherein the watchword is competition and where educational programming and patient care strategies are increasingly computerized. With a dose of naivete I say: " I wonder if we can afford not to retain our partnerships as we face this changing world."

What a tragedy if our universities reverted to the ivory tower and our community hospitals, service agencies, and practitioners returned to their earlier state of professional isolation. The distribution, retention, and quality of health manpower could not help but suffer with an ultimate negative impact upon access to and quality of health care for all citizens. And we would face a special negative impact on those groups of our citizens who are already disadvantaged and isolated.

Yet my hope is an emotional expression. What do the realities of the trends in economics, health services organization, financing, and delivery, and health professions education and training tell us about our future. Or, put another way, does AHEC fit the economic trend line?

At first blush we might blanch. Events seem to be stacked against us. I will choose four examples:

1. We hear there are too many physicians. A surplus of physicians will mean reduced size and scope of medical education programs. It also means that there will be reduced interest in health manpower issues.

2. We hear that health care is too costly which means we will see reduced reimbursements to providers, including those in teaching settings.

3. We hear that we have budget deficits which will mean reduced support for training programs, and

4. We hear that it is a world of institutional competition which means reduced interest in partnerships, the stuff of which AHEC is made.

I believe AHEC will not only withstand these pressures but will strengthen itself and better serve society by recognizing that it is one of the few programs that functions to strengthen the health care delivery system even <u>as the system is shaped by these trends</u>. Let me elaborate. If I am correct, our future is wrapped up in our ability to survive the trends by responding to them with firm answers and good programs. Let me share with you some of my answers to these four arguments. I welcome your challenges to these answers so that we might evolve the best set of answers on a national basis.

First argument: <u>The physician surplus</u>

When confronted with this issue I point out that to my knowledge AHEC has not produced one new physician since its creation in 1972. This problem belongs to our schools and to our immigration policies and licensure policies. AHEC certainly helps give community orientation to students but we need this orientation whether we have the same number of students or any percentage of the current number. Therefore, so long as a community orientation is needed, who better to do this than AHEC?

When confronted with the argument that a physician surplus would translate into a lack of need for AHEC, I not only give the foregoing response but I also quickly turn to the issues of distribution, retention, and quality.

Few programs are as well placed conceptually or organizationally to offer systemic hope for improved distribution, retention, and quality of health manpower. This is even more true today with increased AHEC emphasis on minority and cross-cultural issues.

We must also keep in full view the fact that AHEC is "not for doctors only" and addresses training, recruitment, and retention for all disciplines. One of the important things we do is to provide a support system for all types of health manpower.

Finally, to those who would close AHEC because of the supposed physician surplus I point out that were AHEC not in place in my state the return to an ivory tower mentality would not only have negative consequences for medical student and resident training but it would remove a vital source of continuing education and consultation for community practitioners. Ultimately, the negative impact on quality of care for our citizens would be substantial. Those who would link AHEC funding to issues related to the supply of physicians are ill informed, at best.

Second argument: Health care is too costly, resulting in pressures to reduce hospital utilization and reimbursements to providers, including academic providers.

My response to this is unambiguous as AHEC welcomes the fact that we are entering an era of greater emphasis on ambulatory care services. This service trend certainly presents tremendous challenges for medical and health professions education and training at my school where we are in a major planning effort for more ambulatory-based medical education. And, not surprisingly, all signs point to AHEC as a major part of the solution. For example, just last week the Dean of the UNC School of Medicine, speaking for the other three deans in the state, indicated that ambulatory-based education and training was at the heart of the future curricula of all four schools. He then made it very clear that the schools cannot do this without AHEC. Our contacts with health departments, nursing homes, mental health centers, doctors' offices, home health agencies, hospices, etc., make us a logical vehicle for helping our academic centers survive in a changing world. Our role is certainly in synchrony with this trend and the pressures on our schools. We fit the trend line.

Third argument: Budget deficits

Of course, AHEC's do require funds to operate, so in that sense we are a part of the national problem. However, the $277 million spent on AHEC by the federal government since 1972 is about equal to what HCFA dispenses every few days.

. Or put another way, who knows how many AHEC projects would fit in one B-1 Bomber. If my information is correct our $277 million would have built much less than one B-1. As Uwe Reinhardt says: "The issue of budget deficits comes down to a matter of taste."

Fourth argument: <u>We are in a competitive era which rejects cooperation</u>.

I have heard it said that a program like AHEC, which is based upon partnership, cannot be of much help to institutions concerned with survival through competition. Before despairing over this point we should be certain we understand what will be the underpinning of institutional survival in a competitive era. If one believes in Naisbitt's megatrends, then one believes in networking, regionalization, communication, and other concepts that are the hallmark of AHEC. My observation is that institutional survival really requires cooperation and ultimately a greater integration and regionalization of services and of programs of all types.

If my contention needs validation we need only look at knowledgeable institutional managers who emphasize vertical and horizontal integration. This is the modern jargon for AHEC's long-term use of the words, partnership and cooperation. The network of relations already created by AHEC provides an academic underpinning to the service affiliations that are an inevitable part of the future of any institution that wishes to be competitive in the future.

As I talk about our network of affiliations I return to the analogy of the bridge which is the theme of this conference. Several years ago Cherry Tsutsumida invited me to be one of the speakers at a federal workshop for universities about to bid to become third generation AHEC projects. In preparing those remarks I gave thought, for the first time, to the bridge and as much as I like the analogy of the bridge, it still bothers me because I always think of bridges as passive structures.

And, to be sure, AHEC is a passive bridge, at times, with faculty walking in one direction and practitioners in the other.

However, we are more than a passive structure. Most of the time we are an activist bridge. We encourage people to want to cross from one side to the other. In order to do this we use winches and pulleys, or carrots and sticks. These are dollars; powerful ideas; and the ability to demonstrate how the agenda of one group is served by crossing the bridge to work with another group.

AHEC is really a variety of types of bridges. These include:

Academic/Community
Public/Private
Regional Center/Smaller institution
Federal/State/Local
Physician/Nurse/Pharmacist/Allied Health/Public Health/
Mental Health/Dentist/Social Worker
And the list can be extended

In closing, I want to show how our capacity to develop networks, of extended partnerships, means we cannot fail in the future. I believe we have three things going for us:

First: Society will increasingly demand the broadest possible education for our students and residents. This will require both community exposure and the development of insights into the special needs of minority and other culturally disadvantaged groups. The comments of the first panel of speakers yesterday are compelling in this regard.

I believe that AHEC is the best vehicle for our schools to use in giving our students these exposures. I further believe that many of our medical schools have begun to realize this.

Second: As long as we have people caring for people we have need for updated information to be transmitted to practitioners. And, if this is important today what will it be like tomorrow with the massive explosion of medical technology that is both exciting and frightening? This explosion has implications for continuing education that cover both the use of new technologies and the need to deal with the complex ethical dilemmas that will increasingly flow from these technologies.

But technological development is not the only trend arguing for sophisticated mechanisms for information transmission to practitioners. Changing patterns of illness have profound biomedical and socio-medical implications. How does yesterday's graduate keep up-to-date with AIDS, teenage pregnancy, drug abuse, and the effects of malnutrituion? Many of these topics were unknown or poorly covered at the time of the education of yesterday's graduates.

And the challenge does not end with yesterday's graduates. What will today's graduates face 25 years from now when they will be at the peak of their practice. Think of the need to understand home diagnostic kits, applications in clincal genetics, advances in neurobiology, organ transplantation, artificial organs, and possible new infectious diseases and environmental insults not dreamed possible today. AHEC's capacity to bridge the research lab with the practitioner will be more vital than ever and will become more widely recognized, not less.

Third: The final thing going for us in the future is our past, our present, and our promise. I believe the plenary sessions and workshops we have attended here in Tucson show that AHEC is replete with a new breed of academic and community leaders. We are the bridge to the future of quality health care delivery by the health professions graduates of yesterday, today, and tomorrow.

If AHEC did not exist we would have to create something like it, just as we created AHEC with the collapse of the Regional Medical Program of the late 1960's and early 1970's. We have become a national resource.

In North Carolina all of these forces came together for the nearly 700 AHEC employees last week at our annual statewide conference. With an enthusiastic reaffirmation of our mission and an endorsement of our extended partnerships we pledged ourselves to continuing our traditonal decentralized education and training programs as well as our special initiatives in aging; health promotion/disease prevention; management; mental health; and nursing (with redoubled efforts to deal with the new nursing shortage). We also pledged ourselves to developing three new thrusts on which we hope to be able to report at the next national AHEC meeting.

These three new thrusts are:

1. Ambulatory-based medical and health professions education.

2. Planning for the use of new communications technologies to further strengthen what we think is the best educational network in the nation.

3. Planning for the next chapter in continuing education for the health professions, by which we mean moving in the direction of curriculum development in addition to our more traditional patterns of hit-or-miss programs.

And so, I believe the trends are really in our favor and that we can capitalize on them if we maintain our confederation and our constancy of mission. It is great to be a part of a program that has provided leadership in health professions education in the past and that will be a major factor in shaping the future.

As I noted earlier, in many states, AHEC is already a winner. As such, we are poised to meet manpower development needs that grow out of the health care problems of today and tomorrow.

WILLIAM S. COHEN
MAINE

United States Senate

WASHINGTON, DC 20510

April 22, 1987

Mr. Bo Yerxa
Field Coordinator
Katahdin Area Health Education Center
Post Office Box 805
Passamaquoddy Indian Township
Maine 04668

Dear Mr. Yerxa:

I wanted to let you know I received a response from Cherry Tsutsumida, Chief of the Area Health Education Centers Branch, in response to my letter in behalf of the College of Osteopathic Medicine's application for an Area Health Education Center.

I am happy to inform you that the Health Professions National Advisory Council met in late March and favorably concurred with the Merit Reviewers' findings. The application is, therefore, recommended for approval for one year at the amount of $537,857 for year 03, and $593,217 for year 04, subject to a site visit to assure capability to meet program requirements.

Official notification of this award will be made by the third quarter of FY 1987.

With best wishes, I am

Sincerely,

William S. Cohen
United States Senator

WSCsal

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2D DISTRICT, MAINE

Congress of the United States
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April 20, 1987

RECEIVED APR 2 7 1987

Bonnie Post, President
Board of Directors
Katahdin Area Health Education Center
WCVTI #10, River Road
Calais, Maine 04619

Dear Bonnie:

Thank you for your recent letter regarding the grant proposal submitted by the Katahdin Area Health Education Center. I was pleased to support this proposal back in December, and I think you will be pleased to know that I reiterated my support last month when inquiring on the status of your application.

I have enclosed a copy of a letter I sent to the Assistant Secretary for Health of the Department of Health and Human Services on March 26th. This second letter was in response to a request I received from Bo Yerxa, of your organization. You may be assured that I will be back in touch as soon as I have a reply from the Assistant Secretary.

In the meantime, thank you for forwarding the additional information about your proposal. I hope that you will feel free to let me know whenever I may be of assistance to you in the future.

With best wishes,

Sincerely,

OLYMPIA J. SNOWE
Member of Congress
2nd District, Maine

OJS/klr
Enclosure.

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March 26, 1987

Robert E. Windom, M.D.
Assistant Secretary for Health
Department of Health and Human Services
Public Health Service
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Dr. Windom:

I am writing with regard to a grant [redacted]ication submitted by the University of New England, in conjunction with the Passamaquoddy Tribe Community Health Service, to obtain funding for an Area Health Education Center in eastern Maine. I have previously expressed my support for this project in a letter to its coordinators, which I believe was submitted to you along with their application.

Would you please advise me on the current status of this application, and also let me know when the final determination regarding funding is made?

If you have any questions, please feel free to contact Kevin Raye, of my Bangor Office, at (207)945-0432.

Thank you for your attention to this matter.

Sincerely,

OLYMPIA J. SNOWE
Member of Congress
2nd District, Maine

OJS/klr

WILLIAM S. COHEN
MAINE

United States Senate

WASHINGTON, DC 20510

April 22, 1987

RECEIVED APR 27 1987

Ms. Bonnie Post, President
Board of Directors
Katahdin Area Health Education Center
WCVTI #10
River Road
Calais, Maine 04619

Dear Ms. Post Bonnie

I wanted to let you know I received a response from Cherry Tsutsumida, Chief of the Area Health Education Centers Branch, in response to my letter in behalf of your application.

I am happy to inform you that the Health Professions National Advisory Council did meet in late March and concurred with the Merit Reviewers' findings. You are, therefore, recommended for approval for one year at the amount of $537,857 for year 03, and $593,217 for year 04, subject to a site visit to assure capability to meet program requirements.

You will be officially notified of this award by the third quarter of FY 1987.

With best wishes, I am

Sincerely,

William S. Cohen
United States Senator

WSCsal

KATAHDIN
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HEALTH
EDUCATION
CENTER

Serving the Other Maine

Please respond to:
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WCVTI #10, River Road
Calais, Maine 04619

May 31, 1988

Charles Ford, Ph.D., President
University of New England
Hills Beach Road
Biddeford, Maine 04005-9599

Dear President Ford:

I am writing to follow up on a conversation we had last fall regarding Deanna Francis, who is very interested in attending the University of New England's College of Osteopathic Medicine. As you will recall, Ms. Francis returned to study botany as a non-traditional student to enhance her traditional training as a medicine woman within the Passamaquoddy cultural context. Her current goal is to study Western medicine and to return to serve her Tribe with a base in both healing traditions.

Since receiving her bachelors in botany this past winter, Ms. Francis has returned to Sipayik (Pleasant Point Reservation) where she has tended her ailing mother, resumed her traditional studies with Tribal elders, and taught in the reserve's elementary school. She approached me last week in the context of a presentation she was making before the Maine chapter of the Association for Medical History, to reiterate her interest in UNE and her intention to follow up on that interest directly during June.

Ms. Francis met last winter with Pat Cribby of your staff. At that time I believe academic prerequisite deficiencies were identified as two semesters of physics and two semesters of organic chemistry. I understand that there was some discussion regarding the possibility of her taking these courses via UNECAS, possibly in conjunction with an introductory course through UNECOM. Ms. Francis has appropriately recognized her need to strengthen her math and science background. When combined with the fact that English is her second language, it would seem that all parties involved must commit to providing affirmative academic support.

When we talked last fall, you indicated your strong personal support for bringing underrepresented populations into UNE in general, and exceptional individuals such as Deanna in specifically. Since my understanding is that she would not be eligible for an Indian Health Service scholarship unless she was formally enrolled in a degree program, some other support mechanism will likely be required for the upcoming year.

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Again, last fall you expressed to me your willingness to mobilize your staff to see that appropriate personal, academic and financial support would be forthcoming. Therefore, I am writing in anticipation of Ms. Francis' expressed intent to pursue studies at UNE in the hope that there can be a concerted effort to respond to her needs directly throughout the process.

Thank you for your anticipated assistance with this matter.

Sincerely,

Bo

Bo Yerxa
Downeast Regional Coordinator

cc: Bates
Bolduc
Cribby
Doyle
Morris
Newell
Richardson
Ross
Weaver