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Special Edition – Winter 2003

## NYS AHEC System Fondly Remembers Assemblyman Jacob E. Gunther III

We often call legislators “friends” and “supporters” but the New York State AHEC System recently lost a friend, a supporter and an advisor. Assemblyman Jacob E. Gunther, III was Vice Chair of the New York State Legislative Commission on Rural Resources and had been an important adviser to the New York State AHEC System since before we were funded. “Jake,” as he encouraged all of us to call him, was elected to the New York State Assembly in 1992 from Sullivan and Orange county. Assemblyman Gunther’s approach to law-making was bipartisan, and his special interest in rural education and rural health made it natural for him to quickly see the role an AHEC System can play for communities looking to create jobs and secure a quality health system.

Thomas C. Rosenthal, MD,  
NYS AHEC System Director



Senator Patricia K. McGee, Assemblyman Jacob E. Gunther, III, and NYS AHEC System Director, Thomas C. Rosenthal at an April 24, 2001 reception in Albany.

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## NYS AHEC System Recognizes National Primary Care Week 2003

The New York State AHEC System recognized National Primary Care Week 2003, October 19-25, by sponsoring educational programs statewide. National Primary Care Week is an annual event that highlights the importance of primary care and provides an opportunity to bring health care professionals together to discuss and learn about community-based primary health care and its impact on, and importance to, underserved populations. Regional events took place in the Western and Central regions as follows.

Continued on page 3

Denise McGuigan, MEd,  
NYS AHEC System Education Director



University at Buffalo medical students, Jennifer Rojek and Vishnu Oruganti, practice giving injections to one another at a National Primary Care Week event.

# Viewpoint: SARS and the Iraq War

Neil Calman, MD, New York Metropolitan  
Region Office Medical Director

While news of the war with Iraq dominated television, radio and the print media, the juxtaposition of the war with the onset of the epidemic of SARS (Severe Acute Respiratory Syndrome) created ironies that should not go unnoticed.

Media coverage of this war focused on high-tech images, hiding the human tragedy of the bodies, minds, and souls being lost in that skirmish. Pictures of machines fighting machines, buildings being blown apart by intelligent weapons, and soldiers covered head to toe with equipment serve to hide every inch of the human flesh that lay beneath. No matter how low the casualty count, every family of every lost soldier feels enormous grief when they realize that their child, spouse, parent, or loved one will never come home again.

The U.S. entered this war from a sense that we have a responsibility to free the oppressed Iraqi people, as well as to protect ourselves from a threat of weapons. The war is based on racial, ethnic, religious and governmental differences that serve to divide the world we know into little bits and pieces, and to continuously give us,

as world inhabitants, reasons to hate one another.

But SARS is different. Though the infectious agent has not yet been positively identified, we know certain things: It does not distinguish one member of our species from another based upon skin color, language, the way we pray to our god or gods, or the geographical boundaries that separate us into different structures of government. The infectious agent ignores all these differences, jumping from place to place, choosing its victims indiscriminately. All the smart weapons and machinery we have cannot fight this microscopic entity. People of all cultures and countries live in fear of its spread, and wonder whether the person coughing next to them on the street may be infected.

SARS reminds us that we all share a planet. The geographic boundaries that we have drawn on maps of the earth cannot be seen from space. The religions that we have created to guide our worship were not established at the time of our creation, but through evolving interpretations of the meaning of God.

SARS should teach humility. The world has turned to the very same

United Nations that could not keep the United States from going to war with Iraq – through the World Health Organization that it sponsors – to seek answers to this worldwide threat.

Governmental structures evolve as well, as people throughout the world seek justice, freedom from poverty, and a chance to live a good and reasonably prosperous life. SARS ignores everything we have done to separate ourselves into people who can wear different uniforms and enter a battlefield with the intent to kill each other and gain dominance.

SARS came along to remind us, at a time when many have forgotten, that we are one species, on one planet. Our fates are linked to one another in ways that must govern our dealings with each other. The fact that SARS and the Iraq War happened simultaneously must be viewed as an important reminder of our limits, our vulnerability, and the need for global cooperation to improve everyone's lives.



Neil Calman, MD,  
NYS AHEC System  
NY Metropolitan  
Region Office  
Medical Director

*"Remembers Gunther" cont'd from page 1*

I was 25 minutes late for my last appointment in Assemblyman Gunther's office. The appointment had been with one of his aides, but while I was apologizing to his secretary in the reception area, Jake bounded out of his office, right hand extended, and warmly welcomed me to sit down and chat. His aide had long since abandoned me for lunch but Jake wanted to hear how things were

going for AHEC. He had some ideas of how we could assist several specific individuals in his district. He drilled me on AHEC financial issues, making his concern for the wise use of public resources obvious. He asked if we were meeting benchmarks, and specifically how we compared with other state AHEC programs at this stage of development. While Jake munched on his sandwich at his desk, a fast 45 minutes passed by before I realized I was now

late for another appointment.

Our meeting had forced me to take stock of the impact a large program can have on the individual New Yorker. Assemblyman Gunther reminded me that AHEC is a classic bootstrap economic development program, capable of refining New York's greatest asset – New Yorkers.

We miss Assemblyman Gunther, and offer our sincerest condolences to his family.

# Nursing News: Patient Safety and the Nursing Work Environment

On November 7, 2003, a new report was released by the Institute of Medicine, "Keeping Patients Safe, Transforming the Work Environment of Nurses."

This report is the third in a series on medical errors and patient safety.

Major recommendations were:

- Limiting the hours that nurses can work, similar to the limits placed on airline pilots. A maximum of 12 hours per day or 60 hours per week is recommended for action by state legislators. Up to 27% of nurses reported that they worked more than 13 consecutive hours at least once a week in nursing homes and hospitals.
- Limiting the workload of nurses by reducing patients per shift per RN, authorizing nurses to limit admissions, or increasing staffing. Inadequate staffing contributes to poor patient outcomes in hospitals and nursing homes. One study examining medication errors determined that nurses committed 34-38% of the errors, but were instrumental in intercepting 86% of the errors. Fatigue slows reaction time, decreases energy, and diminishes attention to detail, among other effects. At least one RN at all times in nursing homes was recommended, although the current federal standard is only one RN for eight consecutive hours per day, regardless of the number of patients. Use of temporary nurses may also be linked to error rates.
- Increasing nurse autonomy and involvement in work redesign, particularly as it affects patient safety. Hospital restructuring of nursing work systems due to downsizing in the late 1990s and shortages since then has led to distrust of hospital management.

Carol Brewer, PhD, RN, NYS AHEC System Nursing Director

- Increasing support services for skills acquisition to keep up with technology. Orientation and continuing education have been scaled back, and new graduates need guidance to care for today's population of patients.

The AHEC role: Clearly the work environment is critical to retention of nurses, as well as prevention of errors. AHECs can work at two levels: with employers and with nurses. Partnerships with employers and/or the Health Care Association of New York State to develop systems for nurses to report errors and near misses in a non-punitive way is important. Settings in addition to nursing homes and hospitals need to be included in error reporting mechanisms. How can employers be assisted to convert this information into changes in the work environment? How can employers be encouraged to limit overtime hours and extended shifts?

Some high stress professions and the military have specific training to cope with fatigue. How do nurses cope with fatigue? Can they be trained to work preventatively? What kinds of forums could be developed to share best staffing practices that work for local institutions?

Partnerships could be developed with local hospitals to help in providing CE to nurses. Perhaps faculty from local colleges could be tapped for the enrichment of staff nurses or a consortium of in-service educators could be developed whose cost is shared by a number of hospitals. On-site clinical programs for RNs wanting to further their education could also be developed.

"Primary Care Week" cont'd from page 1

## Western Region:

- A lecture "Primary Care Physicians Serving the Underserved at Home and Abroad," was presented by John Brewer, MD, NYS AHEC System Statewide Office Medical Director. This was provided for health professional students at the University at Buffalo.
- Carrie Clemens and Amy Mojon, physician assistant students from Daemen College, trained middle school students from Wayland-Cohocton School on how to take a blood pressure, provided advice on healthy eating habits, and discussed the physician assistant profession.
- A hands-on injection workshop was held for first and second-year University at Buffalo medical students. Funding assistance for this workshop was provided by the American Medical Student Association.

## Central Region:

- Three lectures were presented to Upstate Medical University medical students: "Health Care for Children in Foster Care," presented by Steven Blatt, MD; "Prevention in Medicine: Low Tech, Low Glory... High Yield," presented by Cynthia Morrow, MD, and John Epling, MD; and "Sorting the Alternatives," presented by Gerry Edwards, MD.

## Thanks to the Community Foundation for Greater Buffalo!

The fall 2003 Edition of AHEC Update featured two articles (*An Interdisciplinary Summer Experience in Rural New York* and *R-AHEC Dental Student Rotations – A Student's View*) about the "Pipeline to Practice" Wyoming County Initiative. Funding for this initiative was provided to the Western New York Rural AHEC (R-AHEC) through a generous grant from the Community Foundation for Greater Buffalo.

# NYS AHEC System and New York State Academy of Family Physicians Preceptor Survey Presented at North American Primary Care Research Group Annual Meeting

Tim Servoss, MA,  
NYS AHEC System Research Specialist

I was recently fortunate to be given the opportunity to present a paper at the 31st annual meeting of the North American Primary Care Research Group in Banff, Alberta. The presentation, entitled “Barriers and Incentives to Medical Student Teaching: Surveying Primary Care Physicians in New York State,” was based on a collaborative project of the same name undertaken by the New York State AHEC System and the New York State Academy of Family Physicians. A complete report on the findings of the study has been distributed to each of the New York State AHECs. A description of the survey highlights that I presented in Banff follows.

Physicians were categorized into four groups based on whether they are currently teaching, not currently teaching but willing to do so, not currently teaching but may be willing to do so, and not currently teaching and not willing to do so.

Those physicians who are currently teaching provided information that



*Tim Servoss, MA, NYS AHEC System Research Specialist speaks at the 31st annual meeting of the North American Primary Care Research Group*

could be potentially useful in retaining community preceptors. For this group, the most frequently cited barriers to teaching medical students include the resulting longer days, increased stress, and excessive documentation. The most alluring incentives for this group include personal satisfaction, CME credit, and the motivation to keep current with literature that comes with having a medical student in the office.

Perhaps the most interesting groups of physicians for recruiting purposes are those who are not currently teaching but who are definitely or may be willing

to do so in the future. Of those in our sample that are not currently teaching, 73% are definitely or may be willing to do so. In addition to perceived increases in stress and hours worked, both of these groups indicated that the fact that no one had asked them to teach was the number one barrier to teaching. Like those who are current teachers, these groups of physicians found non-monetary incentives like personal satisfaction, a clinical faculty appointment, CME credit, and motivation to keep current with the literature as the most attractive incentives to teach.

Those physicians who are not currently teaching and are definitely not willing to do so in the future generally find things like stress and longer days as barriers to teaching, and more material things like significant monetary stipends and malpractice insurance coverage as incentives.

The results of this project provide some direction for retaining and recruiting potential preceptors. What is particularly promising is that there appears to be an untapped mass of potential preceptors who are just waiting to be reached out to.

## *Linking Health Professions Training to Community Workforce Needs*

Mary J. Sienkiewicz, MBA,  
NYS AHEC System Deputy Director

The “Linking Health Professions Training to Community Workforce Needs” September 16, 2003 meeting of the New York State AHEC System Advisory Board featured general sessions on barriers to effective educational responses to state and community health workforce needs, critical workforce training needs now and in the future, and the role for the New York State AHEC System in addressing these issues at the community, regional and statewide levels.



*Marcy Dreimiller, (r) VP, Human Resources and Support Services, Glens Falls Hospital, and Chair, Saratoga-Warren-Washington Workforce Investment Board.*

The meeting featured “Success Stories: Communities Respond to Health Workforce Needs” and the following panelists: Joanne Borfritz, Executive Director, CNYAHEC, Collaboration and Technology Launch Nursing Program; Richard Merchant, MA, Executive Director, NAHEC, Regional Approach to MLT Training; Jane Munro, Associate Director, R-AHEC, New Collaborations in Workforce Retraining; Marcy Dreimiller, VP, Human Resources and Support Services, Glens Falls Hospital and Chair, Saratoga-Warren-Washington Workforce Investment Board, Recruitment/Training: A Hospital Perspective; and Jaya Egan, MPH, Executive Director, BWAHEC, MPH Program at Lehman College.

# Welcome Mary Craig, Erie Niagara AHEC Executive Director

Mary J. Sienkiewicz, MBA,  
NYS AHEC System Deputy Director

It is a pleasure to announce the appointment of Mary E. Craig as the Executive Director of the newly established Erie Niagara AHEC effective September 29.

Ms. Craig provides executive leadership on behalf of the newly formed Board of Directors to develop the Erie Niagara AHEC. The mission of the AHEC is to improve health and health care through educational programming that maintains preceptorships for health science students in underserved communities, supports community-based primary care residency programs, maintains continuing education programs for health professionals, recruits minority and disadvantaged students into the health professions, and increases provider retention through enhancements in the practice environment.

Ms. Craig brings extensive community development and executive leadership experience to this new position, most recently as the Senior Director of Minority Health Initiatives, American Heart Association, Northeast Affiliate, covering New York and New England states. Her previous employment experience includes Vice President for Advocacy, New York State Affiliate of the American Heart Association; Executive Director, Buffalo Builds; Executive Director, Humboldt Branch of the YMCA; and Vice President of Consumer Communications and Sales Training, Key Bank of New York. Ms. Craig holds bachelor's degrees in political science and communication arts and sciences from Dominican University.



Mary E. Craig,  
Erie Niagara  
AHEC Executive  
Director

# Mary Mitchell Joins the New York State AHEC System as Manhattan-Staten Island Center Director

In October, Mary J. Mitchell joined the New York Metropolitan Region as the Director of the Manhattan-Staten Island Area Health Education Center, beginning the launch of the New York State AHEC system's ninth and final center.

Mary received a Master's Degree in Public Administration, with a concentration in Health Care Administration from Long Island University, where her internship took her to study in South Africa. She completed a Bachelor's Degree in Community Health from St. Joseph's College, and a Certificate in Non Profit Management from the Columbia University-Institute For Non Profit Management.

Mary brings more than 15 years of diverse experience in community health program administration. While she has served as the Brooklyn Regional Vice President for the American Cancer Society, Assistant to the Brooklyn Borough President for Health and Youth Affairs, and Executive Director of the Brooklyn Teen Pregnancy Network, it is her 5-year tenure as Director of the Health Careers Institute of Long Island University, that Mary says, will contribute most to her success with the AHEC.

*"At the Health Careers Institute my goal was to develop and deliver continuing education programs that would enable adults to improve their skills, obtain new*

*Life-long Buffalo resident, and community member of the Interim Planning Board that established the Erie Niagara AHEC, Ms. Craig comments, "Recently I read a quote and I don't remember where so unfortunately I can't give them credit - but it states that 'the mysteries of medical science are best applied through of a network of human relationships.'" With this AHEC I believe we will eliminate some*

Neil Calman, MD, New York Metropolitan  
Region Office Medical Director

*skills, advance in their careers, and improve their quality of life in allied health professions. My students, who were predominantly African/Caribbean-American and Hispanic, were provided course work and internships which prepared them to work in Health Information Management, Medical Imaging, and Substance Abuse Counseling. It seems to me that the establishment of an Area Health Education Center continues this work by increasing the numbers of under-represented minorities in the health professions at higher levels. This is a natural progression for me and I am thrilled to have this opportunity."*

Throughout Mary's professional career she has demonstrated her strengths in building significant and appropriate relationships to support her programmatic goals. We recognize the significance of this skill, and look forward to Mary using it to create partnerships and collaborations that will lead to a successful Area Health Education Center for Manhattan and Staten Island.



Mary J. Mitchell,  
Manhattan-Staten  
Island AHEC Director

# Albany Reception

## September 16, 2003

The New York State Area Health Education Center (AHEC) System showcased accomplishments and future initiatives at a breakfast reception in Albany on September 16, 2003.

Remarks from Thomas C. Rosenthal, MD, NYS AHEC System Director, and Wayne K. Anderson, PhD, Dean, University at Buffalo School of Pharmacy and Pharmaceutical Sciences, were a highlight of the event. The event also featured interactive displays of AHEC activities at the statewide, region and center levels.

*Al Cardillo, Executive Director for Health, NYS Council on Health Care Financing, with Tim Christensen, H-M AHEC Executive Director.*



*Gabrielle Kersaint, BQLI AHEC Executive Director, Assemblyman David G. McDonough, and Maxine Golub, NYS AHEC System NY Metropolitan Region Project Director.*



*Madelyn Rivera, BWAHEC Associate Director, and Kate-Sara Germershausen, BWAHEC Director of Programs.*



*Thomas C. Rosenthal, MD, NYS AHEC System Director, with Senator William T. Stachowski.*



*Andrea Nikischer, NYS AHEC System Statewide Office Project Manager, with Vanessa Komarnicki, Legislative Director for Assemblyman Robin Schimminger.*



*Senator George Onorato with Gabrielle Kersaint, BQLI AHEC Executive Director.*



## Congratulations to Senator Mary Lou Rath on Receipt of the 2003 J. Warren Perry Health Leadership Award

Senator Mary Lou Rath was presented the 2003 J. Warren Perry Health Leadership Award by the University of Buffalo School of Public Health and Health Professions in recognition of her efforts to improve health in Western New York.

*Senator Mary Lou Rath and Thomas C. Rosenthal, MD at the September 16, 2003 NYS AHEC System Albany Reception.*



*Anita Merrill, NAHEC Associate Director, and Richard Merchant, NAHEC Executive Director, with Cindy Pellegrino from Senator James Wright's office.*



*Cathryn Bern, Legislative Analyst for Senator David A. Paterson, Minority Leader, and Mary J. Sienkiewicz, NYS AHEC System Deputy Director.*



*Elvira Szigeti, PhD, RN, Dean, SUNY Upstate Medical University College of Nursing, Mecca Cranley, PhD, RN, Dean, University at Buffalo School of Nursing, and Carol Brewer, PhD, RN, NYS AHEC System Nursing Director.*



*Wayne K. Anderson, PhD, Dean, University at Buffalo School of Pharmacy and Pharmaceutical Sciences, and Thomas C. Rosenthal, MD, NYS AHEC System Director.*

# A Shared Problem - A Shared Response: H-M AHEC Builds Coalition to Help Recruit and Retain Health Care Workers

The Hudson-Mohawk Area Health Education Center (H-M AHEC) has been awarded a Health Care Worker Training Program grant from the New York State Department of Labor. The focus of the grant is to increase the recruitment and retention of home health and community health center employees. The \$81,000 award will fund the development and delivery of various innovative approaches that address the need for more health care workers.

The H-M AHEC compiled a unique four-part coalition to respond to the grant. Participants include the Greater Adirondack Home Aides and Hudson Headwaters Health Network, both located in Glens Falls, the Community Health Center of Johnstown and

Tim Christensen, MS,  
H-M AHEC Executive Director

Schenectady Family Health of Schenectady. This group demonstrates how health care providers can cooperate and offer a shared response to a shared problem. By combining resources and sharing ideas, each of the AHEC partners benefits.

Plans for the grant include a series of focus groups and training interventions to develop employee-based decision making, mentor development, career ladders and related organizational development interventions. To increase overall recruitment of workers, the grant will support the establishment of on-line applications and improved web site presence for the participants.

# Sullivan Commission Hears Testimony about Health Care Workforce Diversity

Mary Mitchell, MPA,  
Manhattan-Staten Island AHEC Director

On October 3, the prestigious Sullivan Commission, led by the former Secretary of Health and Human Services, came to New York as part of a six-city tour to hear what New Yorkers had to say about increasing the diversity of the health care workforce.

Maxine Golub, MPH, Project Director of the NYS AHEC System New York Metropolitan Region Office, testified. She discussed the relationship between workforce diversity and racial disparities in health outcomes, and outlined a series of recommendations to address institutional racism in health care.

The recommendations, developed by Ms. Golub and Neil Calman, MD, in *Continued on page 12*

# Diane R. Aznoe Named Executive Director of the Catskill-Hudson AHEC

Diane R. Aznoe, MSED, has been named the Executive Director of the Catskill Hudson Area Health Education Center (CHAHEC), located at SUNY New Paltz.

Ms. Aznoe, a former Delaware County resident, has ably served as a member of the Interim Steering Committee for the CHAHEC, and more recently as a member of the Executive Committee of CHAHEC's newly formed Board of Directors.

For the past five years, Ms. Aznoe has been employed as Coordinator of The Delaware County Rural Health care Alliance, and in that role has worked closely with the other rural health networks in the state, pioneering several exciting health related programs in Delaware County. This summer, Ms. Aznoe was chosen to present research

from a three-year study of the effects of The Alliance's multi site senior fitness curriculum from a physical and mental health perspective at both The National Rural Health Association Annual Conference in Salt Lake City, Utah, and at The National Mental Health Association Annual Conference in Orlando, Florida. She was also instrumental in a nursing recruitment/retention project in collaboration with SUNY Delhi, which aided in increasing nursing enrollment by 56%, a number that continues to grow today.

Ms. Aznoe has had administrative oversight for grant writing, program development and has provided leadership and coordination of workplan initiatives with a 13-member Board of Directors, while developing collaborations and partnerships with many

Bonnie Kaido, MS, CHAHEC Board of Directors

agencies within Delaware County.

Her prior work experience includes student and family counseling, a former career in broadcast and print media, and volunteerism with the Dispute Resolution Center of Chenango and Delaware Counties.



Diane R. Aznoe, MSED, Catskill-Hudson AHEC Executive Director

The CHAHEC Board of Directors believes that Ms. Aznoe is the perfect person to launch our new Area Health Education Center, and we look forward to welcoming her to the NYS AHEC System family.

# BQLI AHEC Collaboration with Nassau County: Interview with Scott Rankin, MD, Deputy Commissioner of the Nassau County Department of Health

Nassau County, one of the nation's wealthiest suburbs, has long been a racially and economically segregated community (Nassau HCAP Application).

Recent media attention has highlighted the severity of health disparities between the county's racial and ethnic groups.

Recent media attention has highlighted the severity of health disparities between the county's racial and ethnic groups. ...Nassau County is a microcosm of the health care disparities that exist nationwide. As in other parts of the country, African Americans and Latinos have disproportionately high rates of diabetes, HIV/ AIDS, hypertension, heart disease and certain types of cancers.

According to Scott Rankin, MD, Deputy Commissioner of the Nassau County Department of Health, Nassau County is a microcosm of the health care disparities that exist nationwide. As in other parts of the country, African Americans and Latinos have disproportionately high rates of diabetes, HIV/ AIDS, hypertension, heart disease and certain types of cancers. This is most evident in eight townships: Inwood, Hempstead, Freeport, Roosevelt, Uniondale, Westbury, Long Beach and Elmont. Fifty-six percent (56%) of Nassau County's African-Americans and Latinos live in these high-risk towns (2000 Census by zip code). The rising

Gabrielle Kersaint, MSPH,  
BQLI AHEC Executive Director

rate of illness has been attributed to recent demographic changes. Over the past ten years, Nassau County has experienced an influx of Spanish-speaking immigrants from South American countries who have difficulty obtaining health insurance. Led by Latinos, the total minority population in Nassau now constitutes 23% of the population. The large number of people who do not speak English underscores a need for culturally competent and linguistically appropriate services.

A major problem faced by Nassau County is the lack of an adequate health and social service infrastructure to meet the growing needs of the underserved population. There are an estimated 136,481 uninsured or underinsured people in Nassau County, yet the Nassau Health Corporation, along with other safety-net providers, provide in total no more than 72,000 primary care visits for the self pay/uninsured population. There is an even larger gap for those who are completely unable to pay. These are people likely to work in low-paid occupations that do not offer benefits, such as the landscaping and restaurant industries. Those who cannot afford to pay for specialty services, diagnostic procedures, or surgery, often delay or go without care.

Nassau County is committed to addressing its health care disparities. In August 2003, a Minority Health Task Force was formed by Nassau County Executive Thomas Suozzi and spearheaded by county officials Scott Rankin, MD, Deputy Commissioner of the Nassau County Department of Health, and Arlene Sanchez, MSW, Commissioner of Mental Health. The Task Force has recommended appropriate data collec-

tion and development of a needs assessment; cultural competency training for all health and social service department heads, as well as medical and dental residents in teaching hospitals; identification of faith leaders who will take a lead role in community education campaigns; and increased collaboration between government, health care and community partners.

In an example of the collaboration that Dr. Rankin and his colleagues envision, the North Shore Long Island Jewish Health System Foundation and the Nassau Partnership for Healthy Communities recently received a three-year federal grant to help build capacity within the Nassau County health care system, better integrate existing services, and develop cultural competence training.

*"The health care system for the 21st century must not only be effective but equitable," says Dr. Rankin, "meaning that the provision of health services should not vary in quality because of personal characteristics such as race, ethnic background, sexual orientation, gender, identity, age, ability, geographic location or socioeconomic status. This can only be achieved through partnership and collaborative efforts among local government, health care providers and the community."*

BQLI is partnering with several organizations this summer to bring the Summer Health Internship program to Nassau County. Fifty students residing in Nassau County will be placed in hospitals, clinics and community-based agencies throughout Nassau. The staff of BQLI have already met with several individuals and organizations to identify preceptors and placement sites. This project is just the beginning of a continued collaboration between Nassau County and BQLI AHEC.

# New Visions Day a Hit with Health Occupations Students from Central New York

Terry Gefell, MSED, CHES, CNYAHEC  
Development & Communications Director

What happens when you put 145 senior high school health occupations students in the same room with Dr. Stephen Allen, Jr.?

The answer is lots of noise, laughter, smiles and fun! On October 30th, CNYAHEC and SUNY Upstate Medical University hosted the 2003 Fall New Visions Day for health occupations students in grade 12 from the Central New York region.

Present to kick-off the event were Joanne Race Borfitz, CNYAHEC Executive Director, Dr. Hugh Bonner, Dean of the College of Health Professions at SUNY Upstate Medical University, Dr. Gregory Keating, Dean of Student Affairs at SUNY Upstate Medical University, and Dr. James Terzian, Medical Director of Pathology and Laboratory at Our Lady of Lourdes Hospital in Binghamton.

This exciting Fall New Visions Day included a full day of workshops, speakers, and facility tours for our future health professionals. Workshops highlighted radiography, physical therapy, labor and delivery nursing, alternative and traditional medicine, cardiovascular perfusion, cytotechnology, respiratory care, and radiation therapy. Students



*Health occupations students from Auburn Memorial Hospital enjoy their tour at the Institute of Human Performance in Syracuse.*

were also treated to a tour of the Institute for Human Performance at Upstate Medical University, providing them with an excellent opportunity to see firsthand what types of health care facilities exist right where they live.

CNYAHEC encourages and fosters the development of partnerships throughout Central New York for the purpose of promoting the health professions. *"It is imperative to the survival of health care that hospitals,*

*academic institutions, secondary schools, and community organizations, such as CNYAHEC, come together to promote the health professions to youth,"* states Joanne Race Borfitz. *"By partnering with institutions such as SUNY Upstate Medical University, we are able to offer more programs and reach more youth with the common goal of getting young people to select the health professions as their career of choice."*

Selecting a career and going to college can be an exciting, but stressful, time for young people. What

was Dr. Allen's message to these students about stress? Dr. Allen, a clinical assistant professor from SUNY Upstate Medical University, believes that lightheartedness is the path to a longer life. When asked why he teaches juggling as part of his presentation, Dr. Allen responded, *"Getting in touch with your silliness lightens the burdens of daily life."* He made this point clear as he taught 145 teenagers how to juggle all at the same time!



*New Visions Day guest speakers (l-r) Dr. Gregory Keating, Dr. James Terzian, Joanne Race Borfitz, and Dr. Hugh Bonner.*



*Dr. Stephen Allen, Jr., teaches 145 health occupations students how to juggle as a way to bring lightheartedness into their lives.*

# National Library of Medicine Grant Permits Internet Access for Rural and Inner-City Clinic Sites

Western New York Rural Area Health Education Center (R-AHEC), in collaboration with the University of Rochester's Edward G. Miner Library and Rochester General Hospital's Werner Health Services Library, has received an \$80,970 grant award from the National Library of Medicine (NLM). The grant, titled ATRIP: Access and Training for Rural and Inner City Practitioners, will facilitate access to medical information for rural and inner-city practitioners at 13 clinics in a six-county region. The 13 clinics participating in this project are either in Health Professional Shortage Areas (HPSAs), or serve Medicaid clients or other underinsured or uninsured

Jane Munro, R-AHEC Associate Director

patients. Eleven clinics are in rural areas, and two are in the inner city.

The goal of the project is to ensure that rural, remote health care professionals in underserved clinics have access to, and are trained in, Internet resources such as NLM databases and digital libraries. Such access will permit them access to the most up-to-date research on health care topics, as well as information promoting prevention and healthy living. This ensures quality care for patients. A half-time librarian has been hired through the grant for a one-year period to work directly with the sites and provide on-site training to practitioners and mid-level staff.

Each site will be provided with a computer, flat screen monitor, laser printer and supplies. Two of the sites will also serve as pilot sites for a Personal Digital Assistant (PDA) project. They will receive PDAs and PDA software and instructions on their use.

This new award was written based on a previously funded NLM grant to the New York State AHEC System Statewide Office. The original grant included six Western New York counties. This award moves the catchment east and serves clinics in Orleans, Monroe, Livingston, Wyoming, Wayne, Ontario, and Yates counties. Two sites are Community Health Center sites, two sites are mental health clinics and two sites are inner-city organizations.

## Congratulations!

### CHCANYS Award to Maxine Golub, MPH

Maxine Golub, MPH, New York State AHEC System NY Metropolitan Region Office Project Director, received the Rosemarie Forstner Award from the Community Health Center Association of New York State for her outstanding dedication to making health care more accessible to the medically underserved. Ms. Golub has spent more than twenty years developing primary care programs in low-income urban communities.

### NYAAC Award to Neil Calman, MD

On October 22, Neil Calman, MD, New York State AHEC System NY Metropolitan Region Office Medical Director, received an award from NYAAC, the New York Association for Ambulatory Care. Dr. Calman was honored for significant contributions and commitment to the field of primary care. In his acceptance remarks, Dr. Calman challenged his colleagues in primary care to use technology to provide patients with the best possible preventive care. He implored his hospital colleagues to address the issues of differential care based on insurance status, resulting in a two-tiered health care system that contributes to racial disparities in health outcomes.

## SUNY Upstate Dean Hugh Bonner Named to Federal Health Care Panel

Hugh W. Bonner, PhD, Dean of the College of Health Professions at SUNY Upstate Medical University and a member of the NYS AHEC System Advisory Board, has been named to a federal panel that advises the U.S. Secretary of Health and Human Services on medical education and community-based health programs.

Peter Beatty, PhD, NYS AHEC System Central Region Office Director

of Health and Human Services (DHHS). HRSA administers funding for primary health care programs in underserved areas, HIV/AIDS and maternal and child health programs, as well as health professions training, including AHEC. The committee advises DHHS Secretary Tommy Thompson concerning policy and program development and other significant activities related to Title VII of the Public Services Act. The appointment was made by Secretary Thompson.

Dr. Bonner has actively worked to develop partnerships with the Northern AHEC and the Central NY AHEC to attract students to careers in health care. In addition to the AHEC Advisory Board, he sits on advisory boards for the New York State Board of Respiratory Care and the Association of Schools of Allied Health Professions, among others.



Hugh W. Bonner, PhD, Dean of the College of Health Professions at SUNY Upstate Medical University

Dr. Bonner was named to a three-year term on the 21-member Advisory Committee on Interdisciplinary, Community-Based Linkages of the Health Resources and Services Administration (HRSA), a branch of the Department

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concert with colleagues from AHEC and Bronx Health REACH, a coalition to end racial disparities in health care, include:

1. End segregation in health care facilities by supporting compliance with existing government regulations; creating mechanisms that bring greater accountability to the distribution of uncompensated care funds, and, working toward a comprehensive health care delivery system to ensure equal access to care for all.
2. Support diversity training at academic

and health care facilities that receive any public funds, and require that health care providers receive ongoing cultural competence training as part of their state licensure process.

3. Make public funds available to reimburse ancillary services like translation and social services. This serves the dual role of improving provider-patient communication and promoting careers in health care where people of color are better represented in the workforce.
4. Fund programs that recruit minorities into the health professions, and advocate

for greater diversity in the student bodies of publicly funded medical schools.

5. Make sure that affirmative action programs, scholarships and tuition assistance, as well as remedial programs for college students, remain available.
6. Support hands-on programs, like AHEC, which provide exposure to a broad spectrum of health careers to people of all ages.
7. Direct public funds for community-based public health education, especially in communities comprised largely of underserved and vulnerable populations.

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

### Statewide Office

Director: Thomas C. Rosenthal, MD

Associate Director: L. Thomas Wolff, MD

Deputy Director: Mary J. Sienkiewicz, MBA

Medical Director: John Brewer, MD

Nursing Director: Carol Brewer, PhD, RN

Education Director: Denise McGuigan, MSED

Grants Development Specialist: Mark Shilling, MA, MPA

Project Manager: Andrea Nikischer, MS

### Central Region

Medical Director: L. Thomas Wolff, MD

Regional Director: Peter G. Beatty, PhD

Department of Family Medicine  
SUNY, Upstate Medical University  
475 Irving Avenue, Suite 204A  
Syracuse, NY 13210  
(315) 464-7027

### Northern AHEC

Executive Director: Richard K. Merchant, MA

SUNY Potsdam  
511 Raymond Hall  
Potsdam, NY 13676  
(315) 267-3329  
[www.careersinhealth.org](http://www.careersinhealth.org)

### Central New York AHEC

Executive Director: Joanne Borfritz

10 Kennedy Parkway  
Cortland, NY 13045  
(607) 756-1090

### Western New York Rural AHEC

CEO: Kenneth L. Oakley, PhD, FACHE

56 Harvester Ave.  
Third Floor, Suite 1  
Batavia, NY 14020  
(585) 344-1022  
[www.r-ahec.org](http://www.r-ahec.org)

### Eastern Region

Associate Director: Mary F. Smith, PhD

Regional Director: Steven Schreiber, PhD

Department of Family and  
Community Medicine  
Albany Medical College  
Bolton Hall (MC127) 405 Myrtle Avenue  
Albany, NY 12208  
(518) 262-9902

### Hudson-Mohawk AHEC

Executive Director: Tim Christensen, MS

One Broad Street Plaza  
Glens Falls, NY 12801  
(518) 480-2432  
[www.HMAHEC.org](http://www.HMAHEC.org)

### Catskill-Hudson AHEC

Executive Director: Diane R. Aznoe, MSED

P.O. Box 69  
New Paltz, NY 12561  
(845) 256-1203

### Erie Niagara AHEC

Executive Director: Mary Craig

Buffalo State College  
1300 Elmwood Avenue  
210 Cleveland Hall  
Buffalo, NY 14222  
(716) 878-5907

### New York Metropolitan Region

Medical Director: Neil Calman, MD

Regional Director: Maxine Golub, MPH

The Institute for Urban Family Health  
16 E. 16th Street  
New York, NY 10003  
(212) 633-0800

### Bronx-Westchester AHEC

Executive Director: Jaya P. Egan, MPH

930 Grand Concourse  
Suite 1A  
Bronx, NY 10451  
(718) 590-1110

### Brooklyn-Queens-Long Island AHEC

Executive Director: Gabrielle Kersaint, MSPH

408 Jay Street, Suite 400  
Brooklyn, NY 11201  
(718) 797-1558

### Manhattan-Staten Island AHEC

Executive Director: Mary J. Mitchell, MPA

The Institute for Urban Family Health  
16 E. 16th Street  
New York, NY 10003  
(212) 633-0800 x340

New York State AHEC System Statewide Office  
University at Buffalo  
Department of Family Medicine  
462 Grider Street • Buffalo, NY 14215  
Phone: 716.898.4699  
Fax: 716.898.3536  
[www.ahec.buffalo.edu](http://www.ahec.buffalo.edu)

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