

U P D A T E

Summer 2002

Health Care Professionals in the Making: Rural Teachers Enabling Students' Pipeline Entry

Over the past year, the Community Health Professionals' Needs Assessment Study has tried to further our understanding of how high school students in rural and urban communities throughout New York State dream of and take early steps toward one day becoming health care professionals. The study involved a series of focus group interviews with high school students from underrepresented backgrounds in rural and urban communities who were participating in health care



Luis Zayas, MA, New York State AHEC System Community Health Assessment Coordinator, leading a focus group with teachers in Batavia.

Luis Zayas, MA, New York State AHEC System
Community Health Assessment Coordinator

professional training programs. Also interviewed were their parents and school staff. The purpose was to obtain primary data about the students' career decision making process. This information will help to guide intervention strategies and to develop appropriate survey instruments for a larger sample population in the future. The communities represented in the study were Batavia in rural western New York and the Bronx in the New York Metropolitan Region. The principal research question was: "What factors encourage (or discourage) high school students from underrepresented (i.e., ethnic minority or rural) backgrounds living in medically underserved communities to want to become a health care professional?" The first part of this series reports on a small but dedicated and experienced group of educators regarding the challenges of 'shepherding' rural high school students into health care professions.

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Health Care Careers Workshops a Hit in Central New York

By Terry Gefell, MEd,
CNYAHEC Program Director

Developing resources and tools to help teachers and their students learn more about careers in health care has been a major focus of activities since fall 2001 at the Central New York Area Health Education Center (CNYAHEC).

This spring, our collaborative efforts with Broome Community College (BCC) came to fruition with the hosting of two one-day training workshops on May 3 at the Syracuse Wyndham and May 17 at the Decker Health Science Center in Binghamton. The highlight of the workshops was the unveiling of our new draft

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Ann Crane and Sally Stevens, Family and Consumer Sciences teachers at Camillus Middle School in Onondaga County, enjoy participating in a blood typing activity found in the Careers in Health Care curriculum.

NY Needs Pipelines to Health Careers: Or Does Trickle Down Work?

Thomas C. Rosenthal, MD,
New York State AHEC System Director

Ask any health care organization serving one of New York State's 102 Health Professional Shortage Areas (HPSAs) if health care providers, physicians, nurses, imaging technicians, etc. are in oversupply, and you will get an eye-rolling expression of, "Are you kidding me?"

Diversity, distribution and rurality count more than gross numbers when a community recruits a provider. New York has 265 active physicians per 100,000 population, the second-highest ratio in the nation (U.S. average: 198). For primary care physicians the numbers are 73 per 100,000, compared to a national average of 59 per 100,000. The NYS ratio increased 25% between 1989 and 1998, due in large part to the growth of Graduate Medical Education positions after the 1989 Bell Commission restrictions on resident work hours. GME positions increased by over 20%. Forty percent of NYS GME positions are filled with International Medical Graduates (IMGs), equating to about 4,000 IMGs in training in NYS at any one time. Half of these IMGs stay and practice in NYS, representing 43% of the NYS physician workforce (national average: 23%). IMGs, the best and the brightest from their countries of origin, are supplying the world's richest nation with doctors.

Numbers indicating plenty suggest to some that the primary care problem has been resolved and no further effort needs to be directed to increasing physicians. But diversity and distribution are unresolved problems. Sixteen percent of NYS's population is African-American and 15% is Hispanic/Latino, but only 5% and 4% of New York's doctors are from these groups, respectively. Forty-eight of NYS's 62 counties have primary care HPSAs. Research by Dr. Neil Calman confirms some shift of recent residency graduates into urban HPSAs, but there has been an actual decline of placements in rural NY HPSAs.

There are 3,427 physician assistants and 7,356 nurse practitioners in NYS, but as with physicians, they are likely to be white and in the last decade they

have distributed themselves in similar patterns. (Burns, 1996)

Uwe Reinhardt makes the case that if one really believes in the power of the market, there can never be an oversupply. Adjustments occur. Between 1986 and 1998 the average number of patients seen per week by practicing physicians decreased from 117 to 105. In non-metropolitan areas the trend was from 140 visits per week to 131. (Ricketts, 2000) However, while the number of primary care physicians in metropolitan NY increased by 9% in the 1990s, the number of primary care physicians in non-metropolitan regions decreased by 12%. Again, distribution is still a problem.

More than any other variable, specialty affects the location decision of physicians. The more highly specialized the physician, the less likely he/she will settle in underserved or rural America. The average family physician can care for a community of 2,000 to 2,500 people, partly explaining why family physicians are the only specialty whose distribution in the United States corresponds with that of the general population. A neurosurgeon requires a population base of 100,000 people to achieve professional and economic equilibrium. The average rural health service market is under 30,000 people, and is usually under 15,000. Obviously, the more specialized the specialist, the more he/she must be urban-based.

The more highly specialized the physician, the less likely he/she will settle in underserved or rural America.

Trickle down does not work. Studies published in the British Medical Journal have confirmed that when specialists are in oversupply, they reduce hours slightly, practice outside of the traditional domain of their specialty, and increase demand for their services by increasing the rate at which they perform investigations or procedures. (Hastings, 2001) But, they do not move to rural communities. The tendency to remain urban has been well established by the experience in England and India, where physicians have taken

non-physician jobs rather than populate rural communities. (Rosenthal, 2002) (Hastings, 2001)

The Primary Care push of the mid-90s was successful because of market perceptions. The belief that HMOs would shift the job opportunities for medical school graduates to generalist careers drove 55% of US medical school graduates to choose family medicine, general internal medicine and pediatrics from 1996 through 1998. As a consequence, after three years of residency training, from 1999 through 2001 there were more primary care residency graduates seeking jobs than ever before. However, this supply surge clashed with the failure of HMOs to dominate the market and the withdrawal of financially distressed hospitals from the primary care business, creating a perception that there were plenty of generalists. In fact, some generalist graduates did report difficulty finding jobs if they were interested in practicing only in certain communities. By 2002, however, that trend has reversed, and underserved NY communities again find few applicants.

The perception of "success achieved," combined with the lure of NIH funding, also has caused many medical schools to abandon primary care initiatives. The journal *Health Affairs* earlier this year even promulgated the idea that the real problem is a looming shortage of specialists. (Cooper, 2002)

Market perceptions work. In 2002, 11% of US medical graduates selected family medicine, roughly the same as in 1991. As long as American society values specialty care over primary care with a wage differential of 2-to-1, society will encourage medical students to choose specialties. America did the experiment. Only during the 1990s, when medical students thought the only jobs would be in HMO driven primary care, did they choose primary care!

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Showcase Event

The New York State AHEC System held its second annual reception in Albany on April 15 to showcase AHEC accomplishments and future initiatives.

In her welcome, The Honorable Senator Patricia K. McGee, Chair, New York State Legislative Commission on Rural Resources remarked, "The AHEC System is a vital link in providing access to health care for underserved citizens in all parts of the state, and most especially in helping to assure that we have an adequate supply of qualified health care professionals. Clearly, the AHEC System in New York, although in its infancy, has established itself as a vital link in our health care delivery system across the state. I am most pleased that the AHECs serve as enablers for local initiatives by serving as a bridge to link required state and local, public and private resources. I anticipate their role in such endeavors will become even stronger in the months and years ahead."

Dr. Thomas C. Rosenthal, Director, New York State AHEC System, recognized the five centers (Western New York Rural AHEC in Batavia, Northern AHEC in Potsdam, Hudson-Mohawk AHEC in

NY Needs Pipelines cont'd from page 2

Trend data show that the number of applications from under-represented minorities dropped by 9% between 1997 and 2001. Minorities are now 12% of the applicant pool to medical schools. Moreover, while 50% of all applicants are admitted, only 46% of minority students are admitted. (Gonzalez, 2002) Twenty percent of Americans live in rural communities, but only 14% of medical school applicants are from rural America. Fewer than half are admitted.

GPAs, MCAT scores and size of undergraduate college explain the difference in admission rates. (Colwill, 1997) (Wheat, 2002) MCAT scores, however, predict performance only for the basic science years of medical school. (Blue, 2000) (Silver 1997) Performance in the clinical years of medical school correlates better with

Mary J. Sienkiewicz, MBA,
New York State AHEC System Deputy Director

Glens Falls, Central New York AHEC in Cortland and Bronx-Westchester AHEC in the Bronx) and their accomplishments in facilitating placements of 1,298 medical students and 763 health professions students in 517 AHEC sponsored community based training sites.

Western New York Rural AHEC pipeline student, Sabastian Sanchez and his father, Rigoberto Blanco shared their personal perspectives of the benefits of career development programs and hands-on experiences provided by AHEC in preparing for a health career.



From left to right are Christine DeMarco, Western New York Rural AHEC MedSTEP student, along with her mother, Kathy DeMarco, Sebastian Sanchez, Western New York Rural AHEC MedSTEP student, Honorable Senator Patricia McGee, and Dr. Lorne Campbell, Sr., Western New York Rural AHEC Board of Directors President.

attributes such as choice of primary care, being from an underserved location, and "participation in community activities." (Rabinowitz, 2001)

Training location also makes a difference. Whereas 24% of all family medicine residency graduates enter rural practice, 39% of those who train in small urban communities and 76% of those who train in rural communities enter rural practice. (Rosenthal, 2000)

AHEC is a proven, effective strategy to balance the service delivery system. By stimulating high school programs for children in underserved communities and involving the best and the brightest from New York's neighborhoods to engage in community service activity, AHEC can increase the pool of candidates for health careers serving communities in need. By identifying interested and talented teachers in the

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Health Care and the Economy

Mary J. Sienkiewicz, MBA,
New York State AHEC System Deputy Director

The New York State AHEC System Advisory Board met on April 15 in Albany to focus on the economic impact of health care on business and communities and the role(s) for the New York State AHEC System.

The "Health Care and the Economy - Trends and Perspectives" session included presentations on Workforce Trends - Douglas W. Reamer, Principal Statistician, Division of Research and Statistics, New York State Department of Labor; Business and Health Care - Elliott A. Shaw, Director of Government Affairs, The Business Council of New York State, Inc.; and Health Care and Healthy Communities - Donald J. Tobias, PhD, Associate Professor, Director, Community and Rural Development Institute, College of Human Ecology, Cornell University.

Gary Fitzgerald, President, CEO, Iroquois Healthcare Alliance and Christine Johnston, MPH, Vice President for Public Policy, New York State Association of Health Care Providers provided perspectives on the Health Care Workforce Recruitment and Retention Act enacted by New York State.

Following a discussion of workforce trends, the Advisory Board focused on generating priority issues and identifying a role(s) for AHEC at the community, regional and statewide levels.



New York State AHEC System Advisory Board Meeting, April 15, 2002.

WNY R-AHEC's Health Career Exploration High School Pipeline Programs

In the year 2000, the Western New York Rural-AHEC (R-AHEC) funded a Request for Partnerships initiative resulting in collaboration with the University at Buffalo (UB) Office of Medical Education, School of Medicine and Biomedical Sciences. The initial program was offered to rural high school students from four counties, providing six hands-on career exploration sessions at the medical center. At the end of this first year of programming, 100 students from 14 schools had participated in six hands-on sessions at the UB Medical School alone.

For school year 2001-2002 a plan was devised to expand the "pipeline" into more schools across the R-AHEC 10,000+ square mile, 14-county service area and develop relationships with other educational partners interested in offering additional healthcare professional and allied health professions career exploration sessions. In seeking out new partners, R-AHEC developed guidelines for those institutions interested in participating. The guidelines stressed the need for "hands-on" activities. State Education Department (SED) standards were established based on the content of the sessions. Participating students were required to complete a brief one-page questionnaire to illustrate their mastery of the SED standards at the end of each session.

Rising to the challenge to expand the 2000 "pipeline" career exploration program to schools in all 14 counties, this year's enrichment sessions were provided to over 300 students from 27 high schools. Sessions were held at the UB Schools of Medicine and Nursing, Daemen College, Canisius College, Keuka College, University of Rochester Schools of Medicine and Nursing, Corning Community Hospital (nursing), and Alfred State College. Coordination with the schools, teachers, School-to-Work Coordinators, and parents served as the backbone of our pipeline.

What caused the dynamic explosion of this program in a little less than a

Sally Wing, R-AHEC Program Consultant

year? Donna Sawicki, School-to-Work Coordinator from Albion Central School put it best in an article she prepared for a local newspaper. "Have you ever held a human heart in your hand? What does it feel like being confined to a wheelchair? Who/what is SAMSON (a simulated anesthesia manikin)?" R-AHEC's pipeline programs help students answer those questions, and many more.



R-AHEC pipeline program students from Genesee, Livingston, Orleans, Wyoming, and Erie counties participated in a demonstration of "SAMSON" (Simulated Anesthesia Manikin) at the University at Buffalo, School of Nursing.

Promoting Medical Student Opportunities in Cattaraugus County

Denise McGuigan, MsEd, New York State AHEC System Education Director

Recruitment of medical students into underserved communities is a priority for the New York State AHEC System. AHEC assists medical schools with placing first through fourth year medical students participating in a clinical rotation with primary care providers from these areas.

Each spring the New York State AHEC System Statewide Office arranges a trip for medical students from the University at Buffalo School of Medicine and Biomedical Sciences, to counties in western New York that service underserved populations. Students are able to observe first hand how special and rewarding practicing in these areas can be and how health care providers are in demand.

On April 19, medical students visited Cattaraugus County. Donna Kahm, SPHR, the Cattaraugus County AHEC Coordinator, organized the visit. Students met with physicians from Houghton, Cuba, and Olean. Physicians shared stories about personal experiences with patients, what their lives are like living in an underserved community, and answered student questions. A tour of the

community followed along with dinner at the landmark Library Restaurant.

Second year University at Buffalo medical student, Nicholas Pietris' interest was sparked after his visit to Cattaraugus County. "After meeting the physicians and touring the area, I would like to do my third year family medicine clerkship with them. The physicians demonstrated how dedicated they are to teaching and how they provide a lot of hands-on experiences. There is also a real sense of community."

The number of students requesting placements in underserved areas increases with exposure to these unique communities. Last year AHEC helped facilitate the placement of over 1,000 medical students in underserved communities throughout New York State.



Melissa DeRose, Position Recruiter for Olean General Hospital, provides a tour of Olean General Hospital to University at Buffalo medical students.

NAHEC Sponsors “Brittany’s Knee Injury” -

A Problem Based Learning Experience for High School Students

This spring, grant funding through the Northern AHEC (NAHEC) to the Physical Therapy Department at Clarkson University’s Center for Health Sciences brought a unique learning experience to area high school students interested in pursuing a career in health care. The program entitled “Brittany’s Knee Injury: A Health Team Approach” provided students with a hands-on opportunity to study a fictitious case as if they were members of the rehabilitation team. The problem based learning format employed a team oriented learning experience with case studies to educate and explore medical issues. Students worked in teams of six to resolve Brittany’s problems – from the actual anatomy and physiology involved in the knee injury to the resultant social impact of Brittany’s inability to continue playing on the school soccer team and throughout her adult life. As part of the experience, students utilized Canton-Potsdam Hospital’s rehabilitation center and equipment, as well as Clarkson University’s dissection laboratory, library, and resource center, including computerized instructional programs in anatomy, physiology, orthopedics and cardiology.

The full-day program was repeated four times during the months of April and May in order to keep class size down to a maximum of 24 participants per class. Participating students came from throughout the NAHEC region and were paired with students from different school districts to increase potential learning and social interaction. The program was supervised under Samuel B. Feitelberg, the Associate Dean for Health Sciences at Clarkson University, and involved the current Masters of Physical Therapy student class of 2003. Each student work-group was coordinated by a Masters of Physical Therapy student. This added dimension of high-school students interacting with master’s level college students provided a rare opportunity for the high school students to learn more about the college experience.

Anita Merrill, NAHEC Project Coordinator

“...high-school students interacting with master’s level college students provided a rare opportunity for the high school students to learn more about the college experience.”

“This was a wonderful opportunity for young people interested in the health sciences professions, such as medicine, nursing, and physical or occupational therapy to get an authentic experience in patient problem solving,” said Professor Feitelberg. “We were very pleased to be able to offer the



Becky Collins, SMPT, guides Copenhagen High School students Tracy Tousant and Sara Eves through a discussion on Brittany’s Knee.

program and share our resources, library, and laboratories.” Each student completing the program received a certificate for eight hours of participation, which can be used when applying for admission to a professional program.

AHEC Helps Develop State Association for Rural Health

Peter Beatty, PhD,
Central Region Office Director

The New York State AHEC System has played a key role in the development of a new organization to address health issues in rural New York. With guidance and financial support from the National Rural Health Association, the New York State Association for Rural Health (NYSARH) has been created to focus attention on the many and varied health issues facing rural New Yorkers. Peter Beatty, PhD, Director of the NYS AHEC Central Region Office, and Kenneth Oakley, PhD, CEO of the Western New York Rural-AHEC have been appointed to the Board of Directors of the newly formed organization.

The mission of the NYSARH is to “lead and collaborate on issues that affect the health and well-being of rural New York residents.” Representatives from hospitals, home care agencies, AHECs, health care consultants, business organizations, legislators, rural health networks and other organizations that

serve New York State’s considerable rural constituency, comprise the governance structure of NYSARH. NYSARH is a chapter of the National Rural Health Association.

NYSARH governing principles are to: 1) Foster cooperative partnerships among employers, health care providers, educational institutions, trade organizations, the agricultural community, and public health representatives to improve the health of people in New York’s rural communities; 2) Advocate for the development of high quality, accessible rural health care services at the local, state, and federal level; and 3) Improve public education and learning resulting in a greater awareness of rural health issues.

One of NYSARH’s first major initiatives is a two-day conference, Cultivating Resources for a Healthy Rural New York State, to be held in Binghamton, NY on November 6-7. For more information about NYSARH and membership, call Peter Beatty at 315-464-7027 or e-mail beatty@upstate.edu.

Health Career Workshops cont'd from pg. 1

curriculum, Careers in Health Care, along with the supplemental tool kit and storyboards.

Dr. Andrea Wade, Director of the Medical Technology Department at BCC, led the two workshops with a presentation on the shortage of health care professionals in the United States as well as across New York State. Breakout sessions on the three cluster areas found in the curriculum (direct patient care, clinical laboratory sciences, and physical rehabilitation, therapy and fitness) were presented by local Home and Careers teachers: Libbie Hobart (Maine Endwell School District), JoAnn Rohde (Vestal School District), and Jessica Petrick (Binghamton School District).

The workshops were targeted to Family and Consumer Sciences, Home and Careers and Introduction to Occupations teachers at the junior and senior high school levels. In total, there were 70 participants in the workshops. All 14 counties in the CNYAHEC service area were represented. Each workshop participant received a draft curriculum, tool kit and three storyboards (one for each career cluster), a value of over \$400 per teacher.

“ This was by far the best workshop I have attended in my 25 years of teaching.”

The response to the workshops was overwhelmingly positive. Feedback provided through personal discussions and written evaluations indicated that the teachers were very excited to receive the materials. They felt the materials were very useful, appropriate and of high quality, and they were looking forward to implementing activities in the classroom. Comments from one high school Introduction to Occupations teacher summarized the general response to the workshops:

“This was by far the best workshop I have attended in my 25 years of teaching. It was well presented and the materials were teacher friendly. Thank you for a job well done. I can't wait to use the materials.”

Hudson-Mohawk AHEC Holds First Annual Spring Teaching Day

On May 1, 135 health care professionals gathered in Saratoga Springs for a day of teaching, learning, networking and reflecting. They attended “The Multi-Disciplinary Spectrum of Cancer Care”, a continuing education conference sponsored by the Hudson Mohawk Area Health Education Center (H-M AHEC) in cooperation with Albany Medical College and the Upper Hudson Primary Care Consortium. The meeting was held in recognition of H-M AHEC's first year of operation and received high praise from both participants and presenters. Ninety-three percent of participants rated the overall program as excellent or good.

The day was designed to address oncology issues most relevant to primary care practitioners. Unlike other conferences on the topic, the focus was on pre and post treatment considerations, such as prevention, access to screening, genetic risk factors, patient support, and complementary and palliative care, rather than clinical care. There were also concurrent skill building workshops on communicating difficult information to patients and families, techniques for self-care and tension management, and patient education and referral resources. These sessions provided an opportunity for hands-on learning and skill development. The majority of attendees were nurses representing all levels of care from nursing assistant to advanced practice. They also worked in settings as diverse as long term care, community based health centers, private physician offices, oncology practices, public health, and hospitals.

The opening keynote address was delivered by Molly McMaster, a well-known local radio personality. Three years ago at age 23, Molly was diagnosed with Stage Dukes B2 colon cancer. Despite months of increasingly debilitating symptoms, her condition went undetected until she returned home to Glens Falls for a visit and unexpectedly

JoAnna Ezinga,
H-M AHEC Program Coordinator

ended up in surgery. An active, athletic, healthy young woman, Molly did not fit the profile of a person at risk for colon cancer. Her experience has led her to reach out to others and she has become an articulate spokesperson for colon cancer prevention and treatment. She spoke convincingly on the need for better screening protocols, increased awareness and education of medical practitioners, and most importantly, patients taking greater responsibility for their own healthcare.



Molly McMaster delivers keynote address at Hudson-Mohawk AHEC Spring Teaching Day.

The conference also was instructive in helping highlight unmet continuing education (CE) needs and will be used to guide future decisions on CE programming. A one-hour lecture on pain by Carol Curtiss, a nurse specialist with a private practice in pain management and palliative care, received an 86% approval rating. It was also the most requested topic on the evaluation form and many people wanted her to return for a full day event.

The conference can best be summed up by the following participant comments. “One of the best I have been to in years. I was able to relate due to how the material was presented.” “I am a Nurse Practitioner and daily face people that have had a recent cancer diagnosis. This will help me be more compassionate to their feelings and the feelings of their family members.”

NY Needs Pipelines cont'd from page 3

health professions and facilitating their development in education skills, including time management and role modeling, we create the mentors of the future and improve job satisfaction. (Bruce, 1984)

As you read the AHEC Newsletter, judge us on these principles. Help us serve better by giving us feedback. We are here to make a difference. We are here to facilitate your child, and your neighbor's child, in pursuit of a career in New York's health care workforce.

Jeffrey D. Menoff, DDS, Named Rural Health Practitioner of the Year

The New York State AHEC System would like to congratulate Jeffrey D. Menoff, DDS, of Tri-County Memorial Hospital Dental Clinic in Gowanda, NY, for being named Rural Health Practitioner of the Year by the National Rural Health Association. Dr. Menoff has been

instrumental in improving dental health throughout rural areas in western New York. The disabled, those with chronic or acute disease, poor oral health, and without the ability to pay are all welcomed as patients. The New York State AHEC System applauds Dr. Menoff's commitment to serving the underserved.

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