

# U P D A T E

Spring 2003

## We're Making a Difference

In just four short years, the New York State Area Health Education Center (AHEC) System has developed a decentralized statewide capacity to enhance access to quality health care and address the health workforce issues of medically underserved communities. With the sixth community based center formed in the fall of 2002, the New York State AHEC System is two-thirds of the way toward its full capacity of nine centers.

In 2002, 1,450 medical students and 873 nursing and health professions students were placed with 1,036 teachers at 882 AHEC-sponsored, community-based sites. A total of 1,180 training opportunities were provided in medically underserved communities, representing a critical intervention for future health care providers. These students, under preceptor supervision, provided care to more than 95,000 patients.

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

A total of 1,036 young people, ages 10-17, received exposure to health careers and health professionals through in-depth interactive activities in career pipeline programs. Another 3,800 students were involved in career fairs and other career exploration programs. Train the trainer programs provided 300 Home and Careers teachers with a curriculum that meets New York State Learning Standards for health careers development.

Nearly 2,300 health professionals participated in 171 continuing education programs.

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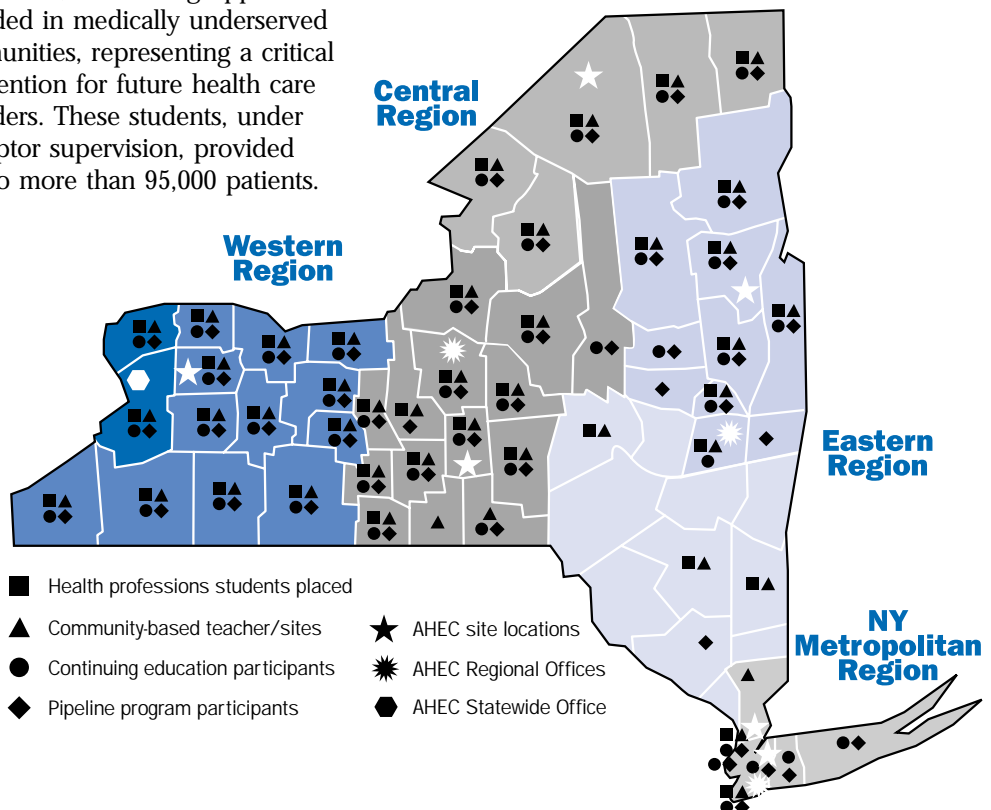
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# Primary Care Equals “Whole Person Care”

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



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

Between 1998 and 2002, there was over a 30% decline in the number of U.S. graduating seniors choosing primary care medicine. In 2002, only 10.7% of U.S. graduates participating in the National Residency Matching Program matched in a family practice program, the lowest proportion since 1991. Similar decreases are seen in other health professions (nursing, general surgery, social workers) that encompass direct patient care and primary responsibility for a patient's well-being. Students have been attracted to careers that focus on specific diseases or conditions, and often pay better.

This is an issue of generalism. A new book by Fitzhugh Mullen, a general pediatrician in Washington, DC, tells the story of 15 primary care providers from around the country. They are doctors, nurses and caregivers. What they have in common is an affirmation to provide “whole person care.”

A January 7, 2003, NY Times article called primary care “the continuing tangled contradictions of medicine, an entity so battered by market forces and reshaped by scientific changes that no one can quite figure out what it is anymore. Some experts are ringing its death knell, others are energetically reviving it – and in the meantime it still survives in its purest form.”

## *Making a Difference cont'd from pg. 1*

In 2002, the New York State AHEC System worked with 84 academic institutions, 206 elementary and secondary schools and 61 hospitals, health care systems and clinics, in addition to numerous community organizations, government agencies and businesses. Through its community-academic partnership model, the New York State AHEC System makes all of New York State a campus.

The New York State AHEC System

Research by the University of Arizona confirms that gender, age, marital status and ethnicity are only weakly related to the choice of career. It is a positive relationship between a student's background, parents' socioeconomic status, educational experience and career that creates a value for primary caring. These are fertile areas for AHEC principles to influence patient care.

*It is a positive relationship between a student's background, parents' socioeconomic status, educational experience and career that creates a value for primary caring.*

Contact with a career role model appears to have a stronger relationship to eventual career choice than does one's goals prior to training. Required curriculum and clinical experiences in direct care settings produce higher numbers of students selecting primary patient care professions. Students who come to believe that global caring responsibilities are important for good patient outcomes select the generalist disciplines. A life goal to make a difference in the experiences of individual patients tends to be associated with lower income expectations.

has demonstrated success that can be measured not only by the aforementioned statistics, but also in the following more personal accounts. Last summer, a 16-year-old Bronx student decided to become a pharmacist after participating in a Bronx-Westchester AHEC health career awareness program, and his grades this year have gone from Cs to B+. A physician assistant student was offered full-time employment at a Southern Tier area health care facility following his Western New York Rural AHEC clinical

The culture of the educational experience matters also. Faculty serve as both positive and negative influences. Direct care faculty who are perceived as competent become role models. Senior administrative support is more relevant to career choice than legislative mandates or school initiatives.

It is during the demanding and limited time of training that students seek the answer to, “What will my life be like?” It is during the first couple of years of work that they seek the answer to, “Am I appreciated?” The right student becomes the best clinician and the citizen who makes a difference. Recruitment, training and retention are a continuum.

Expressed by income, work conditions and popular culture, many primary care careers have suffered the double perception of low prestige and demanding breadth of knowledge. It is only by marriage of the primary direct care world with the educational experience that a student can appreciate the superficiality of a popular culture that may not value direct primary patient care. It is AHEC's goal to help students understand that patients do in fact cherish this care.

placement in a medically underserved community. As a result of participating in a continuing education program sponsored by the Hudson-Mohawk AHEC, a nurse in the Capital District is now providing better care because of a state-of-the-art understanding of pain management for cancer patients.

As the Erie-Niagara, Catskill-Hudson, and Manhattan/Staten Island AHECs are established by 2004, the New York State AHEC System capacity to make a difference will only increase.

# Focus on Interdisciplinary

One of the fundamental concepts within the AHEC System is to promote interdisciplinary education, cooperation and development of the health professions.

AHECs have worked to develop rural and underserved health opportunities for students. Students who have been exposed to underserved settings have been shown to be more likely to select underserved practice settings.

Buffalo is a little unique in that it is the only AHEC region in New York State to have six professional schools in one university; social work, pharmacy, allied health, nursing, medicine, and dentistry. Each profession has its own traditions and curricula, and has varied levels of involvement with rural health. The New York State AHEC System Statewide Office created two part-time positions, Directors of Nursing and Medicine, which (in spite of their titles) are formally charged with developing the relationships with all the professional schools in the University at Buffalo, as well as serving as resources for the rest of the state's regions and centers. These positions have been filled by



*John Brewer, MD, New York State AHEC System Statewide Office Medical Director and Carol Brewer, PhD, RN, New York State AHEC System Nursing Director*

Dr. John Brewer, a clinical professor in the Department of Family Medicine and Dr. Carol Brewer, a professor of nursing in the UB School of Nursing. The first step to begin to work across boundaries in this system was the formation of the AHEC Instructional Advisory Committee. Deans of the

Carol Brewer, PhD, RN, New York State AHEC System Nursing Director and John Brewer, MD, New York State AHEC System Statewide Office Medical Director

Schools or their designees have been meeting quarterly for about a year to initiate discussions around interdisciplinary training and cooperation.

The University at Buffalo is a large university that has many institutional barriers to both interdisciplinary participation in educational projects, as well as providing rural health opportunities for students. The schools focus on both graduate and undergraduate students. Many students, particularly graduate students, already work fulltime. Clinical placements have strict time and curriculum requirements to receive credit, as well as required qualifications for preceptors. For some schools, this will be their first attempt to develop rural experiences for their students.

Working with the Western New York Rural AHEC (R-AHEC), the Thiel Foundation in Wyoming County has provided a grant for the initiation of a project that will place students in Wyoming County's health and social service agencies. We have begun planning for a summer externship program as the first joint effort of the UB schools. *Continued on page 8*

## Nursing News

The image of nursing isn't always as bleak as some would think.

Polls have shown that nurses are considered by the public to have high ethical standards, and are honest. Nurses rated second only to firefighters in a poll conducted by the Sigma Theta Tau International, the Honor Society of Nursing, two months after the Sept. 11 tragedies. Another poll by the Vanderbilt University's Medical Center's School of Nursing and Center for Health Services Research in Nashville, TN, said 83% would encourage a loved one to enter the profession. At the same time, the Vanderbilt poll and a Johnson and Johnson poll found that the public does not understand the scope of nursing practice, and children in particular

have shown early negative attitudes toward nursing.

Polls have shown that nurses are considered by the public to have high ethical standards

Last year, Nurses for a Healthier Tomorrow, a coalition of health care and nursing organizations, launched a new recruitment campaign to bring people into nursing. The group, which includes the American Hospital Association, Sigma Theta Tau (an influential nursing honorary), the Department of Veterans Affairs and more than 30 other health care organizations, produced a 30-second public service announcement, printed posters and recruitment materials and launched

a Web site. More information about this campaign and the media resources that it has produced is available at: [http://www.nursesource.org/campaign\\_news.html](http://www.nursesource.org/campaign_news.html). Above notes are from the following article: [http://www.nurseweek.com/news/features/02-06/image\\_print.html](http://www.nurseweek.com/news/features/02-06/image_print.html).

### Update on Nurse Reinvestment Act:

Along with many other appropriations, this Act has not been funded by the government so far. It is proceeding under continuing resolutions and may have to be reintroduced into Congress and the Senate. This bill was designed to provide money for education, training of both nursing students and faculty, as well as resources to improve the image of nursing.

Carol Brewer, PhD, RN, New York State AHEC System Nursing Director

# The Metropolitan Region Welcomes Gabrielle Kersaint, MSPH, Executive Director of the Brooklyn/Queens/Long Island (BQLI) AHEC

Nadege Dady, MsEd, New York Metropolitan Region Director

The New York Metropolitan region is pleased to announce the hiring of Gabrielle Kersaint as Executive Director of the BQLI AHEC. Over the years, Ms. Kersaint has acquired many AHEC-related skills that we know will serve her well in her new position.

Ms. Kersaint received a Masters of Science degree in Public Health, Policy and Planning from the University of North Carolina at Chapel Hill and completed her undergraduate studies at SUNY Binghamton, earning a Bachelor of Science degree in Psychology and Community Health. She joins us with over 15 years of experience in directing multicultural programs targeted to underserved groups and communities. Her areas of expertise include non-profit management, grant writing, health planning and advocacy. For the past eight years, Ms. Kersaint was Executive Director of an organization providing health education and social services to immigrants living with AIDS. During her tenure there, she developed an understanding of the complex issues that serve as barriers to quality health care for the underserved. These include lack of health insurance, homelessness, culture, language, and lack of trust in or familiarity with government funded programs. Ms. Kersaint also faced the challenge of developing and implementing strategies for dealing with post-traumatic stress in a population of refugees from war torn countries.

Ms. Kersaint is experienced in implementing initiatives for reducing infant mortality rates and in developing primary care centers in low-income neighborhoods. She personally mentored health education, health administration and social work students. While at the North Carolina Migrant and Refugee Health Program, she became familiar with the health issues that migrant

farm workers face and the challenges of access in a rural health care system.

Talking with Ms. Kersaint recently, we discussed her goals for the BQLI AHEC:

*"My immediate goals are to get the office up and running and to develop a strategic plan that sets the direction and objectives for the Brooklyn program. I hope to develop programs to educate both youth and parents about health careers. Drawing from both personal and professional experiences, I feel that education about career opportunities, scholarships, and financial aid that includes parents is crucial in underserved communities. As one of eight children born to immigrant parents, I can remember my mother (a Nurse's Aide) constantly offering affirmations about the only two health professional careers that existed: the Nurse and the Doctor. To win her approval about going away to college, I had to promise that I was going to major in either pre-med or nursing."*

*I attribute most of my success to mentorship experiences with various health professionals and programs that taught me how to acquire financial aid and scholarships. I also did my own research about other types of careers available to me.*

*To this day, my mother is not sure what I do on a daily basis, but she is content that I am at least working in the health field. My excitement about the AHEC program is that it is providing me with a means to give back to all those who helped me along the way, and to strengthen a community that I have worked with for very many years."*

We welcome Gabrielle Kersaint to the New York State AHEC System.



Gabrielle Kersaint, Brooklyn/Queens/Long Island AHEC Executive Director

## Developing Our Programs

Madelyn Rivera, MS  
Bronx-Westchester AHEC Associate Director

The Bronx-Westchester AHEC is currently planning our Spring Internship Program. College and graduate students were interviewed for the 12-week paid internship. Bronx-Westchester AHEC thanks the four institutions that were instrumental in providing opportunities to these students: South Bronx Mental Health Council, Inc., Urban Health Plan, Inc., Parkchester Family Practice and Jacobi Medical Center.

The students have requested experiences in the departments of: Radiology, Psychology, Health Care Administration, Nursing, Speech Pathology, Pediatrics and General Medicine. In the very near future our hope is to formalize both fall and spring internships so that students will receive three college credits for participating in our program. To begin formalizing the selective experiences of students, Bronx-Westchester AHEC has developed relationships with the career services departments of Lehman, Daemen, Monroe, and Iona Colleges.

We have discovered that the mentors would be extremely interested in reconnecting with the students that participated in the summer program. They also commented that this would be an excellent way to formalize the pipeline and keep the students connected to AHEC. To address this concern, we decided to plan for a mentor luncheon that will occur in late spring. The luncheon will provide a relaxed environment for mentors to be updated on the student's career path, educational experiences, scholarship needs and to answer any further questions that they might have.

The Bronx-Westchester AHEC is excited about developing these programs and is currently planning for a formal speakers bureau, health professional placement sites, elementary and grammar school initiatives and much more.

# From First Responders to Managers: H-M AHEC Answers the Call for Workforce Retention

Stephen Myers sits alone in the office of his rural Emergency Medical Services (EMS) squad.

Stephen is the squad president. Patient Care Reports (PCRs) are stacked on his desk. His local municipality expects a budget report for next week's meeting. Recruitment of new members is depressingly low, and the ever-changing world of emergency medicine and first response means he is constantly juggling schedules to get members the training they need. Stephen wonders, after 13 years as a volunteer EMT, if maybe it's time to move on.

At the same time 100 miles away, Cheryl Morgan is compiling a patient satisfaction survey for her community health center where she is the patient care coordinator. Located in an ethnically diverse urban city, Cheryl's day is a mix of language barriers, cultural considerations, tight budgets and almost constant staff turnover. She made the move from patient care to administration 18 months ago, and her thoughts parallel Stephen's - maybe it's time to go back to patient care, or worse yet, resign altogether.

These are two fictitious, but very honest illustrations of the challenges facing healthcare providers in the Hudson Mohawk Area Health Education Center's (H-M AHEC) region. Rural

EMS squads continually struggle to build membership. EMS leaders, squad presidents, captains and the like want to provide administrative leadership, but having never balanced a spreadsheet or prepared a report, it's easy to feel overwhelmed. Inner city healthcare administrators find themselves in supervisory positions with only the basics of management skills training. After all, they were trained as caregivers, not administrators.

## H-M AHEC Responds

"Our healthcare workforce retention strategy is simple," explained H-M AHEC Executive Director Tim Christensen. "Give people the skills they need to do their job. Mentor and coach them and they'll be more comfortable, more confident in their job." Christensen's simple statement is taking shape in the form of two training programs in the H-M AHEC region.

## EMS Leadership Training

This May, some 30 first responder leaders will be students in the first-ever H-M AHEC EMS Administrative Leadership Academy. Instruction will focus on the administrative, managerial and related business skills needed to run an EMS squad. The instruction is being delivered in a blended format. All students will take self-directed,

Peter Whitten, Hudson-Mohawk  
AHEC Associate Director

online learning programs and then meet over the course of two weekends in traditional classrooms. Perhaps best of all, the New York State Department of Health's Bureau of EMS has recognized the curriculum for up to 32 hours of EMS Pilot Recertification Credit.

## Healthcare Administrative Training

To help Cheryl and others like her, the H-M AHEC is coordinating a Healthcare Administrator's Leadership Academy. Targeted to entry-level and mid-level healthcare administrators working in rural and underserved areas, the curriculum will cover leadership, budgeting, inter-personal communications and the myriad of issues surrounding healthcare administration.

"Response has been overwhelming," commented Christensen. "Rural EMS leaders are passionate about this kind of training." Christensen explained that the role of the H-M AHEC is to identify these and other workforce retention needs, build consensus on the best approach, and then coordinate the response. "These inaugural programs will help establish future programs. So long as there is a need, the H-M AHEC will respond."

## R-AHEC Announces a New Health Workforce Development Partnership

Recognizing the provider communities' growing need to more effectively identify and recruit from expanded workforce pools, the WNY R-AHEC has recently connected with a new partner to creatively consider what might be done. The Phoenix Project - New York, Inc., a newly formed Buffalo based workforce development firm, and the R-AHEC have agreed to team up on a number of innovative region-wide pilots and longer-term initiatives hoping to bring increased attention, resources and tactical thinking to the development of non-traditional healthcare workers.

Their underlying objective will be to help expand the pool of eligible entry-level candidates through making available improved/augmented outreach, screening, training, and retention strategies specifically targeting the sometimes unique needs of younger adults as well as those transitional adults ages fifty-five and over.

As the partners' first collaborative effort, the R-AHEC and The Phoenix Project have just this past month submitted a multi-million dollar 14 county proposal to the Robert Wood Johnson Foundation (RWJF) under the Foundation's "Better Jobs, Better Care" demonstration grant

Ken Oakley, PhD, FACHE  
Western New York Rural AHEC CEO

program. Entitled "Paraprofessionals Plus," this *invited* application combines the broad based local networking experience of the R-AHEC together with the national project design and best practice adaptation expertise of The Phoenix Project staff and consultants.

The project's intent will be to help identify and build a highly skilled, dependable, and retainable non-traditional workforce prepared and capable to supplement that which already exists.

To learn more about the "Paraprofessional Plus" initiative, please contact R-AHEC's CEO, Dr. Ken Oakley (koakley@r-ahec.org).

# AHEC Offers Workshops on Clinical Teaching

The Central New York AHEC and the NYS AHEC System Central Region Office have teamed up to develop workshops to help volunteer preceptors from many area health profession schools develop their skills as clinical teachers. The first of these workshops were held in Syracuse on February 12 and in Binghamton on February 19. A unique feature of the workshops is that they brought together preceptors from a variety of health professions, including nursing and nurse practitioner, physical therapy, medical imaging, cytotechnology, physician assistant, radiation therapy and medical technology. Although the jobs of these specialists vary greatly, participants realized through the workshops that they had a great deal in common with respect to teaching and supervising trainees.

Most health profession schools utilize many different field placements to help train their students. Most of the clinical

Peter Beatty, PhD  
Central Region Office Director

supervisors at such placements are volunteers with little, if any, formal training as clinical instructors. Individual health profession schools typically do not have the resources to provide any more than an introductory orientation for their volunteer instructors. The intent of this project is to create and test an interdisciplinary preceptor development program which will provide teaching

The intent of this project is to create and test an interdisciplinary preceptor development program which will provide teaching skills workshops for community-based preceptors associated with various health profession training programs in the region.

skills workshops for community-based preceptors associated with various health profession training programs in the region. Participating schools include: Upstate Medical University Colleges of Medicine, Nursing and Health Professions; LeMoyne College Physician Assistant Program; SUNY Morrisville School of Nursing; Binghamton University School of Nursing; Utica College of Syracuse University School of Nursing; Elmira College School of Nursing; and Ithaca College Physical Therapy Education program.

Workshops were led by John Epling, MD, a faculty development fellow in the Department of Family Medicine at Upstate Medical University, Peter Beatty, PhD, Director of the NYS AHEC System Central Region Office, and James Deary, EdD, Director of the Faculty Development Fellowship Program at the New York City based Institute for Urban Family Health.

## *Northern AHEC and WIB – Working Together to Address Workforce Retention Issues*

Jamie Konkoski, Northern AHEC  
Program Coordinator & Anita Merrill,  
Northern AHEC Associate Director

The Northern Area Health Education Center (NAHEC) has established a successful partnership with the North Country Workforce Investment Board (WIB) to develop programs that will reduce attrition in both academic and professional health care settings, initiate as well as advance the professional credentialing of health care providers, and prepare youth in entering health care professions. By focusing on the overlap in our missions, we have been able to develop a synergistic relationship that benefits the local communities we serve. Currently NAHEC is working with the North Country WIB to implement a Training and Retention Initiative specifically geared to entry level professionals in Franklin, Clinton and Essex Counties. NAHEC is

specifically targeting CNAs, LPNs, Medical Coders, and Home Health Aides. Each profession was previously identified as an area with exceptionally high attrition rates and shortages, according to the 2002 Health Workforce Report by NAHEC. Participating communities include Plattsburgh, Malone and Saranac Lake/Lake Placid. The project has been divided into two phases, and is aimed at alleviating the shortage of these professionals.

Phase I consists of a Needs Assessment to determine the attrition rates and specific need for entry-level professionals in each community. There are two components for this phase: 1) An interview with the Human Resources Department at each facility participating in the study. Through this interview, data is gathered regarding the number of existing vacancies, projected

vacancies, recruitment efforts, attrition rates, career development and training programs offered; and 2) A confidential survey to be completed by all CNAs, LPNs, Medical Coders, and Home Health Aides. The survey is designed to collect employee opinions pertaining to job status, growth opportunities, satisfaction, and work experience, as well as information regarding their employment history. The immediate supervisors of the selected entry-level professionals will complete a separate survey. The supervisors' survey seeks to gain their perspective on how they expect front-line staff will respond. Analysis of the perceptions held by supervisors and front line staff is a potentially critical portion of the assessment. Significant variances in perception will affect NAHEC recommendations for

*Continued on page 7*

# Collaboration and Technology Brings Nursing Program to Rural Site

An official signing ceremony on January 6th, 2003 culminated collaborative efforts by Oswego's Rural Health Network Workforce Shortage Task Force to launch a nursing program in the fall of 2003 at Cayuga Community College's (CCC's) Fulton Center.

The program promises to improve the staffing pool for area hospitals, while enhancing career prospects for would-be nurses. It will offer unprecedented educational access to Oswego County residents who want to pursue a nursing degree but face schedule pressures involving transportation, jobs, and family care.

Central New York Area Health Education Center's (CNYAHEC) involvement includes assistance with distance learning technology, clinical laboratory set up, and empowering community partnerships. "This collaborative effort will serve as a model program to bring nursing education programs to rural communities through distance learning," said Joanne Race Borfitz of CNYAHEC, "and graduates can then go on to work in their own communities."

"The national shortage of health care professionals is affecting all hospitals," stated Dennis Casey, Executive Director of A.L. Lee Memorial. "We have made a commitment to start addressing this shortage here at home by investing our resources and expertise in training people in our own community."

The signing ceremony brought six institutions' CEOs together, the President of CCC; the Executive Director and CEO of A.L. Lee Memorial Hospital; the Administrator and CEO of Oswego Hospital, the Executive Director of CNY AHEC, the Director of the RHN of Oswego County, and the Executive Director of Integrated Community Planning.

The new nursing program will use interactive video technology to present theory and academic courses, taught by CCC faculty, in the Fulton center's

Robin Ryan, RN, MSN, Central New York AHEC Education Specialist/Project Coordinator



*Key players in the new nursing program at Cayuga Community College's Fulton Center posed for a group photo following signing ceremonies Jan. 6. Shown from left are: Dennis Casey, Executive Director of A.L. Lee Memorial Hospital; Collene Alexander, director of the Rural Health Network; Corte Spencer, RN, Oswego Hospital administrator and CEO; Joanne Race Borfitz of the Central New York Area Health Education Center (CNYAHEC); Dennis Golladay, PhD, president of Cayuga Community College; and Eileen Ensworth, executive director of Integrated Community Planning.*

distance-learning classrooms. Real-time video and audio of class sessions conducted at the college's Auburn campus will be transmitted live to large-screen monitors in the Fulton classroom. The Fulton students will also be on camera, for live interaction by both classrooms.

Clinical lab instruction will be provided at both A.L. Lee Memorial and Oswego hospitals. Currently A.L. Lee Memorial is not equipped with an on-site lab. CNYAHEC will specifically address this need so students may receive instruction and practice skills at the hospital.

Partnerships forged by the taskforce will enable 20 students over a two-year period to complete a nursing program based in Fulton. Upon completion, graduates earn an A.A.S. degree, qualifying them to take the national examination for licensure as a Registered Nurse.

Annette Pittsley, the first student accepted into the new program, spoke with Channel 5 News. "Taking courses without having to travel is important to me, because I have three children at home. This program will benefit all of our health care providers."

*Northern AHEC & WIB cont'd from page 6*  
intervention strategies. In order to gain a broad perspective of community needs, a minimum of 560 surveys will be distributed to employees and supervisors in at least nine different facilities, including hospitals, nursing homes and home health agencies.

Examples of possible interventions include NAHEC sponsored trainings, workshops focused on attrition reduction, and a promotional event and/or an activity designed to funnel students into specified health training or health workers into specified health practices.

Phase II consists of a community based intervention designed to address the area of highest need of retention or training based on the results of Phase I. The intervention will be developed in partnership between NAHEC and each facility involved for a minimum of one intervention per community. Analysis of the survey results will be conducted through March and the interventions are scheduled to take place later this spring. Examples of possible interventions include NAHEC sponsored trainings, workshops focused on attrition reduction, and a promotional event and/or an activity designed to funnel students into specified health training or health workers into specified health practices.

Initial Response – At this time, human resource interviews have been conducted and surveys have been distributed at seven facilities. Entry level health professionals have been very willing to participate, which is reflected in the relatively high rate of surveys returned so far. NAHEC anticipates continued support from the health care community in identifying and implementing solutions tailored to the needs of our local communities in addressing the health workforce shortage.

Focus continued from page 3

working within the constraints of each school, we plan to offer housing and transportation assistance to students willing to work in Wyoming County next summer. The externship may vary in length according to the needs of the different schools, and may or may not carry credit. Some externships may be tied to regular summer employment, others may be positions with a stipend made possible by foundation funding to the R-AHEC. While students will

spend most of the time within their own discipline, they will come together in three significant experiences; 1) a common clinical experience with geriatric and/or Chronic Obstructive Pulmonary Disease patients; 2) a weekly seminar focused on case discussion and issues of general interest in a rural community; and 3) an interaction with high school students about their profession.

Planning this externship opportunity will also allow the faculty and staff

from each school to begin to build the relationships needed to work out issues common to all when creating interdisciplinary programs and begin to develop a common mission in placing UB students in rural and underserved settings. We will also be developing the linkages to professionals in Wyoming County.

This is an exciting opportunity to initiate a major interdisciplinary focus through the NYS AHEC System Statewide Office.

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