

U P D A T E

Fall/Winter 2001



September 11th, 2001

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

Inside:

2

Interdisciplinary
Health Care

National Primary Care
Week Videoconference

3

Viewpoint: A Discussion of
Trends in Physical &
Occupational Therapy
Education

Developing Our Response
to Health Care Workforce
Recruitment &
Retention Issues

4

Residents &
New Technology

NAHEC Grants Monies to
Address Healthcare
Workforce Shortages

5

Rural Students Attend
"MASH" Camp

Upstate Medical University
Adopts A School

6

R-AHEC Hosts Third
Annual Health Professions
Advisory Meeting

7

NY Metropolitan Region
Office & Bronx AHEC
Sponsor Summer Internship

Central NY AHEC Pilots
Health Careers Curriculum

In just a few moments on the morning of September 11th, the pile of work I had on my desk became merely a stack of papers with no meaning. One hundred percent of everyone's attention turned to the unfolding tragedy of the World Trade Center's demise and the thousands of deaths that resulted. I wish I could recount the many ways in which our staff was involved in rescue work, and in saving lives of the injured, but nothing could be further from the truth. We were available, but there were no survivors after the first day.

Nonetheless, there are many lessons to be learned from the experiences we had at Ground Zero and in nearby triage and treatment centers. While they may not be profound, these lessons are important to me, and have changed the way I perceive my work as a family physician, the work of our organization, and how I will conduct my relationships in the future.

TEAM WORK

AHEC is built on a model of interdisciplinary training. One could not find a more profound example of an interdisciplinary effort than the response to the WTC disaster. When I arrived at rescue/triage center set up at the Chelsea Piers, the first thing I noticed was the incredible number of volunteers from different backgrounds and with different skills. We were each given a piece of masking tape to put on our shirt to indicate our particular expertise. I saw tags that read "Nurse" or "Electrician" or "Trauma Surgeon" or "Medical Student" – and I knew that everyone had a role to play. The team I brought from our Institute consisted of three physicians, a resident, two nurses and three social workers. Each of us identified ourselves, and the social workers were

Dr. Calman is the President and CEO of the Institute for Urban Family Health, a family practice organization that provides primary care in underserved communities and promotes training opportunities for health professionals. The Institute serves as the Metropolitan Region Office for the New York State AHEC System. Its offices are located on Union Square in Manhattan.



immediately put to work meeting with and counseling families. I will always remember those names tags and how I felt as a senior physician, humbled by the presence of steel workers, truck drivers and nursing students, all ready and waiting to do what they could as part of a truly interdisciplinary team.

JUST DOING WHAT NEEDS TO BE DONE

In spite of our titles, it was incredible to watch the way everyone just did whatever needed to be done. When trucks pulled into the staging center, everyone unloaded supplies – we were all truckers for a few moments. I walked in my white coat down a line of barricades holding back onlookers, and collected bags of sandwiches people brought to give the rescue workers. Each person I took a bag or box from seemed so grateful to give their anonymous gift – it allowed them to be part of "doing something". Titles and training were irrelevant. Everyone just did what needed to be done. I will always remember this when I see people spending more time delineating what is or is not their job than it would take to just roll up their sleeves and do the work.

Continued on page 8

Interdisciplinary Health Care

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



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

Health care organization has been perceived through the lens of the hospital system of care since the 1950s, when America invested heavily in hospitals and hospitals responded. The hospital system of care includes primary care, diagnostic services, rehabilitation services (PT, OT, Speech, etc.), and home health services, but it always has inpatient care at the core.

In the 1990s, however, changes in federal health policy undermined hospitals' ability to invest in systems of services for the communities they serve. This under-financing has now shifted interest from the hospital system, with its rigid vertical integration, to a different model of virtually integrated systems.

In virtual systems, service interrelationships are governed by contracts, not hospital ownership. One example of a successful virtual system is Pacificare

Health Systems in the Northwest, which has been rated a best financial performer in health care.

The success of virtual systems depends on each service's ability to negotiate contracts and demonstrate success at meeting patient needs rapidly and efficiently. Organizational leadership of each service is critical to achieve greater flexibility and deliver the right service to the right place at the right time. This model demands cooperation across disciplines, and it could usher in a golden age for trans-disciplinary health care.

Great doctors, like great conductors are only one component of great performances.

Interdependent teams of care use the services of nursing, mid-level providers,

social workers and rehabilitation services to monitor, recruit resources and provide care. The primary care office returns as the focus for intra-team communication because of its continuity relationship with the patient and the patient's family. It is the responsibility of the primary care office to assure that the patient's needs are being met and to assure that the virtual integrated system works effectively. An example of this model is the Institute for Urban Family Medicine.

The complexity of virtual systems creates flexibility, while it also challenges team members to provide consistently high quality care. For example, who in a virtual system is responsible for
Continued on page 5

National Primary Care Week Videoconference

In recognition of National Primary Care Week, the New York State AHEC System sponsored a live videoconference on October 16, 2001 connecting medical and health professions schools across the region.

Students from the University at Buffalo, School of Medicine and Biomedical Sciences and School of Nursing; University at Rochester Medical Center, School of Medicine and Dentistry; Upstate Medical College, Albany Medical College, and New York City participated in the hour long conference. Keeping with the theme of National Primary Care Week, "Healthy People 2010 – Mobilizing Interdisciplinary Teams", the New York State AHEC System brought together interdisciplinary health care teams from New York City and a rural upstate New York community. The teams discussed scenarios that ranged from migrant camps and a rural farm workers

population to a densely populated area with a variety of cultural, socioeconomic, age and educational levels in the patient population.

New York State AHEC System Statewide Office Medical Director, Dr. John Brewer, kicked off the conference with introductions and a brief discussion about the importance of health professionals working together as a team. Following Dr. Brewer were panel discussions by two health care teams; Dr. Alfred Daniels, a Family Practice Physician and Assistant Medical Director and Rosario Rangel, Outreach Coordinator, who represented Oak Orchard Community Health Center, in Albion, New York and Dr. Gabriel Zatlin, a Family Practice Physician and Maria Escobar, a Family Nurse Practitioner who represented Sidney Hillman Family Practice in Manhattan, New York.

Each team was dynamic at addressing issues surrounding team care and

Denise McGuigan, MEd,
Education Director, New York State
AHEC System Statewide Office



Dr. John Brewer, New York State AHEC System Statewide Office Medical Director, facilitates discussion at the National Primary Care Videoconference "Working Together as an Interdisciplinary Health Care Team".

collaborative practices through case histories that illustrated how teams of physicians, specialists, other health professionals, outreach workers, office staff, family and community successfully work together in a patient oriented environment.

Viewpoint A Discussion of Trends in Physical & Occupational Therapy Education

My remarks at the September New York State AHEC System Advisory Board meeting in Albany highlighted some academic and professional trends in physical therapy (PT) and occupational therapy (OT). I also speculated that these academic trends might have workforce implications that would challenge AHEC's overarching goal of enhancing the distribution of health care services to underserved areas. In this brief space, I hope to clarify several points and invite further dialogue.

Starting next year, every new physical therapist will enter practice with a graduate degree. In 2007, new OTs will also enter practice with graduate degrees. These changes are required by new accreditation standards that reflect the positions of the American Physical

Therapy Association (APTA) and the American Occupational Therapy Association (AOTA). My viewpoint is that the motivation behind these enhanced accreditation standards is both academically sound and appropriate as these professions prepare students for new responsibilities including expanded roles in primary care, wellness, and health promotion. Further, PTs are currently authorized to treat patients without referrals in 34 states. This reflects a substantial need to enhance curricula relative to diagnostic and critical thinking skills.

A further academic development in PT, but not OT, is the proliferation of clinical doctoral programs as a means of preparing entry-level practitioners. The first "Doctor of Physical Therapy" (DPT) Program was established at

Dale R. Fish, PhD, PT,
Associate Dean, University at Buffalo,
School of Health Related Professions

Creighton University in 1995. Already, there are 36 accredited DPT programs, and 60 more in development or considering transition to the DPT. These DPT programs have not been mandated by the APTA. In my view, they are a natural outgrowth of expanded practice roles coupled with the "economics of academia". DPT Programs seem to be "good business", as they are finding it easy to recruit students, whereas masters (and particularly bachelors) programs have experienced enrollment shortfalls in recent years.



*Dale R. Fish, PhD, PT,
Associate Dean,
University at Buffalo,
School of Health
Related Professions*

Continued on page 6

Developing Our Response to Health Care Workforce Recruitment & Retention Issues

On September 10, 2001, members of the New York State AHEC System Advisory Board met in Albany to provide guidance about the New York State AHEC System response to the recruitment and retention issues facing the health care industry in New York State.

The meeting featured a panel comprised of moderator, Edward S. Salsberg, MPA, Director, Center for

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

Health Workforce Studies, Dale R. Fish, PhD, Associate Dean for Academic Affairs, School of Health Related Professions, University at Buffalo, Christine Johnston, MPH, Vice President for Public Policy, New York State Association of Health Care Providers, and Peter T. Pileggi, Associate Provost for Hospital and Clinical Services, State University of New York.

Small group sessions focused on 1) models of educational programs and their impact on recruitment and retention of health professionals in underserved communities and 2) roles for the New York State AHEC System at community, regional and statewide levels. Reports from this session were facilitated by Molly McKeown, Associate Vice Chancellor for Government Relations, State University of New York.



New York State AHEC Advisory Board members work in small groups to focus on models of educational programs and their impact on recruitment and retention of health professionals in underserved communities and roles for the New York State AHEC System at community, regional and statewide levels.

Residents & New Technology

Peter Whitten, Director,
Hudson-Mohawk AHEC

As medical knowledge and approaches to the retrieval of information have expanded, it has become clear that physicians of the future will be using computerized technology at the point of care. Over the past several years, the Family Practice Residency Program at St. Clare's Hospital, Schenectady, New York has been working to incorporate principals of evidence-based medicine into their training program through didactic teaching, journal clubs, and bedside teaching. Now, with the assistance of the Hudson-Mohawk Area Health Education Center (H-M AHEC) in Glens Falls, they will add the use of handheld computers and Personal Digital Assistants (PDAs) to that training program.

In this initiative, each of the program's 27 family practice residents will receive, on loan from the H-M AHEC, a HandEra PDA with extended memory for the three years of his or her course of training at St. Clare's. The purpose of this training enhancement is to ensure that each resident can fully appreciate and become accustomed to the practical value of retrieving computerized medical information at the point of patient care. Electronic resources will include medical calculators, medical rules and pharmaceutical databases, prescription writing, medical textbooks, patient tracking and other text documents along with email and Internet access. Making PDAs available on a program-wide basis is intended to foster broad and innovative dialogue among residents on the current and projected diagnostic benefits to be derived from the availability of such technological assistance.

The initiative will also include a specific clinical focus, the evaluation of the use of PDAs in the treatment of hyperlipidemia. St. Clare's Hospital will routinely share the results of resident experiences.

NAHEC Grants Monies to Address Healthcare Workforce Shortages

Richard K. Merchant, MA,
Director, Northern AHEC

The Northern Area Health Education Center (NAHEC) has granted over \$130,000 in federal dollars to North Country institutions and agencies, in order to directly and immediately address the health care workforce shortages plaguing the region. In this process, NAHEC has established formal working partnerships with programs specifically designed to provide health career exploration to young students, build and support health training programs, and deliver continuing education opportunities for health care providers. Awards were based on a competitive request for proposals application process initiated earlier this summer.

NAHEC has established formal working partnerships with programs specifically designed to provide health career exploration to young students, build and support health training programs, and deliver continuing education opportunities for health care providers

Among the recipients is the Clinton Health Education Coalition, a partnership comprised of Plattsburgh State University, Clinton Community College and Champlain Valley Physician's Hospital. The Coalition was awarded funds for the development of various programs, including the EXplore Continuing Education Program, the rebuilding of the Clinton Community College Medical Lab Technician program, enhancement of Plattsburgh State's Speech and Language Pathology training program, and the re-opening of the distance learning nursing program in Malone and Saranac Lake.

Other recipients included State University of New York Canton for their proposal to focus on health care career exploration for high school

students, the development of their present health-related training programs with the addition of a Medical Transcription degree, and continuing education through the Rural Health Training Center. SUNY Potsdam also received funding in support of their developing Community Health program. SUNY Upstate Medical University received funding for proposals submitted by both the Department of Nursing and the Department of Allied Health Professions. In each case, the applicants proposed programs designed to recruit North Country students into health training programs, coordinate their clinical internships in the North Country, and arrange opportunities for their professional placement back into the North Country. A similar "pipeline" design was also funded for LeMoyne College's Physician Assistant program, the closest Physician Assistant program for North Country students. Hospice of Jefferson County also received seed funds for a proposal to explore and design an internship program for Social Work students in the North Country. North Country Community College has been awarded funds for the travel expenses of clinical internship placements for their Nursing and Radiology Technician students. Clarkson University, Center for Health Sciences has received funds for the development of a series of health-related programs designed to provide opportunities for younger students and community members to explore topics and careers in health. North Country Behavioral Healthcare Network, based out of Saranac Lake, also received funds in support of the development of behavioral health continuing education.

Such affiliations and programs are a direct result of a very dedicated and active Board of Directors intent on developing community-based solutions to health care workforce issues.

Rural Students Attend "MASH" Camp

David Prete,
Site Coordinator, Stueben County
R-AHEC Satellite Office

The Western New York Rural Area Health Education Center (R-AHEC) sponsored a Medical Academy of Science and Health (MASH) Camp on August 7 and 8, 2001 at Cuba Memorial Hospital. The objective of this camp was to introduce seventh and eighth grade students from Allegany County to health careers, and give them an opportunity to interact with local health professionals.

"The idea of the MASH camps is to have various health care professionals work with students on fun, health-related activities", stated Donna Kahm, Cattaraugus County R-AHEC Site Coordinator. Some of these fun activities included shadowing sessions in different departments at Cuba Hospital, a hospital tour, a rehabilitation exercise and an EMT drill where the students had the opportunity to strap an AHEC staff member to a rescue board and carry her to the ambulance that was waiting outside. Dr. Timothy Leonard, Houghton College Pre-Med Advisor and R-AHEC Board of Directors member, educated the

children about health careers through an interactive health professions overview.

The intent of R-AHEC and its sponsoring agencies was to make the students aware, at younger ages, of the different health professions that exist and encourage them to consider careers in rural healthcare.

A total of 13 students participated in this two-day camp.

"This camp allowed me to learn more about new health care methods," stated Jacob Donius, a student from Alfred-Almond Central School. Another student, Kearsten Howe, added: "Yes, I would love to come to camp again and I will be sure to tell friends because it was a ton of fun."



Students pose "in uniform" at MASH camp.

Interdisciplinary Health Care continued from page 2

assuring that a patient with a suspected heart attack will get aspirin in the first 30 minutes (an intervention proven to improve outcomes)? A nurse and generalist physician may have provided patient education, a home health aide the aspirin, and an emergency technician a reminder, but it is the relationships among the providers that serves as a tool to check quality continuously.

Other countries have learned that virtual systems are most likely to assure the best service at the best cost. Most health services are independent contractors in countries with national health care, such as Canada and Britain. The primary care office functions as the "Internet" of these health care systems, keeping the aims of the system aligned with those of the patient. The primary care physician's job is to organize a personalized "system"

for each patient according to needs. A personalized system is not limited by corporate structure. Instead, it is a set of elements that interact to make each and every patient as healthy as possible.

Patients inherently understand that the mysteries of medical science are best applied through a network of human relationships. From the perspective of a consumer, a virtually integrated system engenders greater confidence. A service is selected for them, or by them, from several possible "bidders" because it most closely meets the patient's needs. Because services are not cemented together by ownership, consumers feel their questions are answered more openly. The patient, not the system, is the locus of control, and each member of the team becomes as important as the next.

Upstate Medical University Adopts A School

Peter Beatty, PhD,
Central Region Director

Medical and other health professions students from Upstate Medical University are now in their second year of a project to give something back to the Syracuse community and hopefully nurture an interest in health and science among elementary school students.

The Adopt-A-School project began in September 2000 as the brainchild of medical students Eric Horowitz and Aashiyani Koreishi. The program links volunteer Upstate Medical University students as mentors and tutors for Bellevue Elementary School students. Additionally, Upstate students have organized a health fair for Bellevue students and their parents, and plan to offer classroom health lessons. Bellevue Elementary was chosen as the first school for the program, as its students come from predominantly poor and working class families, many with single parents. The New York State AHEC System Central Region Office is a co-sponsor of the project, providing assistance with presenting the annual health fair and underwriting the costs for purchase of computer and video health education materials.



Medical students Rebecca Orendorff (left) and Eric Horowitz (right) with Donnie Cason, a student at Bellevue Elementary School in Syracuse.

R-AHEC Hosts Third Annual Health Professions Advisory Meeting

The third annual Health Professions Advisory Meeting of the Western New York Rural Area Health Education Center (R-AHEC) was held in Batavia in late September. Over 50 participants attended, representing many of the catchment area's colleges and universities. The meeting featured successful partnership initiatives with representatives of R-AHEC funded initiatives presenting an overview of their projects.

The program progressed from building K-12 pipeline initiatives, through the continuum, to CME/Distance Learning projects. The group was welcomed by R-AHEC CEO Kenneth Oakley, PhD, FACHE, who focused his comments on how far we had come in many of the partnerships we have developed with our health profession schools. He stressed the R-AHEC role of facilitator – connecting those who have with those most in need. “We cannot be everything to everyone, so we must focus our energies first and foremost on meeting our community-identified needs,” stressed Dr. Oakley.

“...we must focus our energies first and foremost on meeting our community-identified needs”

Donna Kahn, SPHR, Cattaraugus County AHEC Coordinator, spoke about the Medical Academy of Science and Health (MASH) Camp that was held in August at Cuba Memorial Hospital.

Carolyn Hamilton, PhD, Assistant Dean, University of Buffalo School of Medicine and Biomedical Sciences, reported on the MedStep Program, which continues to remain very popular. The program, funded through the R-AHEC “Request for Partnerships 2000”, allowed 46 rural 9th through 12th grade students to attend five separate hands-on science labs at the Buffalo campus. The program has proven so successful that it has been renewed for the current school year with additional colleges and universities agreeing to participate in the 2001-2002 Health Career Exploration Program.

Andrea Aldinger, Coordinator for the Genesee County Business Education Alliance (BEA), spoke of the partnership between that organization and the R-AHEC. Through collaborations with the BEA and the GLOW (Genesee, Livingston, Orleans and Wyoming) School-to-Work Partnership (STW), R-AHEC has been able to gain valuable insight into the K-12 school system and the kinds of programming already in place. In the case of the BEA and STW, R-AHEC support allowed for several different events targeting teachers and local employment-related curriculum development. Teachers from 29 school districts were afforded a chance to learn first-hand about health careers by attending special events at area hospitals.

From the health professions school level, Charlotte Torres, EdD, RN, CS, FNP, described the SUNY Brockport

Jane Munro, Associate Director,
Western New York Rural AHEC



Dr. Kenneth Oakley addresses the participants at the Health Professions Advisory Meeting of the Western New York Rural Area Health Education Center (R-AHEC) held in Batavia, NY.

Nurse Practitioner (NP) Externship Program. Six NP students were given the opportunity to precept at the Oak Orchard Community Health Center over the summer, immersing them in the migrant population of Orleans County. Students worked at migrant camps and gained experience working from an Oak Orchard mobile van.

Keith Taylor, PT, PhD, Dean of Health and Human Services Division, Director of Daemen Tele Health Education Network, presented on Daemen's Women's Health Series, a teleconference series transmitted to three rural sites in Medina, Warsaw and North Hornell. The program provided continuing education credit for the physician, nurse, physician assistant and nurse practitioner population attending any of the ten sessions in the series.

Viewpoint continued from page 3

The APTA is cautious about predicting the DPTs' effects on the workplace and the workforce. But I speculate that increasing degree requirements to graduate levels (particularly to the DPT) will reduce the numbers of PT and (to a lesser extent) OT academic programs, which will in turn reduce the numbers of PTs and OTs entering

the workforce. In upcoming years, I anticipate an increased demand for these professionals – this will make it more difficult to fill vacancies in underserved areas.

I anticipate an increased demand for these professionals – this will make it more difficult to fill vacancies in underserved areas. What should AHEC do?

What should AHEC do? Awareness of the potential challenge is the first step to creative problem-solving. I welcome dialogue related to these issues.

New York Metropolitan Region Office and Bronx AHEC Sponsor Summer Internship in Health Care

The New York Metropolitan Region Office and the Bronx AHEC sponsored a 2001 Summer Internship in Health Care for high school, college and medical students. Eleven students participated in the program for 25 hours per week for eight weeks. Sixteen allied health and health care professionals were recruited to mentor and teach.

One part of the program provided high school and college students with exposure to careers in healthcare through shadowing interactions with physicians and other mentors, and work experience at the Walton Free Clinic for the uninsured. The program reached out to students from local schools. Five students and 11 health care professionals participated.

The program was successful in recruiting, exposing and fostering

enthusiasm as well as interest in health care professions, and received good reviews from the students in their exit evaluations. In fact, four out of the five students have remained on board as volunteer staff of the Free Clinic, extending their experience from a summer internship to a longitudinal



Bronx AHEC Summer Internship Students Graduate Awards Dinner. L-R Amina Dixon & Evelyn McNeil, Health Opportunities High School, Phuong Le, John F. Kennedy High School, and Sonia Castro, Bronx Leadership Academy.

Nadege Dady, MEd,
Director, New York Metropolitan Region

one. One of the five has obtained part-time employment with the sponsor, the Institute for Urban Family Health, while she attends college full time.

A second component of the program encouraged students to participate in a public health initiative project or conduct research under the supervision of a physician or provider. These students were also allowed to see a family with a physician in a family practice health center. This program recruited public health students, as well as first and second year medical students. Six students participated in this aspect of the program. Five family physicians were recruited as supervisors and clinical preceptors.

The public health projects and research proposals were successful.

Central New York AHEC Pilots Health Careers Curriculum

When the Central New York Area Health Education Center (CNY AHEC) selected Broome Community College to lead a collaborative project along with middle school teachers, it was not known how much interest would be generated. The project focuses on the development of health education and health careers programming to be used in the Home and Career Classes in New York State, especially those in middle schools. Specific objectives of this pilot effort are:

- To identify baseline New York State curriculum requirements for Home and Career Classes
- To recruit the participation of interested Home and Careers teachers
- To facilitate the collaborative design and production of a supplemental Health Careers curriculum that includes supporting educational materials, interactive teaching methods/tools, and a local role model speaker's list

- To select at least one school district pilot site

According to Dr. Andrea Wade, Project Coordinator, "Recruitment of interested middle school teachers resulted in considerably more teachers than was anticipated. Twelve middle school teachers, representing nine different schools and eight different school districts eagerly volunteered to participate in the project. The interest and commitment on the part of these teachers has been incredible. When we pilot this program later this fall we will have over 2000 students participating!"

The majority of this initial phase of curriculum development was completed during the summer and early fall months in preparation for deployment in pilot schools this fall. Initial group meetings established the type of curriculum development that schools would be willing and able to incorporate into their existing curriculum. Materials were identified for future development, as well as for the current pilot.

Joanne Borfitz,
Director, Central New York AHEC

As a result of these planning meetings, three health career cluster workgroups were formed to produce curriculum materials for a learning station. The three careers clusters selected were:

- Direct Patient Care
- Medical Laboratory
- Sports Medicine and Rehabilitation

Each group met for several weeks with an assigned technical consultant to plan and produce materials. The age and interest of students was paramount throughout the entire curriculum development process. The curriculum is very interactive. The AHEC grant provided for starter kits to be purchased so that each pilot school would have materials to present the Health Career cluster activities during the coming semester. Feedback will be collected about modifications or improvements to be made before modules would be offered to the larger region.

September 11th continued from page 1

THERE ARE SO MANY GREAT PEOPLE IN OUR COMMUNITY

The amount of love and caring demonstrated in New York City the past weeks has been incredible. With millions of people all doing their share to help in some way, perhaps we have begun on a road to greater understanding and caring. The fundamental characteristic of the health care providers I have hired over the past 15 years has been that they care deeply about their patients and the work they do. As the

medical director of the Metropolitan NY regional office, I will remind us all to stop looking for student science whizzes and math whizzes for our programs, and focus on finding those young people who really care about other people. They will become great health care professionals - through whatever educational path they might choose. We can teach caring students

We can teach caring students what they need to know about health care, but we can't teach students to care - it has to come from the heart.

what they need to know about health care, but we can't teach students to care - it has to come from the heart.

I cannot tell stories of our heroism or great accomplishments since September 11th. However, it has been a time of great introspection and reevaluation for all of us - of our work, of our personal lives, and of each other as we move on together as one community of human kind.

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

Education Director: Denise McGuigan, MSEd

Project Manager: Andrea Nikischer

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

Eastern Region

Medical Director: David Mersy, MD
Regional Director: Steven Schrieber, PhD

Department of Family and
Community Medicine
Albany Medical College
1 Clara Barton Drive
Albany, NY 12208
(518) 262-9902

New York Metropolitan Region

Medical Director: Neil Cadman, MD
Regional Director: Nadege Dady, MSEd

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

Northern AHEC

Executive Director: Richard K. Merchant, MA

SUNY Potsdam
511 Raymond Hall
Potsdam, NY 13676
(315) 267-3329

Hudson-Mohawk AHEC

Executive Director: Peter Whitten

One Broad Street Plaza
Glens Falls, NY 12801
(518) 480-2432

Bronx AHEC

c/o Bronx Overall Economic
Development Corp.
198 E. 161st Street
Bronx, NY 10451

Central New York AHEC

Executive Director: Joanne Borfritz

17 Main Street
Cortland, NY 13045
(607) 753-3797

Western New York Rural AHEC

CEO: Kenneth L. Oakley, PhD, FACHE

4156 West Main Street
Batavia, NY 14020
(716) 344-1022

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

AHEC Update is published bi-annually. Comments and questions are encouraged. Contact the editor via e-mail: ahec-info@buffalo.edu or by calling (716) 898-4699

