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Fall 2005

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## Connected to the Gulf Coast

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

Like all Americans, our thoughts go to the Hurricane Katrina victims and survivors in the Gulf Coast area. We are pleased to be part of a national AHEC network and recognize our AHEC colleagues who have been able to respond to the needs of this disaster. In a Labor Day weekend e-mail, Susan Moreland, Executive Director, North Louisiana AHEC (NLAHEC) in Shreveport (who was in Buffalo in early June for a meeting with our New York State AHEC System Executive Council) provided her personal perspective regarding the situation and efforts that her AHEC has been able to take at the local level.

“Thank you for your concern, help and calls. I was in and out of our shelters most of the day and evening Friday and Saturday. NLAHEC staffers are sharing their time, their holiday and their talents and resources. We continue to

work on distribution plans to get more of what is needed to families, especially mothers and babies in the rural communities.

We were swamped with babies that have been out in the sun in front of the Morial Convention Center in New Orleans for 3+ days. They were hungry, dirty, exhausted, sick and dehydrated. We were the only agency the medical staff could find that had the ability to go immediately and get them what they needed. We had it there in two hours by hitting Wal-Marts and drug stores...there was not time to wait on shipments. As the phone rings with requests...it is such a relief to be able to say yes.

Buses continue to stream in. Our shelters continue to bust at the seams. Two more were opened this am. But I am happy to report that the people are surviving. Even babies and seniors who have struggled for food

See *Gulf Coast* continued on page 7

## Manhattan-Staten Island AHEC Offers a Variety of Summer Experiences

Manik Chhabra, MSI AHEC Intern  
Rossmery Barzey, MSI AHEC Program Director



AHEC SHIP 2005 group picture at Central Park in New York City

As the Manhattan Staten Island AHEC's Summer Health Internship Program (SHIP) drew to a close, the participants listened to Dr. Eric Gayle, medical director of

Parkchester Family Clinic, quote Eleanor Roosevelt: “You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face... You must do the things you think you cannot do.”

Both the program and its students continue to strive toward greater goals, and the second year was a resounding success for the MSI AHEC, with 37 high school and college students participating from across New York City. During the six-week program, participants worked in hospitals, clinics, and community based health related organizations under the guidance of physicians and other health professionals.

This year, students worked at 14 different sites, ranging

See *Summer Experiences* continued on page 7

# AHEC & the Medical Society of the State of New York Collaborate to Reduce Health Disparities

**Thomas C. Rosenthal, MD,  
NYS AHEC System Director**



*Thomas C. Rosenthal, MD*

In 2000 the U.S. Census Bureau reported that 28% of New York State's population spoke a language other than English in

their home, and that racial and ethnic minorities represented 38% of the population.

Yet, only 13% of medical students enrolled in New York's medical schools were from underrepresented minorities. Even as New York is becoming increasingly diverse, the health workforce reflects the same makeup as it did 50 years ago.

This is more than just an embarrassing failure to assure opportunities to all New Yorkers. It is deadly.

Between 1991 and 2000, as many as 886,202 deaths could have been averted if racial and

ethnic disparities in health care had been eliminated. Same-race physicians tend to spend an average of two minutes more with each patient, and minority physicians are more likely to treat underrepresented patient groups and practice in medically underserved areas. African-American, Asian, Pacific Islander and Hispanic physicians are more likely to care for Medicaid and uninsured patients and are more likely to conduct research to reduce racial disparities. Increasing diversity improves the quality of health care and saves lives.

Many of the problems we attribute to ethnicity are actually class issues. Education is associated with access to better jobs, improved problem-solving and enhanced self-esteem. Higher income allows for basic needs to be met, secures better neighborhoods and schools, and allows better access to services. Better jobs are associated with agreeable working conditions, greater security, health insurance, and less stress. Lastly, teams with greater diversity think of more options and derive more innovative solutions.

The Medical Society of the State of New York (MSSNY) has established a Task Force on Health Disparities chaired by

Anthony A. Clemendor, MD, a veteran educator and physician. They have kindly asked me to participate as a member and Steven Schreiber, PhD to provide data from the NYS AHEC System Data Center to inform their charge. The following subcommittees have been established: 1) Professional Awareness/MD Education; 2) Patient/Public Education; 3) Data Collection; and 4) Workforce Diversity. Headquartered in Albany, MSSNY has 30,000 member physicians out of the roughly 48,000 practicing physicians in New York. Each county has a medical society, and major metropolitan areas have staffed offices giving MSSNY a community presence that AHEC can admire.

The New York State AHEC System is proposing to collaborate with MSSNY on faculty development projects to train physicians about being effective role models for students, especially for those students from backgrounds that may not match the physician's. One MSSNY proposal would attract racially and ethnically diverse students to career opportunities in the physician workforce. MSSNY hopes to create a resource guide listing a network of

*See **Health Disparities** continued on page 7*

## HM AHEC Introduces Newest Program: Teacher Triage® Training for Teachers

**Beth O'Brien, MEd,  
HM AHEC Health Careers Program Coordinator**

Hudson Mohawk AHEC's (HM AHEC) newest program, Teacher Triage®, is a curriculum series focusing on five of the human body systems and the health careers associated with these systems. HM AHEC provides a one-day informative and interactive training workshop for teachers in grades 4-6, providing them with new student activities, and resources to help students develop an awareness of the many careers in health care.

The curriculum is an invaluable resource for teachers, because it maximizes the classroom teacher's time by integrating the specific skills needed for student success in content areas such as English Language Arts, Math, Science, Social Studies, and Technology, while keeping the content of the curricular unit focused on Health Career Awareness. Teachers appreciate the efficient approach, because of the rigorous schedule, demands, and learning standards required by New York State. The training and curriculum provides age appropriate activities with clear lesson plans designed to stimulate

student interest in health careers by a cross curricular, multi-modal approach.

Some of the activities include: forensic science labs, building a lung model, acting out the digestive process of a hamburger through the intestinal system, and interpreting Document Based Questions (DBQs) based on death records of the 1800s. Best of all, the teachers walk away from the one day Teacher Triage® training with a kit filled with over \$400 worth of

*See **Teacher Training** continued on page 7*

# The Role of Health Care in Rural Economic Development

Anita Merrill, NAHEC Associate Director  
Richard K. Merchant, MA, NAHEC Executive Director

Through ongoing discussions with state and federal legislators regarding the condition of the health care workforce and its further development, the importance of quantifying the role of health care in rural economic development was identified as critical. In response, the Northern AHEC recently entered into partnership with the Technical Assistance Center at SUNY Plattsburgh to thoroughly investigate the impact of the health care

sector on local and regional economies. The results clearly indicate the importance of health care to rural economies

and, by extension, the potential for AHECs to serve as a highly effective instrument for economic development with far reaching results at the local level.

Because of significant declines in the region's core industries in recent decades, including manufacturing, agriculture, and the wood-products industry, the NAHEC service region has become more dependent on government spending for military bases and prisons or on publicly-supported sectors such

as higher education and health care.

Between 2000 and 2010, the New York State Labor Department projects that the region will need to increase its health workforce by thousands of jobs, including more than 1,000 new registered nurses and nearly 1,300 new home health aides in the North Country. These positions should add millions of dollars to the region's economy over the next several years.

By 2006, health care is projected to increase by three million jobs but staff shortages will continue. National

See *Economic Development* continued on page 6

## The New York Metropolitan Region Office: Sparking a National Student-Led Free Clinic Movement

Kenya Johari Lucas, MA, New York Metropolitan Region Office Research Associate  
Maxine Golub, MPH, New York Metropolitan Region Office Director

Anyone who has started a free clinic will tell you it is like setting up a business. In fact, it is harder because staff members volunteer. Despite devoting hours without pay, there are many rewards including addressing the growing number of uninsured, placing health professionals in service of the most needy, and providing unique training for medical students.

In 1999, the Institute for Urban Family Health established New York City's first student run free clinic (known as ECHO, Einstein Community Health Outreach) in the Bronx. Working with students from Albert Einstein College of Medicine, the collaboration includes donated space and clinical and administrative support. The New York Metropolitan Region Office of the NYS AHEC System has also assisted by coordinating volunteers, disseminating

program data, and garnering financial support, notably from the Starr Foundation. ECHO served as a model for a second project (the New York City Free Clinic, NYCFC) that opened in Manhattan in 2002, with New York University students. The two clinics have served approximately 5,850 patients.

Now, Institute and Metropolitan Region Office staff are replicating the model across the country. In November 2003, they co-produced the first of its kind conference: "Free Clinics for the Uninsured: A How-To Guide for Medical Students." Nearly 200 people attended from as far away as Drexel University College of Medicine, in Philadelphia, and the University of Michigan Medical School. Dr. Neil Calman, Medical Director for the Metropolitan



Brian Kim (left), a 4th year medical student at New York University, confers with medical director and preceptor Amariyls Cortijo, MD, at the New York City Free Clinic in Manhattan, New York. (Photo Credit: Jeremy Beitler)

Region Office, gave the keynote.

Continued news of the clinics' success has prompted student groups from far and wide to seek assistance in starting their own projects. Dr. Calman and Maxine Golub, MPH, Metropolitan Office Regional Director, along with Amariyls Cortijo, MD, Medical

See *Free Clinics* continued on page 7

# BQLI AHEC Summer Health Internship Program (SHIP) Holds Graduation Ceremony

Elizabeth Carr, BQLI AHEC VISTA Volunteer  
Janette Cruz, BQLI AHEC Program Aide  
Nicole Williams, MPA,  
BQLI AHEC Program Coordinator

August 18 marked the culmination of the third annual Brooklyn-Queens-Long Island AHEC Summer Health Internship Program (SHIP). Through SHIP, high school and college students from BQLI AHEC's target communities gain hands-on exposure to the health professions. SHIP has assisted over 300 students since its inception in 2002. This year, over 60 students participated.

The event provided an opportunity to publicize the work of BQLI AHEC to elected officials, concerned parents, community residents and participating hospitals. The event was held at Scopello's restaurant in Fort Greene, Brooklyn.

Approximately 100 persons were in attendance, including Faith Corbitt from the Brooklyn Borough President's office and Councilwoman Latisha James.

Since the graduation ceremony is held to celebrate what the students achieve within the SHIP, we felt it appropriate for them to demonstrate what they had learned at the event. Thus, we decided to make the final student project a large group presentation. Students incorporated their creativity and medical knowledge as they acted out skits about health care issues that they collaborated to write.

The keynote speaker for the event was Mr. Rudolph Muhammad from the Bedford Stuyvesant Ambulance Corps, who for the past three years has trained and certified our students in Cardio Pulmonary



Students at the BQLI AHEC SHIP Graduation

Resuscitation (CPR) at the Brooklyn SHIP didactic sessions. BQLI AHEC received media coverage from Caribbean Life newspaper in Brooklyn and Point of View newspaper in Long Island.

BQLI AHEC will continue to expand and improve upon the Summer Health Internship Program, because we understand that it is an invaluable first step for students on the road to becoming medical professionals.

## Erie Niagara AHEC Sponsors Forensic Science Camp

Akram Bhatti, MA, Erie Niagara AHEC  
Erie County Program Coordinator

An ordinary group of high school students, except for their distinct red T-shirts that read CSI in Training, make their way across the Buffalo State College campus when all of a sudden, out of nowhere, a University Police car appears with lights flashing and sirens aglow. Someone screams "Something has happened!" The police officer runs up to the group of students and states "I need the help of a well-trained group of Criminal Science Investigators to help solve the murder that has occurred in the building!" The students run behind the officer in great anticipation of the scientific adventure that lies ahead...

It was the perfect ending to a well-scripted Forensic Science Camp held

in association with the Buffalo State College Department of Chemistry on August 8 through August 10, 2005. The students were in grades 10 and 11, representing various Buffalo public high schools. Erie Niagara AHEC collaborated with Chemistry Department Chair Scott Goodman and Professor Kenneth Jonmaire, along with four inspirational high school science teachers, to put together a stimulating, extremely informative curriculum. The students were challenged to think about "blood and guts" from a scientific perspective. The students performed various tests and analysis in five different laboratories: Blood and DNA, Toxicology, Shoeprint, Fingerprint, and Document analysis. The final crime scene had the students break up into their respective laboratory teams, conduct detailed analysis, and present their findings to the entire group.

A major goal of the camp was to

introduce and motivate students to pursue careers in the exciting fields of forensic chemistry and forensic science. Information was presented about multiple careers available in the forensic fields. For example, in forensic nursing alone there are over 20 sub-specialties.

The Forensic Camp was partially inspired by the popularity of television shows such as CSI: Crime Scene Investigation. It was designed to place science, math, and writing skills into practice in an innovative and creative setting. Jordan Blazer, a tenth grade student at Grover Cleveland High School, stated after the conclusion of the camp "I think it is really cool how much we can learn from a crime scene from the way the blood is sprayed through a blood spatter analysis." In the final analysis, the camp affirmed strongly the need to inspire students to learn about science not only inside the classroom but outside as well.

# Nursing News

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

In the last newsletter we announced the release of the NYS AHEC Nursing Strategic Plan (available at [www.ahec.buffalo.edu](http://www.ahec.buffalo.edu)). The New York State AHEC System has been making progress in a number of initiatives.

The Executive Council has approved the formation of a Nursing Council. The purpose of the Nursing Council will be to improve communication around nursing issues in the NYS AHEC System and provide input to the AHECs and region offices in terms of potential nursing initiatives or programs that fit the Nursing Strategic Plan.

Each AHEC has a variety of activities directed at the nursing goals. Goal 2 states that we will facilitate access to formal education and Continuing Education (CE) and collaborate with and serve as a resource to nursing educational programs to enhance educational opportunities, particularly in rural and underserved areas. One

initiative spearheaded by CNYAHEC is developing a collaborative CE relationship with the North Carolina AHECs. We hope to provide access for NYS nurses to North Carolina's online leadership program through our local AHECs.

Catskill Hudson AHEC sponsored a Nursing Summit on August 16 in Albany for nursing leaders in education and practice. The purpose of the Nursing Summit was to bring together leaders to discuss partnering with the AHECs in the development of programs to educate, recruit and retain nurses in New York State. As a result, a new work group has been formed to develop programs. This major initiative addressed both Goal 1 and Goal 2 of the nursing strategic plan.

The Western New York Rural AHEC's Health Workforce Retraining Initiative supports the training of 23 nurses in central and western New York, with many more program participants pending selection for the coming year. Another 60 previously supported students have graduated from their programs during the past six months. Levels of study include LPN, Associate, Baccalaureate, and Nurse Refresher

courses. Students represent 28 health care facilities and have been enrolled at 19 educational institutions in the western half of the state.

As an example of establishing collaboration (part of Goal 1 as well as Goal 2), Long Island University and the Brooklyn-Queens-Long Island AHEC collaborated on submitting a HRSA Workforce Diversity program application. While this effort was unfunded, it has resulted better groundwork for further programs.

Goal 5, promoting a positive image of nursing and providing pre-professional exposure to nursing careers, was addressed by Erie Niagara AHEC. They presented their second Academy Camp at the University of Buffalo. In addition to the other professional schools, volunteers at the School of Nursing designed an interactive camp experience that taught some basic assessment skills and fit the camp's theme of a "Brave New Health Community."

As the NYS AHEC System moves forward in implementing the Nursing Strategic Plan, we will be able to highlight many more activities for you.

## *Catskill Hudson AHEC Sponsors Nursing Summit 2005*

**Bonnie Kaido, MS, AEMT-CC, CIC-RF,  
Catskill Hudson AHEC  
Board of Directors President**

On August 16, 2005, 55 practicing nurses, nurse educators and health care professionals attended Nursing Summit 2005 in Albany, New York, representing all 11 counties of the Catskill Hudson AHEC.

The goal of the Nursing Summit was to bring together leaders in nursing education and practice to begin a dialogue about partnering with Catskill Hudson AHEC in the development of programs to educate, recruit and retain nurses. Presenters included Connie Jastremski, MS, MBA, RN,

ANP-CS, FCCM, Chief Nursing Executive of Bassett Healthcare; Sharon Dettenrieder, MSN, RN, Professor and Chair, Department of Nursing, Hartwick College; Marueen Creegan, EdD, RN, Director and Professor, Division of Nursing, Dominican College and Coy Smith, ND, RN, MSN, CNAA, Vice President of Patient Care Services, Benedictine Hospital. Presentation topics included, Magnet Recognition: What Does it Mean?, Partnering for Success, Articulation: Time to Connect and Creating A Professional Practice Environment that Retains and Grows RNs.

The afternoon was dedicated to breakout

sessions for roundtable discussions on Barriers to Faculty Recruitment, Urban vs. Rural Nursing Issues, Make the Workplace Friendly and Innovative Approaches to Connecting Nursing Service with Nursing Education. The information gathered from these breakout sessions will assist CHAHEC in developing future programs and continue education series to address these issues.

Evaluations of the Nursing Summit were excellent and the participants were anxious to get information on future continuing education programs and conferences as an outgrowth of this endeavor.

# Program Trains College Students to Work as CNAs

Terry Gefell, MEd, CHES, CNYAHEC Director of Development & Communications

Two problems have existed in Chemung County leading to the development of the Student as Certified Nursing Aid Employment Program (SCNAEP)—a shortage of Certified Nursing Aides (CNAs) and the downturn in employment opportunities for returning college students during winter and summer breaks.

The Chemung Valley Health Network (CVHN), Chemung County Nursing Facility (CCNF), St. Joseph's Hospital, SCT-BOCES and the Central New York AHEC (CNYAHEC) joined forces to develop a model program, SCNAEP, which began in 2004 as a local response to these problems.

Joyce Hyatt, grants facilitator at CVHN, developed the idea to recruit college students who live in the community to work during college breaks as CNAs. According

to Hyatt, "Returning college students are an untapped resource in our community. Interested students must be interviewed before acceptance into the program. Once accepted into the program, they are guaranteed employment as a CNA. Serendipitously, increased employment opportunities may encourage young people to remain in our community."

Classroom instruction is provided by SCT-BOCES; clinical training takes place at the participating facility helping to ease students' transition into the workplace. The program takes four weeks to complete. Students are placed in a job while completing the course and move up the pay scale once they pass the clinical exam and again when they become certified. To help students succeed, they are also connected with a peer mentor.

Olivia Fagan, an Elmira resident and junior

at SUNY Albany, completed her training in 2005. "I had a friend who went through the program providing very positive feedback. By participating in this program, I will become better prepared for the workforce while getting better than average pay and more work hours. I also have something to add to my resume."

According to Robert E. Page, nursing facility administrator at CCNF, "The immediate benefit to my facility is the availability of staff, a cut in overtime costs, and reduced stress for the staff. Training college students as CNAs allows us to have staff available at peak times of the year."

Joanne Borfitz, Executive Director of CNYAHEC, is pleased with the success of the project. "This program not only helps to alleviate the CNA shortage, but also has the potential to influence young college students to become interested in health careers—part of the overall mission of AHECs."

## Economic Development

(continued from page 3)

employment turnover rates are at 15.1%, but health care turnover far exceeds this at 20.4%. As a result, worker shortages will reach crisis proportions in the coming decades.

These shortages not only impact the efficiency of local health care systems. Unfilled vacancies have had a significant economic impact on the region's overall economy. Generally, five roles have been identified for health care in rural economic development:

- 1) Keeping local health care dollars at home and closing the supply-demand gaps;
- 2) Attracting external dollars into the community;
- 3) Attracting and retaining industry;
- 4) Attracting and retaining retirees

to the community; and

- 5) Promoting a healthy and productive workforce.

According to 2002 U.S. Labor Department statistics, the health care sector in NAHEC's five-county region accounted for more than 900 establishments, employing in excess of 20,000 people, with a total payroll exceeding \$550 million.

A recent study by the Health Care Association of New York State (HANYS) estimated that the overall economic impact of North Country hospitals alone exceeded \$1 billion in 2004. Vacancies reported in a single day at North Country hospitals alone accounted for more than \$5.6 million in wages that are not being circulated throughout the economy. The overall economic impact of these unfilled positions could approach \$10 million.

The local health care infrastructure

directly impacts a community through its payroll, local purchases, and increased tax base that permanent workers create as home-owners.

Given these dynamics, the New York State AHEC System's commitment to health care workforce development is uniquely positioned to serve as an effective tool for economic development. The AHEC pipeline programs for career exploration, its support of educational and vocational training programs for health care, as well as continuing education for existing health professionals, all serve to increase the supply of the local health care workforce, which, in turn, contributes to the health of the local economy.

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For a copy of the Executive Summary "Health Care in the North Country: A Prescription for Growth," please contact the NAHEC office at (315) 379-7704.

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## Summer Experiences

(continued from front page)

from The Community Health Action of Staten Island to the Perinatal Unit at New York Presbyterian Hospital. On Thursdays, students met for didactic sessions where they were able to reflect on their experiences and share their views and ideas on health care professions.

As part of this year's program, students were required to research an area of interest reflecting their internship experience and to put together a project and presentation. One of the students, Eli Grinfeld, used his background working at New York University School of Dentistry for his project on emerging technologies in dentistry, while Charlyn Willis, shared pictures of ulcers

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## Health Disparities

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minority physicians to participate in career days and community health forums.

Who better than MSSNY could mobilize MSSNY members and non-members to become more proactive in community initiatives that will foster positive relationships between practicing physicians, other health professionals and students?

And as a potential MSSNY partner, who better than AHEC can identify under-represented students and adults from rural and disadvantaged backgrounds with demonstrated potential and interest in health careers? Who better than AHEC can increase awareness among students in grades K-12 about health career options, and can track and motivate students to work with MSSNY physicians to improve the health of all New Yorkers?

My enthusiasm for an AHEC/MSSNY collaboration is obvious. Stay tuned as we leverage our joint resources to bring new resources into New York and save lives through increased diversity.

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† Franks P, Fiscella K, Meldrum S. *Racial Disparities in the content of Primary Care Office Visits*. J Gen Intern Med 2005; 20:599

taken from patients she saw while working at a New York Presbyterian Clinic.

For many students, the highlight of the program was a trip to the New York City Medical Examiner's Office. Barbara Butcher, Director of Medical Legal Investigations, provided students with an engaging presentation about the field and a tour of the facilities, including the autopsy lab. Students were introduced to new careers including pathologists, forensic anthropologists, and morgue technicians.

The MSI AHEC SHIP 2005 participants have gained many things from their experiences this summer, but none of them is greater than knowing that they can help shape the future of our health care system in whatever capacity they choose.

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## Teacher Training

(continued from page 2)

materials, and lessons they can implement the very next day.

The HM AHEC is a health care workforce development agency that brokers and facilitates relationships among health care and educational organizations in under-served communities, both urban and rural.

The Teacher Triage® curriculum is available for purchase. For ordering information, contact: Beth O'Brien, Hudson Mohawk AHEC, (518) 480-2432 or [bobrien@hmadec.org](mailto:bobrien@hmadec.org).

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## Free Clinics

(continued from page 3)

Director for both clinics, and Linda Prine, MD, have held several meetings with groups from SUNY Downstate College of Medicine, Yale University, Mt. Sinai School of Medicine, Columbia University School of Medicine, and the Weill Medical College of Cornell University. Most recently, Dr. Cortijo traveled to Vanderbilt University to educate students on free clinic mechanics. A short time later, the same group visited New York City to tour

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## Gulf Coast

(continued from front page)

and water for 4 days, survived bus trips north and virtually no shelter in the aftermath are bouncing back pretty quickly with fluids, antibiotics and food and hugs...it is amazing and heartbreaking. Our urban and rural docs and health care providers have been amazing and selfless...in the rural communities, many have suspended routine care to their patients to provide primary care on-site at the shelters. We will never be able to say thank you enough.

The rural communities are especially hard hit...some of our small rural communities have doubled in size with the influx of evacuees in their homes, churches, facilities, camp grounds and other sites. These places are not getting the attention of many of the other shelters in the urban centers...so the HS and AHEC assistance is vital.

We have one RN on staff (a physician recruiter) assigned to work with physicians from Louisiana State University Health Science Center—Shreveport (LSUHSC-S) who are providing medical care at the LSU Baton Rouge Campus for evacuees. Also, we are working with the School of Medicine at LSUHSC-Shreveport to determine the availability of clinical training sites and housing for LSUHSC-New Orleans MSIII and MSIV students.

We need your continued prayers and thoughts and we will continue to need them for a long time. Stay safe."

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the clinics and advance their planning.

When asked about sustaining commitment to the 'free clinic business,' Dr. Cortijo replied, "[They] are a great platform from which to teach, and pass on values and attitudes to future physicians. It's about even more than training. These clinics address social injustice through the work of idealistic, intelligent young people. No matter how exhausted I arrive on Saturdays, I always leave infused with new energy. For me, it is very, very rewarding. It is a movement."



## Thiel Center Completes Construction

Western New York Rural AHEC's "Thiel Center for Health and Health Workforce Development" has completed construction and is moving to operationalize the two-building campus which will serve as a Hospitality House for community residents in need and provide short term housing for student rotations. The Learning Center is the new office for R-AHEC staff and also offers classroom and distance-learning training space. Efforts are currently underway to identify sponsorship for furnishings and other basics to operationalize the buildings.

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

### Statewide Office

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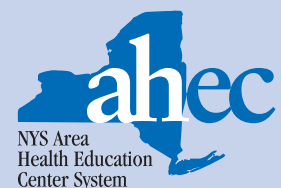
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