

UPDATE

Nursing Essay Winners for Nurses Week 2008

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

Rose H. Stiles, RN, a home care nurse with the Cortland County Health Department, is this year's winner of the New York State Area Health Education Center (AHEC) System statewide Nursing Essay Contest.

Ms. Stiles' winning essay draws upon personal experiences in reflecting on the challenges and rewards of caring for patients in their own homes. She won a \$100 Central New York AHEC prize as well as a \$200 prize from the NYS AHEC System.



Rose H. Stiles, RN, winner of the 2008 New York State AHEC System statewide Nursing Essay Contest

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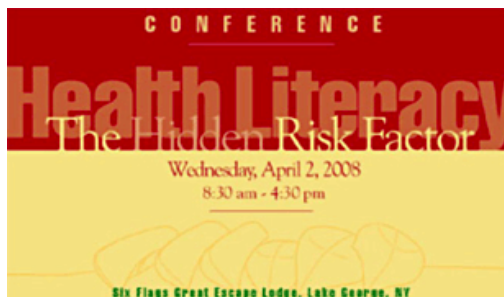
Health Literacy: The Hidden Risk Factor

Kathryn R. Reed, CHAHEC Executive Director

Jill Walls, HM AHEC Program Director

According to a 2004 Institute of Medicine report: "People with low health literacy are hospitalized more often and for longer periods of time, use emergency departments more frequently, and, for those with asthma or diabetes, manage their diseases less proficiently."

Hudson Mohawk Area Health Education Center (HM AHEC) in partnership with the Adirondack Rural Health Network, Capital District Health Care Coalition, and the New York State Public Health Association-Northeast Region presented a conference *Health Literacy: The Hidden*



Risk Factor in April, with more than 200 health care and human service providers, educators, promotion specialists, researchers, administrators, managers, and policy makers in attendance.

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Supporting work to eliminate disparities in health outcomes

MEDQUEST PROGRAM RECOGNIZED

Award given by Partners in Education and Business



Thomas C. Rosenthal, MD

Residency Training Fits Mission of Some AHECs

Thomas C. Rosenthal, MD, NYS AHEC System Director

I am now one year into my first three-year term as a member of the nine-person

Residency Review Committee (RRC) for Family Medicine. RRCs are specialty-specific groups that develop standards and judge the ability of residency programs to achieve those standards for the Accreditation Council for Graduate Medical Education.

Each year the Family Medicine RRC reviews about 130 programs that train residents in the skills required to be eligible to take the certification examination of the American Board of Family Medicine. In the strictest sense the RRC job is to assure that residency programs provide at least the

minimum of experience and teaching to train residents to practice family medicine.

What does this have to do with AHEC?

Several states, including Arkansas and North Carolina, have family medicine residencies sponsored by AHECs. Generally these programs are in communities not typically associated with academic medical centers and therefore are unaccustomed to the rigors of providing structured educational experiences, proving performance skills, and completing paperwork necessary to maintain accreditation.

So just as AHECs bring expertise in grant writing, curriculum development and student placements, they can also assume the role of providing post-graduate medical education in communities of need. Decades of evaluation and research have confirmed that 70% of

residency graduates practice within 100 miles of where they trained, making these more dispersed programs in family medicine another opportunity to connect communities to better health.

Challenges include maintaining a stable faculty, protecting adequate time for teaching, and producing the reams of paperwork to document training and maintain accreditation. Finally, Medicare and Medicaid reimburse hospitals to provide graduate medical education, a role that is non-traditional for most rural hospitals.

Trainees practice what they experience. Graduate medical education is complex and requires community commitment well beyond hospital walls. It is not easy but the concept is central to AHEC's success, and being at the very end of the pipeline to practice pays immediate returns to communities of need.

CNYAHEC Growing with New Partnerships, Staffing Changes

Maria Hopko, CNYAHEC Communications Coordinator

The Central New York Area Health Education Center (CNYAHEC) is experiencing extraordinary growth and change. Joanne Race Borfitz, Executive Director since CNYAHEC's inception in 2001, left the organization in March and a search for a new executive director has begun. Richard Merchant, CEO of Northern AHEC in Canton, has been appointed as interim executive director.

"Joanne left some big shoes to fill," said Merchant. "The extremely talented staff here at CNYAHEC is on to great things, and I'm happy to be here, albeit for a short time, to assist the organization in moving forward."

The CNYAHEC Board of Directors anticipates hiring a new executive director in the next several weeks.

Borfitz was instrumental in building the CNYAHEC office from the ground up.

"We were all sad to see Joanne go," stated Terry Albanese, Director of Health Workforce Development and staff member since 2002. "But our work hasn't stopped, and thanks to Joanne's fantastic foresight and dedication and the hard work of our staff, we're poised to become an even greater presence in the Central New York health care community."

Among other things, Borfitz and staff secured grant funding for several new staff members who are focusing on reaching out to health care workers affected by the Berger Commission's recommendations. They provide career counseling, skills assessment, and job training and placement to help health care workers transition into new positions in the health care arena.

CNYAHEC has also embarked on a new partnership with Cayuga Medical Center at Ithaca and the Tompkins County Workforce Investment Board to promote My Health Career®, a database-driven website designed to introduce and connect students and career seekers to a variety of career possibilities in health care. The initiative will include presentations to junior and senior high school students and job-seekers in Tompkins County, and is intended to increase awareness and provide a clear understanding of the functionalities and benefits of the My Health Career® platform.

In addition, CNYAHEC is gradually adjusting to fiscal changes. Less dependence on federal dollars presents

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Andrea Manyon, MD, Named Medical Director of Central Region

Peter G. Beatty, PhD, Central Region Director



Andrea Manyon, MD

Andrea Manyon, MD, Professor and Chair of the Department of Family Medicine at SUNY Upstate Medical

University, has been named as the Medical Director for the Central

Region of the New York State AHEC System.

She replaces L. Thomas Wolff, MD, who, with his recent retirement, has been named Emeritus Associate Director of the AHEC System.

Dr. Manyon is a nationally recognized leader in Family Medicine education and has the distinction of being the first woman to permanently chair a department at Upstate Medical University. A Skidmore College graduate, she completed medical

school and her Family Medicine residency at the University at Buffalo, where she went on to serve in the Department of Family Medicine as Director of Predoctoral Education and Residency Program Director.

Dr. Manyon has a strong interest in health workforce issues and has successfully advocated for positive changes in admissions policies and expansion of the Rural Medical Education Program at SUNY Upstate Medical University. She has also been an active advocate with state and federal political leaders.

Catskill Hudson Area Health Education Center Recognizes Founding Member

Katherine Murphy, Catskill Hudson AHEC Program and Marketing Coordinator

As one of the founding members of Catskill Hudson Area Health Education Center Board of Directors, Bonnie Kaido recently resigned from her post as President, which lasted from November 2003 to February 2008. Ms. Kaido is the Director of Emergency Preparedness at Bassett Healthcare in Cooperstown, New York, and has also worked to train leaders of emergency squads to be better equipped to direct such volunteer organizations.

“It is clear to see Bonnie’s passion for volunteerism,” noted Kathryn Reed, Catskill Hudson AHEC’s Executive Director. “Her dedication to the development and success

of Catskill Hudson AHEC was clear from the very beginning. Her leadership and her vision for our success are large contributing factors for the continued viability of Catskill Hudson AHEC.”

Susan Koppenhaver, MPH, Administrator of Eden Park Healthcare and new President of the Catskill Hudson AHEC Board, also cited Ms. Kaido’s accomplishments. “Bonnie Kaido’s commitment and dedication to the Catskill Hudson AHEC is most appreciated by the Board and the people we serve. Her perseverance has helped found and support the development and growth of this fine organization, and has contributed to its

current and future success.”

Catskill Hudson AHEC works with community-based partners to address health care professional shortages through programs that familiarize students with various health care occupations, provide the means to recruit students into health care professions, train and support health care professionals, and advocate the elimination of health care disparities.

For more information about Catskill Hudson AHEC, please call (845) 883-7260, email to chahec@hvi.net, or log onto their website at www.catskillhudsonahec.org.

Growth

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both challenges and opportunities for the organization as it moves toward entrepreneurship. Promotion for InService Solutions, CNYAHEC’s online system for managing the inservice training needs of health care facilities, will increase and target health care facilities both regionally and nationally. CNYAHEC is

also in the developmental stages of other projects and programs that promise new opportunities for growth.

CNYAHEC continues to provide area junior and senior high school students outstanding learning opportunities through HealthQuest, MedQuest, and M.A.S.H. camps. Held at local health care facilities during the summer, CNYAHEC’s camps are consistently filled to capacity and always a big hit with students.

“It’s great to see these kids light up when they realize the wide array of career options in health care that are open to them,” said Leslie Kannus, CNYAHEC Program Manager. “The fact that our camps provide hands-on learning activities makes kids that much more excited to participate. We’re very lucky to be partnering with area hospitals, academic institutions, and sponsors to provide students with this opportunity each year.”

Thomas Rosenthal, MD, Honored by New York State Academy of Family Physicians

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

Thomas C. Rosenthal, MD, Director of the New York State AHEC System, has been honored as the 2008 Family Practice Educator of the Year by the New York State Academy of Family Physicians (NYSAFP).

The award, presented May 9 during the NYSAFP Congress of Delegates in Albany, recognizes “outstanding contributions to education for family medicine in undergraduate, graduate and continuing education spheres.”

Dr. Rosenthal has been chair of the Department of Family Medicine at the University at Buffalo (UB) since 1994 and Director of the NYS AHEC System since he served as a moving

force in its establishment in 1998.

“It was a special honor to be singled out by a group of my peers, a group that has consistently supported the New York State AHEC System from its very beginning,” Dr. Rosenthal said of the award. “The New York State AFP puts patients and the health of New Yorkers first and foremost.”

A graduate of the State University of New York at Geneseo, Dr. Rosenthal completed Medical School and residency at UB before establishing a family practice in 1978 in rural Western New York, where he provided care for 2,800 families and community-based training for medical students. In 1986 he returned to UB as Medical

Director in the Department of Family Medicine, and he became Residency Program Director the next year.

Dr. Rosenthal has published more than 50 peer-reviewed articles, monographs and book chapters. His research interests include rural health services delivery, rural education in the health fields, and office based primary care clinical problems. He is lead editor of the textbook “Office Care Geriatrics” (Lippincott Williams & Wilkins, 2006) and is completing his third term as editor of *The Journal of Rural Health*.

We congratulate Dr. Rosenthal on this well deserved recognition for his contributions to medical education.

New Student Program Launched by Catskill Hudson AHEC

Katherine Murphy, Catskill Hudson AHEC Program and Marketing Coordinator

Catskill Hudson Area Health Education Center (Catskill Hudson AHEC) has recently launched a new product on DVD - *Who Done It? Solve the Medical Mystery*[®].

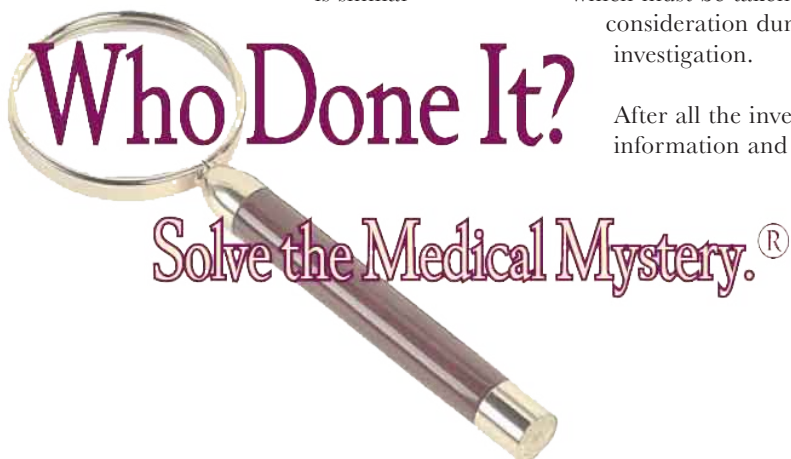
Who Done It? Solve the Medical Mystery[®] is similar

to a murder mystery, but with a better outcome. In an amusing way, the storyline of this middle school health career awareness program presents a crime that the audience must solve. However, each of the four suspects has a physical ailment requiring medical treatment, which must be taken into consideration during the investigation.

After all the investigative information and

physician “flashbacks” are presented, the video is paused and the audience is given a questionnaire with medically relevant multiple-choice questions related to the video. The last question is, “According to the evidence and taking into consideration the physical health of all of the suspects, who do you think committed the crime?” When the questionnaires are completed and handed in, the video resumes with lab analysis of the evidence, and the culprit is revealed.

For additional information on *Who Done It? Solve the Medical Mystery*[®], *My Health Career*[®] or any of our other programs, please contact Catskill Hudson AHEC at (845) 883-7260 or email us at kdoyle@catskillhudsonahec.org.



Essays

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Other winners were Catherine Thompson, MS, RN, a geriatric nurse practitioner in the service area of the Manhattan-Staten Island AHEC, who received first honorable mention, and Phyl McKinney, RN, (Northern AHEC service area), who received second honorable mention.

The awards were made as part of the statewide AHEC System's recent celebration of Nurses Week. The essays were the winners of regional AHEC contests which were then blind-reviewed by the New York State AHEC System Nursing Council to select the ultimate winners.

Following are the winning essays (some minor edits have been made). The winning essays are also posted on the AHEC website at www.ahec.buffalo.edu.

New York State AHEC System Nursing Essay Contest, Statewide Winner

Home Care Nursing— 'I'd Like to Come See You Today'

by Rose Harrington Stiles, RN,
Cortland County Health Department,
Central New York AHEC

The most difficult aspect of being a homecare nurse is also the most rewarding. It is entering a person's home, treating them within the context of their family and community. It is caring for the entire person, and the relationships that form when you do.

Eileen had voted in the 1924 election, the first year that women were allowed to vote. She took pride in having cast a ballot in every election since. Now, at 92, she was no longer able to leave her home. I met her as her Public Health Nurse following a hospitalization, prior to which she had been quite independent. She

was an ideal patient, always compliant, wanting to know about her medications, diet, and how to take care of herself.

When it became evident she was near the end of her life, she made two requests. She wanted to vote in the upcoming election, and she wanted to die in her home, where she was born and had lived her whole life. The first request was easy. I helped her with a mail-in ballot. The second request was more difficult. There was no hospice care available. I worked with Eileen and her caretaker to prepare them for what to expect as death approached. I visited daily to review expectations, and to reassure them both. One day, Eileen was in and out of consciousness. I knew it wouldn't be long. Before I left, I held her hand and told her I would return in the morning. When I arrived the next morning, the caretaker was seated in the kitchen. "I check on her every half hour, but I can't bear to stay in the room," she said. I went into the bedroom, sat by the bed, took Eileen's hand, and told her I was there. She nodded slightly. She died five minutes later. She had waited for my return so her caretaker would not be alone.

Care at home is delivered according to the patient's priorities. You enter the sanctuary of their home, meet the family, the dog, and you take your shoes off at the door sometimes.

When a person is in their own home, they want and need to have more control than when in a hospital bed and gown. The home care nurse teaches them (or learns to let them) take charge.

Sometimes it isn't all so rosy. Not everyone has a clean, or even warm home. One time I cross-country skied to get to a home. A teammate set up a sterile field to do an abdominal wound packing on a patient, while in the same bed, a mother cat was birthing kittens. One of my patients had only a wood stove, a cold water tap, and an electric light. No other indoor amenities. He was confined to a wheelchair. He challenged my creativity when it came to figuring out how to keep him safe and healing in this home he

insisted on staying in.

Home care nursing is different than any other specialty. You will be frustrated, challenged, touched, embraced and rejected, but you will never be bored. You need to know all the resources in your community, and how to make things happen when there is no resource. You learn to schedule your visits around "The Price Is Right." You will be recognized in the grocery store, and introduced as "my nurse." You will strive to be HIPAA compliant in a small town or a city neighborhood where everyone can identify your car. Home care nursing is not for the faint of heart, but will cause your heart to be full.

New York State AHEC System Nursing Essay Contest, First Honorable Mention

Lessons Learned as a Geriatric Nurse Practitioner

by Catherine Thompson, MS, RN
Geriatric Nurse Practitioner, Mount
Sinai Medical Center, Manhattan-
Staten Island AHEC

As a geriatric nurse practitioner, I was not surprised when the nurses at the front station warned me – she's a mean old lady. I walked into a room permeated by the acrid smell of urine and a nurse's aide picking up the remains of a breakfast dropped on the floor.

"This room is terrible! How do they expect patients to get better? Breakfast is delivered cold. Cold scrambled eggs—I don't even like eggs."

The nurse's aide grumbled something about eggs tasting worse once they were shoved off the table onto the floor. As I helped pick up the shards of the breakfast plate, I wondered from the smell of urine in the room how long she sat in soiled clothing in her own home. Would she need a home care attendant

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Lessons

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at discharge? Is she angry because she is depressed? Standing up, I noticed a pair of pants drying on the radiator and I asked the aide if they were soiled.

“Of course they’re wet,” Ms. G answered, “make you sit in that emergency room for so many hours. No bathroom. And no one even offers a bedpan.”

My incontinence question is answered. In the familiar environment of home she would easily make it to the bathroom, but in the rushed chaos of the hospital, she is forced to wet herself. As a geriatric nurse practitioner, my primary responsibilities are to prevent complications of hospitalization; expedite discharge and prevent re-hospitalization. Ms. G is typical of many patients I see — patients who do better at home rather than the hospital.

After coordinating Ms. G’s discharge plan with her doctors and social work, she was discharged two days later with an increased dose of diuretics, a visiting nurse to check her blood pressure, and a home physical therapy consult. The day after discharge, I called Ms. G to make sure she filled the prescription, she was aware of her follow-up appointment, and that the nurse came to the house. Ms. G answered the phone so sweetly I was unsure if I had dialed the right phone number: “Yes honey. I want to thank you for all of your wonderful care. I have the nicest visiting nurse and the physical therapist is expected to come tomorrow.” I hung up, documented my follow-up phone call, and considered the case closed.

One week later, I received a voice message from Ms. G. “Yes, Ms. Thompson — you asked me to call to let you know how I’m doing. Everything is going OK and my knee is hurting less. Thank you.”

I was not sure from the message if I should call back, but ultimately

decided to give her a ring. The conversation lasted no more than a few minutes and Ms. G, “the mean old lady,” brightened my day describing a wonderful recovery at home. I hung up and in the weeks that followed enjoyed receiving weekly messages on my voice mail from Ms. G describing continued progress. I always returned her phone calls, and enjoyed this rather strange ongoing dialogue.

Several weeks later after discussing Ms. G’s follow-up appointment with her doctor, I glanced at her discharge summary sheet and realized her birthday had just passed. “Oh, and happy belated birthday Ms. G,” I mentioned at the end of the conversation. I saw her smile on the other end as she proceeded to describe phone calls from family and visits from church members.

Initial impressions are often misleading. Who could blame Ms. G for being angry about wetting herself because no one was available to help her use a bedpan? People often stereotype older adults, but fail to consider the frustration of having a body that is frail and uncooperative while the mind is cognizant of its own decline and helpless to control its demise. Understanding the frustration that may naturally accompany aging, I try to move past the anger and in the process meet many individuals who under the mask of bitterness are full of kindness, gratitude, and life stories. Through nursing, I have met many individuals, like Ms. G, who enrich my life and change my perspective on aging. Rather than dismissing birthdays as a marker of “growing old,” I appreciate the occasion as a celebration of life and friendships.

**New York State AHEC System
Nursing Essay Contest,
Second Honorable Mention**

Nursing: No Skill Required

*by Phyl McKimney, RN,
East Samaritan Medical Center,
Northern New York AHEC*

My husband once said to me
“It’s not like what you do
requires a lot of skill.”
With a glance at my expression
he quickly changed tack to
“Well, OK...maybe it does.”

It was then that I decided:
It is impossible to understand
what it is to be a nurse,
unless you are one.

How could it possibly be put into words?
How do you explain what it’s like:

To be patient advocate or
doctor representative,
depending on whether you’re
walking into or out of a room.

To hug a grown man while he
weeps for his dying mother,
then walk into the next
room and “high-five”
the 80 year old man that
gets to go home today.

To be needed for knowledge,
and depended upon for kindness.

To be compassionate,
understanding, empathetic
and objective simultaneously.

To realize it never gets easier
to watch someone die.

To follow someone else’s orders,
while prioritizing, organizing
and delegating your own.

To take pride in exemplifying team work,
and be humble enough to ask for help.

To feel like you’ve reached
your breaking point,
only to be saved by a simple, sincere
“Thank You”
whispered when least expected.

To look back at the last 12 hours
with a crooked smile and the thought:
“Nursing: No Skill Required!”

NIH Awards Grant to Institute for Family Health

Maxine Golub, MPH, New York Metropolitan Region Director

The Institute for Family Health (the New York Metropolitan Region Office for the NYS AHEC System) has received a \$2.7 million grant from the National Institutes of Health—National Center for Minority Health and Disparities (NCMHD) to support their ongoing work to eliminate racial and ethnic disparities in health outcomes in the Southwest Bronx.

The project, The Bronx Faith-based Initiative to Eliminate Racial Disparities in Health, is part of Bronx Health REACH, a coalition of 40 community and faith-based organizations established in 1999 to address the multiple causes of disparities by race in the Bronx.

The NCMHD award will evaluate the impact of a faith-based intervention to improve the health

and health care of community members at risk for diabetes and related cardiovascular disease. The evaluation will identify best practices for changing knowledge, attitudes and behaviors among congregants. The grant will also permit the expansion of the faith-based coalition, which currently includes 23 Bronx houses of worship engaged in health promotion and advocacy, and the development of two new program components—a fully bilingual, bicultural fitness and nutrition program, and a new youth ministry.

MedQuest Program Recognized

The Central NY AHEC and SUNY Upstate Medical University have received an award from the Partners in Education and Business for their jointly sponsored MedQuest program in recognition of workforce preparation of youth in Central New York.

MedQuest is a week-long camp at Upstate Medical University for high school-age students who wish to explore options for a career in health care.

Accepting the award were Leslie Kannus from CNYAHEC and Peter Beatty, Donna Vavones and James Vossler from Upstate Medical University.

Health Literacy

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The conference featured keynote speaker, Barry Weiss, MD, a tenured professor in the Department of Family and Community Medicine at the University of Arizona College of Medicine and author of the American Medical Association's Health Literacy Manual for Physicians. Through Dr. Weiss' presentation, attendees learned how pervasive low health literacy is in their communities and the impact low health literacy has on patients and on the United States health system as a whole (low health literacy skill increases U.S. health care expenditures by over \$100 billion annually, according to one estimate). The afternoon session had various speakers on related topics.

In collaboration with Catskill Hudson Area Health Education Center (CHAHEC), HM AHEC provided a webcast of the conference. Through this web-casting technology, participants could attend the conference in real time from their personal computers, as well as view the conference content at a later date from archived files on the HM AHEC website. This capability saved costs for those unable to attend the conference, while expanding the distribution of knowledge.

To view the conference archive and conference resources, visit www.gohealthcareer.org.

For more information on web-casting your meetings, programs and conferences, contact Catskill Hudson AHEC at (845) 883-7260 or www.chahec@hwi.net.

“I learned information that will enable me to make changes at work.”

“Thank you for doing the community organizing to bring these important topics to a broad (and interesting) audience.”

“The speakers were all excellent. They presented clear, informative, and interesting topics.”

Health Literacy: The Hidden Risk Factor conference attendees

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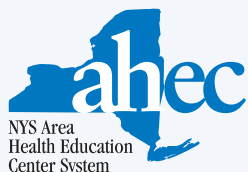
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The mission of the NYS AHEC System is to enhance access to quality health care and improve health care outcomes by addressing the health workforce needs of medically disadvantaged communities and populations through partnerships between the institutions that train health professionals and the communities that need them most.

The NYS Health Education Center System is funded by the Federal Department of Health and Human Services (Bureau of Health Professions), New York State's Health Care Reform Act of 2000, and local community support.

Leadership for the NYS AHEC System is provided by community-based centers, the Statewide Office at the University at Buffalo, and regional offices at Upstate Medical University, Albany Medical College, and the Institute for Family Health.