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NYS AHEC System Nurse Essay Contest

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

A new effort aimed at highlighting the positive aspects of nursing was initiated this spring by the NYS AHEC System Nursing Council. A nurse essay contest was announced in March 2006. Winning entries were selected in each AHEC region and the author received a \$50 prize. These entries were submitted to the Nursing Council who selected the statewide winner and runner up. The winner was announced during National Nurses Week in May.

The NYS essay winner, Deborah Wambold, is a patient care technician at Highland Hospital in Rochester who will graduate from Monroe

Community College as a RN in Spring 2007. The honorable mention is by Luci VonDauber, currently working at Mohawk Valley Nursing home and a student at Mohawk Valley Community College. We are pleased to showcase their essays in this edition of AHEC Update.

A Cappella

**2006 NYS AHEC Statewide
Essay Contest Winner**

by Deborah Wambold

I went to the hospital the summer I was 20, to visit an old friend of mine. I held her withered hand in my smooth one and studied her wrinkled face, her eyes sunken and dull, lips dry and broken, forehead

*See **Essay Contest** continued on page 4*

From Summer Scholar to a Career in Health Care: A Success Story

Jill Wall, HMAHEC Program Director

Dressed in green scrubs with a stethoscope around his neck, Michael Whalen looks like one of the many dedicated health care staff at Inter Lakes Health Center. What one doesn't see is the story behind the scrubs.

Michael Whalen was chosen three years ago to be a Summer Scholar through the Hudson Mohawk Area Health Education Center's pipeline program. Michael was placed at Inter Lakes Health Center in Ticonderoga, New York. The Summer Scholar experience led Michael to become an employee at Inter Lakes, where he has not only worked every summer since, but throughout the school year as well.



Michael Whalen, Inter Lakes Health Center employee and former HMAHEC Summer Scholar, with Pat Chamberlain, RN, Inter Lakes Health Center Director of Nursing.

"Over the past three years Michael has come out of his shell and flourished here; his family has seen the difference as well," stated Director

*See **Success Story** continued on page 7*

The Primary Care Imperative

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



Over the past year the Community Health Center Association of New York State (CHCANYS) and the Primary Care Development

Thomas C. Rosenthal, MD

Corporation (PCDC) joined forces to commission an independent study by a George Washington University team titled "Laying the Foundation: Health System Reform in New York State and the Primary Care Imperative." As efforts progressed toward this landmark report's June publication, it became increasingly clear that the study was also a call to action for the New York State AHEC System.

All three organizations agree that the upcoming change in leadership in the New York Governor's office represents an opportune time to be proactive in developing a more efficient, accessible and affordable health system for New Yorkers. The state is investing in health information technology and facing restructuring of its Medicaid managed care (section 1115 waiver) demonstration. At the same time the New York State Health Foundation has been formed to issue challenge grants that generate public- and private-sector matching funds for biomedical and biotechnology research and development.

Meanwhile the state's uninsured population has expanded, fueled in part by growth in low-income populations and the high cost of

employer-sponsored health insurance. New York's heavy reliance on Medicaid to address long-term care and the uninsured has not been balanced by sufficient investment in a primary care infrastructure. Medicaid payment rates, including those under Medicaid managed care, have stagnated and forced difficult decisions onto Community Health Centers, diagnostic and treatment facilities, and private practices that are attempting to care for their communities. Estimates vary but at most only 20% to 50% of the cost of caring for Medicaid clients is covered by 2006 fees.

And despite the efforts of AHEC and others, significant progress is still needed to make the health care professional workforce more racially and ethnically representative. Disparities in the workforce translate into disparities in health care.

CHCANYS, PCDC and the New York State AHEC System

See *Imperative* continued on back page



A New LifeBeat: an Erie Niagara AHEC Community Health Education Project

Mary Craig, Erie Niagara AHEC President

Delivering a health education message to an entire community can be very challenging, but it must be done. Both nationally and locally there is a critical need to provide proactive, culturally relevant health education to address the high incidence of chronic disease among African Americans, Latino Americans, Native Americans and other communities of color.

At the Erie Niagara AHEC, we investigated what the pressing issues were as they relate to our Western New York community and decided that one approach would be to introduce a community-wide health communications initiative. The objective of our initiative is to challenge people and spark a grassroots movement to improve

self-management and prevention of key chronic diseases through incremental lifestyle changes.

Our initiative, which is designed to last throughout the year, is called a *New LifeBeat* and was introduced in January 2006, around the same time that many people begin their New Year resolutions. It includes print, radio, workshops and a community-wide summit.

The *New LifeBeat* audience includes adult males, working mothers, families, seniors, and adolescent males and females. The name



L to R, Sitting: The 3 Doctors: Sampson Davis MD; Rameck Hunt MD; and George Jenkins DMD. Standing: James Williams, Buffalo School Superintendent; Mary Craig, Erie Niagara AHEC President; Ted Kirkland; Mary Gresham, PhD; Carol Salter; and Geraldine Horton, East High School Principal.

comes from the idea that every human being has a rhythm to his or her daily living. This includes what we eat, how we move, where

See *New LifeBeat* continued on page 5

New York State AHEC System Participates in NAO Conference

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

I am pleased to report on the involvement of the New York State AHEC System centers, regional offices, and the Statewide Office at the National AHEC Organization (NAO) conference, held in Omaha in early June.

Award Winner: Kenneth Oakley, PhD, CEO, Western New York Rural AHEC, received NAO's "AHEC Center for Excellence in Health Professions Student Training" for its Health Workforce Retraining Initiative that facilitates opportunities for health care workers to advance their current careers or rejoin the workforce through five training programs: Nurse Refresher, Retraining for Entry Level Workers—LPN Program, Associate's Degree RN Training, Registered Nurse "Fast Track" to the Bachelor's Degree, Dental Assistant Retraining, and Coder Retraining Specialties. R-AHEC's Health Workforce Retraining Initiative involved 23

academic institutions and 54 health care facilities throughout the 12 county R-AHEC region, two-county Erie

Niagara AHEC region, and nine counties in the Central New York AHEC region. Of the 308 individuals who enrolled in the five training programs to date, 236 participants completed mini courses (Nurse Refresher, Coder Retraining and Dental Assistant Retraining) and 61 individuals graduated from degree or diploma programs (LPN – 31, associate's degree RN – 21, RN Fast Track – nine). Congratulations!

Concurrent Sessions: Centers, regional offices, and the Statewide Office were presenters for seven concurrent sessions during the conference.

- **Community Academic Collaborations that Work: Caring for Migrant and Seasonal Farm Workers**, Peter Beatty, PhD, Director, Central Region Office; and Bruce Gould, MD, Director, Connecticut AHEC
- **MedQuest Health Career Exploration Camps: Best Practices**, Thomas Lacroix, MD, Assistant Dean Rural Regional, The University of Western Ontario; Sandy Ryman, Executive

See *NAO Conference* continued on page 7



National AHEC Center of Excellence award proudly displayed by R-AHEC Center Director Jane Munro, CEO Ken Oakley, and Workforce Program Coordinator Catherine Huff.

R-AHEC Summer Interdisciplinary Geriatric Externship Program Continues to Evolve

Jane Munro, MS HCM, R-AHEC Center Director

Under the planning and leadership of John Brewer, MD, Medical Director of the NYS AHEC System Statewide Office, another year of an evolving summer program has been completed. The project was funded through a *Pipeline to Practice* grant from the Thiel Trust administered by the Community Foundation for Greater Buffalo. In addition, the project received financial support from the University at Buffalo Dental School.

Twelve students assembled every Thursday for six weeks in Warsaw, NY to interact while exploring various stages of geriatric living and treatment. The Western New York

Rural AHEC (R-AHEC) handled the outreach and recruitment of students for the program, primarily from schools within the University at Buffalo (medicine, pharmacy, dentistry, and nursing). This year three students participated from Nazareth College (physical therapy), SUNY Brockport (pre-med) and Genesee Community College (transfer program to Upstate Medical School's Radiologic Technology Program) as well.

Once a week the students gathered to discuss Interdisciplinary team issues geared at exploring the geriatric population. With Dr. Brewer's curriculum, and assistance from staff at the skilled nursing facility at Wyoming County Community Health System, the Cloisters (an assisted living facility), and the county's Certified Home Health Agency,

students were sent to meet with patients and residents in interdisciplinary teams. After spending about an hour with the patient, the teams re-assembled to discuss findings.

The sessions offered students an opportunity to interact and better understand the relationship the different disciplines have with the geriatric population. The sessions dealt with such things as functional assessments, polypharmacy, end of life issues, proxies, living wills, dementia, and the "geriatric cascade." In addition to speaking with the patients, students reviewed the patient charts and had an opportunity to interact and talk with staff from the different agencies involved. The experience afforded students an opportunity to spend time in a rural location, while also sharing and learning with peers from other health disciplines.

Students Give New York State AHEC Pipeline Programs High Ratings

Linda Kahn, PhD,
NYS AHEC System Evaluation Director

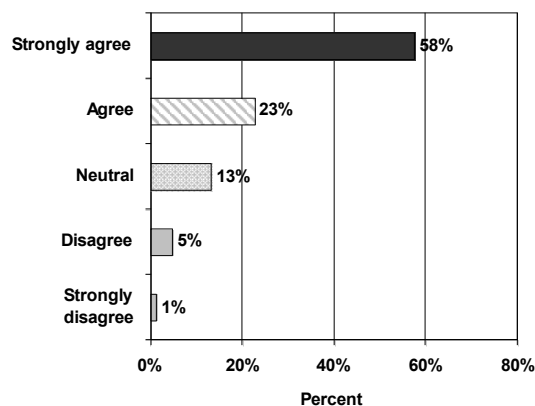
In 2005 over 18,000 kindergarten through 12th grade students participated in New York State AHEC System pipeline programs that promote health professions as exciting and practical career choices to students from disadvantaged and underrepresented backgrounds.

These programs expose students to health careers and health professionals, reflecting the needs of the specific communities where the programs take place. To address the issue of how to evaluate these programs and show impact, the New York State AHEC System implemented a pipeline evaluation process in 2004 consisting of pre-/post-assessment tools that include a knowledge test, a health professions inventory, and program evaluation questions. These instruments are administered by the AHECs at the beginning and end of each pipeline

program and enable collection of quantitative and qualitative data that measures changes in students' knowledge and awareness of health careers, their interest in pursuing a health professions career, as well as students' perceptions on the impact of the pipeline programs. The data is analyzed by the Statewide Office and a report is produced every year.

Statewide pipeline evaluation results for 2005 document a statistically significant 12% ($p < .001$) improvement in students' knowledge of health careers. Middle school, high school, and college students gave the program overwhelmingly positive evaluations. A significant majority of students agreed that

After this experience I am more interested in working in a health care field (N=447)



the programs increased their knowledge about health professions (94%), and were helpful (97%). Eighty percent (80%) of students agreed that after this experience they would consider working in a health-care field; 95% would recommend the program to others.

See *High Ratings* continued on page 7

Essay Contest

(continued from front page)

crinkled with permanent lines. I willed myself to speak, to say something, anything. But no words came and so I found myself uncomfortable in the silence, uncomfortable because of the very presence of the silence. After a while, my beloved grandmother looked at me, smiling softly, and told me in thick Irish brogue to try and get "a wee bit o' sleep," then turned her own back towards the antiseptic wall and pretended to nap. I knew she wasn't asleep though, because every little while she would roll her gray head back in my direction, look at me and smile, her clouded eyes shining all at once, reassured that I was still there, I guess. And so I decided to stay for a while.

The two of us remained there in the room, I by will, her by necessity as the

night hours wore on, each minute passing tiredly into the next. Halls grew quiet as the sounds drained out of them; the last remnants of the day were swept up by the housekeeper's soft broom. From time to time, a nurse came in to check on my grandmother and offer her sips of water and morphine beneath her tongue, the first was readily accepted, the other steadily declined. Despite the "comfort care only" measures being offered, my grandma's resolve would far outlast her body.

Somewhere that night, in a foggy shadow land between waking and sleeping, grandma's breathing worsened. She began choking and wheezing, fighting for air, and with each labored breath gained, she gripped a little harder on my hand. An orange call bell at the bedside quickly summoned help in the form of an aged graying nurse. One look

at her patient's blue lips told the story, and the nurse elevated the head of the bed, then sat on the edge and stroked her patient's hair, observing grandma's struggle to breathe. I sat stricken in my chair, unable to leave my grandmother's side, immobilized with fear and sorrow. I matched her shallow gasp with shallow gasp, grandma's face contorted in distress, mine twisted in the absolute grief of watching her die and powerless to help.

The nurse began to sing softly. First a wordless hum, then melody and words coupled to form a lullaby from the old country. "Too-ra-loo-ra-loo-ra" the nurse sang soothingly, each syllable crisply accentuated. The simple tune reverberated in that small hospital room, winding and interlacing around the bed, the people,

See *Essay Contest* continued on page 6

CNYAHEC Launches Customized Health Care Worker On-Line Training Program

Terry Gefell, Director of Development and Communications

In March 2005, a work group comprised of CNYAHEC staff, board members, and community partners began a project to develop a web-based in-service education training program for health care workers and health professions students in response to a report issued by CNYAHEC on continuing education needs in health care.

Recognizing the value of web-based delivery to developing an efficient and user-friendly program, CNYAHEC contracted with Syracuse University Technology-enhanced Instructional Solutions (SyrTis), a recognized leader in the field of technology-enhanced education and training with expertise in developing products for continuing education credits. As a result of this collaboration, CNYAHEC is launching *InService Solutions*, a new approach to meeting the in-service needs of a growing health care industry.

InService Solutions is an innovative on-line system for managing health care facilities' in-service requirements. Ten easy-to-use educational modules, formulated to address current health care regulations and certifications, are the highlight of this on-line system. Topics range from corporate compliance to infection control to patient safety and population-specific care. Modules are designed to be customized to the unique needs of individual health care facilities. While progressing through each module, the

system checks to assess employee knowledge and monitors employee

achievement through use of a 10-question quiz. Instant feedback on module scores is provided through a reporting system.

Most health care facilities currently utilize costly merit fairs to meet their health care worker training needs, requiring time-consuming paperwork and loss of valuable employee time. "With *InService Solutions*, employees have access to the on-line modules 24 hours a day, seven days a week, and are not restricted by time or work schedule constraints," emphasizes Joanne Race Borfitz, Executive Director of CNYAHEC.

Mike Ogden, Vice President of Administration at Community Memorial Hospital in Hamilton, NY, has contracted with CNYAHEC to deliver this program at his health care facility. "CNYAHEC has provided us with an educational tool that will allow our staff to meet their educational requirements,

while creating efficiencies necessary to meet the increasing demands for improved patient care and outcomes," states Ogden.

InService Solutions is currently available to health care facilities in the Central New York region with plans to expand statewide. To schedule an on-site



Members of the CNYAHEC Continuing Education Work Group meet at Broome Community College to develop *InService Solutions*. **L to R, First Row:** Diane Bialezak, RN, In-Service Coordinator, Community Memorial Hospital; Andrea Wade, PhD, Chair, Medical Laboratory Technology Program, Broome Community College; Mike Frasciello, Director, SyrTis; **Second Row:** Linda MacAnslan, MS, RN, CDE, Director, School of Nursing and Department of Education, Arnot Ogden Medical Center; Anne English, Director of Human Resources, Chenango Memorial Hospital; Victoria Watson, BSN, RN, MDS Coordinator, Schuyler Hospital; Paul FitzPatrick, President, Rural Health Development; Stuart Williams, Former Director, SyrTis; and Joanne Borfitz, Executive Director, CNYAHEC.

informational demonstration detailing customization features and pricing, contact Tina Ruocco, CNYAHEC Program Coordinator, at (607) 756-1090 or by e-mail at truocco@cnyahec.org.

The development and pilot testing of this project was funded, in part, by a grant from the Appalachian Regional Commission.

New LifeBeat

(continued from page 2)

we go, what we buy, how we spend leisure time and how we see others and ourselves in our families and communities. Our objective is to encourage people to think of themselves not only as patients, but more as health care consumers and to take greater ownership of their own health.

There are four core messages to *New*

LifeBeat: Challenge Yourself, Do Something New, Cook Healthier and Honor Traditions. They encourage gradual, positive lifestyle changes by offering culturally relevant information on health-related and cultural community events, health care resources, exercise, and nutrition.

During the course of the campaign we recommend dietary changes to support prevention and management

of chronic disease, promote behaviors and attitudes to address weight mismanagement (increased movement and exercise) and disease prevention (annual checkups, etc.), and finally, champion family and cultural traditions (recipes, remedies, and memories) that historically have supported personal and community health.

The *New LifeBeat* initiative has another

See *New LifeBeat* continued on page 6

Essay Contest

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over and under, out the door and down the dimly lit corridor. An expectant hush hung in the air, a waiting for something unseen, a benevolent presence. Perhaps my grandma believed that she was home again, for her breathing soon quieted and her body began to relax. As the nurse continued to weave the *a cappella* song gently through the dark room, tranquility trickled in. Without any pain medication or special interventions, respite was granted. Grandma's knuckle-crushing grip on my hand loosened, her eyes shone and in those early dawn hours as the night's gloom faded, grandma's worn-out body released her soul.

It was precisely at that moment, I knew I would be a nurse.

A Way of Life

2006 NYS AHEC Statewide Essay Contest Honorable Mention

by Luci Dauber

I can vividly remember my very first job in the health care profession. I was 16 years old and looking for part time work to save money for a car. I saw the ad for resident aide in the daily newspaper. The ad read no experience necessary and was for an adult home in the area. I thought to myself: "Well, Let me call this number and find out what this is all about." Little did I know that one phone call would alter my whole life.

I was hired at the adult home for two evenings a week from 4 p.m. until 8 p.m., and every other weekend from 7 a.m. until 3 p.m. My duties were to assist the residents with daily care, assist them with their laundry and just offer them companionship. The major goal of the facility was to keep the residents as independent as possible.

After a few weeks of working there, I met Leo.* Leo was 101 years old and had more spark in him than a bottle rocket on the fourth of July. His mind was as sharp as a tack, and he had more stamina than a younger person on a

good day. His stories of his life would absolutely amaze me. This man had more wisdom than anyone I had ever met.

As week after week went by, I found myself spending more and more time with Leo. I would come in on my evenings off just to sit and talk with him. It was on one of those evenings when he asked me what my plans for the future were. His question caught me off guard. Leo and I had talked for hours about his life as a "lad." We would talk about my parents, my friends, and everything else, but never did we talk about the future. I really was not sure what my future held. I was a sophomore in high school and really had not even thought about it. His little "tsk-tsk" told me he was not pleased with this answer. He did not mention it again that night but sure enough, he would start talking more and more about my future plans each time we talked.

It was at this time I had been working at the adult home for almost eight months. School was ending and I had major exams to study for. I requested and received two weeks off. In those two weeks, I never once went into see Leo. I was busy, summer was almost here, and the weather was beautiful.

When the time came for me to go back to work, I walked in expecting to see my friendly smiling spark plug. He was not where he usually sits. The other staff informed me he had gone to the hospital; he fell and fractured his hip three days before. I finished my shift and went to the hospital where Leo was.

He was in pain, but smiled warmly when he saw me, we talked for a while and I had to leave promising him I would be back. Leo was in the hospital for quite some time. He was not allowed to go back to the adult home for he could no longer care for himself. His family had no choice but to place him in a nursing home.

Within six months Leo died. I was devastated that he failed so quickly. The day after his funeral, his daughter called me. She said, "my dad thought the world of you and we have a gift for you from him." I met with his daughter, and she handed me

an envelope. In this envelope was a letter that his daughter had written for him in his final days. Here is what he wrote: "My dear sweet Lucy, You have made my final years joyful. You have a golden heart. Do not let that heart go to waste, use it and heal others." Enclosed was a picture of him and me during an activity at the adult home.

I knew at that moment, I had the gift. I was meant to be a nurse. I enrolled in the vo-tech program and finished the LPN program at the same time I graduated from high school.

Now, 19 years later, I am back in school to obtain my RN degree. Nursing is my whole life, and more than ever I know in my heart it is not just a job; it is a way of life.

* Leo is a pseudonym.

New LifeBeat

(continued from page 5)

important objective: to help recruit young adults directly and through their parents, grandparents, and guardians, to enter the health care field as medical professionals, researchers and providers. We will meet this objective through the promotion of medical and health care role models from the targeted communities. Our first major event, a *LifeBeat* "Challenge Yourself!" *Spring Break Summit*, featured The Three Doctors and Sister Souljah, nationally recognized urban success role models and authors, representing some of the most honest and powerful contemporary voices.

The *New LifeBeat* initiative also features community workshops on health and wellness, including appearances by our Alafia Theatre Company with a play which sheds light on the behavior, attitude, and challenges regarding health and wellness faced by key demographics in the African American community.

The *New LifeBeat* is a unique model to assist underserved and underrepresented communities in gaining greater awareness of their health.

Success Story

(continued from front page)

of Nursing, Pat Chamberlain, RN. Ms. Chamberlain noted that at first the staff was skeptical about the Summer Scholar Program but they were quickly impressed with Michael's eagerness to learn. Tamara Chagnon, Human Resources Director noted, "The first couple of weeks Michael was here he walked around with a notepad stopping people and asking questions." His commitment paid off, "Nurses began to nurture him and took a vested interest in his success, he stuck with the physician assistants to learn as much as he could," explained Ms. Chamberlain.

Through the Summer Scholar Program and continued employment, Ms. Chamberlain has observed a developed focus from Michael. "He now can see his future and it lies in the health care industry. Michael has even joined the local EMT where he is a respected for not only his eagerness to learn but also his abilities," added Ms. Chamberlain.

Michael explained that he thought he might be interested in health care but he didn't know exactly where that could take him until the Summer Scholar Program. Michael's Summer Scholar experience began in the emergency

room and that is where he has been ever since. Michael graduated from high school this spring and enrolled in the Registered Nursing Program at Clinton County Community College with classes beginning this fall. Michael's ultimate goal is to become a physician, specializing in either ER/trauma or pediatrics. His eagerness to become an RN was evident and he believes that the "hands-on" experience he will get from being an RN will only help him in medical school.

When asked what his favorite part of being an ER Technician is, he paused for a moment and stated, "Bringing the patients in, taking their vitals, there is always something different going on." Michael noted, "When I come in every day, I plan to learn one new thing and every day I learn five new things."

With Michael's life about to take a different course—becoming a college student, becoming an RN, and eventually becoming a physician—the question begs to be asked: will he come back to Inter Lakes Health Center? Michael thought about it and said, "I will always keep in touch with the hospital and see if they need help, and even if I am working elsewhere I will stay connected to Inter Lakes Health Center." Michael paused and slowly smiled, "Going back to Inter Lakes is like going back home."

High Ratings

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The evaluation results underscore the overall success of New York State AHEC pipeline programs. Across a diversity of AHECs, age groups, and programs, the majority of participants responded positively to their pipeline experiences and affirmed that they learned more about health professions as a result of their participation in these programs. The complete pipeline evaluation report is available on the New York State AHEC web site: <http://www.ahec.buffalo.edu>.

For 2006, the pipeline evaluation process continues; the instruments have been further streamlined, based on feedback

from the AHECs and a review of 2005 data. The New York State AHEC System pipeline instruments and evaluation process have also received national attention. In June 2006, the NYS AHEC System Director of Evaluation, the Associate Director, and the CEO of R-AHEC presented a workshop at the 2006 NAO Conference that showcased the New York State AHEC System pipeline evaluation instruments and process. Upon request from the NAO, the Director of Evaluation submitted the New York State pipeline instruments for national dissemination through the NAO members' web site—making the New York State AHEC System pipeline evaluation process a national model for others to follow.

NAO Conference

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Director, Northeast Oregon AHEC; Marty Hammond, Health Careers Coordinator, Southern Vermont AHEC; and Dave Prete, Regional Coordinator, Western New York Rural AHEC

- **New York City Pipeline: Health Professions Exposure for Urban Youth**, Mary Mitchell, MPA, Executive Director and Rossmery Barzey, Program Director, Manhattan-Staten Island AHEC; and Gabrielle Kersaint, MSPH, Executive Director, and Ayana Mangum Woods, MPH, Brooklyn-Queens-Long Island AHEC
- **An AHEC Web-Based Community Health Data System: How it Works in New York**, Steven Schreiber, PhD, Director, Eastern Region Office
- **Evaluating the Impacts of the AHEC Pipeline Programs**, Linda Kahn, PhD, Evaluation Director, and Mary Sienkiewicz, MBA, Associate Director, New York State AHEC System; and Kenneth Oakley, PhD, CEO, Western New York Rural AHEC
- **Primary Care Week: How Medical Schools Promote the AHEC Mission**, Thomas Rosenthal, MD, Director, New York State AHEC System; Peter Beatty, PhD, Director, Central Region Office; Steven Schreiber, PhD, Director, Eastern Region Office; and Bruce Gould, MD, Director, Connecticut AHEC System
- **A Technological Solution for Equalizing Healthcare Workforce Supply and Demand**, Richard Merchant, MA, Executive Director, Northern AHEC

Poster session: Andrea Nikischer, MS, Project Manager, and Mary Sienkiewicz, MBA, Associate Director, both with the New York State AHEC System; and Joanne Borfritz, Executive Director, Central New York AHEC, "Advocacy: Building a Foundation for Success"

Exhibitor: Northern AHEC, MyHealthCareer

Imperative

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are calling for establishment of a primary care medical home for all New Yorkers, payment reforms that reward results, and incentives for investment in quality of care and information technology, capital investment in primary care infrastructure, and the development of a diverse primary care workforce that includes physicians, nurses and physician assistants.

The New York State AHEC System's Data

Resource Center prepared "A ZIP Code Analysis of Primary Care Need in New York State as a complement to the "Laying the Foundation" report. The methodology indicates that all but two counties in New York State have areas with high primary care need.

AHEC has helped lay a foundation for these efforts, but considerable work remains. Nevertheless, it can be done in our professional lifetimes. The Center for Medicaid and Medicare Services recently offered one demonstration of how relatively simple acts

can have far-reaching consequences when it proposed increasing the most common primary care codes relative value units (RVUs) by .37. Carried throughout the system, this change would provide a significant enhancement for primary care career selection and pave the way for children growing up in underserved communities to pursue opportunities in health care.

The full "Laying the Foundation" and ZIP Code Analysis reports are available through a link on <http://www.ahec.buffalo.edu>.

New York State Area Health Education Center (AHEC) System

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Manhattan-Staten Island AHEC

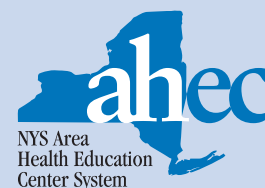
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