

# U P D A T E

Summer 2003

## Collaborating with Community Health Centers

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



Thomas C.  
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New York State  
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There are two well-documented reasons for the declining attractiveness of careers in primary care that we are witnessing. One is money and the second is the desire for relatively circumscribed professional life. Primary care physicians make less than other specialists while working as hard. The image of the primary care physician is one who is always on call. So as we can see, the complexity of the primary care physician's personal attentiveness to patients and frequent after-hours call commitments has been hard to counter. The complexity of the primary care work day, its demands, and its relatively low compensation have created a need for remodeling health care.

The twin engines of capitalism and science ensure we always have a steady stream of medical advances. Primary care physicians often find themselves competing with high technology for limited dollars. At the same time society's members are becoming older, suffering an increased burden of chronic disease. The paradox is that the very success of medical technology has made primary care even more important. Primary care is now and will always be an integral part of any society's attempt to meet the needs of its population.

This issue of the New York State AHEC newsletter includes many articles focusing on the potential for further collaboration between the education of health professionals, the New York State AHEC System, and the Community Health Centers (CHCs) of New York. CHCs have the potential to bring an organizational structure that will stabilize the income of primary care providers, assuring

a professional life that is demanding yet more circumscribed, while providing a structure for advancing and monitoring care of patients seeking preventative care and chronic disease management.

CHCs will only be successful if they are able to compete in the wage market for skilled health professionals. As the nation becomes more dependent on Community Health Centers, the CHC needs to become a more demanding partner in health workforce employment. AHEC can increase the numbers of qualified health workers more efficiently than nearly any other agent yet modeled in the United States.

The other major challenge is distribution. CHCs have been the only successful strategy in the United States to distribute health care to underserved communities. They provide the essential infrastructure for the employment of health professionals in these communities. Again, their ultimate success will depend upon AHEC encouraging, grooming, tracking, and supporting the development of students growing up in underserved communities. It is AHEC-supported students who will return to the communities to provide a lifetime of service.

We are excited to be at the dawn of an increasingly integrated relationship with the Community Health Care Association of New York State (CHCANYS). We hope that this newsletter will give many of our partners across the state new ideas for collaboration.

# Partners in Placement and Planning

Maxine Golub, MPH,  
New York Metropolitan Region Director

The NYS AHEC System is pleased to be working with CHCANYS, the Community Health Care Association of New York State. CHCANYS is the primary care association for New York State, and a natural partner for the New York AHEC Statewide System. Our missions are completely compatible. CHCANYS' goal is to facilitate the delivery of high quality primary health care in underserved communities. Needless to say, they can't do their job without a workforce that wants to work in those communities. They need AHEC, and AHEC needs them! In a recent conversation with Sheila Kee, Executive Director of CHCANYS, she named three ways that the two groups have been collaborating, including "... placements for students, strategic planning, and legislative advocacy."

There are 50 Community Health Centers (CHCs) located throughout the state, many of which serve as training sites for health professional students. From Buffalo to Albany, and from Brooklyn to the Bronx, CHCs provide

students with opportunities to shadow doctors, nurses, social workers, dentists, and health administrators. They learn about the job, and they learn what it means to have patients that really need you. "And the preceptors," adds Molly McNeese, from Sunset Park Family Health Center, and a Board Member of the Brooklyn, Queens, Long Island AHEC, "love the opportunity to teach, and to influence a young person's life."

In another arena, CHCANYS recently embarked on a Statewide Strategic Planning Process to chart the future development of health centers in the state. The New York State AHEC System has become a partner in this process, sharing data that it has collected about the health care workforce and health care needs throughout the state. "The plan will ultimately benefit the work of both organizations, ensuring that future program developments in health care are supported by a well trained workforce," commented Verona Greenland, president of CHCANYS, and a Board Member of the Bronx-Westchester AHEC.

Neil Calman, MD, Medical Director of the AHEC Metropolitan Region and Chair of CHCANYS Clinical Committee said, "No one wants to wake up and find that they have trained health care professionals for job openings that no longer exist. It is critical that this planning is done carefully."

This past Spring, the New York State AHEC System and CHCANYS worked together to educate legislators about the importance of building a healthcare workforce that wants to work in rural and urban underserved communities. Top on the list is making sure that health training programs and primary care centers that serve the state's most needy communities receive a fair share of available health care dollars. "This is critical in the rural communities," stated Ken Oakley, PhD, CEO of Western New York Rural AHEC, "as there are only two Community Health Centers within the 8,491 square miles of our eleven rural Western New York counties, and five of these counties have only one community hospital."

## *AHEC-CHCANYS Partnership Begins*

Steven Schreiber, PhD,  
Eastern Region Director

Since March of this year, the NYS AHEC System has been working with the Community Health Care Association of New York State (CHCANYS) to develop a Statewide Strategic Plan (SSP) for primary care service expansion. CHCANYS advocates for Community Health Centers in New York State and serves as the state's Primary Care Association for the purposes of federal grants and contracts. The SSP is required by the federal Bureau of Primary Health Care as a condition for applying for grants to develop new community health centers and satellite clinics.

For over two years the Eastern Region Office of the NYS AHEC System has served as data resource center to the New York State AHEC System, providing census, health care, health workforce, and educational data to each of the state AHECs. In February of this year, the Eastern Region Office demonstrated the AHEC System's new data website

to attendees at the CHCANYS annual meeting. The website provides user-friendly mapping tools by which data can be selected for almost any type geography of interest including counties, ZIP codes, census tracts, school districts, rural health networks, health professional shortage areas and legislative districts. Initially limited to the AHEC system, the website may become available to the public in the future. Participants at the CHCANYS annual meeting expressed an interest in using the AHEC data and mapping tools as a resource in the development of the Statewide Strategic Plan. Subsequently, meetings were held between the leadership of AHEC and CHCANYS, and a memorandum of understanding was signed.

Currently, the AHEC data resource center is developing a ZIP-code-based analysis of primary care needs and travel times from community health centers. The SSP is scheduled for submission by CHCANYS to the Bureau of Primary Health Care in August 2003.



### **New York State Association for Rural Health**

**2nd Annual Conference  
Rural Health:  
Laying Tracks to the Future**

*September 10-12, 2003  
Hilton Lake Placid Resort*

Conference program and  
registration information at  
[www.nyruralhealthconference.org](http://www.nyruralhealthconference.org)  
Or call 518-891-9460

# *BQLI Collaboration with Brooklyn's Community Health Centers*

Community Health Centers (CHCs) play a major role in providing quality health care services to New York's low income and medically underserved populations. They are an important source of preventive and primary care for Medicaid, uninsured and underinsured populations (CHCANY 1997). Community Health Centers also provide culturally competent services, as their staff reflects the client population served both in terms of language and ethnicity. However, CHCs experience many challenges in carrying out their mission to provide services to the underserved. The Brooklyn-Queens-Long Island (BQLI) AHEC is collaborating with three community health centers: Bedford Stuyvesant Family Health Center, Brownsville Multi-Service Family Health Center, and Lyndon Baines Johnson Health Center (LBJ) to address some of the challenges they face.

## **Description of Community and Target Populations**

Bedford Stuyvesant Family Health Center and LBJ provide services to the North and Central Brooklyn communities of Bedford Stuyvesant. Brownsville Multi Service Family Health Center provides services to the Brooklyn communities of Brownsville, Ocean Hill, parts of East New York, Bedford Stuyvesant and Crown Heights. Bedford Stuyvesant is a Medically Underserved Area (MUA), Health Professional Shortage Area (HPSA) and a geographic dental health shortage area. The population in the service area is comprised mostly of African Americans, as well as Latino and Caribbean immigrants. The Bedford Stuyvesant area has the fifth highest poverty rate in the city.

## **Description of Health Issues**

These communities experience a number of health care disparities including high rates of asthma, diabetes, prostate cancer, HIV/AIDS and cardiovascular disease. Childhood asthma is especially high in Bedford Stuyvesant at a rate of 8.2 per 1,000. Obesity, which is a contributing factor to high rates of heart disease, hypertension and diabetes, is a major problem in these

communities. Bedford Stuyvesant Family Health Center reported that 50% of their client population was obese. Another major health issue that has not received as much attention is the shortage of community mental health services for a population that is experiencing a number of stressors due to poverty, unemployment, family disintegration, sickness, crime and homelessness. These stressors have compounded since the September 11th tragedy in New York City. The latest data revealed that there is only one mental health provider per 1,000 population in Bedford Stuyvesant.

For these communities, violence is a daily occurrence that not only increases overall anxiety and fear in the general community, but also is a major contributing factor of premature deaths for young black males. In 1996, Bedford Stuyvesant had the highest number (2,144) of child abuse and neglect cases and the highest number (2,542) of children living in foster care. There is also a significant rate of substance abuse in the community and a number of persons dually diagnosed as mentally ill substance abusers. Bedford Stuyvesant/Crown Heights also has the highest percentage of AIDS cases in Brooklyn. Although Bedford Stuyvesant represents only 13% of Brooklyn's population, it comprises almost a quarter of the AIDS cases.

## **Barriers to Care**

The barriers to care for this population have been well documented and include lack of providers, lack of insurance to pay for care, immigration status, lack of time for working families to go to the doctor and lack of access to appropriate education. Due to increased unemployment, an ailing economy and high rents in New York City, the number of people who are homeless has increased, thus increasing the need for services to this population. Children in foster care are often underserved because of frequent moves throughout the foster care system. One of the unique characteristics of the Bedford Stuyvesant community at large is the number of health problems with which patients present. Because

Gabrielle Kersaint, MSPH, Brooklyn-Queens-Long Island AHEC Executive Director

of the disproportionate number of disease in the population served, Bedford Stuyvesant uses more health services than the general population and has more active health problems requiring more extensive and intensive intervention. At the same time, most of the patients have no health insurance or are covered by Medicaid. This creates a gap in health care providers because private practitioners tend to be discouraged by the prospect of working in an area where the medical needs are so great and reimbursement is inadequate.

## **Collaborative Solutions/Strategies**

The factors contributing to poor health outcomes in underserved areas are many and complex. Similarly, the solutions to the manpower shortage in those areas will also be complex. Long-term strategies are needed, including the financing and reimbursement of services for low-income populations.

The BQLI AHEC staff will place health professional students at community health centers for six weeks. The goal of this summer placement program is to 1) have students from underrepresented and minority backgrounds gain an understanding of primary health care, 2) provide students with actual exposure in working with medical providers in the community health center setting, 3) gain an understanding of health issues facing underserved communities at disproportionate levels, and 4) assist center staff in providing patient education. This six-week session will begin July 7th and end August 15th. Additionally, students will be assigned a mentor who they will continue to interact with throughout the academic year. The summer program is just the beginning of continued collaborations between the BQLI AHEC and CHC staff, who are on the front lines of the continuing battle to provide quality health care to the underserved. The BQLI AHEC hopes to be a partner and advocate for CHCs in addressing the many emerging needs of these communities.

# Synergy – Bridges – Partnerships

The Hudson-Mohawk AHEC strategic plan focuses on providing a diverse array of programs and services throughout the entire region, from North to South and from East to West, targeting both urban and rural areas.

H-M AHEC finds future healthcare workers early. School-based programming includes: The Great Hospital Adventure, an entertaining live puppet show for grades Pre-K through third; Grades 4, 5 and 6 curriculum; Healthcare Awareness Curriculum for middle school students; Doc-in-a-Classroom, a program where medical students share their educational journey with high school students; MASH (Medical Academy of Science and Health) Camps where students experience health care up close and personal with hands-on activities; and the Summer Scholars program, which provides summer healthcare employment opportunities.

H-M AHEC trains healthcare workers by providing and supporting entry-level training programs and clinical experiences for physicians. Those programs include: Home Health Aide Training, Medical Assistant Training, Preceptor Agreements, and Dental Residencies.

H-M AHEC keeps healthcare workers by providing ongoing education that

Tim Christensen, MS,  
Hudson-Mohawk AHEC Executive Director

includes: EMS Administrative Academy, which trains EMS officers to more effectively manage their agency; and Distance Learning. H-M AHEC facilitated the installation of distance learning technologies in both rural and urban settings.



-  Healthcare Administrators Academy
-  EMS Administrative Academy
-  Dental Residencies
-  MASH Camps
-  Distance Learning
-  Clinical Training

## Erie Niagara AHEC in Development

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

The New York State AHEC System welcomes the Erie Niagara AHEC, currently in development at Buffalo State College. The Erie Niagara AHEC evolved from a collaborative response to the Request for Proposals process of the community-based Erie Niagara AHEC Interim Planning Board, an ad hoc group that was convened to establish criteria for selection of the center, determine an application process, evaluate the proposals and make a recommendation to the New York State AHEC System Executive Council.

The Erie Niagara AHEC, like all other New York State AHECs, will be an independent, community-based organization that reflects local needs and local solutions to the health workforce issues of Erie and Niagara counties in keeping with the mission of the New York State AHEC System.

The Erie Niagara AHEC Coordinating Committee has been expanded to include a broader representation of the Erie Niagara area. In the next few months, it will conduct a search for an executive director, develop a Board of Directors that is representative of the area to be served, file for incorporation and 501(c)(3) status, develop a business plan to address New York State AHEC System deliverables, and transition responsibility from Buffalo State College as the applicant agency to the Erie Niagara AHEC.

Questions can be addressed to Erie Niagara AHEC Interim Liaison, Margaret Shaw-Burnett, PhD, Director of Continuing Education, Buffalo State College, Cleveland Hall, Room 210, 1300 Elmwood Avenue, Buffalo, NY, 14222-1095. Her phone number is: (716) 878-5907.

# Strategies for Our Future

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

The “Strategies for Our Future” April meeting of the New York State AHEC System Advisory Board featured panelists Henry Pohl, MD, Vice Dean for Academic Administration, Albany Medical College, Julie Peacock, MA, Dean, Applied Sciences, Broome Community College, Rosalind Wilson, CSW, MSSW, Program Director, Arthur Ashe Institute for Urban Health, Patricia Hodgins, RN, BS, MS, Supervisor, Career and Technical Education and Health Occupations Education, New York State Education Department, and Joseph E. Bernat, DDS, MS, Associate Dean for Hospital and External Affairs, School of Dental Medicine, University at Buffalo.

Panelists were asked to address the question, “How can the New York State AHEC System dovetail with the interests, needs, goals and objectives of the Advisory Board member organizations?” Among the issues discussed were: statewide health care outcomes, statewide education program development to meet health workforce needs, secondary school preparation for health professions training, collaborations with existing programs, articulation agreements to streamline career ladders/pathways, mentorships and summer enrichment

programs. These issues along with the other suggestions from the meeting will be summarized for use by the New York State AHEC System at the center, regional and statewide levels.



*The “Strategies for Our Future” April meeting of the New York State AHEC System Advisory Board featured panelists Henry Pohl, MD, Julie Peacock, MA, Rosalind Wilson, CSW, MSSW, Patricia Hodgins, RN, BS, MS, and Joseph E. Bernat, DDS, MS.*

## *Viewpoint: The Importance of Access and Choice*

A central mission of the Area Health Education Centers is recruitment for Medicine, Nursing, and the Health Professions. As Dean of a community college which has traditionally valued programs in the Health Sciences, my perspective of the current interactions between academic institutions, their communities, and the health care providers is different from that commonly perceived. To me, the primary issue is not one of recruitment, but of access and choice.

Although a very well-organized system in many ways, the State University of New York does not have a mechanism in place for statewide planning and program development in the Health Sciences. Community College campuses, in particular, make curriculum decisions locally, based on individual campus parameters, recommended to local governing boards, then approved by the State University and our State Education Department. Health Science programs, with the laboratory hours, clinical experiences, and external accreditation requirements, are expensive and

Julia E. Peacock, MA, Dean, Applied Sciences,  
Broome Community College

administratively costly to run, thus they require a committed administration and a supportive community environment in order to survive and flourish. Campuses are understandably reticent to add programs or to expand existing programs, nor are they supported in doing so by a system-wide “look” and advocacy, based on statewide needs.

My campus is one where Health Science programs have survived and flourished. Yet, we have quotas on each program, dictated by the availability of clinical placements. Currently, more students on our campus are taking needed pre-requisites and/or waiting in queue (>500) than are enrolled in any one of our 10 AAS or three Certificate programs (485). Recruitment, for the immediate future, will result in lengthening the queue, but not in providing immediate relief to the health care industry’s need for qualified health care providers.

The issues are availability of programs and choice. Imagine an environment

where individuals across the state could not only access information about Health Careers and incorporate that knowledge into their personal planning, but where access to a program in their career of choice is available, regardless of where they live. Impossible? Perhaps, but certainly a goal worth pursuing.

### How can AHEC help?

1. Facilitate statewide discussion and planning on the current and future needs of our communities. Match those needs against the existing Health Science programs and their capacities.
2. Support accurate and relevant exposure of current secondary school students, and of any other potential student pool, to information which will facilitate well-informed choices and effective “matching” to appropriate careers.
3. Support efforts across the state for inter-campus cooperative program designs, effective distance education, and alternative educational modalities.

# R-AHEC Housing Experience Leads to Rural Employment

In August 2002, recently-graduated Physician Assistant (PA) student John Waide, requested the help of the Western New York Rural AHEC (R-AHEC) to find him a job in a rural area community in Western New York. With the assistance of the Human Resource Department at St. James Mercy Hospital in Hornell, R-AHEC was able to find an open PA position at Dr. Tariq Randhawa's office in Hornell. Dr. Randhawa specializes in internal medicine. For John Waide, this position is just what the doctor ordered.

John is a graduate of the Physician Assistant program at the Pennsylvania College of Technology in Williamsport, a small yet urban city in north central Pennsylvania. However, John had grown up in Dansville, NY, a very small town in rural Livingston County, and had every intention of moving back to a rural area to establish his practice. John also took advantage of the R-AHEC house site in Hornell, performing two clinical rotations in the Hornell area during his final year of study.

When asked about his desire to move back into a rural area, John states: "I really wanted to work in a small town near my family and close friends. I grew up in a small town and prefer to live and practice in a small town." He points out that there are

Dave Prete,  
R-AHEC Regional Coordinator



John Waide, PA

many advantages to practicing in a rural area. Some of these are: smaller patient loads, which permit the clinician to be more personal with his patients, lower cost of living, and a great place to raise a family without all of the "hustle and bustle" that goes along with living in a city. John explains that practicing in a rural area really is something special and considers it a great privilege. "I have the best job in the world. I get to work with some great doctors, as well as office staff. We all are personable with each other and truly enjoy and respect our patients. Small town clinicians still practice medicine with some level of idealism that draws us all into wanting to practice in the first place."

What does the future hold for John Waide, PA? "I plan to continue practicing in a rural area for as long as God allows me. I wouldn't leave for all the money or glamour in the world."

## *Congratulations to the Catskill Hudson AHEC!*

Steven Schreiber, PhD,  
Eastern Region Director

Culminating a developmental process that extended for over one year, the proposal for the establishment of the Catskill Hudson (CH) AHEC was approved by the NYS AHEC System Executive Council on April 14, 2003. The proposal was the result of collaboration among a wide range of health and educational institutions in the 11-county CH AHEC region. On May 21, 2003 the steering committee that developed the proposal met to formally establish the Board of Directors. Officers and an executive committee were selected as follows:

*President:* Bonnie Kaido,  
Bassett Healthcare

*Vice President:* Carol Bouton,  
Mid Hudson Family Health Institute

*Secretary:* Diane Franzman,  
Columbia County Healthcare Consortium

*Treasurer:* Steven Kelley,  
Greene County Rural Health Network

*Exec Committee Member:* Diane Aznoe,  
Delaware County Rural Health  
Network

*Exec Committee Member:* Carla Mazzarelli,  
Dutchess County Community College

The Membership Committee of the Board will be making nominations soon to complete the composition of the Board with emphasis on both geographic and constituency representation. Each of the 11 counties is eligible for a minimum of one and maximum of three directors. A search for the executive director of the CH AHEC has begun.

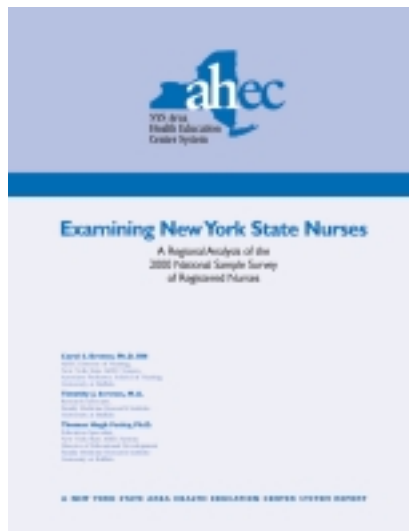
The home office of CH AHEC will be located at SUNY New Paltz. Questions can be directed to Bonnie Kaido by phone at 607/547-3134 or by e-mail at [bonnie.kaido@bassett.org](mailto:bonnie.kaido@bassett.org).

The Bronx-Westchester Area Health Education Center (BWAHEC) is proud to announce the awarding of grants to four programs in the Bronx and Westchester areas: Lehman College of the City University of New York – "MPH Program"; Community Health Care Association of New York State (CHCANYS) – "HealthCorps"; Dorothea Hopfer School of Nursing at Mount Vernon Hospital – "CAPS for Nurses" (College Academic Program Support for Nursing Students); and Lehman College/College Now – "Summer Health Professions Academy 2003".

# Nursing News

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

The NYS AHEC System has published a report that provides a first look at workforce data on NYS nurses using the National



## Sample Survey of Registered Nurses (NSSRN) data for 2000.

Examining these data at the regional level (e.g., NY Metropolitan vs Western regions) can reveal important differences within a state, calling for perhaps different strategies for workforce recruitment, retention, and development. Moreover, knowing NYS nursing workforce trends compared to national data and 1996 data can provide valuable information for planning and workforce policy. To receive a copy of this report, please contact Andrea Nikischer at [an23@acsu.buffalo.edu](mailto:an23@acsu.buffalo.edu).

## NEW IOM REPORT CALLS FOR OVERHAUL OF NURSING EDUCATION

According to a new report released on April 8, 2003 by the Institute of Medicine, an expert committee found

that doctors, nurses, and other health professionals are not being adequately prepared to provide the highest quality and safest medical care possible and that "education for the health professions is in need of a major overhaul." The report, titled "Health Professions Education: A Bridge to Quality," calls for all programs that educate and train health professionals to adopt five core competencies: the abilities to deliver patient-centered care, work as a member of an interdisciplinary team, engage in evidence-based practice, apply quality improvement approaches, and use information technology. The report calls on accreditation, licensing, and certification organizations to ensure that students and working professionals develop and maintain proficiency in these core areas. The report can be viewed at <http://www.nationalacademies.org>.

## CNYAHEC Increases Access to Nurse Continuing Education Programs

In collaboration with SUNY Upstate Medical University College of Nursing and area hospitals in Oneida, Madison, Herkimer and Chenango counties, CNYAHEC sponsored continuing education outreach programs during the spring/summer of 2003. A series of three to four one-hour continuing education (CE) programs were offered on-site at five local hospitals for nursing and other interested health professionals. Each one-hour program carried one CE credit. Robin Ryan, RN, MSN and Education Specialist for CNYAHEC, was instrumental in the planning and implementation of these programs across the region.

In the fall of 2002, CNYAHEC conducted a survey of in-service educators in 22 hospitals located in its 14 county service area. Fourteen hospitals responded to the regional survey. According to Robin Ryan, "Survey results from hospital in-service educators indicated that a main

reason nurses are not able to participate in nurse CE programs is the lack of staff coverage for time away from the job."

Determined to address the need for local, on-site CE programs for health professionals, CNYAHEC initiated a partnership with SUNY Upstate Medical University College of Nursing and area hospitals to increase the availability of on-site programs. As a result, nurses and other health professionals were able to attend on-site programs during their lunch break or between shifts reducing the time and expense needed for travel to outside programs and for staff coverage.

Programs were presented by nursing experts from the Central New York area covering hot topics such as assessment and management of pain, cardiac assessment, understanding lab interpretations, and preventing medication errors.

"Hot topics were selected from survey results which identified topics

of interest to nursing professionals to enrich their clinical skills," says Barbara Black, Director of the Center for Continuing Nursing Education at SUNY Upstate Medical University School of Nursing. The second of two surveys on continuing education needs, Continuing Nursing Education Needs Survey 2002, was commissioned by CNYAHEC and the Northern AHEC, located in Potsdam, reaching over 4,600 nurses in 19 counties.

Programs were offered free of charge at Community Memorial Hospital, Chenango Memorial Hospital, Oneida Healthcare Center, Rome Memorial Hospital, and Little Falls Hospital. Most programs were offered twice at each participating hospital, providing access to local, on-site continuing education programs for hundreds of RNs, NPs, LPNs, and nursing students. Program participant evaluations were very positive with requests for additional programming in 2004.

Terry Gefell, MS Ed, CHES,  
Central New York AHEC Program Director

# Bronx-Westchester AHEC Welcomes New Executive Director

Joseph Orlando, Bronx-Westchester  
AHEC Board of Directors President

Since April 1, 2003, **Jaya P. Egan** is the new Executive Director for the Bronx-Westchester AHEC. Jaya's professional experience ranges from executive administration, resource development and program design, to community-based and state-level research, outcome evaluation, and education in academic, clinical and

community settings. Her Master of Public Health degree is in International/Community Health, and her doctoral coursework is in health education and health behavior. For more than 14 years, Jaya has worked with diverse, underserved populations and communities to improve health outcomes for the most vulnerable. She welcomes the opportunity to work with health-care professionals and students in

Bronx and Westchester, and to developing professional relationships with AHEC colleagues across the state of New York.



*Jaya P. Egan, BS,  
MPH, Bronx -  
Westchester AHEC  
Executive Director*

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

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### Northern AHEC

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### Bronx-Westchester AHEC

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### Brooklyn-Queens-Long Island AHEC

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