COMMUNITY HEALTH POSTER EXHIBITION

ABSTRACT BOOK

THE ANNUAL COMMUNITY HEALTH WEEK:
A COMMITMENT TO SERVICE, EDUCATION,
AND RESEARCH

APRIL 9TH THRU APRIL 15TH, 2005

POSTER EXHIBITION DATES:
APRIL 11TH THRU APRIL 14TH, 2005

SPONSORED BY:
CENTER FOR MULTICULTURAL & COMMUNITY AFFAIRS
AND THE
DEPARTMENT OF MEDICAL EDUCATION
THE MOUNT SINAI SCHOOL OF MEDICINE
Dear Colleagues,

Mount Sinai’s commitment to serving its surrounding communities is deeply rooted in the 150 year history of the Mount Sinai Hospital. Since the inception of the School of Medicine more than 40 years ago, medical students, faculty, and staff have consistently contributed to improving the quality of life for our communities through service and education projects and community health research. Almost all of our students participate in a substantial community service experience before they graduate, a tradition which contributes to the uniqueness of their developing careers in medicine.

The objective of this event is to acknowledge, highlight, and illustrate the wealth of activities and initiatives that students, faculty, and staff at the Mount Sinai Medical Center including our partner and affiliate institutions engaged in around service, education, and research to impact community health.

Enclosed in this booklet are abstracts prepared for the Center for Multicultural and Community Affairs (CMCA) and Department of Medical Education co-sponsored event The Annual Community Health Week: A Commitment to Service, Education, and Research scheduled from April 9th thru April 15th, 2005. This abstract book is organized by community health programs and projects conducted by MSSM Partners and Affiliates, MSSM Faculty and Staff, and MSSM Medical Students

We thank you for supporting this ongoing tradition at the Mount Sinai Medical Center.

Sincerely,

Gary Butts, MD
Associate Dean for Student Affairs
Director - Center for Multicultural and Community Affairs
Abstracts of
MSSM PARTNERS & AFFILIATES

- North General Hospital, New York, NY
- The Hispanic Center of Excellence at UMDNJ, Newark, NJ
- Elmhurst Hospital, Queens, NY
- Mount Sinai Queens Hospital, Long Island City, NY
- Settlement Health Center, New York, NY
- Harlem East Life Plan, New York, NY
Colorectal cancer (CRC) is the third most common form of cancer and the second leading cause of cancer deaths in the United States with an estimated 145,290 new cases and 56,290 deaths expected to occur in 2005. Primary care physicians (PCP) are in a unique position to recommend CRC screening to their patients, however due to a significant number of barriers at the provider, patient, and health care system level, rates of CRC screening remain low. We seek to evaluate the following: (1) the proportion of individuals at average risk for developing CRC who are current with CRC screening, (2) the extent to which PCP in urban areas recommend CRC screening and with what modalities, (3) the extent to which PCP refer patients for CRC screening and to whom, (4) the physician’s knowledge of current screening guidelines, and (5) the barriers that PCP face when providing/recommending CRC screening. We conducted a cross sectional study using retrospective chart audits and physicians self-administered questionnaires at five urban PCP practices with a high proportion of African-American and Hispanic patients. One thousand patient records were reviewed and fifty six PCP participated. Exclusion criteria for chart reviews included: <50 years of age, history of colorectal cancer, and having been evaluated on a single occasion for a specific problem. It is anticipated that the proportion of CRC screening among the target population is lower than the national average. It is also expected that physicians will overestimate screening and referral rates of CRC as compared to documentation on patients’ charts.

Factors that Influence Colorectal Cancer Screening Practice in the Latino Community. Ana Natale-Pereira, MD; Marielos L. Vega, BSN RN; Jonnie Marks, PhD; Debbie Salas-Lopez, MD; Mark S. Johnson, MD MPH Department of Medicine - Academic Medicine, Geriatrics and Community Programs and Department of Family Medicine UMDNJ-New Jersey Medical School, Newark, NJ

Colorectal cancer (CRC) is the third most common form of cancer and the second leading cause of cancer related deaths in the United States. In 2003, among Latinos, approximately 7,000 men and women were diagnosed and 2,300 died of CRC. Screening rates for CRC continue to remain low among Latinos. Little information exists, specifically on cultural and linguistic barriers. In order to assess the barriers to CRC screening, focus groups were conducted with staff members who are active participants or leaders of their respective organizations at five community-based organizations (CBOs) serving the Latino population of Newark, NJ. A Latino research nurse led the group discussions. The top four barriers to CRC screening were: language, lack of insurance, undocumented status, and little knowledge about CRC. Other barriers included: low perceived risk, low priority of CRC, fear of CRC, denial, fatalism, low priority of health care, and no regular source of care. Facilitators to screening included: a desire for information and health services in the community, use of health care providers as source for CRC screening recommendation, using multiple sources of health information, and the feasibility of Fecal Occult Blood Testing. Implementation strategies included: Conducting outreach using CBO’s as a resource, incorporating CRC screening into other community programs, offering convenient testing, tailoring education to the audience, and providing adequate information. Educational programs aimed at increasing CRC awareness and screening in this population will only be successful if the specific barriers and perceived health beliefs of the Latino community are addressed.
VALIDATION OF THE MULTICULTURAL QUALITY OF LIFE INDEX ACROSS THREE ETHNIC GROUPS IN NEW YORK
Juan E. Mezzich, MD, PhD1, Maria A. Ruiperez, PhD2, Maria I. Zapata MD1, Gihyun Yoon, MD3, Jason Liu, MD.11 Mount Sinai School of Medicine, New York University, New York, USA  Elmhurst Hospital Center 79-01 Broadway, Elmhurst, NY 11373. Telephone: 718 334 5094 2 Jaume I University, Castellon, Spain. 3 Yale University School of Medicine, New Haven, USA.

The Multicultural Quality of Life Index (MQLI) is a concise instrument for comprehensive, culture-informed and self-rated assessment of health-related quality of life. It is composed of ten items, each rated on a 10-point line from poor to excellent, by the subject according to his or her culture-informed understanding of the concept involved. A validation study of the MQLI was conducted on Latino (La), Chinese (Ch), and Korean (Kr) samples in New York City, each composed of actively working hospital professionals (N: La=20, Ch=20, Kr=30) and psychiatric patients (N: La=60, Ch=124, Kr=100). Data on its applicability, test-retest reliability, internal consistency, and discriminant validity were collected for each ethnic sample and statically analyzed. Mean time of completion was less than 4 minutes. The majority of respondents (over 74%) judged the instrument as easy to use. The test-retest reliability correlation coefficient “r” for the total score were high (La: r=0.89, Ch: r=0.80, Kr: r=0.85). The Internal Consistency of the MQLI was documented by Cronbach α’s of 0.93 (La), 0.94 (Ch), and 0.97 (Kr). The discriminant validity of the MQLI was documented by the highly significant difference obtained between the mean total score of the assumed “higher” quality of life samples represented by the professionals (mean score : La=8.35, Ch=8.01, Kr=8.17) and the corresponding assumed “lower” quality of life samples represented by the psychiatric patients (mean score: La=5.63, Ch=5.81, Kr=4.40) for each ethnic group. Also, a significant difference between the mean scores of the two samples was found for most of the ten individual items.

CARDIOVASCULAR MORBIDITY PATTERNS IN DIABETICS OF DIFFERENT ETHNIC GROUPS IN NEW YORK.
A.Premasiri, E.Nimbley, I.Sachmechi, D.Reich, D.Brennessel. Department of Internal Medicine, Mount Sinai School of Medicine at Queens Hospital Center, Jamaica, NY. Telephone: (718) 883-4052, Email: PREMASIA@nychhc.org.

Background. The estimated global prevalence of diabetes mellitus exceeds 170 million, and this figure is projected to rise to more than 360 million by the year 2030. Certain ethnic groups have higher rates of diabetes than do Caucasians. Studies have also suggested that ethnic minorities are more likely to suffer from diabetic complications as compared to Caucasians. Many reasons may account for this data. One feature which has been associated with the aforementioned ethnicities is the metabolic syndrome, and many of its components are independently associated with coronary artery disease. We will observe the prevalence of cardiovascular disease in diabetics of South East Asian, Hispanic, Indo-Caribbean, and African heritage. Objective. We will also compare the prevalence of certain metabolic syndrome characteristics between the different ethnicities. Methods. A retrospective analysis of data was made from electronic medical records of patients at Queens Hospital Center from the period of October 2002- April 2004. The ethnic groups comprise Hispanics, South Asians, Indo-Caribbeans (mainly from Guyana and Trinidad) and African descendants of the USA and the Caribbean. The data collected include ethnicity, systolic blood pressure(SBP), body mass index (BMI), A1C, fasting blood sugar(FBS), triglyceride(TG) level, HDL cholesterol, age, microalbuminuria, and cardiac morbidity. The presence of cardiac morbidity was assessed by stress test evidence of ischemia, angiographic evidence of coronary artery disease (CAD), a cardiology clinic visit with a coded diagnosis of coronary artery disease or echocardiographic evidence of hypokinesis. Results and Analysis. Forty nine percent of Hispanics were obese compared to 46% of Africans, 36% of West Indians of South Asian heritage(Indo-Caribbeans) and 24% of South Asians. Fifty one percent of Asians had an A1c less than 7% compared to 41% of West Indians and 35% of Africans and Hispanics. Fifteen percent of Africans had triglyceride levels more than 150mg/dl and 20 % of them had HDL levels less than 40mg/dl, whereas 60% of Asians, 44% of Hispanics and 45% of West
Indians had HDL levels less than 40 mg/dl. Forty percent of Hispanics had triglyceride levels greater than 150 mg/dl, while 43% of Asians and 36% of West Indians had triglyceride levels greater than 150 mg/dl. Regarding cardiovascular morbidity, 13% of Asians, 12% of West Indians and 10% of Hispanics had CAD diagnosed before age 60 compared to 6% of Africans. The presence of microalbuminuria was least associated with CAD, as the two groups with the highest prevalence of CAD, the South Asians and West Indians, had the lowest percentages of microalbuminuria. Conclusions. Despite having the lowest percentage of patients with obesity, the greatest percentage of patients with well controlled diabetes, and the lowest prevalence of microalbuminuria, native South Asians had the highest prevalence of CAD as well as the greatest percentage of patients with CAD diagnosed before age 60. Elevated triglyceride levels and low HDL levels probably help to at least partially explain this.

ADDRESSING LANGUAGE BARRIERS FOR MINORITY PATIENTS WITH LIMITED ENGLISH PROFICIENCY. Debbie Salas-Lopez, MD. Maria Soto-Greene, MD, Ruth Enid Zambrana, PhD, Alex Stagnaro-Green, MD, Carmen McLaughlin, BS, Vincent Barba, MD, Ana Natale-Pereira, MD, Loretta Morales, MPH, David Hom, MS. UMDNJ-New Jersey Medical School, Newark, NJ

Although interpreter programs exist in parts of the country, the majority of volunteer medical interpreters have not completed a formal training program. The patient-physician interaction is negatively impacted by inaccurate medical interpretation originating from erroneous paraphrasing, lack of linguistic equivalency, and bias from the interpreter’s own beliefs, views, or emotions. This study aims to assess the efficacy of a newly developed medical interpreter training program in improving the quality of knowledge and skills of interpreters. Thirty-one hospital employees were recruited to the medical interpreter training program. Pre and post examinations were administered to study participants, to assess variations in their level of cultural competency and knowledge of medical interpretation. Twelve interpreters were randomly chosen to complete an Objective Structured Clinical Examination (OSCE) before and after the training to determine clinical skills acquisition in medical interpretation. Significant improvements were seen in interpreter written examinations (p<.001). Over 40% of the group had a minimum 10% improvement in scores from pre to post, with 20% of the interpreters having at least a 25% improvement. The twelve interpreters tested using the OSCE examination showed significant improvements. In conclusion, the curriculum was effective in enhancing the skills of the untrained medical interpreters.

SETTLEMENT HEALTH CONSUMER HEALTH INFORMATION CENTER: PARTNERING WITH THE COMMUNITY
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The purpose of this project is to provide convenient and supported access to health information for patients and staff of Settlement Health, a federally qualified primary care center in East Harlem, a diverse community in New York City. The New York Academy of Medicine (NYAM) will partner with the New York Public Library (NYPL) and Settlement Health in designing, implementing, and providing services in the Settlement Health Consumer Health Information Center that will be located at Settlement Health. Columbia University's Department of Biomedical Informatics and the Center for Evidence-Based Practice in the Underserved of Columbia University's School of Nursing will participate in the project as formative and summative evaluators. The overall goals of the project are to provide health information to patients, their families, clinical staff, and community members in East Harlem. The anticipated outcomes are that patients will be better able to participate in the management of their health care and that clinic staff will increase their utilization of health information. While the findings of this project are yet to be determined as the consumer health information center is still in its early phases of development, this poster would introduce
and highlight an innovative new service aimed at increasing health literacy and patient involvement in a community health center.

**HARLEM EAST LIFE PLAN: A NEW PILOT PROGRAM FOR HARD-TO-REACH PATIENTS.** Joanne King, Harlem East Life Plan, New York, NY. Telephone: (212) 876-2300, Email: jnk@helpmedical.org. Harlem East Life Plan (HELP) has developed a new pilot program for hard-to-reach patients. HELP is an Article 28 diagnostic and treatment facility servicing over a thousand patients. HELP offers an array of services, methadone treatment, chemical dependency, and primary care / infectious disease services that encompasses psychiatry, nutrition and Cobra Case Management. Despite the array of services, here are a small percentage of patients that are not doing “well”. Consequently, HELP has designed a pilot program to individually plan and coordinate treatment services to ensure a change in patient’s response to treatment. The patient population can be described as having continued poly substance abuse, chronic unmanaged medical illness(es), inconsistent clinical attendance for any and all services, inadequate financial entitlement, undomicile. An individual medical doctor will develop and monitor patient treatment plans in all services (methadone treatment, chemical dependency, and primary care). Multidisciplinary team of supervisory personnel is assigned from each service to direct and supervise assigned staff in assisting patients in the change process. Staff will case conference weekly to ensure immediate intervention when target activities are not met. Patient(s) will be engaged daily in individual and group activities. Patient(s) will be escorted to various program areas and interacting with treatment team on a daily basis (counseling and medical). Patient will receive a weekly progress report verbally and in writing as to accomplishments and plan for upcoming week. Patient will be outreached by 10:00 am if not present in agency. Patient will be rewarded and provided outside stimuli (scented candles, date book, grooming products, certificates, etc. to motivate continued participation). The expected outcomes include: Sobriety / Recovery, managed mental and physical health, improved financial and medical entitlements, and re-entry into mainstream society (ex. permanent housing, volunteer assignments and/or school).

**DIABETES DETECTION INITIATIVE: AN INNOVATIVE APPROACH TO IDENTIFYING PEOPLE AT RISK FOR DIABETES IN EAST HARLEM.** Guedy Arniella1, LCSW, Kenneth Fernandez1, Ellen P. Simon2, DSW, Louise Square3, Carol Horowitz4, MD, MPH. (1) Department of Community Relations, North General Hospital, NY, NY Email: guedy.arniella@ngsc.org, (2) UnionSettlement Association, New York, NY, (3) New York State Department of Health, New York, NY, (4) Department of Health Policy, The Mount Sinai School of Medicine, New York, NY. The residents of East Harlem have the highest prevalence of obesity and diabetes, and the highest diabetes death rate in NYC. While diabetes can be prevented through weight loss, and managed if diagnosed, one in three people in the United States remains undiagnosed. A community based coalition formed to study the reasons for, and take action to reduce the poor diabetes and obesity –related health outcomes in East Harlem. East Harlem was selected as one of 10 “at risk communities” nationwide to participate in the Health and Human Services sponsored Diabetes Detection Initiative, designed to find persons with undiagnosed diabetes. In partnership with local restaurants, state and local health departments, the CDC and HHS, as well as volunteers, the coalition collaborated to stage the “Food for life Festival” where restaurants provided free samples of healthy versions of traditional meals, using only locally available ingredients. Registered dieticians worked with restaurants to modify popular food recipes representative of local culture to ensure dietary recommendations. Volunteers compiled the recipes which included cost to prepare and nutritional value, in a bilingual cookbook that each participant received. Over 100 volunteers, 15 local restaurants and 1,000 participants attended the Festival. To receive free food samples, participants agreed to be screened for diabetes. Weights and body mass index were available. Counseling and educational materials were provided to those overweight, obese and at
Beliefs and Attitudes on Cancer Screening: Perspectives from Internal Medicine Residents and Members from the Latino Community. Debbie Salas-Lopez¹, MD, Ana Natale-Pereira, MD¹; Vincent J Barba MD¹, John Kolassa, PhD², Jonnie Marks, PhD and Maria Soto-Greene, MD¹. UMDNJ-New Jersey Medical School, Newark¹, NJ and Rutgers University, Piscataway, NJ². Latino patients are more likely to refuse cancer screening procedures due differences in beliefs with that of the medical profession. To assess how beliefs and attitudes towards cancer impact health care seeking behavior and health care delivery, two focus groups were conducted: 1) n=26 representative members of the Latino community served by NJMS and 2) n=9 internal medical residents at NJMS. Among Latino community members general thoughts on cancer include: that it is more common in women; early detection and screening are important; cancer is the same, just in different places, and risk factors include certain foods, alcohol, family history, microwaves and cell phones. Reported barriers to screening are: fear, cost or insurance problems, communication barriers with physicians, and distrust of physicians. Recommendations include: having more commercials targeted towards Latinos, treating the whole person, and conducting free physical exams to the Latino community annually. General thoughts on the topic among medical residents include: that insurance is not a problem in Newark because of Charity Care and acculturated families are more likely to get screened. Perceived screening barriers include: fear that cancer means death, language barriers, screening requires too much time off from work, and the concept of machismo. Recommendations include: more health literacy education in Spanish, more publicity on cancer issues, resident training in culture, and having a multi-disease approach to health fairs. While this project is a work in progress, the information gathered will serve as a framework to develop and design a cultural competency cancer education program for medical residents that meets the community’s needs and addresses attitudes and beliefs among the residents. We anticipate that cultural competency training will help improve patient and physician satisfaction, health care access and, moreover, patient outcomes.
Abstracts of
MSSM FACULTY & STAFF
COMMUNITY SERVICES FOR PERSONS WITH SPINAL CORD INJURY. James J. Cesario, M.A. CTRS, Department of Rehabilitation Medicine, Mount Sinai School of Medicine, New York, NY. Telephone: (212) 659-9369; Email: james.cesario@mssm.edu.

The Mount Sinai Spinal Cord Injury Model System (MS-SCI-MS) provides comprehensive care to persons with SCI in the greater New York area. After an inpatient is discharged home from its 25-bed CARF-accredited SCI inpatient rehabilitation unit, MS-SCI-MS continues to assist and support the person through its consumer-directed outpatient program that promotes community reintegration. **The Do-It! Program**, a nationally recognized five-day a week outpatient program combines individual therapy sessions with informative group classes that emphasize health promotion, wellness and advocacy. Taught by therapists and trained SCI peer mentors, these groups include Aerobics, Relaxation and Meditation, Computer Education, Community Access, Community Luncheon, Weight Training, Psychotherapy, Assistive Technology, and Wheelchair Mobility. Our SCI Model System newsletter, "Spinal Connection" and Website (http://www.mssm.edu/rehab/spinal/) helps us to keep in touch with many of our patients after they are discharge. Valuable assets of the program are our **Peer Mentors**, many of them former in-patients of Mount Sinai. Taking on different roles as teachers, motivators, coaches, and role models, our SCI mentors answer questions and provide emotional support to the inpatients on the unit. As the inpatients are discharged home, they may request assignment of a peer mentor who keeps in regular contact, helping them to rebuild their lives after their injury. MS-SCI-MS has established a unique program called "Life Challenge". Utilizing high-activity and on-the-edge leisure adventure trips, e.g. snow skiing, whitewater rafting, and skydiving, participants along with family members and friends face obstacles together. Through problem solving and teamwork, success is achieved with the realization that, “If I can do this I can do anything”. Grants to MS-SCI-MS from the National Institute on Disability and Rehabilitation Research and the Christopher Reeve Paralysis Foundation make possible extending these services to all persons with spinal cord injury, including those who are educationally or financially disadvantaged.

PATIENT NAVIGATORS TO INCREASE COLORECTAL CANCER SCREENING RATES IN LOW–INCOME UNDERREPRESENTED MINORITIES IN EAST HARLEM. Jennifer Christie, Anabella Castillo, David Jaffe, Lina Jandorf. Department of Medicine, Division of Gastroenterology and the Ruttenberg Cancer Center, Mount Sinai School of Medicine, New York, NY. Email: Jennifer.christie@mssm.edu. Previously, the endoscopy show-rate for patients scheduled from our Gastroenterology (GI) clinic was 25%. This low show-rate was due largely to system barriers such as long GI clinic and endoscopy wait-times, lack of adequate follow-up and reminder systems, as well as patient related barriers. **Purpose.** The objective of this community project was to utilize a Patient Navigator (PN) to increase colorectal cancer (CRC) screening rate in underrepresented minorities (Hispanic and African American). **Methods.** Primary care physicians from the Mount Sinai Internal Medicine Practice referred average risk men and women for screening colonoscopy via the open access endoscopy referral system. The referrals were received by the PN who then contacted the patients to begin navigation services. The bilingual PN scheduled the colonoscopy, reminded patients of their appointment two weeks and two days prior to the procedure, addressed concerns about the preparation and the procedure, and followed up to ensure the patients completed the colonoscopy. Symptomatic patients were referred to the GI clinic for a pre-endoscopy consult. A group of 9 gastroenterology attendings at Mount Sinai volunteered their time to perform the colonoscopies. **Results.** A total of 342 patients were referred via the open access referral program for colonoscopy. 98% were insured by Medicaid. All patients were both low income and underrepresented minorities. A total of 91 colonoscopies were completed with a show rate of 82% over a 6 month period. 132 are in the process of being scheduled and 119 were returned to the referring physician because of patient refusal, inappropriate referral, or inability to reach by telephone. **Conclusions:** A PN is effective in increasing the colonoscopy show-rates in underrepresented minorities. A PN can help overcome both
organizational and patient barriers to CRC screening. **Implications.** 1) A PN program can reduce the disparities in CRC screening. 2) By reducing disparities in screening, CRC incidence and mortality rates may be reduced in underrepresented minorities.

**A SCHOOL-BASED ASTHMA MANAGEMENT PROGRAM TO IMPROVE HEALTH OUTCOMES OF INNER-CITY CHILDREN.**
Jeanette A Stingone MPH⁺; Reson L Konchellah²; Kaydiann G Campbell²; Luz Claudio PhD.¹ ¹Mount Sinai School of Medicine, Department of Community and Preventive Medicine, New York, NY. ²Florida A&M University Master of Public Health Program, fellows supported by the NIEHS Short-term Training Program for Minority Students (ES 07298)
New York City has over one million children enrolled in over 1300 schools and programs. A school-based asthma intervention program was implemented in East Harlem, a community with one of the highest asthma hospitalization rates in the United States. We partnered with a public elementary school that serves 607 students, 48.9% Hispanic and 46.6% Black, in pre-kindergarten through 6th grade. Through an initial school assessment, we found a current asthma prevalence of 26%. An educational intervention was then developed on the premise that increased asthma knowledge and asthma-management skills will decrease the need for use of emergency services. Computers are used to facilitate the use of a web-based disease management program. Enrolled students answer questions weekly regarding medication use, school absences, and physician visits, emergency room visits, and hospitalizations due to asthma. The participants also track their peak flow meter (PFM) readings, and are notified by the computer program whether or not their asthma is under control. Patients and providers receive symptom reports and historical tracking of PFM readings. Over a two month period, results showed a 57.9% percent increase in PFM readings, a 20% reduction in the number of asthma attacks experienced, a 6.6% reduction in the number of participants visiting the Emergency Room due to asthma, and a 13% reduction in school absences. Although the program is ongoing, and future results will give a better idea of the effectiveness of the intervention, a preliminary analysis of the program proves it to be useful in improving health outcomes.

**EAST HARLEM PEDIATRIC SCHOOL BASED HEALTH CENTERS.**
Joanne Toran, MPA, Associate Director, Division of General Pediatrics, The Mount Sinai Hospital, New York, NY. Telephone: (212) 241-8015, Email: Joanne.Toran@msnyuhealth.org.
Mount Sinai sponsors Pediatric School Based Health Centers (SBHCs) at four sites in East Harlem—TAG/JHS 117, BBMS/PS 83, PS 38, and PS 108. The SBHCs offer family-centered, culturally competent comprehensive primary care and preventive services including complete physical exams for school entry and sports, management of chronic conditions specifically asthma and diabetes, immunizations, vision and hearing screenings, dental and medical referrals, mental health counseling, and health education. Pediatricians, nurse practitioners, social workers, and medical office assistants staff the Centers. Over 300 classes were involved in the program during the 2003-2004 school year. During the 2003-2004 school year, 94% of the children at these four schools were enrolled in the SBHCs and made a total of 19,800 visits. PS38 also provided medical services to over 418 children living in nearby community shelters. In 2003, through a NYS Department of Health (DOH) grant, an Oral Health Initiative was fully launched in all four SBHCs. The Mount Sinai Dental Service has provided dental screenings, education and treatment services to over 336 children at the four sites. In 2003-2004 SBHC Health education programs provided services to a total of 274 students in 12 classes. The SBHCs are central to several programs and research endeavors. The Epidemiology of Non-Severe School Injuries Study collects data on injuries that occur in school. This study aims to understand the scope of injuries to formulate injury prevention programs and improvements specific to the community's needs. During the 2003-2004 school year, data on 454 cases of non-severe injury were collected.
ATTITUDES OF URBAN CHILDREN ABOUT HIV AND STIGMA. Natalie Edmondson, Mary McKay PhD. Department of Psychiatry, Mount Sinai School of Medicine, New York, NY. Telephone: (917) 318-1763, Email: Natalie.Edmondson@mssm.edu

Objectives. In light of the high rates of HIV infection in urban settings, this study examines the attitudes and knowledge of preadolescents regarding HIV/AIDS. The study aims to identify attitudes and influences on the development of stigmas including an exploration of the role of the family. There are many published theories about HIV prevention, but there is a lack of information about children, who are already developing ideas and beliefs that will influence future health decisions. By understanding these attitudes, results of this study could better inform HIV prevention programs. Methods. Data for this study was collected by interviewing children ages nine to fourteen in an inner-city community. All of the children in this study had parents who were involved in community-level HIV prevention activities. Examining the role of the family, this data was compared to another sample of children of similar socioeconomic backgrounds whose parents were not involved in education and prevention programs. Results. Children whose parents were involved in HIV prevention activities held significantly more positive attitudes and were less fearful relative to the comparison group. Both groups of children answered incorrectly to many of the questions related to disease knowledge with children of HIV prevention-involved parents only slightly more knowledgeable. Conclusions. Since children as young as nine are already forming attitudes and stigmas regarding HIV/AIDS, including many misconceptions and fears, early education is crucial. Developing programs that incorporate family involvement as well as acknowledge the pre-existing attitudes of children appear to be the most effective strategies for child-focused HIV/AIDS education.

HEALTH DISPARITIES IN CHRONIC KIDNEY DISEASE. Jonathan A. Winston M.D., Jaime Uribarri M.D. Division of Nephrology, Mount Sinai School of Medicine, New York, NY. 10029. Telephone: (212) 241-4060, Email: Jonathan.Winston@msnyuhealth.org

Chronic kidney disease has become a major public health problem, affecting over eight million people in the United States. The risk of developing CKD and progressing to end stage renal disease (ESRD) is three-to-ten-fold higher in African-Americans compared to whites. The risk of hospitalization or death from cardiovascular disease in CKD is three-to-six times greater compared to those without CKD. African-Americans with CKD are three-to-four times less likely to receive treatment for cardiovascular disease. The excess risk for CKD and cardiovascular disease in African-Americans and, to a lesser extent, in Hispanics, is the direct result of under-recognition and under-treatment of the underlying disease. We believe it is important to form an alliance between the university medical center and community health facilities in order to reach patients at greatest risk for morbidity and mortality from chronic kidney disease. Physicians at Mount Sinai School of Medicine could assist in CKD case recognition and provide a comprehensive education program for patients, staff, and community physicians. A medical advisory board can be assembled to make ongoing case-based clinical recommendations to primary care physicians. Outcomes can be assessed by comparing the mean values of standards, and the proportion of patients meeting standards defined by the American Diabetes Association, the National Kidney Foundation and the American College of Cardiology for the treatment of chronic kidney disease and its complications. This approach can have a major impact on outcomes in CKD, and could serve as a model for reducing health disparities.
MEASURING PERINATAL GRIEF IN SPANISH SPEAKING PARENTS. Kathleen Capitulo, DNSc, RN, FACCE, Marjorie Ramirez, MA, EdM, RN, CNA, Betina Grigoroff-Aponte, RN, IBCLC. Patient/Family Education, Outreach & Spanish Translation, The Mount Sinai Hospital, New York, NY. Telephone: (212) 241-5295; Email: Marje.ramirez@msnyuhealth.org

Purpose. The purpose of this descriptive study is to measure perinatal grief in the Spanish speaking population through the translation of the Short Version Perinatal Grief Scale (the most widely used survey for measuring perinatal grief) into Spanish, and administer it to parents. These were both mothers and fathers, who had experienced a perinatal death through miscarriage, fetal demise, stillbirth, or neonatal death, and whose primary language was Spanish. Reliability and validity testing were performed on the instrument. Too often non-English speaking people have been excluded from nursing and health care research due to the lack of reliable and valid research instruments. This study, undertaken by a team of nursing researchers and clinical practitioners, was designed to explore perinatal grief, often an invisible loss in our society, in the Spanish speaking population.

Design. The study was in two phases. The initial phase involved the scientific translation of the research tool using translation/back translation, focus group translation, and expert translation. The second phase included administration of the 33 item Spanish-Short Version of the Perinatal Grief Scale. This is a quantitative, descriptive study. Sample and Setting. The instrument will be administered to 100 bereaved parents, a study group, and 25 none bereaved parents, a contrast group. Translation was done at The Mount Sinai Hospital in New York. The populations studied are Spanish speaking parents from New York City.

Method. With permission from the authors, Toedtler, Lasker and Ahadeff, the SVPGS document was translated. It was appropriately reviewed and approved by experts that included a focus group of Spanish speaking personnel from diverse backgrounds at Mount Sinai. This is the Short Spanish Version of the Perinatal Grief Scale, (SSVPGS). The study recruited mothers and fathers, whose primary language is Spanish and had experienced a perinatal death as identified above. Twenty-five parents with no such losses and who have experienced the birth of a healthy baby in the past two years were tested for contrast. Findings. The tool measured the three domains of perinatal grief: active grief (a normal process), difficulty coping, and despair, (Pathological processes). Reliability of each of the three domains of the survey was assessed by measuring alpha coefficients. Construct validity was established by using an exploratory factor analysis for the entire measure and each of the three domains, and a contrasted group comparison. The English language survey had demonstrated excellent reliability and validity. This study compared the English and Spanish psychometrics. Implications for Nursing Practice. Given the cultural complexity of today's culture, it is imperative that scientifically and psychometrically sound research include non-English speaking populations. Implications for the care of Spanish speaking families who have experienced prenatal loss will be identified to expand therapeutic approaches and promote healing.

IMPROVING CONSUMER NUTRITIONAL HEALTH. Laurie Tansman, MS, RD, CDN1,3, Barbara Brenner, DrPH, MSW2,3. 1Department of Clinical Nutrition and 2Department of Community Relations of The Mount Sinai Hospital, 3Department of Community & Preventive Medicine of the Mount Sinai School of Medicine, New York, NY. (212) 241-7797. laurie.tansman@mountsinai.org

In January, 2003, The Mount Sinai Hospital's Department of Clinical Nutrition in collaboration with the Department of Community Relations was awarded a two-year grant from the Indirect Vitamins Purchasers Antitrust Litigation Settlement administered by the Office of the Attorney General of the State of New York. The purpose was to provide nutrition intervention - especially to high risk populations - to improve consumer nutritional health through positive dietary changes and thus improve overall health. To achieve this, accessibility to nutrition counseling/education, provided by Registered Dietitians - the nutrition experts - was provided in a variety of community settings that The Mount Sinai Hospital serves. Nutrition
intervention was offered utilizing several strategies: a) a traveling nutrition clinic at community health centers in East Harlem, b) a traveling lunchtime nutrition program at senior housing and senior citizen centers, c) participation in community-based health fairs/street festivals, d) a vitamin seminar series at the 92nd Street Y and e) lectures at the New York Public Library. The interventions had to address literacy levels, language and cultural preferences, identify barriers to healthy diet and exercise, and build trust between those served and the staff providing the interventions. These nutrition interventions afforded a level of expertise beyond the scope of previously provided nutrition programs to the communities served by this grant. The overall response has been so positive that requests to provide more nutrition programs in the community are received regularly. Additional funding is currently being identified to enable these programs to continue to be provided.
MEDDOCS: A UNIQUE APPROACH TO RECRUITING MINORITY STUDENTS TO MEDICINE
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The shortage of under-represented minorities in medicine is well documented yet the most effective means of recruiting minorities are ill defined. Medical Discovery of Careers (MedDOCS) is a collaborative after-school program between Mount Sinai School of Medicine (MSSM) and Life Sciences Secondary School (LSSS) with the goal of encouraging more minority students to enter medicine. Uniquely, the program is run and organized by medical students (most from Students for Equal Opportunity in Medicine) and takes place at Mount Sinai. For six consecutive Mondays, groups of two medical students paired with four high school students explore the anatomy, physiology, management and prevention of a myocardial infarction. The sessions are broken into two parts: first students discuss underlying principles and then they engage in a hands-on activity that enforces concepts just learned. Students’ knowledge about heart attacks, interest, confidence and knowledge about a career in medicine were assessed with pre and post-tests. In the fall of 2004, 15 LSSS students participated with over a 90% attendance rate. T-tests comparing pre and post-test scores indicate a statistically significant increase in knowledge about heart attacks, and perceived knowledge of medicine as a career. There was no significant change in interest or confidence to pursue medicine, however both scores started out high at 8.6 and 7.9 out of 10.0, respectively. This suggests that the MedDOCS program is successful in teaching a complex medical process and that medical students are well positioned to positively impact minority high school students’ desire and interest in pursuing medicine.

INCREASED BODY MASS INDEX AND PSYCHOSOCIAL DYSFUNCTION IN INNER-CITY CHILDREN: IS THERE AN ASSOCIATION? Tara M. Balija, MSSM 2007; Deborah Steinbaum, MD. Department of Pediatrics, Mount Sinai School of Medicine, New York, NY. Email: tara.balija@mssm.edu.

**Background.** Obesity and psychosocial disorders have a demonstrated co-morbid relationship in adult populations. There are few studies examining this association in inner city youth. **Objective.** As part of an ongoing research project, this study examined the relationship between body mass index (BMI) and psychosocial dysfunction in school-aged children at a general pediatrics practice in an inner city neighborhood. **Design/Methods.** The study design was a cross-sectional convenience sample of all English speaking 8 to 10 years olds with appointments in an East Harlem, New York City primary care practice between March and August 2004. Psychosocial dysfunction was measured using the parent and child versions of the Pediatric Symptom Checklist (PSC), a widely used screening tool. Participants who scored 30 or higher on the Youth PSC, or 28 or higher on the Parent PSC, screened positive for psychosocial dysfunction. The parent PSC has a reported sensitivity of 95% and specificity of 68%. BMI percentiles were determined via chart review. **Results.** 93 eligible children were approached to enter the study. 76 (82%) agreed to participate, and 67 of the 76 (88%) had a charted BMI within the last 12 months. 15 (22.4%) of the children were at risk for overweight, with BMIs between 85th and 95th percentile for age, while 21 (31.3%) of the children were overweight, with BMIs greater than or equal to the 95th percentile for age. Of note, almost 1/5 of the children in the study had BMIs greater than the 97th percentile for age. With respect to psychosocial dysfunction, 41% of the sample had a positive screen on the Youth or Parent version of the PSC; no association was found between BMI and psychosocial dysfunction. **Conclusions.** Children in East Harlem experience high rates of psychosocial dysfunction and overweight/obesity. 54% of the sample was overweight or at risk for overweight; this rate is similar to that of adults in the East Harlem community. In addition, this sample exhibited high rates of psychosocial dysfunction (41%); this is in contrast to the 9% of adults in East Harlem who report non-specific psychosocial distress. Preliminary data show no direct association between increased BMI and increased PSC scores; however, data collection must continue in order to validate these tentative findings.
LESSONS FROM PROJECT VIVA, A COMMUNITY-BASED INTERVENTION TO INCREASE ACCESS TO VACCINES IN EAST HARLEM AND THE BRONX. Demian Szyld, BA, Sarah Sisco, MPH, MSSW, Kay Glidden, RN, Danielle Ompad, Ph.D, Erica Phillips, MD, MS, Shannon Blaney, MPH, Charles Vasquez, David Vlahov, Ph.D, and Sandro Galea, MD Dr.PH for the Project VIVA Intervention Working Group. Email: demian.szyld@mssm.edu.

Provision of primary-prevention health services such as vaccine distribution has been a routine part of public health operations worldwide. For poor, urban populations that are considered to be "hard-to-reach," such as elderly shut-ins, homeless, undocumented immigrants, and substance users, persistently low vaccination rates can have severe health ramifications given the high baseline burden of disease. Increasing vaccination rates could help prevent significant morbidity and mortality for these persons and can potentially impact individual and population level health outcomes. In collaboration with members of the Harlem Community and Academic Partnership (H-CAP), researchers from the Center for Urban Epidemiologic Studies (CUES) at the New York Academy of Medicine designed an outreach-based pilot program to deliver free vaccines to persons in their homes. Through use of community-based participatory research approaches and a range of sampling techniques, Project VIVA (Venue-intensive Vaccines for Adults) has successfully: a) enumerated hard-to-reach populations in eight neighborhoods of East Harlem and the Bronx, b) identified personal and structural barriers to vaccination and health care, and c) delivered influenza and pneumococcal vaccines to hard-to-reach populations in these neighborhoods. Dissemination and generalization of results will commence in Spring, 2005. Presented here are lessons learned from the first year of streetside outreach, focusing on the Interviewer Outreach Workers’ (IOW’s) challenges and successes and on the benefits of a door-to-door research methodology and health service delivery model. We also reflect on relevant aspects of the social and physical environments and their effects on both the IOWs and the intervention.


Mount Sinai REMEDY is a medical student organization committed to the recovery of recyclable medical supplies and equipment from Mount Sinai Hospital, affiliated programs, and the surrounding community. Founded in 2003, it is based on the REMEDY (Recovered Medical Equipment for the Developing World) program at Yale, a successful model for programs at more than 300 U.S. hospitals. REMEDY recovers reusable medical supplies that are not normally recycled with the United States. These supplies are distributed to international communities with less access to healthcare materials. The estimated value of total donated materials is currently over $260,000. Donations include home health care supplies, surgical instruments, medications, and specialized equipment. REMEDY represents a cooperative effort between the students, numerous departments and individuals within the Mount Sinai Medical Center, Visiting Doctors, the Visiting Nurse Service of New York, and many other individuals throughout the community including patients and their families. We work closely with Hope for a Healthier Humanity, a nonprofit organization that distributes large scale medical supplies donations throughout Latin America, and they are our primary receiving organization. Mount Sinai students and residents also directly distribute supplies during their work with communities worldwide, and other non profit organizations such as Aid for AIDS and the International AIDS recycling project have received REMEDY donations. Within the past year, Mount Sinai REMEDY has doubled the amount of supplies it has donated, due in large part to increased awareness and the generous efforts of the many groups, departments and individuals that participate.
THORACIC AORTIC REMODELING: A COMPARISON OF NEW YORKERS AND MEXICANS.
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Background: Aortic dilatation, a progressive disease leading to aneurysm and rupture, is associated with atherosclerotic risk factors. Minority populations have more risk factors.

Objectives: Determine whether similar atherosclerotic risk factors increase aortic sinus diameter (ASD) among Caucasian, African American (AA), and Latino New Yorkers and native Mexicans; whether height correlates with ASD; and whether NY Latinos have a larger ASD than Mexicans.

Methods: Patients at Mount Sinai, NY or El Centro Medico, Mexico were interviewed for risk factors (self described) and demographics. ASD was measured blindly on Echo.

Results: There were 147 subjects—76 Caucasians, 47 AAs, and 18 NY Latinos, and 33 Mexicans. The 3 NY subgroups were similar in gender, height, weight, and risk factor profile. NY Latinos differed from Mexicans only in level of education. For all subjects, increased height correlated with ASD. A dilated ASD (>3.5cm) correlated with male gender, increased height, and less than high school education. The correlation between ASD and risk factors varied by subgroup: in Caucasians, with height, weight, and BMI; in AAs, with male gender and height; in NY Latinos, with poor education and more risk factors; and in Mexicans, with fewer risk factors.

Conclusions: Diverse variables are associated with increasing ASD. There was no difference in ASD between NY Latinos and Mexicans despite differences in many variables.

FOOD AVAILABILITY IN THE URBAN ENVIRONMENT OF EAST HARLEM. Cherita J. Raines, Maida P. Galvez, Department of Community and Preventive Medicine and Pediatrics, Mount Sinai School of Medicine, New York, NY 10029. Email: cherita.raines@mssm.edu.

According to the New York City Department of Health, 43% of New York City children are overweight. Poor diet is a major risk factor for obesity. Yet, little is known about how the physical or “built environment” impacts children’s dietary habits. “Growing Up Healthy In East Harlem,” a community based participatory research project, will address the environmental determinants of childhood overweight unique to the urban built environment of East Harlem.

A survey of East Harlem zip codes 10029 and 10035 was performed through (1) direct observation via walking tours of the neighborhoods and (2) compiling information from the New York State Department of Agriculture. A series of maps depicting the food environment of East Harlem has been developed using the geographic information systems software package, ArcGIS. These maps illustrate food sources (fast food stores, restaurants, bodegas, supermarkets, and specialty stores) and their proximity to schools and neighborhood housing. These data highlight the limited availability of high quality fresh fruits and produce and the abundance of food stores with unhealthy foods located in this community. Further analysis will examine baseline demographics of the East Harlem community, and how availability, proximity and density of resources impact diets of East Harlem children. Maps will also serve as a community resource in order to highlight healthy food stores in East Harlem. The implications of this study include the need to address factors at both the individual level when recommending dietary changes and at the community level when addressing deficiencies in the local food environment.

SEOM STUDENTS FOR EQUAL OPPORTUNITY IN MEDICINE: Service and Education
Mount Sinai School of Medicine. One Gustave L. Levy Place, NY, NY 10029.
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and education. SEOM sponsors several events for the student body and the faculty of Mount Sinai, such as the multi-cultural dinner and auction, community health fair, poetry night, and panel discussions. Pipeline projects include high school mentoring, after school science programs, college recruitment, pre-medical advising. Two projects that demonstrated our efforts this year were Sinai Scholars—a high school mentoring program—and Medical Spanish for preclinical students. The Mount Sinai Scholars Program mentors 40 junior and senior high school students from The Manhattan Center for Science and Mathematics interested in medicine and science. The program promotes scientific curiosity and encourages students to strive for academic excellence through emulation of medical students. These goals are achieved through lectures hosted by Mount Sinai and events that promote a positive and guiding relationship. Medical students also help with the college application process. The goal of the Medical Spanish course was to provide medical students with the language skills and cultural competency for health care situations with the Spanish speaking community of East Harlem. The curriculum sought to improve student administration of the history and physical exam in Spanish and to provide focused vocabulary on specific diseases, like diabetes. Fifty-five students expressed interest in joining the course, but only 25 students could be accommodated. Most students noticed significant improvement in their ability to examine Spanish speaking patients.

THE HEP C PEER GROUP. Isaac Darko MSSM 2006, Uri Felsen MSSM 2006, Laurel Hickok MSSM 2008, Abigail Love MSSM 2005, and Toni Sturm, M.D. Center for Multicultural & Community Affairs and the Department of Community and Preventive Medicine, The Mount Sinai School of Medicine, New York, NY. Email: Isaac.darko@mssm.edu.

Hepatitis C Virus (HCV) is a major health concern for injecting drug users (IDUs), and their knowledge about HCV is variable. To address this, medical students created and facilitate a Hep C Peer Group that meets weekly at a local syringe exchange program (SEP). These highly interactive sessions provide a drug user-friendly forum for participants to learn more about HCV and share their experiences. Between October ’03 and March ’05 fifty sessions were held dealing with HCV issues of particular concern to the IDU population. The sessions have been well received and continue to grow in popularity having now served approximately eighty individual participants, many of whom have continued to participate in multiple sessions. Owing to the minimal material requirements of the project, total cost to date is $880. The project is a sustainable, low-cost initiative for addressing the need for HCV related services within the IDU population. In addition to providing an accessible, educational, and interactive forum for SEP participants, the project provides opportunities for medical students to apply the principles of harm reduction by working closely with a marginalized population, thereby acting as a bridge to the healthcare establishment.