2006 Annual Report

Department of Family and Social Medicine

Montefiore Medical Center
Albert Einstein College of Medicine

Bronx, New York
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MESSAGE FROM THE CHAIR

Dear Friends and Colleagues:

It is a pleasure to be able to share with you our Department's Annual Report for 2006. This year marked the continuation of much ongoing work in the areas of clinical care, education, research, outreach, and advocacy, as well as some exciting new initiatives and special events as well. Our academic productivity continues to grow (see p. 17), with increasing numbers of publications and presentations, and continued ranking in the top 10 family medicine departments nationally with respect to NIH funding levels (see p. 29).

Our residency programs have continued to recruit excellent applicants, and this year's first-year class in the Residency Program in Social Medicine is no exception. We have been involved in a collaborative process with a number of other social medicine-focused departments across North America, to help develop a Center of Excellence in Social Medicine, which is an exciting work in progress. This group also put together a special session on social medicine at the national AAMC meeting in Seattle in October, led by members of our faculty, at which 7 papers and posters from Montefiore and Einstein were presented. NYC-RING, our practice-based research network, received several grants to expand its work in community-based primary research, and additional efforts are underway to involve more of our affiliated practices in collaborative research on important common problems affecting our communities. We also have just completed several successful searches and transitions at key leadership positions in the Department: Bruce Soloway replaced Jon Swartz as Vice Chair, after Jon took on an expanded role as Medical Director of the Montefiore Medical Group; Peter Sherman replaced Philip Ozuah as Director of Social Pediatrics after Philip's ascension to become Chair of the Department of Pediatrics; and Hillary Kunins has replaced Jerry Paccione as Director of Social Internal Medicine/Primary Care, following Jerry's decision to become more involved in international health initiatives, after more than 25 years of working in residency education. While we were saddened to see all of these outstanding incumbents move on, we are equally happy with the quality and commitment of the new group that has so ably taken their places. Other notable events: the very successful Conference on Health Disparities, jointly sponsored by our department and the group of New York-based NIH-funded Health Disparities Centers (including our own Center Bronx-CREED, for which Hal Strelnick is the Principal Investigator), which included over 85 presentations and posters and had over 375 participants; and another successful conference, Building Blocks of Palliative Care: Urban Successes, Challenges, Visions, on palliative care in the urban environment, organized by Sean O'Mahony and our palliative care team, which brought together over 200 clinicians, researchers, educators, and policy makers to address issues relevant to the development of palliative care services for underserved populations. These conferences were held in May and June, respectively, at the New York Academy of Medicine, which was also the venue for a major celebration, in the form of the 35th Anniversary Celebration of the founding of the Residency Program in Social Medicine. Several hundred RPSM alumni, guests, and friends gathered at the Academy on May 13, 2006, to hear from several of the founders of the RPSM, reconnect with other alumni, and dance the night away. An active alumni association group has also been formed, with the hope of stimulating more networking and communication among people through the very effective RPSM 'grapevine.'

All in all, it was a very good year, not without challenges and crises and disappointments, but a good year nonetheless. I am privileged to be able to share this summary report with you, and to be part of this very special extended family of family and social medicine. I invite you to find out more about us, work with us, and join with us.

Sincerely,

Peter A. Selwyn, MD, MPH
OUR MISSION

In order to improve the health of underserved communities, our mission is to:

1. Train excellent primary care physicians grounded in the biopsychosocial model who are effective advocates for social change.
2. Deliver quality community-oriented primary care.
3. Generate new knowledge and innovations in health care and medical education.
4. Maintain and enrich the physical, spiritual, intellectual, emotional, and material resources necessary for these tasks.

DIVISION OF EDUCATION

Co-Directors, Janet Townsend, MD and Alice Fornari, EdD, RD

Mission, Goals and Strategic Plan

The Department of Family and Social Medicine (DFSM) Education Division promotes teaching and the scholarship of teaching and learning. A primary goal is to support, recognize and reward faculty and staff in their roles as medical educators and as investigators studying, teaching and evaluating the learning process.

The Division of Education comprises undergraduate medical education, faculty development and graduate medical education including RPSM and the three residency tracks: social pediatrics, social internal medicine and family medicine, and the behavioral science program.

During the past year educational strategies have focused on enriching the education of students, residents and faculty. To accomplish this monthly grand rounds lecture series includes a variety of speakers from within the Montefiore network and expertise from external institutions. This year visiting professorships focused on educational scholarship and ethnographic approaches for qualitative research. Monthly faculty development is conducted on issues relevant to academic roles. Activities specific to both residents and medical students are supported by departmental faculty.

DFSM faculty are participants in many ongoing AECOM committees which support educational initiatives. Their presence provides a consistent message of the importance of primary care and the practice of medicine in a social context.

Grant initiatives are crucial to support innovative educational projects. Faculty have initiated and received a variety of grants to support the DFSM educational work plan. The following sections highlight some of our activities across the spectrum of medical education.

UNDERGRADUATE MEDICAL EDUCATION

Director, Darwin Deen, MD, MS

Undergraduate teaching in the Department include the required third year clerkship in family medicine, coordination of a variety of electives for medical students, and integration of Departmental faculty into all areas of the Einstein teaching program.

The clerkship had a number of significant changes in sites and faculty involved in teaching this year but continued to receive excellent overall evaluations. We have documented the breadth and depth of patient care experiences that our students participate in, and their exposure to ambulatory-sensitive conditions we teach them about (asthma, diabetes, hypertension, hyperlipidemia, and obesity). Students are documenting 2-5 encounters with
patients for each of these diagnoses. Encounters with adult patients account for 65% of the students’ experiences while children account for 14%, adolescents for 10%, and the elderly for 9%. The students also identify distinct visit types for the different patients that they see (health maintenance, behavior change, chronic disease follow-up, psychosocial, and acute care) thus confirming exposure to the range of expertise demonstrated in Family Medicine. Students documented from 20 to 70 visits over the 4 week clerkship (with a mean of 40).

On the grants front, we completed work on two funded educational projects, one of which is being used as part of our clerkship orientation and submitted for Stemmler Foundation grant proposal by Alice Fornari. The other which informed our cultural competence teaching and faculty development efforts was completed by Maria Santos and presented at the national STFM predoctoral meeting: “Can FM faculty teach and assess culturally competent interviewing skills during a FM clerkship?” Our HRSA predoctoral education award mentorship program continues with some anticipated attrition but a great recruiting season this year (we recruited 33 new MS 1’s this year for a total of 53 students participating in the program to date).

Our faculty continue to be actively involved in teaching at all levels of the Einstein curriculum with great representation in the Introduction to Clinical Medicine first year courses and significant presence in the new Patients, Doctors, and Communities course for 3rd year students.

Our students continue to contribute to the health promotion efforts of our Department though their involvement in the ECHO free clinic and through their activities as part of the community health component of our clerkship. Under Gladys Valdivieso’s leadership and guidance, 3 new community projects have been initiated this year. In addition to our ongoing contribution to the School Health Program’s battle to improve school food in the Bronx and increase the opportunities for physical activity, our students taught the AAFP’s Tar Wars smoking prevention program in local parochial schools and initiated 2 community health fairs.

**GRADUATE MEDICAL EDUCATION**

**RESIDENCY PROGRAM IN SOCIAL MEDICINE**

**Family Medicine**  
Director, Mary Duggan, MD

The first class of family medicine residents admitted under the umbrella of the interdisciplinary Residency Program in Social Medicine started at Montefiore in 1972. Since then 240 residents have completed the program and are working in a variety of practice and academic settings throughout the United States. The majority of our graduates continue to work passionately and effectively in urban underserved communities.

Since those early days, the world and the RPSM family medicine residency have seen many changes. The residency classes now accept ten new members each academic year. There are two continuity practices, the Montefiore Family Health Center, a federally funded (330) community health center in a predominantly Latino community, and the Williamsbridge Family Practice, a smaller community-based practice in a predominantly Afro-Caribbean community. Both practices house residents at each level of training and the practices of the “team leaders”, core residency faculty who serve as preceptors, advisors and role models for the residents. The other clinical and training “home” for the residency is our geographic inpatient service at Montefiore, which in early 2007, moved to a newly renovated floor on Northwest 7. In addition, over the past five years we have become welcome members of the labor and delivery service at Weiler Hospital, where the class of residents graduating in 2006 will have completed at least 110 deliveries with women from their continuity practices.

The residency benefits from a diverse faculty with a broad range of expertise in medicine and in the behavioral sciences, gained by fellowship and other advanced training and/or many years of experience. These areas of clinical and academic strength include maternal and child health, women’s health, family systems, reproductive health, pain and palliative care, evidence-based medicine child and adolescent
mental health, narrative medicine, HIV care and addiction medicine.

Curricula: We have been systematically revising our entire residency curriculum and our approach to resident assessment and evaluation to align with the six ACGME mandated competency areas. This has provided us a valuable opportunity to update and revitalize major components of our curriculum. We have developed new competency based developmental forms for resident evaluation. Our Inpatient Family Medicine evaluation form was presented at several national meetings, including the STFM Annual Spring Conference, where it was well-received by other residency programs. We are nearing completion of our Summative Evaluation Form that assesses developmental progress across all three years of residency and covers all six ACGME competency areas.

Over the past few years, there has been a curricular emphasis on use of best evidence for clinical decision-making. Residents have been given the skills of critical appraisal and are expected to demonstrate them during invigorated Journal Club sessions as well as in preparation for the clinical topics they present during teaching sessions. Competency in these skills is also demonstrated by their application to Social Medicine/Research projects. With this focus, several residents work was presented at national meetings sponsored by the Society of Teachers of Family Medicine and the American Public Health Association.

Partial funding for residency training is currently being provided by grants from the Health Resources Service Administration (HRSA). The current HRSA Residency Grant began in July 2005, allowing us to redesign our curriculum to incorporate major Healthy People 2010 elements. Focus areas include Practice-based Learning and Improvement, and Systems-based Practice to reduce health disparities and demonstrate competence in Communication and Interpersonal skills, particularly in counseling for behavior change and use of a motivational interviewing approach. After spending the first year developing faculty and resident knowledge of and providing tools for Continuous Quality Improvement, resident, faculty and staff teams are meeting monthly at the family practice centers to focus on smoking cessation, lipid control, and physical activity promotion efforts for people with diabetes. This new curricular initiative is informed and reinforced by the Williamsbridge “Sugarbuster” team participation in the AAMC’s Academic Chronic Care Collaborative. The team, lead by Dr. Joanne Dempster and featuring resident champion, Dr. Sean Misciagna, was one of 31 from residency programs across the country using the Chronic Care Model to improve care and outcomes for patients and to teach residents about the CCM. The training grant with the leadership of Dr. Eliana Korin, Behavioral Science Unit Director, and Dr. Josephine Minardo, a new Behavioral Science Faculty member, provided intense faculty and resident training and education in Motivational Interviewing and Behavior Change Counseling.

Social Internal Medicine/Primary Care
Director, Hilary Kunins, MD

For the Social Medicine/Primary Care Program (SM/PC) in 2006, the big news was the change of leadership and the successful recruitment of Dr. Hillary Kunins for the position of Program Director. She assumes the position in the Spring ’07, taking over from Jerry Paccione who had created the Primary Care Internal Medicine Program, led it since 1985, and then linked it with Social Medicine, directing both programs since 1997. After over 20 years of outstanding leadership and oversight of primary care training program, Dr. Paccione will be continuing in the program as a teacher and mentor, and will be directing the bulk of his time to leading an exciting new initiative in international health at AECOM.

Dr. Kunins, an outstanding physician leader, was selected after a nearly one year search process. A graduate of Swarthmore College, she received both her M.D. and M.P.H. degrees from Columbia University. She did her residency training in the Primary Care Internal Medicine Program at Montefiore (the same one she will now direct), staying on as Chief Resident in Internal Medicine, and then completed a fellowship in substance abuse at Albert Einstein College of Medicine. She has worked since 2000 as Director of Women’s Health Services in the Division of Sub stance at AECOM, and for the past several years has also been a research faculty member of the Division of General
Internal Medicine. She brings great energy, expertise, and experience in the areas of primary care, substance abuse, and women's health issues.

Even during the leadership transition, the SM/PC Program made significant progress in 2006 in 5 arenas - in education, community service and outreach, global health, resident project/research initiatives, and faculty leadership in the medical school.

In education, the principal accomplishment was the creation of an ambitious and very successful course in Global Health, directed primarily by Ramin Asgary. This one month intensive course incorporates clinical issues in tropical medicine along with the social/cultural/economic dimensions of global health. Plans are to expand the 35 seminar course (50 hours, 20 faculty) to a 55-60 hours seminar course offered both to medical students and residents.

In community service and outreach, the program inaugurated 2 new initiatives:

Building on the foundation residents previously established in training community health promoters (CHPs) in collaboration with the Highbridge Community Life Center, the CHP program focuses on improving access to care for recent immigrants in the South Bronx. The SM/PC residents at CHCC, our clinical site, see recent immigrant families at the OPEN-IT Clinic devoted to immigrant health, where patient-based cultural competence is a major theme of ambulatory teaching rounds and precepting. CHPs accompany clients to the clinic, and assist in breaking down the administrative and/or psychological barriers recent immigrants often face in accessing care. Collaborative liaisons have been made with CBOs such as the African Services Committee to facilitate a steady stream of client referrals.

For the past 9 years, interested residents have joined the evening outreach of the Citiwide Harm Reduction program, a community-based initiative reaching out to recently housed HIV+ drug users living in SRO hotels in the South Bronx. Through the work of Drs. Pamela Mund and Chinazo Cunningham, this year our residents also became providers of the newly opened storefront clinic at Citiwide, where they see their outreach clients as patients.

In Global Health, the Program changed its clinical site in Uganda from Mbarara University to Kisoro Hospital, an understaffed, remote rural hospital where we’ve been working for the past year, providing much needed assistance on the Medicine wards, contributing time, care and knowledge and taking away a lifetime experience in doctoring. In the past year, 10 residents worked in Kisoro. In collaboration with Doctors for Global Health/Karen's Tots Fund, our initiatives have led to the beginning of a Village Health Worker Project to train and support lay health workers in 20 villages in the Kisoro district.

Our residents in 2006 presented 8 posters and oral presentations at the national meeting of the Society of General Internal Medicine, the highest number so far of accepted resident scholarly submissions.

Our faculty assumed significant leadership positions in education at AECOM. Dr. Felise Milan became the Course/Program Director of the 4 semester long Introduction to Clinical Medicine Course during the first and second years of medical school; Dr. Debbie Swiderski is on the Program Committee of the new Patients, Doctors and Communities Course during the clinical years, and is Co-Chair of the Ethics, Humanism and Professionalism Committee at the medical school. Dr. Paccione will assume leadership of the Global Health Alliance at AECOM, and will join Dr. Clyde (Lanny) Smith on the Global Health faculty at the school.

Social Pediatrics
Director, Peter Sherman, MD

The mission of the Residency Training Program in Social Pediatrics is to train residents to provide outstanding medical care to underserved children in a community setting. The training emphasizes evidence-based medicine, techniques of psychosocial assessment and intervention, community outreach, advocacy, epidemiology, and research. The training is built upon the model of an academic-community partnership that serves the dual function of training pediatricians to work in underserved communities and at the same time provides a
resource to improve health outcomes in the community.

Dr. Peter Sherman came on board in March, 2006, as the new Program Director. He came to us by way of St. Barnabas Hospital where he was Director of the Division of Adolescent Medicine. Prior to this he was Medical Director, for several years, of the New York Children’s Health Project, a mobile van homeless health care program at Montefiore. Dr. Sherman brings an expertise in community pediatrics and is boarded in both pediatrics and adolescent medicine.

Dr. Iman Sharif has recently taken the position of Director of Pediatric Research in the program. This allows her more time to devote to research. She continues as a mentor for the resident research projects. Dr. Sandra Braganza continues her role in developing resident experiences at our community-based practice and teaching site the Comprehensive Health Care Center (CHCC). Dr. Braganza participates on the CHCC Pediatric Redesign Committee as well as the Advanced Access Committee. We have begun the process of recruiting a new faculty member, to help further increase resident involvement with the community in a true academic-community partnership.

A new Tuesday afternoon didactic curriculum for the 2nd and 3rd year residents began in January 2007. The curriculum includes a monthly research didactic covering basic research techniques, community-based research and evidence-based medicine led by Dr. Sharif. In addition, Dr. Sherman is leading a monthly leadership course focusing leadership skills and practice management skills crucial to becoming an effective community pediatrician. A monthly health policy discussion group was initiated in the Fall and will continue as part of this curriculum.

Resident research continues to be an important component of the program. In 2006, the four senior residents submitted research abstracts to the Pediatric Academic Societies and to the Eastern Society for Pediatric Research. The Social Pediatrics faculty have also continued to publish their work in peer-reviewed literature, with nine publications for the group during 2006 in the following areas: complementary/alternative therapies, asthma, health literacy, medical education, smoking cessation counseling, child abuse, and the effects of media exposure on school performance.

A core component of the program is the continuity clinic experience at CHCC, which spans the three years of the program. Residents are being increasingly integrated into continuous quality improvement projects at CHCC through participation in the Pediatric Redesign Committee and monthly pediatric clinic staff meetings.

Grant funding has allowed the creation of the CHCC Fun & Fit program, which provides group nutrition and exercise classes to overweight children and their families. The program utilizes group visits as a medium to efficiently and effectively deliver anticipatory guidance. A rigorous research evaluation led by Dr. Sharif is underway to assess outcomes. Advocacy training has also taken a new direction in 2006, with the formation of a medical legal collaboration with NYU School of Law. Led by Dr. Sharif and Paula Galowitz, Professor of Law, a joint educational curriculum has been created between the law school and residency program. The curriculum emphasizes collaboration with both individual patients as well as systemic advocacy. In addition to the advocacy curriculum, last Spring we sent four residents to the American Academy of Pediatrics Legislative Conference in Washington, DC. Several residents participated in the school health lobbying day in Albany this Winter.

It is also important to note crucial role that Chief Resident in Social Pediatrics plays in our residents’ experience and we would like to thank Dr. Erica Hyman for her expert leadership in 2005-2006, especially given the transition to a new program director. The current Chief, Dr. Kristen Wade, has been instrumental in implementing Social Pediatric Rounds, Wednesday CHCC didactics and case conferences, as well as our new Tuesday afternoon curriculum for the PGY 2’s and 3’s.

**FELLOWSHIP AND FACULTY DEVELOPMENT**

*Director, Marji Gold, MD*

**Fellowship Training in Family Planning/Reproductive Health**
In 2006 we continued to receive foundation support to train family medicine fellows in preparation for academic careers and leadership roles in the areas of family planning and reproductive health. There are 2 fellows/year in this two-year program, which is directed by Marji Gold, MD.

Fellows receive training in clinical research, both qualitative and quantitative, develop clinical and teaching skills, have opportunities to work internationally, and connect to a rapidly expanding network of family planning experts. The Family Planning fellows meet weekly to discuss their research projects, prepare and practice presentations, work collaboratively on manuscripts, and discuss foundations of adult education in order to become excellent faculty teachers. They maintain an active practice in full-spectrum family medicine at one of the MMG-2 clinical sites, where they work together with other family medicine faculty, residents, and students on rotation in our department. Their clinical work includes developing expertise and training family doctors at other Montefiore Medical Group sites in medical pregnancy termination. During the fellowship they also complete their MPH in the program at the Mailman School at Columbia University. Each fellow is actively involved with developing and implementing at least one research project, and they have presented their findings at regional and national meetings. Several of the fellows have submitted manuscripts on these projects to peer-reviewed journals.

**Empire Clinical Research Investigator Program (ECRIP)**

In 2006 we were also awarded two research fellowship training grants from the New York State Department of Health's ECRIP program. This state-administered program is intended to develop capacity for clinical research at New York hospitals and medical centers, and funds full-time fellows who work with research mentors to carry out projects which are relevant to the health needs of the population of New York state. Our first ECRIP fellows, who began in mid-2006, are Dr. Asif Ansari, who has been working with mentors Drs. Rob Beil and Peter Selwyn on a project evaluating clinical and health services-related characteristics and outcomes of our Ryan White-funded, community-based HIV primary care program (see p. 12), and Dr. Nicola Davis, who has been working with mentor Clyde Schechter on a project evaluating the effectiveness of an educational intervention directed towards improving primary care residents’ management of obesity among their patients. One additional ECRIP fellow slot has been awarded to our department for another full-time fellow to start in July, 2007, working with Diane McKee on a project related to reproductive health among adolescents.

**BEHAVIORAL SCIENCES**

Director, Eliana Korin, Dipl Psic

The implementation of the behavior change curriculum in our residency program was a prime focus of the Behavioral Science Division this year. This effort has been supported by our HRSA grant awarded to Family Medicine. In the Family Medicine Residency, behavior change became an organizing curricular theme both in resident training and faculty development. Behavior change skills have been highlighted in the longitudinal curriculum, and many faculty and residents’ presentations have been focused on this theme. A “behavioral change panel” of patients for each Family Medicine resident has been identified, and these patients are now followed conjointly with the behavioral science faculty. Residents are evaluated regarding their behavioral change skills utilizing an interviewing observation instrument designed by the behavioral science faculty (E.Korin/J.Minardo).

In compliance with the ACGME competence-based guidelines, we have been collaborating with the Family Medicine Residency director, the Director of Medical Education and other faculty to integrate behavioral science related skills and knowledge into the general competence-based evaluation forms. We have led an effort to develop the Interpersonal and Communication Skills evaluation form and contributed in the development of the Patient Care and Medical Knowledge evaluation form.

A major accomplishment of the unit this year was the successful hiring and successful integration of two new psychologists (1.5 FTE) Dr. Joanna Dognin and Dr. Josephine Minardo, whose contributions have been a major asset to
the implementation of the Family Medicine behavioral science curriculum. The Behavioral Science unit also continues to play an important role in the implementation of the cross-track Social Medicine curriculum. Our main goal has been to bring a “social medicine” perspective to the clinical encounter and to examine the interface of the personal and social dimensions of the physician’s work. We have accomplished this task by planning sessions during the PGY-I Orientation on “Narratives in Medicine,” and on “Integrating a Familial and Social Perspective into the Medical Encounter.”

The Health Psychology Extern/Internship Training program (Family Medicine) continues to be very competitive and to attract a large number of candidates. This year we have a psychology extern working collaboratively – under Dr. Miranda’s supervision - with residents at the Williamsbridge clinic. In response to a request from the faculty at the Ferkauff School of Psychology at Yeshiva University, we developed a visitor’s program for the students: 19 students were able to shadow a provider during a clinical session and “discover” the importance of a psychological perspective in primary care encounters. The program continues to receive excellent reviews from students and faculty at Ferkauff.

Both in Family Medicine and Internal Medicine (Larry Dyche), our primary efforts continue to be focused on developing residents’ competencies in the areas of interpersonal and communication skills, patient care and professionalism. Through didactic sessions, individual and group review observation of encounters and home visits, residents are taught and evaluated systematically. As two new residency directors joined the Residency Program in Social Medicine this year, the behavioral science unit has started to direct more efforts to promote and solidify an integrated biopsychosocial curriculum and to facilitate interdisciplinary collaboration.

• Three Montefiore Medical Group (MMG2) outpatient practices where Family Medicine, Social Pediatrics, and Social Internal Medicine residents train. These three sites perform over 130,000 visits annually.
• Three Montefiore Medical Group (MMG2) non-teaching outpatient practices where Family Medicine attending physicians provide 50,000 additional visits.
• The 19 bed Family Medicine Inpatient Service, where Family Medicine attendings and residents provide in-hospital care to patients from the surrounding Bronx community, many of whom receive continuity health care at Family Medicine outpatient facilities.
• The Palliative Care Consult Service and 15 bed Palliative Care Inpatient Unit, providing multi-disciplinary care to hospitalized patients with severe, complex medical problems, many of them at the end of life.
• The BCHN/MMG2 CICERO HIV Early Intervention Program.

The Department continues in leadership of Ambulatory Care management and Quality Improvement at Montefiore Medical Center. Dr. Zachary Rosen, Medical Director of the Montefiore Family Health Center, continues as Chair of MMG’s QI Committee and Director of the MMG Health Disparities Collaborative (HDC). The HDC consists of four ambulatory teaching practices with Breakthrough Series teams involved in Diabetes Collaboratives with HRSA, NYC Department of Health and Mental Hygiene (NYC DOHMH), and the American Association of Medical Colleges (AAMC). The HDC participated with four other New York health care organizations in the NYC DOHMH Spread Initiative to spread diabetes improvement efforts across New York City. As a result of these efforts, Department members work together in an internal group of primary care, endocrinology, managed care, research, and health education leaders at Montefiore to develop Montefiore-wide standards of diabetes care and quality.

Dr. Noel Brown, former Medical Director of the Williamsbridge Family Practice, has been promoted to Medical Director for Performance Improvement and Quality/Regulatory Compliance at the Montefiore Medical Group. In this role, Dr. Brown continues to develop the MMG Practice Redesign Initiative, assisting all MMG practices in process redesign related to

**DIVISION OF CLINICAL SERVICES**

*Director, Bruce Soloway, MD*

**The Division of Clinical Services includes:**
patient flow, phone access and referral management. The Redesign effort has included an Advanced Access Internal Collaborative involving all 21 MMG sites in a year-long consulting relationship with Dr. Mark Murray, a national leader in development and implementation of Advanced Access scheduling.

Dr. Jonathan Swartz resigned as Vice Chair to become Medical Director of MMG 2 and 4, a network of 10 sites providing 400,000 visits per year and containing all primary care residency teaching at Montefiore Medical Center. He continues as Chair of the Montefiore’s Ambulatory Information Technology Committee, a multidisciplinary committee charged with providing physician input into the development of the Montefiore’s ambulatory IT.

In 2006, we welcomed Dr. Bruce Soloway as Vice-Chair of the department, with overall responsibility for the department’s clinical and educational activities. Dr. Soloway is working closely with MMG to modernize clinical systems, integrate the latest information technology, and develop quantitative reports that will help us track our progress as we improve the quality of patient care.

**Family Medicine Inpatient Unit (Northwest 7)**

Creating a superior learning environment in the field of inpatient family medicine has been our goal since our geographical unit first opened its doors in 1991. It currently contains a 15 bed Resident Teaching Service and an 8 bed Palliative Care/Attending Oriented Service, providing the major adult and palliative care inpatient teaching for the family medicine residency program. Many years later it continues to serve as the primary hospitalization unit for our community practice patients. The Medical Director of the Family Medicine Inpatient Unit is Rose Guilbe, M.D., and the Administrative Nursing Supervisor is Doris Brown, A.N.M. Dr. Lisa Baron is the Inpatient Curriculum Coordinator and, along with Dr. Guilbe, supervises all evidence-based didactic learning sessions. In 2007 our Inpatient Unit will be transferring to another area of the hospital (Northwest 7), expanding its Family Medicine beds to total 19 and expanding the Palliative Care/AO beds to 15. Working in a collaborative effort, the Division of Education Committee (Drs. Townsend, Guilbe, Gorski, Duggan, Fornari and Korin) revised the Inpatient Resident Rotation evaluation tool in order to measure resident competency while aligning residency training with individual evaluation.

A major change to our Family Medicine curriculum is the July Orientation Month, a new introductory rotation allowing for an intense inpatient and outpatient evaluative program for the competency areas, individualized for each new PGY1. This information allows family medicine faculty and residents to define an individual learning plan with specific educational mentoring, observations and feedback within an established time frame. Our efforts to create a smaller, yet academically devoted team of inpatient family medicine attendings, has led to a defined group of dedicated inpatient teachers. Each faculty member in this group supervises the inpatient unit approximately 4-6 weeks/year.

**Palliative Care Consult Service**

The Palliative Care Service continues to provide clinical service to a growing volume of MMC patients. The service operates under the direction of Medical Director Dr. Sean O’Mahony in collaboration with Marlene McHugh FNP. It includes two full time attending physicians, Serife Karakas and Allen Hutcheson, a Palliative Care Fellow, and two social workers, Phil Higgins MSW and Dan Snow MSW. Larry Lerner, MD and Rose Guilbe, MD also work with the service.

The service focuses on the care of patients with life-threatening illnesses and the management of chronic pain and other symptoms. We provided consultative service to 1824 patients in the medical center in 2006 and provide care to over 40% of patients who die at the medical center each year. We conducted 2704 patient visits in our outpatient pain management clinics in 2006. We continue to expand our cancer pain management clinic on the East campus and our pain management clinic in the West campus Infectious Disease clinic and continue to provide consultative services at several local nursing homes.

The case management and palliative care initiative in the MMC Emergency Department continues to focus on the needs of chronically ill patients accessing ED care. Its goals include
enhancing access to homecare services and to hospice services for these patients. This project is funded by the Leslie R Samuels and Fan Fox foundation in partnership with Continuum’s Jacob Perlow Hospice. In 2006, we added a second nurse practitioner to the team to expand its availability. The project has delivered service to 520 elderly patients. Two hundred ninety-eight patients have been referred for hospice services and 296 patients were referred to Montefiore Homecare.

The palliative care initiative in the medical intensive care unit at Weiler Hospital continues with Janet McHenry’s leadership. She has conducted 552 consultations to date. In addition to providing direct clinical service, this project provides case-based learning opportunities to medical and critical care house staff and nursing staff.

CICERO Ryan White Program

The Bronx Community Health Network/MMG CICERO program continues to make strides in its goal of delivering high quality HIV Primary Care to patients in the nine MMG2 sites and the South Bronx Health Center for Children and Families. In December 2006, the Federal project office conducted a site visit and cited the program for its exemplary results in providing high quality care to people with HIV in the Bronx community. Under the leadership of Paul Meissner, MSPH and Robert Beil, MD the program has been working to become more integrated with MMG operations. In 2006, we recruited Asif Ansari, MD to be our first ECRIP (Empire Clinical Research Investigator Program) fellow with a focus on developing research activities within the CICERO program. Under the supervision of Drs. Beil and Selwyn, Dr. Ansari has been utilizing Clinical Looking Glass, a tool for analysis of electronic lab and registration data, to identify the cohort of patients in care at CICERO facilities. Through his efforts we have been able to identify over 1050 HIV+ patients in our care. This is more than 200 patients than we had previously identified using billing and registration data. His abstract entitled “Utilizing Clinical Looking Glass® for Improving the Quality of Care of HIV Infected Patients in a Network of 10 Community Health Centers” has been accepted for presentation at the upcoming Academy Health conference.

In September 2006, we received a HRSA Special Projects of National Significance (SPNS) grant to improve the oral health of people with HIV. Paul Meissner is the Principal Investigator and is working in a collaborative effort with Joan Grcevic, DDS, Director of Community Dentistry, MMC Department of Dentistry, Robert Beil, CICERO Medical Director, MMG2 senior administrators, site administrators, HIV coordinators and dental department leadership to implement this ambitious program. Arthur Blank and Alison Karasz are providing research and evaluation support to the project.

The program also participates as a site in the HIV Research Network lead by researchers at Johns Hopkins. Results in comparison to the other 18 sites participating in the Hopkins network were presented at the 2006 NYC RING Convocation of Practices. The Community Advisory Group (“CICERO’S VOICES”) continues to provide a voice for patients across all ten sites. In 2006, it has sponsored the implementation of the bi-annual Patient Satisfaction Survey, outreach efforts to new clients and annual participation in the NYC AIDS Walk contingent.

DIVISION OF RESEARCH

Co-Directors, Arthur Blank, PhD and M. Diane McKee, MD, MSc

The Research Division remains committed to conducting research to improve the health of urban underserved communities. The Divisions’ major challenge is to develop sustainable programs of primary care research, help build community health research efforts, and support and mentor investigators early in their careers. Our faculty’s interests are diverse, crossing discipline boundaries. We work collaboratively with epidemiologists, psychologists, clinicians, and sociologists, as well as with other clinical and academic departments. The research faculty and their interests are listed below. In 2005-2006
the faculty submitted multiple grants to federal agencies and non-federal agencies (see pp.30-32.)

**Facilitating Primary Care Research**

*The New York City Research and Improvement Networking Group (NYCRING)*

During the past four years, the division has built a practice-based research network, The New York City Research and Improvement Networking Group (NYC RING), administratively based in the research division and directed by Diane McKee, MD, MS. This network of practices shares a common commitment to improving care for the urban underserved through practice improvement and research. The network has grown to 25 practices, including strong representation from our academically affiliated programs at Bronx Lebanon, Beth Israel, and Jacobi (see map on p.14). NYC RING is supporting a number of small projects and an increasing number of externally funded projects. Several NIH grants have been submitted that build on preliminary studies in the network.

**Improving the Management and Care of Chronic Illnesses**

Under the leadership of Drs. Jonathan Swartz and Zach Rosen, multiple practice sites have become involved with Quality Improvement (QI) collaboratives, focused primarily on care of patients with diabetes. These efforts require the ongoing reporting of HbA1c levels, blood pressure, lipids, foot exams, and retinal exams, for example. The collaboratives, as well as other quality improvement activities are supported by staff in the Center for the Evaluation of Health Programs (Arthur E. Blank, Ph.D, Director), who help monitor data quality, oversee the integration of practice and electronic data, and report data to our collaborative partners. Data collected offer a basis for starting more formal assessment of the collaboratives’ effectiveness, and important pilot data for the development of more formal research projects. The Center provides evaluation expertise for a new NYSDOH to build a Center of Excellence in Diabetes, and continues to support a variety of other grants and programs.

**Building Sustainable Research Capacity**

Two junior investigators are currently supported through fellowships funded under New York State Empire Clinical Research Investigator Program (ECRIP) awards to Clyde Schechter and Peter Selwyn. An additional fellow will begin in July 2007, through a position awarded to Diane McKee. Senior faculty continue to provide structured support for research faculty and mentor junior investigators, including mechanisms for reviewing concept papers, grant submissions, conference presentations, and work in progress. Improvements in grant management and submission capacity are underway on both campuses, under the leadership of unified Administrator Mona Weinberger. Faculty contribute to AECOM research infrastructure in a number of ways, including as faculty or mentors in the CRTP program.

**Future Directions**

A number of investigators have obtained NIH funding, and continue to progress toward R01 level funding. Several are poised to obtain first NIH grants in the near future. Research division faculty continue to contribute to Einstein’s Clinical and Translational Science Award in the areas of community engagement and translation of research in practice, and help develop our burgeoning QI efforts.
NYC RING Mission Statement

To define and strengthen the knowledge base and improve the practice of urban primary care by:

1. Identifying and addressing research and quality improvement questions important to primary care providers, patients, families, and their communities,

2. Defining and pursuing a research agenda focused on the specific health, disease, and health services issues of urban underserved patients and communities, and

3. Providing a research resource for undergraduate and graduate medical education in primary care and community health.

NYC RING Practices in the Bronx

[Map showing various practices in the Bronx]
The DFSM Division of Community Health and the AECOM Institute for Community and Collaborative Health were established in 1999, to support interdisciplinary and inter-institutional collaborations at Einstein and Montefiore that promote community health, and to support academic-community partnerships at Einstein and Montefiore in education, service, and research.

**Projects Where the Institute and Division are the Lead Organization:**

The Division of Community Health and Institute for Community and Collaborative Health support the Hispanic Center of Excellence (HCOE). Despite federal funding cuts, the HCOE conducted its annual summer mentoring program for 15 undergraduates from a half dozen colleges in the Northeast and saw its first half dozen graduates enter health professional schools. The HCOE secured funding with Mount Sinai, New Jersey, and University of Pennsylvania Medical Schools from the Josiah Macy, Jr., Foundation for the Northeast Consortium for Minority Faculty Development. The Consortium will support faculty development fellows, pilot research projects, and conjoint conferences for minority junior and senior faculty.

An NHLBI Academic Award to Dr. Elizabeth Lee-Rey, Co-Director, has established a curriculum development initiative, entitled “Reducing Health Inequalities through Medical Education” (RHIME). Over the next five years RHIME will develop an integrated 4-year curriculum for medical students in health disparities and cultural competency regarding cardiovascular, pulmonary, hematological, and sleep disorders. This initiative builds on HCOE efforts in cross-cultural training, led by Maria Marzan, MPH, the HCOE’s other Co-Director.

The Bronx Science and Health Opportunities Partnership (BxSHOP) supports a health careers pipeline program that begins in the 7th grade through collaboration with the Thomas Giordano Middle School (MS 45), DeWitt Clinton High School, Fordham Science and Technology Entry Program (STEP) and College Science and Technology Entry Program (C-STEP), Einstein Enrichment Program, Associated Medical Schools of New York’s post-baccalaureate program at SUNY-Buffalo, and ASPIRA.

The Einstein Community Health Outreach (ECHO) Clinic is a student-led and -run free clinic based at the Walton Family Practice that operates on Saturdays throughout the year under the clinical supervision of volunteer faculty. Rotation through the ECHO Clinic has been incorporated for Einstein students during their family medicine clerkship with our faculty volunteering as preceptors.

The Bronx Center to Reduce and Eliminate Ethnic and Racial Health Disparities (Bronx CREED) was funded by NIH for 4 years in September 2003 and focuses on metabolic syndrome and related conditions. Dr. Hal Strelnick is Principal Investigator (PI). With Bronx CREED’s support Lehman College developed and initiated a Masters degree program in public health. Under the leadership of the Bronx Borough President, Bronx CREED facilitated a strategic planning retreat of Bronx hospital and health center CEOs to help promote Bronx-wide collaboration through the Bronx Health Link to address childhood and adult obesity. Its Bronx Faith & Medicine Project, led by Reverend Christine Jackson, hosted a conference, “Continue to Remember,” for clergy on HIV/AIDS, which was a featured event during Bronx Week 2006. Bronx CREED’s major research study, "Los Caminos: Developing Culturally Sensitive Paths to Diabetes Management,” is led by Dr. Elizabeth Walker of the Diabetes Research and Training Center, and seven two-year pilot studies. Bronx CREED currently supports three Health Disparities Faculty Development Fellows pursuing Masters degree in clinical research methods and two (Drs. Marsha Guess and Iman Sharif) who graduated in June 2006.

The South Bronx Environmental Justice Partnership has two grants from NIEHS in collaboration with For a Better Bronx and Lehman College, the first developing the infrastructure for an academic community partnership and the second ethical approaches to environmental research in communities of color. The Partnership hosted and presented at a forum at the New York Academy of Science on the Bronx asthma epidemic with environmental
scientists from Columbia, NYU, and the NYSDOH.

With support from the New York State Department of Health (NYSDOH) a School-Based Health Institute at Einstein under the leadership of Dr. David Appel continued to expand and integrate interdisciplinary health professional student training programs. Also under NYSDOH contract the Bronx-Einstein Alliance for Tobacco-Free Health (Bronx BREATHERS) was established, led by Dr. Steven Bernstein of Emergency Medicine, to promote tobacco cessation training and support throughout the Bronx in partnership with almost every Bronx hospital and health center. The Bronx is now the leading county in New York State in calls and referrals, resulting in the borough-wide smoking rates of Hispanics being reduced by a statistically significant margin, as measured by the NYCDOHMH’s annual Behavioral Risk Factor Field Survey.

Projects Where the Institute and Division are a Supporting Organization:

The Institute’s Community Advisory Board, faculty, and staff were instrumental in assisting with Einstein’s successful application for the NHLBI’s Field Center for the Hispanic Community Health Study (HCHS), directed by Professor Sylvia Smoller assisted by Associate Professor Robert Kaplan of the Department of Epidemiology and Population Health. The HCHS will recruit 16,000 Hispanic volunteers in the Bronx, Chicago, Miami, and San Diego and follow them in as an observational cohort over 8 years. Division members involved include Gladys Valdivieso, as Community Liaison, and Drs. Lee-Rey and Nereida Correa as Co-Investigators. Bronx CREED Research Training Core Director, Dr. Janice Barnhart, will serve as a Co-Investigator and as its Medical Director.

With support from the Institute and Bronx CREED the NYSDOH awarded Drs. Joel Zonszein and Ellen Landsberger an award to establish a Diabetes Center of Excellence at Montefiore Medical Center to focus on life-long prevention of diabetes through family interventions and follow-up of gestational diabetes. Dr. Zonszein is the Co-PI, Scientific Director, and Research Core Director of Bronx CREED. Bronx CREED’s major project PI, Professor Elizabeth Walker, has received an R-18 grant from NIDDK to evaluate the effectiveness of the new NYC DOHMH diabetes registry.

Community Services

The Institute and Division faculty and staff have been active in serving on the Board of Directors of the Bronx-Westchester Area Health Education Center and Healthy People-Community Preventive Institute; developing and teaching in the Masters Degree in Public Health at Lehman College; and lecturing at the Sophie Davis School of Biomedical Education (City College-CUNY). We have been collaborating with Montefiore's "Expecting Success: Excellence in Cardiac Care," a grant funded by the Robert Wood Johnson Foundation; and serving in coalitions on food equity and justice and on health literacy with Bronx REACH, For a Better Bronx, South Bronx Food Co-op, and the South Bronx Diabetes and Heart Disease Coalition.
DEPARTMENTAL PRESENTATIONS* SUMMARY 1999-2006

DEPARTMENTAL PUBLICATIONS* SUMMARY 1999-2006

*Presentations at major academic meetings

*Publications in academic journals and book chapters
**PRESENTATIONS 2006**


Blank AE. Identifying Quality Improvement initiatives for palliative care services. Workshop: Building Blocks of Palliative Care, New York Academy of Medicine, New York, New York, June, 2006.


Cunningham C. Invited Speaker, Workshop on Case Management for Marginalized Populations, Society of General Internal Medicine 29th Annual Meeting, Los Angeles, CA, April, 2006


Fornari A. Ethical Decision Making Using Nutrition and Hydration as an End of Life Decision Paradigm. The University of Texas Health Science Center at San Antonio, December, 2006.


Ginzburg R, Munshi S, Harris M. Comparing Frequency of Medication Prescribing Errors Pre-and Post Incorporation of Weight-Based Default Prescribing Directions. Society of Teachers of Family Medicine, Northeast Regional Meeting Boston, MA, October, 2006.


Gross P, Do Our Stories Have the Power to Change Health Care? Society of Teachers of Family Medicine, Northeast Regional Meeting Boston, MA, October, 2006.


Karasz A. Cultural Differences in Health Seeking for Unexplained Symptoms: The Role of Metaphorical Thinking. Presented at the annual conference of the International Society of Behavioral Medicine, Bangkok Thailand, December, 2006.


Kitson K. HRSA/BPHC Diabetes Health Disparities Collaborative and the use of the Electronic Health Record. EpicCare


Lesnewski R, Prine L, Oshman L. Improving EC Practices with the HER. Society of Teachers of Family Medicine, Northeast Regional Meeting Boston, MA, October, 2006.


Prine L, Shimoni N. IUDs: Dispelling the Myths and Preventing Unintended Pregnancies. Society of Teachers of Family Medicine, Northeast Regional Meeting Boston, MA, October, 2006.


Raveis VH, Selwyn PA, Frederickson K. Examining Patient and Family Communication and Decision-making about Care at the End of Life. American Public Health Association Convention, Boston, MA, November, 2006.


Roose R, Kumar V. Providing Patient-Centered Evidence-Based Contraceptive Choices. Presented at the Medical Students For Choice


Selwyn PA. A Perspective on Family Medicine and End-of-Life and Palliative Care. Society of Teachers of Family Medicine, Northeast Regional Meeting Boston, MA, October, 2006.

Shalev N. From Public to Private Care: The Historical Trajectory of Medical Services in a New York City Jail. 29th Society of General Internal Medicine Annual Meeting, Los Angeles, CA, April, 2006.


Sidel VW. Ethical Responsibilities of Medical Personnel During War, APHA Annual Meeting, Boston, MA, November, 2006.

Sidel VW. An Atypical Pathway to a Career in Public Health and Social Medicine, APHA Annual Meeting, Boston, MA, November, 2006.


Venters HD, Deluca JP, Drucker E. Bringing Primary Care to Legal Aid in the Bronx. 29th Society of General Internal Medicine Annual Meeting, Los Angeles, CA, April, 2006.


Widoff J. Health Care Experiences and Needs of Street-Based Sex Workers in New York City. 29th Society of General Internal Medicine Annual Meeting, Los Angeles, CA, April, 2006.

Williams R, Fink M, Barr W. Precepting Prenatal Care: A Collaborative Faculty Development Program. 39th Society of Teachers of Family Medicine Annual Spring Conference, San Francisco, CA, April, 2006.

Williams R. Common Resident Oversights in Prenatal Care. Society of Teachers of Family Medicine, Northeast Regional Meeting Boston, MA, October, 2006.

PUBLICATIONS 2006

Anderson M. Will this soy drink help my patient's hot flashes? Medscape Ob/Gyn & Women's Health 2006; 11(2).


Bonuck K. Commentary on Metoclopramide did not increase milk volume or duration of breastfeeding for preterm infants. Evidence-based Obstet Gynecol 2006; 8(2).


Deen D. How can nutrition education contribute to competency-based resident evaluation? Am J Clin Nutr 2006; 83(suppl):1S-6S.


Dietrich AJ, Tobin JN, Cassells A, Robinson CM, Greene MA, Sox CH, Beach ML, DuHamel KN, Younge RG. Telephone Care Management To Improve Cancer Screening among Low-Income Women: A Randomized Controlled Trial. Annals of Internal Medicine 2006; 144(8):563-571


AECOM/MMC DEPARTMENT OF FAMILY MEDICINE
National Ranking in NIH Funding, 1999-2005*

* AECOM departmental rankings, compared with peer departments nationally in 2005: internal medicine = 28, pediatrics = 33, psychiatry = 66, neurology = 19, anatomy/cell biology = 2, physiology = 15. Our department has been ranked in the top 10 family medicine medical school departments nationally in NIH funding since 2003. Does not include MMC NIH grants. NR = not ranked. 2005 is last year for which results are available. **Numbers in parentheses indicate total number of family medicine departments with NIH funding.

DEPARTMENTAL REVENUE SUMMARY 2000-2006
Grants and Contracts

<table>
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<tr>
<th>FY</th>
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<td>2001</td>
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<td>2006</td>
<td>$8,984,742</td>
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DEPARTMENTAL GRANTS

Outstationing Medical Care in SRO’s
Principal Investigator: C. Cunningham, MD
Source of Support: MHRA
Dates: 10/1/00-2/28/08
Total Costs: $1,884,620

Environmental Justice Partnerships
Principal Investigator: A.H. Strelnick, MD
Source of Support: NIEHS/NIH
Mechanism: R25
Dates: 4/15/01-8/31/09
Total Costs: $1,464,874

Early Intervention/Prevention of Sexual Violence
Principal Investigator: A. Blank, PhD.
Source of Support: SAMSHA/Subcontract with St. Luke’s Roosevelt Hospital
Dates: 9/30/01-9/29/06
Total Costs: $107,386

Special Project of National Significance: Evaluation of HIV Care in SRO’s
Principal Investigator: C. Cunningham, MD
Source of Support: HRSA
Dates: 9/30/01-8/31/06
Total Costs: $1,600,000

Hopkins HIV Research Network
Principal Investigator: R. Beil, MD
Source of Support: AHRQ Subcontract with Johns Hopkins University
Dates: 10/1/01-9/30/08
Total Costs: $480,905

Fellowship in Reproductive Health
Principal Investigator: M. Gold, MD
Source of Support: Private Foundation
Dates: 7/1/02-6/30/08
Total Costs: $1,686,477

Med School Part in School Based Health Systems
Principal Investigator: D. Appel, MD
Source of Support: NYS DOH
Dates: 7/1/02-6/30/06
Total Costs: $562,422

South Bronx Environmental Justice Partnership And Ethical Issues in Environmental Health
Principal Investigator: A.H. Strelnick, MD
Source of Support: NIEHS/NIH

Mechanism: R25
Dates: 9/30/02-8/31/04
Total Costs: $1,027,977

Center for AIDS Research (CFAR)
Principal Investigator: Harris Goldstein
Pilot: M. Anderson, MD
Source of Support: NIH/NIAID
Dates: 5/1/06-4/30/08
Total Costs: $32,000

Care Preferences and Life Priorities of People With AIDS near Death
Principal Investigator: Peter Selwyn, MD
Source of Support: NINR/NIH Subcontract with Columbia University
Mechanism: R01
Dates: 7/01/03-5/31/06
Total Costs: $693,994

Medical Assessment Clinic (MAC)
Principal Investigator: C. Cunningham, MD
Source of Support: CitiWide Harm Reduction
Mechanism: R03
Dates: 7/1/05-6/30/07
Total Costs: $165,550

Vaginal Douching in Latina Women
Principal Investigator: D. McKee, MD
Source of Support: NICHD/NIH
Mechanism: R03
Dates: 7/1/05-6/30/07
Total Costs: $165,325

Family Decisions About Palliative Care
Principal Investigator: A. Karasz, PhD
Source of Support: NIA/NIH
Mechanism: R03
Dates: 9/1/03-8/31/06
Total Costs: $165,325

Bronx Center to Reduce & Eliminate Ethnic and Racial Health Disparities (BxCREED)
Principal Investigator: A.H. Strelnick, MD
Source of Support: NCHMD/NIH
Mechanism: P60, Center Grant
Dates: 9/30/03-8/31/07
Total Costs: $4,768,298
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<th>Project Description</th>
<th>Principal Investigator</th>
<th>Source of Support</th>
<th>Dates</th>
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<td>Minority HIV/AIDS Research Institute</td>
<td>C. Cunningham, MD</td>
<td>Center for Disease Control</td>
<td>9/30/03-9/29/06</td>
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<td>Center for Reproductive Health</td>
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<td>Open Society Institute: Palliative Care Fellowship</td>
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<td>Palliative Care Management in the ER</td>
<td>S. O’Mahony, MD</td>
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<td>Improving Health Literacy</td>
<td>I. Sharif, MD</td>
<td>Pfizer</td>
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<td>HRSA</td>
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<td>S. Bernstein, MD</td>
<td>NYS DOH</td>
<td>8/1/04-7/31/08</td>
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<td>Special Project of National Significance: The Development and Evaluation of Integration of Buprenorphine into HIV Primary Care in Bronx Community Health Centers</td>
<td>C. Cunningham, MD</td>
<td>HRSA/SPNS</td>
<td>9/1/04-8/31/09</td>
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<td>Bronx Science and Health Opportunities Partnership</td>
<td>A. Fornari, EdD.</td>
<td>HRSA</td>
<td>9/1/04-9/30/07</td>
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<td>Academic Chronic Care Collaborative</td>
<td>P.A. Selwyn, MD</td>
<td>AECOM/AAMC</td>
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<td>Improving the Informed Consent Process</td>
<td>V. Hatcher, PhD.</td>
<td>AAMC/SACME</td>
<td>6/1/05-5/31/06</td>
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<td>Promoting Healthy Behaviors In Practice-Based Research Networks</td>
<td>D. McKee, MD</td>
<td>Robert Wood Johnson Foundation</td>
<td>7/1/05-6/30/08</td>
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<td>Predoctoral Training in Primary Care</td>
<td>D. Deen, MD</td>
<td>HRSA</td>
<td>7/1/05-6/30/08</td>
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<td>Family Practice Training Grant</td>
<td>M. Duggan, MD</td>
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<td>Outcomes Across the Spectrum of Breast Cancer</td>
<td>C. Schechter, MD</td>
<td>NIH/Subcontract with Georgetown University</td>
<td>9/1/05-8/31/10</td>
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<td>Academic Administrative Units in Primary Care</td>
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<td>HRSA</td>
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Source of Support: HRSA  
Dates: 9/1/05-8/31/08  
Total Annual Costs: $559,872

Management of Vaginal Complaints  
Principal Investigator: M. Anderson, MD  
Source of Support: AHRQ  
Mechanism: R03  
Dates: 7/1/06-8/31/07  
Total Costs: $100,000

Millbank – Palliative Care Training  
Principal Investigator: S. O’Mahony, MD  
Source of Support: Millbank Foundation  
Dates: 7/1/06-6/30/07  
Total Costs: $25,000

Patients’ Experiences in Depression  
Principal Investigator: A. Karasz, PhD  
Source of Support: Montefiore Medical Center  
Dates: 7/1/06-6/30/08  
Total Costs: $75,000

Oral Health Initiative  
Principal Investigator: P. Meissner, M.S.P.H.  
Source of Support: HRSA/SPNS  
Dates: 9/1/06-8/31/11  
Total Costs: $2,000,000

Cultural Competence and Health Disparities  
Principal Investigator: E. Lee-Rey, MD  
Source of Support: NIH/NHLBI  
Mechanism: K07  
Dates: 9/26/06-6/30/11  
Total Costs: $629,671

Fund Public Health of New York  
Principal Investigator: C. Cunningham, MD  
Source of Support: SAMHSA/ Subcontract with CitiWide Harm Reduction  
Dates: 9/30/05-9/29/07  
Total Costs: $48,544

Northeast Consortium for Minority Faculty Development  
Principal Investigator: A.H. Strelnick, MD  
Source of Support: Macy Foundation  
Dates: 10/1/06-9/30/09  
Total Costs: $247,500

Medical Legal Collaborative  
Principal Investigator: K. O’Connor, MD  
Source of Support: American Academy of Pediatrics  
Dates: 10/1/06-3/31/07  
Total Costs: $3,000
Thanks to the efforts of several departmental faculty, medical students, and other contributors, the Social Medicine Portal, http://www.socialmedicine.org/index.html, has grown into an active website, with over 10,000 hits annually [current cumulative total: 39,892]. The portal provides access to information about our own activities and programs as well as links to social medicine-related resources, organizations and activities worldwide. The home page for the portal appears below, along with the contact information for Matt Anderson and Lanny Smith, who are the faculty liaisons for this website.
The quarterly electronic journal Social Medicine (see web address above), which is produced by faculty from our Department, with an international Advisory Board, was successfully launched in March 2006. The journal has included an interesting mix of historical papers such as an account of a 19th century European typhus epidemic by Rudolph Virchow and an early paper on social medicine by Salvador Allende, as well as more contemporary original studies such as one recent paper examining health problems of cashew harvest workers in India. The third issue was also published in Spanish in cooperation with ALAMES (Asociación Latinoamericano de Medicina Social). Below is the table of contents of the 3rd issue of the journal, along with contact information. Available at http://journals.sfu.ca/socialmedicine/index.php/socialmedicine/issue/view/9.
Social Medicine and the Center of Excellence

In 2005, the Department of Family Medicine and Community Health changed its name to the Department of Family and Social Medicine. The DFSM, which includes the Residency Program in Social Medicine (RPSM) and has long had extensive educational, service and advocacy programs in social medicine, has also initiated an effort to strengthen work in social medicine in the department.

Social medicine activities over the past two years in the DFSM have had three principal foci:

1) advancing social medicine education and advocacy;
2) developing a communication infrastructure for social medicine activities; and
3) planning the development of a Center of Excellence in Social Medicine.

In December 2005, DFSM representatives were invited to attend a meeting sponsored by the Association of American Medical Colleges at the New York Academy of Medicine. The meeting brought together representatives of U.S. and Canadian medical school departments that included the words “Social Medicine” in their names. The Departments invited included those at medical schools of the City College of New York, Harvard University, McGill University, the University of North Carolina, The University of California at San Francisco, and our department at Montefiore/AECOM. That conference engendered a session on Social Medicine at the 2006 AAMC Annual Meeting in Seattle, at which the DFSM presented a number of oral and poster presentations on our activities.

Through the efforts of Matt Anderson, Alice Fornari and Maria Baquero we continue to organize the RPSM social medicine PGY-I orientation month each October, and to schedule speakers and activities for our bi-weekly Social Medicine rounds; schedule is available on our web site, socialmedicine.org. This web site also serves as a Social Medicine Portal that carries news of work in social medicine from many sources. (See p. 33)

Matthew Anderson, Paul Meissner, and Victor Sidel have also developed a proposal for a Center of Excellence in Social Medicine (see below). The CESM will design and implement community-based training programs to prepare clinicians for work with disadvantaged communities. It will strengthen current education and training, clinical practice, research and advocacy programs for community-based public health and medical care, and will be a resource for future programs at this and at other institutions. We are currently looking for additional collaborators and funding opportunities to help develop the center.

For more information please contact:

Paul Meissner, M.S.P.H.
pmeissne@montefiore.org

Victor Sidel, MD
vsidel@montefiore.org

Center of Excellence in Social Medicine (CESM)

Vision

To Create a model of social medicine for the 21st Century.

Mission Statement

1. To integrate and expand training, clinical practice, research and advocacy activities in social medicine in the DFSM and beyond;

2. To generate and disseminate new knowledge in the fields of social and community medicine;

3. To advocate for attainment of the highest possible level of health and for access to primary medical care for all people of the world as fundamental human rights; and

4. To develop a platform for commitment of human and financial resources to promote social medicine activities.
Below is the website home page for our Research Health Activism Course, now in its 6th year, which was initiated by residents and faculty in the Residency Program in Social Medicine and is hosted in our department each October. This course attracts fourth-year medical students from around the country, who come to learn about the theory and practice of health activism in the context of social medicine and community health. Contact: Galit Sacajiu, MD, MPH, e-mail: gsacajiu@montefiore.org.

Research-Based Health Activism Course
October 2007

Montefiore Medical Center / Albert Einstein College of Medicine, Bronx, NY

Research-based health activism describes a growing sector of the medical and public health worlds where the classic skills of clinical research and epidemiology are combined with grass-roots advocacy to influence federal and state health policy, stemming the influence of private industry and market forces on public and community health. The Residency Program in Social Medicine at Montefiore Medical Center and Albert Einstein College of Medicine has a rich tradition of innovations in community-oriented primary care and a history of progressive research and practice. Our faculty, together with experts from throughout the New York Metropolitan area, will provide training in this growing field of research-based health activism.

We have developed a unique course, which combines both didactic and project based approaches, to the teaching of research-based health activism. Didactic lectures will introduce three major topic areas: research methods, health policy, and advocacy skills. Individual and small group mentorship will be provided to help students utilize these skills by developing their own independent research proposal. Other sessions will include physician-activist guest lecturers and visits to state or private health organizations that both create and influence health policy. Finally, students will work in groups to develop a research proposal for a project which reflects their interests that can be used when completed to influence health policy. This proposal will be presented on the final day of the course at a luncheon including all students, the course directors, returning session leaders, and Peter Lurie, MD, MPH, from the Public Citizen’s Health Research Group.

FACULTY AND RESIDENTS: Galit Sacajiu, MD, MPH, Assistant Professor of Medicine, Montefiore Medical Center/Albert Einstein College of Medicine * Carolyn Chu, MD, HIV Research Fellow, * Aaron Fox, MD, Chief Resident, Primary Care and Social Medicine Residency Programs

FOR MORE INFORMATION: Please visit our website on Public Citizen at https://www.citizen.org/hrg/activistcourses/einstein.htm or contact us: Galit Sacajiu, MD, MPH, email: GSACAJIU@montefiore.org.

Programming Tracks:

Research Methods—how to produce activist research:
Sarah Anderson, MD, MSc: Planning the write-up process of your project—Ooleo Cunningham, MD. Grant Writing—Atton Karatz, PhD and Galit Sacajiu, MD, MPH. Research Methods I & II—Paul Melnick, MPH: Using Secondary Demographic and Clinical Databases—Nega Sheller, MD. Social Epidemiology—Galit Sacajiu, MD, MPH Survey Design and Research—Nancy Saller, PhD. Study Design

Advocacy—how to create change:
Svetlana (Lana) Zhovtis – University of Rochester School of Medicine and Dentistry
Professional crisis: the need for advocacy training in medical school education

Doug Lincoln – Tulane University School of Medicine
Expert opinion surrounding a crisis counseling program in Post-Katrina, New Orleans

Tejpreet Nakai – New York College of Osteopathic Medicine
Informed consent and graduate medical education: assessing current ACGME guidelines and its effectiveness in educating and evaluating informed consent skills in residents

Jennifer Hewson – Tulane University School of Medicine
Postpartum depression: increasing screening in an obstetrics/gynecology residency program in New Orleans, Louisiana

David Rankey – University of Cincinnati
Estimation of institutional economic benefits from a central line best practice initiative in 8 urban hospitals

Elizabeth Rogers – University of Nebraska College of Medicine
A case control study of bacterial and protozoal sexually transmitted infections and their associated risk factors in women in a rural Salvadoran village

Judy Chertok – Columbia College of Physicians and Surgeons
Barriers and facilitators of continuous primary care at a community-based student-run clinic for the homeless

Cassie Frank – University of Illinois, Chicago College of Medicine
A methodical analysis of the history of the policy development of condom availability programs in New York City Public High Schools and an assessment of the current environment in Chicago

Mary Foote – University of Arizona College of Medicine and College of Public Health
Assessing exposure to political violence in foreign born populations and physician awareness in a primary care setting
“Though the scientific knowledge and technical expertise of the American medical profession is unequalled in the world, the United States finds itself in the midst of a national health care crisis...the high cost and inaccessibility of health care, the fragmentation and impersonality of modern medicine, the uneven distribution of medical personnel in institutions, the emphasis on episodic disease-oriented medicine, and the limited role of the consumer in setting health policy are our problems for which the future health professional must be prepared to find solutions...the future physician must receive a different kind of education from that presently existing. He must have knowledge of the family, the community, and the health care delivery system as well as having the scientific and technical confidence in clinical medicine.”

With these words written in 1969 by Dr. Harold Wise, a medley of music from the sixties through the nineties and photos of generations of RPSMers, the Residency Program in Social Medicine celebrated its 35th Anniversary at the New York Academy of Medicine. The celebration was held in conjunction with the New York State Project EXPORT Centers’ collaborative conference “Overcoming Health Disparities: The Changing Landscape” which featured many presentations and posters by RPSM graduates, friends and allies.

Approximately 100 people attended the dinner on May 13th, coming from as far away as California, Texas and Florida and representing all generations and disciplines. The evening program featured remarks from all of the people who have faced the challenges and privileges of being the directors of this pioneering interdisciplinary primary care training program. David Kindig, Jo Ivey Boufford, Robert Massad (in written remarks), and Peter Selwyn addressed the subject, “Social and Health Contexts and the RPSM Response: 1970-2005 and Beyond”. Dr. Selwyn’s presentation featured a timeline tracing the birth and evolution Department of Social Medicine at Montefiore and its integration with the residency training program it inspired.

The evening provided a wonderful opportunity for old friends to become reacquainted and for reflections and remembrances. (A complete list of all RPSM alumni from 1971 through 2006 follows on pp. 39) All generations of RPSM graduates were included as well as potential future generations, represented by high school and college students who have participated in a summer health careers pipeline program organized by Janet Townsend and Paul Meissner over the past few years. A moment of silence was held, honoring beloved and respected colleagues who died during or after their association with the RPSM.

The conference and anniversary allowed the newly formed Friends and Alumni of the RPSM to meet over lunch. Merle Cunningham and Vic Sidel led a discussion regarding the ways in which an Alumni Association could meet the needs of its members and organize to raise funds to support and promote special activities consistent with the mission of the RPSM. There was a general consensus that we not wait another ten years before gathering together to mark a special anniversary, share our triumphs, and laugh and dance together. For more information, please Contact: Nicole Lewis at (718) 920-2815, or via e-mail at nlewis@montefiore.org.
RESIDENCY PROGRAM IN SOCIAL MEDICINE ALUMNI
1971-2006

1971
Pediatrics
David Kindig

1972
Internal Medicine
Donald Smith

Pediatrics
Zachary Finkelberg
Benjamin Siegel

1973
Internal Medicine
Thomas Kuebler
Steve McCloy
Matthew Sheinin
Barbara Starrett

Pediatrics
Stan Fisch
Edward Martin
Laurence Platt

1974
Internal Medicine
John Alcott
Geoffrey Kane
Daniel Leicht (deceased)
Robert Shannon
Christine Suberman

Pediatrics
Peter Andrus
Jo Boufford
Ilene Fennoy
Charles Gessert
Max Van Gilder
Charlene Graves-Dunlop
Forrest Lang
Steven Shelov

1975
Family Medicine
Merle Cunningham

1976
Internal Medicine
Steven Baughn
Paul Friedman
Genevieve Go
Stephen Moore
Donald Ware

Pediatrics
Robert Greifinger
Joseph Okon
Cathryn Samples
Stewart Wolff

1977
Family Medicine
Richard Brodsky
Nayvin Gordon
Robert Morrow

Pediatrics
William Bateman
Charles Derrow
Alan Felsen
Gartrell King
Christopher Morren
Barbara Otto

1978
Family Medicine
Neil Calman
Vincent Esposito
Adrienne Fleckman
Ellen Joyce
Miguel Sanchez
Marni Sternbach
Hal Strelnick

Pediatrics
Harrison G. Bloom
Pat Bloom
Daniel Calder
Susan Levenstein
Joann Lukomnik (deceased)

1979
Family Medicine
Roger Lake
Jeanne Mandelblatt
Emilie Osborn

Pediatrics
Clyde Gilmore
Nancy Lazarus
Andrew Levey
Arthur Schatzkin
John Yergan

1980
Family Medicine
Colin Baigel
Dean Baker
Laura Cappa
Serena Ferguson
FM ‘80 cont’d
Kevin Fickensher
Martha Karchere
Ellen Miller
Kenneth Ong
Christine Tolins
Robert Williams
Richard Younge

Internal Medicine
Juan Albino
Steven Hahn
Fabia Kwiecinski
Mark Linzer
Walid Michelen
Crystal Williams-Mattimore

Pediatrics
Joyce Adams
James Gough
Deborah Hales
Neil Sonenklar

1981
Family Medicine
Arthur Chen
Joseph Halbach
Mini Liu
Susan Pincus
David Stevens
Ivette Torres
Constance Walker

Internal Medicine
Jeanne Newell
Elizabeth Rice

Pediatrics
Joyce Adams

1983
Family Medicine
Steven Athanail
Amy Gardner
Douglas Hudson
Joseph Lurio
Jeffrey Richards
Sandra Selikson
Jonathan Swartz
Christopher Wang
Robert Wolkow

1984
Family Medicine
Darwin Deen
Lillian Gelberg
Victoria Gorski
Mary Jo Kennedy
Sonia Lopez
Margaret McIntosh
Juan Rivas
Peter Selwyn

Internal Medicine
Jacqueline Bowles
Martha Grayson
Ken Lampert
Julie McMurray
Marlene Price
Andrew Goodman
Carmen Martinez
Mary-Ann Tsao

Pediatrics
Ruth Frank
Javier Lugo
Nancy Reuben
Raymona Smith

1985
Family Medicine
Rebecca Elmaleh
Robert Schiller
Ellen Tattelman
Grace Wang

Internal Medicine
Andrea Fox
Gayann Hall
Robin Herbert
Michelle Holmes
Melba Ovalle
Steve Safyer

Pediatrics
Marie Fils-Aime Weston
Linda Levin
Beverly Nelson-Curtis
Herbert Singleton

1986
Family Medicine
Brian Delaney
Alexander Deluca
Camara Jones
Joseph Sacco
Richard Trepel

Internal Medicine
Thomas Birch
Amita Desai
Luis Diaz
Barbara Johnston
Augusto Montalvo
Rona Vail

Pediatrics
Lydia Gonzalez-McCre
Harris Huberman
Teresa (Tesi) Kohlenberg
Felix Santiago
1987

**Family Medicine**
- Lora Fleming
- Jaime Garcia
- Sheila George
- Mark Jobson
- Enrico Melson
- Daniel Miller
- Elizama Montalvo

**Internal Medicine**
- Karen Costley-Hoke
- Sonia Cabrera-Queza
- Dawne Hood
- Susan Matos-Cloke
- Ida Messana
- Sheryl White-Scott

**Pediatrics**
- David Appel
- Diana Burgos (Torres)
- Desiree Perez-McDougall
- Emory Petrack

1988

**Family Medicine**
- Jeffrey Benson
- Beth Brown
- Nereida Correa-Dominguez
- Michael Mercado
- Bruce Soloway
- Mary Zachary

**Internal Medicine**
- Youngsook Choi
- Sarah Garrison
- Patrick Mathiasen
- Daniel Montalvo
- Jane Shaw
- Doug Shenson

**Pediatrics**
- Joan Budd
- Donna Futterman
- Norma Villanueva
- Carole Wilson

1989

**Family Medicine**
- Charles Berk
- Nancy Bermon
- Joseph Breault

**Internal Medicine**
- Aida Cruz-Soto
- Alyson Roby
- Michele St. Louis

**Pediatrics**
- Sammy Greenspan
- Laura Hoyt
- Elizabeth Ortiz
- Martin Spahn

1990

**Family Medicine**
- Wayne Ghans
- Rose Guilbe
- Ruth Lesnewski
- Richard O'keefe
- Linda Prine
- Dianne Ritchie
- Sarah Scher
- Brian Selland

**Internal Medicine**
- Rhonda-Lee Archer
- Jane Bedell
- Gail Cohan
- Christine Egan
- Victor Lewis
- Christina Moyer (Quinones)

**Pediatrics**
- Linda Colon
- Lauren Crump
- Alan Shapiro
- Barbara Weis

1991

**Family Medicine**
- Vibha Bhatnagar
- Andrea Brown
- Maria-Teresa Santos
- Arleen Sharpe
- Kate Sugarman
- Jane Willis

**Internal Medicine**
- Kim Benson
- Roy Cohen
- Michael Crooks
- Marie-Carole Desrosiers
- Anne Mullin
- Christopher Shanahan

**Pediatrics**
- Julie Castrop
- Andre Gray
- Sharon Joseph

1992

**Family Medicine**
- Margo Carrancejie
- Robin Ellett
- Kwame Kitson
- Joseph Pierre
- Marcey Shapiro
- Soraya Toosi
- Jifunza Wright
- Tanya Zangaglia

**Internal Medicine**
- Enrico Belgrave
- Nina Everett (Miles)
- Joseph Harris
- Efrosini Susan Mourelatos
- Ijeoma Nduka

**Pediatrics**
- Peter Agho
- Leslie Joyner-Gray
- Philip Ozuah
- Krenie Stowe
- Belkis Vizcaino-Reyes
- Carmen Zuniga

1993

**Family Medicine**
- Matthew Anderson
- Maribel Garcia-Soto
- Elizabeth Lee
- Todd Mangum
- Marcus Plescia
- Jennifer Ringstad
- Virginia Robertson

**Internal Medicine**
- Charlene Dewey
- Henry Flores
- Katherine Golar
IM ’93, cont’d
Marilyn Jackson
Robert Murayama-Greenbaum
Elizabeth White

Pediatrics
Ghazala Arshad
Jacqueline Barjon-Castille
Remigio Capati
Luisa Rondon
Emily Siege
Manuel Vivero
Kimberly West

1994
Family Medicine
Caridad Farrington
Susan Hadley
Michael Hauan
Benjamin Kligler
Daniel O’Connell
Jose Salvador Santos
Shari-Ann Savoy
Anthony Vavasis
Jenny Walker

Internal Medicine
Amparo Bernal
Elizabeth McKeon
Rachel Pantoja
Susan Richman
Harriet Stathakos

Pediatrics
Tanya Dedyo
Guiseppina Di Meglio
Ronald Sanders
Nandini Sengupta

1995
Family Medicine
Philip Baird
Joan Fleischman
Dawn McAllister
Jacqueline McGibbon
Sheryl Pringle
James Walsh

Internal Medicine
Shawn Cannon
Harold James

Pediatrics
Tosan Akporiaye-Oruwariye
Rosana Diokno
Margaret Murray
Chidiadi Ododo
Libia Rueda-Conley
Hans Spiegel

1996
Family Medicine
Gina D’ottavio
Carole Marks
Nalini Mattai
Francine Rainone
Luis Rodriguez-Betancourt
Joan Stroud
Shirley Tamoria
Irma Warnecke

Internal Medicine
Robert Beil
Suzanne Humphries
Marie Carmel Jacques
Ingrid Nelson
Michael Sampson
Gail Wallace

Pediatrics
Maria Aquilina Abella
Shazia Akbar
Eugene Dinkevich
Peter Kosoff
Iman Sharif
Demetrio Suguitan
Kikelomo Togun

1997
Family Medicine
Lisa Baron
Pablo Joo
Terry Kaplan
Geetinder Lamba
Andrea Ritchin
Isabel Rodriguez
Jocelyne Sanon
Anita Softness
Isabel Souffront

Internal Medicine
Fernando Carnavale
Molly Collins
Zahid Hameed
Dawn Harbatkin

Sandeep Malik
Godwin Ogedegbe

Pediatrics
Penelope Gay
Anka Grabo
Karen Myrie
Marlene Rivera
Kathy Silverman
Altagracia Tolentino

1998
Family Medicine
Luis Chapman
Fred Clarke
David Escamilla
Eastlyn Harding-Marin
Cluny Lefevre
April McNeil
Peter Meacher
Michael Miranda
Absylom Nyamekye

Internal Medicine
Olakunle Abisuga
Francis Burgos
Etta Eskridge
Gautami Guha
Fernando Mora-Mclaughlin
Sara Swenson

Pediatrics
M.G. Raymund Baquiran
Laura Brown
Cheryl Kodjo
Luz Romero
Charlotte Shandley
Joseph Sykes

1999
Family Medicine
Aysha Corbett
Joanne Dempster-Murray
Tricia Elliott
Dawn Garcen
Cara Marshall
Ariel Martinez-Mend
Elizabeth Reynolds
Daiana Schmidt
Esther Schumann
Jill Strachan-Batson
43

‘99, cont’d

Internal Medicine
Michael Cuenca
Chukwuma Ikemba
Marina Malakshanova
Bayoan Martinez
Edwin Njoku
Ricardo Nimo

Pediatrics
Angeles Carrasquillo
Janet Greenholz
Paritosh Kaul
Rei Masui
Jennifer Rich
Christine Verna

2000

Family Medicine
Marie Chamblin
Mary Duggan
Pierre-Richard Edouard
Luis Gonzalez
Lloydstone Jacobs
Lulu Jimma
Wayne Joseph
Haroon Rashid
Suneeti Sapru
Neelam Verma

Internal Medicine
Vinesh Dedhia
Romeo Obsequio
Diego Ponieman
Ilora Rafique

Pediatrics
Michael Falk
Dyan Hes
Amy Hanson
Nicole Pearson
Robin Scott

2001

Family Medicine
Katherine Chung
David Edelheit
Robert Heglar
Alicia Kowalchuk
Paul Madubuonwu
Tanya Panton
Jose Rodriguez

Internal Medicine
Arti Saproo
Carol Taylor
Kenrick Waithe

Pediatrics
Altagrace Belmar
Sandra Braganza
Nichole Brathwaite-Dingle
Sayantani Dasgupta
Maida Galvez

2002

Family Medicine
Jaiyeola Ashaye
Michael Clark
Anuj Handa
Bernard Lee
Ella Leers
Andrea Littleton
Diana Ramirez
Magaly Rouzier
Shauna Stupart

Internal Medicine
Renee Hernandez
Lisa O'Connor
Melissa Stein

Pediatrics
Steve Caddle
Alison Days
Jaymi Formaggio
Esther Sampayo

2003

Family Medicine
Chi Chau
Kristen Harvey
Victor Inada
Serife Karakas
Hyun Joon Lee
Anju Mattoo
Renika McLeod-Labissi
Walter Rojas
Denise Young
Olusegun Wilde

2004

Family Medicine
Anita Beecham-Robins
Thierry Dubois
Katia Forbin
Eunice Hoolihan
Essam Jacob
Dung Le
Roanne Osborne
Kevin Rabey
Dana Romalis
Vandana Sharma

Internal Medicine
Reena Agarwal
Eumee Chun
Robin Flam
Miriam Haverkamp
Sussann Nasr
Jennifer Olson

Pediatrics
Kelechi Iheagwara
Sarah Kimball
Marian Larkin
Reva Snow

2005

Family Medicine
Paolo Coll
Tanesha Lawrence
Kevin Mould
Evia Nano
Joquetta Paige
Michele Vaca
David Walker
Amanat Yosha

Internal Medicine
Rachel Raab
IM ’05, cont’d
Mentor Sejdiu
M. Alexander Wright

Pediatrics
Jose Alberto Betances
Dina Dimaggio
Erica Hyman Kates
Sara Levine

2006
Family Medicine
Manuel Esteban
Gunther Groning
Emily Jackson
Sheena Kumar
Sharmila Matippa
Aisha Mays
Sharmila Ramprasad
Melanie Ukanwa

Internal Medicine
Cyrus Boquin
Rebecca Cohen
Kelly Ramsey
Noga Shalev
Mindy Sobota
Rebecca Warkol
Juliet Widoff

Pediatrics
Anne Gordon
Valerie Lewis
Katherine O’Connor
Kristen Wade-Kempfak
RESIDENCY PROGRAM IN SOCIAL MEDICINE
Social Medicine Projects, 2006

As a requirement for program graduation, all residents in the three tracks of the Residency Program in Social Medicine are required to conduct a Social Medicine Project, which is a longitudinal, mentored project that addresses an important clinical or research issue affecting the populations we serve. The standard that we have used in recent years is that these projects should result in a finished piece of work that should be ready to be published in the medical literature or presented at a national academic meeting. The list below indicates all the projects of the graduating class of 2006, as well as the winners of the Chairman's Research Award, and the Dan Leicht Award, which was established posthumously in honor of Dan Leicht, M.D. (1946 - 1987, RPSM Internal Medicine Track, ‘74), for projects that best fulfill the ideals of social medicine.

<table>
<thead>
<tr>
<th>Family Medicine</th>
<th>Internal Medicine</th>
<th>Pediatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Manuel R. Esteban, MD</strong></td>
<td><strong>Cyrus Boquin, MD, MPH</strong></td>
<td><strong>Anne Gordon, MD</strong></td>
</tr>
<tr>
<td>Gunther Groning, MD</td>
<td>Understanding Adherence to HAART</td>
<td><strong>Valerie J. Lewis, MD</strong></td>
</tr>
<tr>
<td>Psychosocial Impact Of Erectile Dysfunction In Hispanic Patients</td>
<td>HAART therapy among Methadone Maintenance Patients</td>
<td><strong>Katherine O’Connor, MD</strong></td>
</tr>
<tr>
<td><strong>Emily Jackson, MD</strong></td>
<td><strong>Kelly Ramsey, MD</strong></td>
<td><strong>Kristen Wade-Kempiak, MD</strong></td>
</tr>
<tr>
<td>Hitting the Streets: A Resident Inspired and Resident Executed Experiential Cultural Curriculum</td>
<td>A Comparison of HIV Health Services Utilization Measures in a Marginalized Population: Self-Report vs. Medicaid Records</td>
<td><strong>Breaking Down the Barriers to Inhaled Corticosteroid Use Among Caregivers of Children with Asthma</strong></td>
</tr>
<tr>
<td><strong>Sheena Kumar, MD</strong></td>
<td><strong>Noga Shalev, MD</strong></td>
<td><strong>Mindy Sobota, MD</strong></td>
</tr>
<tr>
<td>Nucleic Acid Testing For Chlamydia And Gonorrhea In A School Based Clinic</td>
<td>From public to private care: the historical trajectory of medical services in a New York City jail</td>
<td><strong>Rebecca Warkol, MD</strong></td>
</tr>
<tr>
<td><strong>Sharmila Matippa, MD</strong></td>
<td><strong>Mindie Sobota, MD</strong></td>
<td><strong>Juliet Widoff, MD</strong></td>
</tr>
<tr>
<td><strong>Aisha Mays, MD</strong></td>
<td><strong>From public to private care: the historical trajectory of medical services in a New York City jail</strong></td>
<td><strong>Health Care Experiences of Street-Based Sex Workers in New York City</strong></td>
</tr>
<tr>
<td>Young Mom’s Prenatal Group: Medicine, Education, and Social Support</td>
<td>A Comparison of HIV Health Services Utilization Measures in a Marginalized Population: Self-Report vs. Medicaid Records</td>
<td><strong>Breaking Down the Barriers to Inhaled Corticosteroid Use Among Caregivers of Children with Asthma</strong></td>
</tr>
<tr>
<td><strong>Sharmila Ramprasad, MD</strong></td>
<td><strong>From public to private care: the historical trajectory of medical services in a New York City jail</strong></td>
<td><strong>Breaking Down the Barriers to Inhaled Corticosteroid Use Among Caregivers of Children with Asthma</strong></td>
</tr>
<tr>
<td>Sugarbusters, diabetes self-management group</td>
<td><strong>From public to private care: the historical trajectory of medical services in a New York City jail</strong></td>
<td><strong>Breaking Down the Barriers to Inhaled Corticosteroid Use Among Caregivers of Children with Asthma</strong></td>
</tr>
<tr>
<td><strong>Melanie Ukanwa, MD</strong></td>
<td><strong>From public to private care: the historical trajectory of medical services in a New York City jail</strong></td>
<td><strong>Breaking Down the Barriers to Inhaled Corticosteroid Use Among Caregivers of Children with Asthma</strong></td>
</tr>
<tr>
<td>St John’s Wort and Omega 3 Fatty Acids in the Management of the Depressed Patient: Creating Provider Pamphlets</td>
<td>A Comparison of HIV Health Services Utilization Measures in a Marginalized Population: Self-Report vs. Medicaid Records</td>
<td><strong>From public to private care: the historical trajectory of medical services in a New York City jail</strong></td>
</tr>
</tbody>
</table>

**Winner of Chairman’s Research Award**

**Distinction in Research**

**Winner of Dan Leicht Award**
DEPARTMENTAL FACULTY BY RANK

**Professors**
Bell, Bertrand *α
Blustein, Jeffrey
Calman, Neil
Deen Jr., Darwin
Drucker, Ernest
Dubler, Nancy
Gold, Marji
Massad, Robert
Mulvihill, Michael ^
Ozuah, Philip *δ
Selwyn, Peter
Sidell, Victor *β
Strelnick, A. Hal

**Associate Professor**
Correa, Nereida *ε
Bernstein, Steven *φ
Gorski, Victoria
Grossman, Penny
Herman, Merrill *χ
Karasz, Alison
Kligler, Benjamin
Lesage, Pauline
Morrow, Robert
McKee, M. Diane
Prine, Linda
Schechter, Clyde
Schwartz, Charles *χ
Sharif, Iman *δ
Solway, Bruce
Touger, Michael *φ
Townsend, Janet
Weiser, John

**Assistant Professor**
Ahmed, Rounak
Alfasi, Goldie
Anderson, Matthew
Appel, David *δ
Asgary, Ramin *α
Aszalos, Rita
Barr, Wendy
Becker, Karen
Blank, Arthur
Blumkin, Dan
Bobb-McKoy, Marion
Burg, Jean
Burton, William
Cahill, John
Chambers, Earle
Cohrsen, Andreas
Cunningham, Chinazo *α
D’Souza, David
Daguilh, Fabienne
Delaney, Brian
Dognin, Joanna
Duggan, Mary
Dundy, Richard
Fader, Jonathan
Fornari, Alice
Garg, Purnima
Gayle, Eric
Geer, Kamini
Gilban, Sandra
Graber, Katherine
Gross, Paul
Guilbe, Rose
Karakas, Serife
Lee-Rey, Elizabeth
Levy, Albert
Lurio, Joseph
Maguire, John
Marzan, Maria
Meacher, Peter
Merker, Edward
Minardo, Josephine
Montalvo, Elizama
Mumford, James
O’Mahony, Sean
Pincus, Susan * δ
Plachta, Leslie
Planos, Ruth
Polisar, Mark
Rosen, Zachary
Rynjah, Eva *δ
Sacco, Joseph
Santos, Maria-Theresa
Schiller, Robert
See, Sharon
Smith, Clyde *α
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