Community Pediatrics Tackles Neighborhood Problems Through Partnerships

Poverty, obesity, asthma, lack of opportunity, mental illness, and illiteracy are some of the many inner-city scourges that have profound effects on the children who grow up there. These are also problems that CUMC providers confront daily in their clinical practices. Through longstanding partnerships with NYP’s Ambulatory Care Network (ACN) and community groups in Washington Heights and Inwood, CUMC’s Community Pediatrics program has been working to address these ills for decades.

Community Pediatrics’ many programs are each informed by...

Community Relationships Strengthen Prenatal Care

Pregnant women in Washington Heights-Inwood often receive prenatal care at one of NYP’s five Ambulatory Care Network (ACN) clinics or one of the neighborhood’s many independent clinics, but when their babies are due they deliver at The Allen Hospital, CUMC/NewYork-Presbyterian’s community facility. CUMC physicians staff the OB/GYN Division in The Allen Hospital, and play a vital role in the neighborhood, delivering nearly 2,400 babies a year.

To strengthen collaborations and continuity of care between the OB/GYN Department and the many community providers, and to facilitate easy access to subspecialty care for patients who develop complications in pregnancy, Anna Burgansky, MD, The Allen’s OB/GYN Division Chief, and Migdalia Onofrietti, The Al-
UMC is woven into the fabric of two dynamic neighborhoods, Washington Heights and Inwood, which are home to a predominantly Latino community of about 270,000 residents. More than half of the area’s residents are foreign-born, one in four households speak only Spanish, and one in three families lives below the poverty level. Providers in both CUMC’s OB/GYN and Pediatrics departments care for the neighborhood’s women and children, in many cases in partnership with community-based organizations committed to improving the health and wellbeing of local residents. Our community programs and partnerships are such an integral and meaningful part of the work of both departments that we devote this issue of Connections to coverage of them. On page 1 you can read about our Community Pediatrics programs—which address major challenges to children’s health through family, community, and biology—and CUMC’s Allen Hospital, where more than 2,400 neighborhood babies are born each year. On page 9 we feature a new vaccine education clinic where concerned parents can learn more about the importance of vaccinations. Prenatal exercise (page 12), asthma research (page 10), and new breastfeeding support program (page 11) are some of the other initiatives we highlight here. Look for our Spring 2013 issue, which will showcase our basic science research programs, which are improving outcomes for patients at CUMC and elsewhere.

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Co-Editors-in-Chief
Connections
Caring for the Community

A CONVERSATION BETWEEN THE CHAIRS

Mary D’Alton, Chair of Obstetrics and Gynecology, and Larry Stanberry, Chair of Pediatrics, spoke recently about the direction of the departments’ community health efforts.

Dr. Stanberry: It’s a privilege to be part of the very vibrant Washington Heights-Inwood community, which is not only the place where we work, but where many of our faculty and staff live. And we are fortunate to be in a neighborhood where the residents just view us as the local hospital. When you’re embedded in a community you have an opportunity to address community members’ out-of-hospital, out-of-clinic health maintenance needs. We do that, not out of a sense of altruism, but to contribute to the overall health of our community.

Our partnerships with people in local organizations help focus our perspective on the community’s needs, and two of our programs are particularly important (see page 1). WIN for Asthma trains community-based health workers from the neighborhood to go into homes to assess asthma triggers and educate families about ways to avoid these triggers. And, through the Lang program, faculty, hospital, and healthcare personnel help educate and inspire promising young people from the neighborhood by mentoring and tutoring them. Those who complete that program end up with university scholarships. We’re also involved in school-based clinics in partnership with the school system, we assist religious organizations with prevention strategies and programs, and we partner with political organizations and advocacy groups like Alianza Dominicana.

Dr. D’Alton: It’s our responsibility to optimize the health outcomes of women and children in this community, and our department does that through our hospital antenatal system, and through the Ambulatory Care Network (ACN) system, which has multiple clinics devoted to the needs of the community. And most low-risk deliveries among women in our neighborhood (2,400/year) occur at The Allen Hospital, which has developed an extremely safe obstetrical profile over the last decade due to the significant leadership of Dr. John Evanko, and more recently Dr. Anna Burgansky (see page 1).

We’re always looking for providers who are passionate about improving the health of the neighborhood. Dr. Copin (page 14) who directs our family practice clinic, grew up in this neighborhood, and Dr. Dara Mateoane also has a long-term association with this community. Her father was the chair of OB/GYN at Harlem Hospital and she is now in charge of our Perinatal clinics.

A number of OB/GYN programs are closely aligned with pediatrics. One worth mentioning is the group-based prenatal care program for pregnant teens that’s been developed under the leadership of Dr. Sarah Kelly (page 13). One of our nurse midwives, Marilinda Pascoe, who noticed that neighborhood women were not very active during pregnancy, co-founded an exercise group, the NYC Prenatal Fitness Initiative (page 12). The group has led to a lot of social relationships and networking among the patients—the same benefit found in the centering group (page 13)—giving them kind of a lifeline of support that lasts not just during, but after pregnancy. Our efforts in the neighborhood seem to work better if we do them with groups.

Dr. Stanberry: Most of our community programs focus on preventing illness. With childhood obesity, for example, we try to make sure patients don’t continue to accelerate gain, and when we can, we help them lose weight. The asthma program, in many ways, focuses on people who are already afflicted with a problem, but its focus—empowering people to better control their disease—is vitally important. We’re planning to expand to other areas—smoking prevention, accident prevention, and making certain that people are well immunized against infectious diseases.

Dr. D’Alton: The obesity epidemic is an opportunity for our departments to work together and possibly expand programs so that we’re thinking about the whole family—getting mom involved in prenatal care and fitness initiatives, for example, and carry those through into the childhood program. Pregnancy is a time when patients are a captive audience, if you will. They usually are very compliant with their visits, affording us a real opportunity for continuous education about the lifelong issues related to obesity.

Another area for collaboration between our departments is around breastfeeding. The vast majority of neighborhood women are not breastfeeding at their postpartum visit. This is a cultural issue in the neighborhood, where breastfeeding is seen as not as good as formula—when, in fact, all of the data shows the opposite. Our obstetricians, midwives, and nurses are always looking for ways to partner with the pediatricians to educate women about the benefits of breastfeeding (page 11).
Second Wave Of 2009 Flu Pandemic No Worse Than First, Study Shows

The 2012-2013 influenza season started earlier than any flu season since 2003, and influenza activity was high and widespread around the US as of early this year. While it is still too early to tell what this season’s flu holds, over the past century influenza pandemics were characterized by multiple waves of illness over several years. During earlier waves fewer patients were infected and mortality rates were lower; during subsequent waves more patients were infected, the diseases were more severe, and mortality rates higher. CUMC researchers, pediatric intensivist J. Scott Baird, MD and infectious disease specialist and hospital epidemiologist Lisa Saiman, MD, MPH and their colleagues, studied the course of the 2009 influenza season and hypothesized that compared with the first wave of 2009 Influenza A (H1N1) (May-July 2009), the second wave, which included the typical winter influenza season of 2009–10, would be characterized by increased severity of illness and mortality. In a study in Pediatric Critical Care Medicine they reported on data gathered in CUMC’s pediatric emergency departments and inpatient facilities from all hospitalized children who had confirmed influenza A. They compared severity of illness, bacterial superinfections, and mortality rates during the first and second wave. Compared to the first wave (and contrary to their hypothesis) fewer children were hospitalized at CUMC during the second wave of 2009 Influenza A (H1N1), but both waves had a similar spectrum of illness severity and low mortality rate. The reason why fewer children were hospitalized is unclear, but the team speculated that perhaps appropriate use of antiviral therapy for outpatients and silent seroconversion to H1N1 during the first wave contributed to this observation.


Urban minority children have more sleep problems than previously recognized

Many risk factors for poor sleep are exaggerated in urban, economically disadvantaged communities. Latino and African American children living in these communities nap more frequently and longer, have significantly later bedtimes, and sleep in spaces that are more overcrowded and noisier than their non-minority peers; they are also more likely to have asthma, and to be exposed to environmental tobacco smoke, community violence, and maternal depression. And sleep problems can lead to significantly more daytime behavioral and learning problems. Pediatric pulmonologist Beverley Sheares, MD, MS, and colleagues set out to determine the extent and nature of behavioral sleep problems and disorders in this group. Using a questionnaire to describe children’s sleep patterns and behaviors they interviewed 160 parents and found that 94% of the children (150) had scores indicating a sleep problem (parasomnias, bedtime resistance, sleep duration, sleep anxiety, daytime sleepiness, night wakings, sleep onset delay, and sleep disordered breathing). Although almost every child in the study had some type of sleep problem, only four parents said they had spoken with their pediatricians about it. “Given the consequences of poor sleep, an important next step will be to develop effective interventions specifically to address the sleep needs of children living in poor urban environments,” the researchers note in their article, to appear in Clinical Pediatrics.

Sheares BJ, Kattan M, Leu C, Lam C, Dorsey KB, Evans D. Sleep problems in urban, minority early school aged children more prevalent than previously recognized. Clinical Pediatrics. in press.
Bacteria increase biofilm production in the presence of cigarette smoke

Smokers are prone to respiratory infections, a link that has been attributed to the immunosuppressive and irritant effects of cigarette smoke on human cells. Adam Ratner, MD, MPH, and colleagues in his laboratory hypothesized that bioactive components of smoke might also increase the virulence of bacteria that normally reside alongside human nasopharyngeal cells, including pathogenic bacteria such as Staphylococcus aureus. Using S. aureus as a model, they observed that the bacteria increased both biofilm formation and adherence to host cells in the presence of cigarette smoke. They analyzed the potential molecular pathways involved and found that, when exposed to cigarette smoke, S. aureus decreased the expression of a system that limits biofilm dispersal (the staphylococcal virulence global regulatory gene agr), and increased the transcription of inducers of biofilm (sarA and rbf).

Cigarette smoke contains bioactive compounds including free radicals and reactive oxygen species, and they observed that bacteria induced transcription of a group of enzymes called oxidoreductases following exposure, consistent with the hypothesis that cigarette smoke induces staphylococcal biofilm formation in an oxidant-dependent manner. Dr. Ratner’s team published their results in Infection and Immunity, and the study also appeared in the Research Highlights section of Nature (488, 432 (23 August 2012)).

Identifying and reducing the risk factors for obesity and diabetes

Michael Rosenbaum, MD, Professor of Clinical Pediatrics and Clinical Medicine and a diabetes investigator, is the principal investigator in a multisite study called the Reduce Obesity and Diabetes (ROAD) consortium. In collaboration with other investigators at CUMC along with the Cohen Children’s, Maimonides, Mt. Sinai, and Winthrop University medical centers, Dr. Rosenbaum examined the prevalence of risk factors for obesity and co-morbidities such as type 2 diabetes and the response of these risk factors to a school-based health, nutrition, and exercise intervention in a multiethnic group of urban middle school children. One recent study completed by consortium members and published in the Journal of Bone and Mineral Research analyzed the correlation between levels of vitamin D and osteocalcins, which are markers of bone formation, and risk factors for adiposity-related co-morbidities in children.

“Perhaps the most striking finding is the prevalence of vitamin D deficiency in middle school students, and the ethnic differences in this prevalence,” Dr. Rosenbaum says. The group found that between 50 and 80 percent of junior high school children in New York City public schools have low vitamin D, and the levels were lowest among African-, Asian-, and Hispanic-Americans. Vitamin D not only plays an important role in bone metabolism but also correlates with insulin sensitivity, triglycerides, and inflammatory cytokines, Dr. Rosenbaum says. Routine screening for vitamin D might be a simple way to screen for other risk factors, he adds.

Improving biosurveillance in Pakistan

Through biosurveillance efforts governments can identify and track potentially catastrophic biological events and develop the capacity to respond to them. In the US biosurveillance efforts are hampered by shortages of skilled personnel, but in countries like Pakistan the challenges are exponentially greater. Pakistan lacks unified, functional surveillance mechanisms and has a severe shortage of trained epidemiologists. To strengthen the country’s ability to detect and respond to extraordinary biological incidents, Robert L. Goldenberg, MD, Associate Research Scientist in the Research Division of the Department of Obstetrics and Gynecology, and colleagues at Aga Khan University (AKU), are providing graduate level education in epidemiology/biostatistics and health policy/management to doctors, nurses, veterinarians, and others. Program graduates now occupy positions in Pakistan’s government and academia as well as in key multinational and international organizations. Dr. Goldenberg and his colleagues have received past funding from the National Institutes of Health Eunice Kennedy Shriver National Institute Of Child Health & Human Development to support training of epidemiologists/biostatisticians and health policy makers/managers through these graduate programs. Initial funding from the NIH enabled the group to enroll and train five candidates in the program, and Dr. Goldenberg and his AKU colleagues recently received funding for a second cohort of students.

Screening recommendations for prenatal abnormalities in twins

The number of multiple gestations in the US has significantly increased in the last several decades. Between 1980 to 2001, for example, the number of twin pregnancies rose by 77%. Both structural abnormalities and chromosomal abnormalities such as aneuploidy are more common in twin gestations, so accurate prenatal diagnoses of fetal genetic disorders and structural anomalies in twin gestations are needed. In a paper published in *Seminars in Perinatology* CUMC maternal fetal medicine specialists Joy Vink, MD, Ron Wapner, MD, and Mary D’Alton, MD, discuss the risks and benefits of various screening procedures and outline recommendations for screening twin gestations. Given the increased risk of congenital anomalies they recommend a detailed sonographic survey of fetal anatomy in the early second trimester of twin gestations. In monochorionic twin gestations and dichorionic twin pregnancies conceived using assisted reproductive technologies they suggest fetal echocardiography, because the risk of congenital heart disease is increased in these populations. Screening for aneuploidy in twin gestations is available (using chorionic villus sampling or amniocentesis), but is less accurate than in singleton pregnancies and is associated with a risk of pregnancy loss higher than the baseline risk of loss among twin gestations. Future studies are needed to accurately determine the procedure-specific loss rates after twin invasive genetic testing procedures, they conclude.

Advances in Research

Putting the “M” back in maternal-fetal medicine

Maternal deaths remain rare in the United States, but the rate has not decreased for three decades. Severe maternal morbidity is a more prevalent problem, and rates are rising as more older and obese women are giving birth, cesarean deliveries are more common, and more pregnant women have chronic medical conditions. “We believe it is the responsibility of maternal-fetal medicine (MFM) subspecialists to lead a national effort to decrease maternal mortality and morbidity,” Mary D’Alton, MD, Chair of the Department of Obstetrics and Gynecology, and co-authors from CUMC and a number of other medical centers write in an upcoming opinion piece in the American Journal of Obstetrics and Gynecology. (Dr D’Alton, president of the American Gynecological and Obstetrical Society (AGOS), also delivered the piece as the keynote address at the 2012 AGOS meeting.) To reestablish the role of MFM subspecialists in performing and coordinating care in complicated obstetrical cases the authors make a number of recommendations: enhancing MFM education and training, establishing national standards to improve maternal care and management, and addressing critical research gaps in maternal medicine.


High-volume hospitals better at treating complications of ovarian cancer

Many studies have shown an association between high surgical volume and improved outcomes from procedures. As researchers have studied this association, they have come to recognize that complication rates may not be lower at high-volume hospitals, but that these hospitals may be better at rescuing patients who develop complications. To understand the underlying factors at work, gynecologic oncologist Jason Wright, MD and colleagues identified 36,624 women who underwent surgery for ovarian cancer between 1988 and 2009 and examined the role of complications, failure to rescue from complications, and mortality based on hospital volume. They conclude, in a study published in the Journal of Clinical Oncology, that the failure to rescue rate (death after a complication) was markedly higher at low- compared to high-volume hospitals: Women treated at low-volume hospitals who experienced a complication were 48% more likely to die than patients with a complication at a high-volume hospital.

The recent reunification of the oncology, hematology, and stem cell transplant programs into one academic division under new Chief Andrew Kung, MD, PhD brings three very complimentary areas together again, Dr. Kung says. Joining them, “will allow us to maximize efficiencies in delivering excellent patient care and also facilitate the training program across the different specialties,” he says. Dr. Kung, who joined CUMC last August after almost 20 years at the Dana-Farber Cancer Institute in Boston, has clinical experience in transplantation and a research career identifying the causes of, and targeted treatment strategies for, cancer. In his new role he oversees clinical care in the division, whose doctors treat more than 1,500 patients annually, and is building a research program to develop the next generation of therapies for pediatric cancers and blood disorders.

“The division has always been very strong in both clinical care and research. Going forward one focus is to build up the connections between the two in the form of translational research,” he says—but he envisions translational research as a two-way street. “We have traditionally thought of translation as going in one direction—we figure out new biology, ways to treat patients, or causes of disease, and then develop improved diagnostics and treatments to move into the clinic.” In Dr. Kung’s vision knowledge is translated from the clinic to the lab as well, he says, because researchers can learn a lot from patients; analyses of patients’ tumor tissue will provide leads for scientists in the laboratory, for example. “We want to build a platform where new ideas for treatment—whether they come from basic scientists or clinicians—can be tested in the lab so that we can rapidly prioritize and translate the best ideas into treatments in the clinic.”

Genomic and sequencing technologies are very important components of this approach, enabling researchers to analyze tumors for cancer-causing mutations. “When we find a new mutation and want to figure out if it is responsible for the development of disease, we can immediately take that question back to the laboratory scientists,” he says. “So the genomic technologies will become important drivers of our care of patients and will also help prioritize our work in the laboratory.”

Many medical centers are moving toward the concept of providing personalized medicine, where patient’s tumor tissue is analyzed, and their doctors then tailor the treatments to their particular mutations. Over the next year, as the division acquires additional technologies, data, and means of testing, its members will be able to increase the precision with which they treat patients, says Dr. Kung. “This division has always prided itself on providing personalized care, meaning we have always tailored treatments to fit every individual patient. Now we want to leverage the genomics revolution to tailor our treatments and provide ‘precision medicine.’”

As he grows the division’s research arm, Dr. Kung is also working to strengthen the hematology program, which has particular expertise in sickle cell disease, by adding specialists in clotting and bleeding disorders, as well as recruiting new physicians for the stem cell transplant program. “We want to build on our existing strengths by expanding our transplant program for non-malignant diseases such as sickle cell disease. So there’s an obvious synergy in having hematology and transplant in the same division,” he says. Dr. Kung is also working closely with Rachel Miller, MD, Director of the Division of Pediatric Allergy and Immunology, to create a program for providing transplants to patients with immunodeficiencies, as well.

“To build upon a foundation that already embodies excellence is really quite exciting,” Dr. Kung says. While most programs around the country are now stagnant because of the current economic environment, CUMC has identified cancer as an area of focus and has committed resources that allow the division to be in building mode, he says. “That commitment ensures that we can grow, evolve, and innovate, and build a next-generation program by investing in existing programs, recruiting new people and committing resources to new technologies and innovative ways of treating patients. That’s how we’re going to move to the next level,” he says. —Beth Hanson

Andrew Kung MD, PhD
Director, Division of Pediatric Hematology/Oncology/Stem Cell Transplantation

Profiles
New Clinic Will Answer Parents’ Questions About Vaccines

The last smallpox outbreak in the US took place in 1949 and polio virtually disappeared here 30 years later, and a number of other infectious diseases now occur at only very low levels—thanks to almost universal vaccination over the past decades. As fewer people have experienced the devastating effects of preventable diseases, some parents have become more focused on the risks associated with vaccines themselves and are choosing not to adhere to the vaccination schedule developed by the American Academy of Pediatrics, says Anne Gershon, MD, Director of the Division of Pediatric Infectious Disease. A small number of parents do not vaccinate their children at all. Parents who have questions about the safety of and rationale behind vaccines will be able to get answers from Dr. Gershon at her new, weekly vaccine education clinic. “I am available to talk with parents for however long it takes—three minutes or an hour—about why they should get their kids immunized and not be frightened about it,” she says.

Parents’ unease about vaccinations has been fueled, in part, by fraudulent research published by Andrew Wakefield, a British medical researcher. His 1998 paper in The Lancet supported the claim that the combination measles, mumps, and rubella (MMR) vaccine was linked to the development of autism and bowel disease. Because of this study some parents choose monovalent vaccines, those designed to immunize against a single microorganism, and to spread out their children’s vaccinations, Dr. Gershon says. “But if you space all of the necessary vaccines out over a long period of time a child would not be vaccinated for years, they will be vulnerable during that time, and there may be decreased compliance.” And if parents don’t follow the AAP schedule when their children are small kids may be more frightened about getting shots as they get older, she adds.

One vaccine that should definitely not be delayed is the combined vaccine for diphtheria, pertussis, and tetanus (DPT). “This vaccine is one of the first given and protects against whooping cough, which can be fatal to babies under a year of age,” Dr. Gershon says.

“You don’t want to put that vaccine off, because you’re putting the little baby at risk.” It’s also important that older siblings in the family are immunized to protect their new brother or sister. Combination vaccines such as DPT were developed to minimize the numbers of times parents have to bring their kids to the doctor, she says.

One major consequence of falling vaccination rates is the spread of measles, which more people developed in 2011 than have since 1996. “You really only see measles today in children who have not been vaccinated,” Dr. Gershon says. Children under a year of age are too young to receive the measles vaccine, and until they are old enough, “we depend upon what we call herd immunity to protect little babies from measles.” As fewer parents vaccinate, the percentage of vaccinated kids decreases to the point that the herd immunity effect is not working, she adds. “Once measles starts to spread there’s no effective way to prevent little babies from getting it, and they are at greatest risk from the natural disease. We know that no vaccine is 100% safe and no vaccine is 100% effective, but it’s still always better to get the vaccine rather than take your chances with the disease.”

Common questions Dr. Gershon expects to hear and answer in the clinic include:

- What are vaccines and what do they do for children and parents?
- Why are there so many vaccines in use today?
- How do vaccines work?
- Are parents taking a risk when they immunize their babies?
- Are vaccines ever worse than getting the infection itself?
- What happens if I don’t want to vaccinate my baby?

Dr. Gershon’s clinic hours are Thursdays from 12pm to 6pm. Parents who would like to meet with Dr. Gershon to discuss vaccinations can make an appointment by calling 212-305-4558. — Beth Hanson
Asthma Consortium Uncovers Causes and New Treatments

Among inner city and minority kids asthma is a widespread and growing problem. They visit the emergency room and are hospitalized more frequently because of asthma than children without the disease. In addition, the incidence rates of the disease increased by 50% among black children between 2001 and 2009. Meyer Kattan, MD, Director of the Division of Pediatric Pulmonology, is one of the original participants in a decades-long, multi-center research project, now called the Inner-city Asthma Consortium (ICAC), which is funded by the National Institute of Allergy and Infectious Diseases. Since the consortium’s inception in 1991 Dr. Kattan and his colleagues have shed light on why asthma disproportionately affects inner-city kids and are developing more effective approaches to treat the disease.

Consortium members have made several major breakthroughs since the start of the project: they showed that exposure to cockroach allergen was directly related to asthma severity and that reducing exposure to cockroaches and other environmental allergens such as house dust mites, second-hand smoke, pets, rodents, and mold significantly reduced asthma rates in at-risk children. They demonstrated that asthma can be well controlled in inner-city kids using current asthma treatment guidelines, and that treatment with omalizumab, a monoclonal antibody targeting the antibody immunoglobulin E (IgE), improved asthma control.

One main goal of the group’s current research is to uncover the range of factors that influence the development of asthma and allergies. Dr. Kattan says, “Over the last seven years we’ve been involved in a birth cohort study. We enrolled women while they were pregnant and have followed their children since.” Through interviews and home visits the researchers are working to identify potential causative factors such as viral infections, stress, allergens in the home, exposure to cigarette smoke, and indoor and outdoor pollutants. One hundred of the 500 children enrolled in the study nationwide are enrolled through CUMC. The study will be completed and results reported in the near future.

Another current ICAC objective is to better define asthma itself. About 40-50% of children have an illness that causes wheezing in the first three years of life, Dr. Kattan says, “but those illnesses are not all asthma. Some children wheeze in the first few years and then it just goes away. How do we predict which wheezy child is going to develop asthma? That’s something we’ll be able to tell from this study.” The results will help the researchers come up with more effective preventative strategies and treatments.

Consortium members are investigating why certain medications work better for some children than others. “We want to determine why some people are easy to treat and some are more difficult,” Dr. Kattan says. “Our view of asthma is now similar to the way we look at cancer: it’s not one disease, and some people respond better to certain medications and some respond better to others.”

Through a recently published study ICAC researchers showed that the medication omalizumab decreases the predictable seasonal epidemics of asthma, which occur during the fall, and which result in increased visits to the emergency room (N Engl J Med. 364(11):1005-15 [2011]). “A lot of children have trouble with their asthma between September and December,” says Dr. Kattan. “We know that omalizumab reduces fall exacerbations, but it’s very expensive, so we’re now investigating whether we can get rid of these exacerbations by administering it just for a few months on a short-term basis, before the season starts.”

The consortium’s success depends on a high level of participation among families in the community around CUMC and the other research sites. “You wonder if people will want to participate and let you into their homes, and it turns out parents appreciate the fact that members of the medical community are interested in helping their children. They absolutely want to be a part of these studies,” Dr. Kattan says. Even those in the control groups benefit from the research—their asthma does better than those who are not part of the study, he says.

Dr. Kattan’s very large research team includes eight to ten research assistants, who have developed a rapport with the participating families. “Parents develop a camaraderie with the research assistants, and it’s because of them that the retention rate is so high. They do a great job.”

Through his and his team’s longstanding work in the community Dr. Kattan has collected praise and thanks from study participants. His office walls are hung with testimonials from families including, “You are my asthma angels. Thank you for helping me all this time.” —Beth Hanson
Raising Breastfeeding Rates

Despite high-profile campaigns launched during the last year—"World Breastfeeding Week," the American Academy of Pediatrics' "Breastfeeding Initiatives," the Surgeon General's "Call to Action," and Mayor Bloomberg's "Latch on NYC"—breastfeeding rates in the Washington Heights-Inwood neighborhood are significantly below the 13% national average. "Less than half of our mothers at six weeks postpartum use both the breast and bottle, and as few as one in 10 were nursing exclusively," notes Dara Matseoane, MD. Dr. Matseoane and Amy Magneson, MD, both OB/GYN physicians at The Allen Hospital, are working with a core group of neonatologists, pediatricians, and lactation consultants to encourage women who deliver at CUMC to breastfeed and to help them succeed.

The community's low breastfeeding rates are rooted in cultural differences that pose health care challenges for neighborhood women and their babies. "Formula is expensive, and nursing is viewed as something poor people do because they cannot afford formula," says Dr. Matseoane. "A patient who returns to the Dominican Republic with bottles of formula may be perceived as having done well in the US," she notes. "We have to dispel the perception that formula is preferable to breast milk." Early last year Mayor Bloomberg barred New York City hospitals from sending new parents home with free formula to counter this misperception, though mothers who request formula can receive samples from the hospital and through the federal Women Infants & Children (WIC) program.

The window of opportunity to establish successful breastfeeding after birth is small. "A mother's milk comes in three to five days post-delivery," Dr. Matseoane explains. "One and a half weeks after giving birth is likely the outer limit to initiate breastfeeding, or at least pumping, and we OBs don’t see routine postpartum patients until four to six weeks after they deliver. We realized mothers needed support earlier." Although The Allen has lactation consultants on staff most women are discharged from the hospital before their milk comes in. Many mothers who do breastfeed face another hurdle when they return to work six weeks after delivery. Workplaces are not generally set up to support breastfeeding, because they lack access to breast pumps and refrigerators as well as private places to pump, points out Dr. Matseoane. These challenges lead to further stress, which itself leads to reduced breast milk production.

To find ways to improve outpatient breastfeeding support for new mothers who deliver at CUMC Pediatrician Melissa Glassman, MD, who directs CUMC's Newborn Clinic, invited Drs. Matseoane and Magneson to join a multidisciplinary group of breastfeeding advocates. "Our group has been brainstorming to come up with a multi-pronged model to enlist support for our patients at each contact point," notes Dr. Matseoane, "from prenatal care when the obstetrician can educate patients about breastfeeding benefits, to the hospital stay when staff can encourage nursing before sending the patient home, to the newborn clinic, where pediatricians can ask about infant feeding and refer for outpatient nursing support if needed. We are looking into setting up community breastfeeding stations, located in one of NYP's Ambulatory Care Network (ACN) clinics or the hospital, which will provide physical spaces where mothers can nurse their babies, as well as places to provide support and education."

As the program gets off the ground, the group is seeking funding to underwrite the cost of staffing breastfeeding support stations with lactation consultants and to offer subsidies for breast pumps. Dr. Matseoane envisions enrolling nursing mothers in future research, tracking numbers of mothers nursing post-delivery, at the newborn's first pediatrician’s visit, and the post-partum appointment. She anticipates that improving breastfeeding education and support will increase the number of patients who successfully nurse their infants.

—Ellen V. Kuhn
As a Certified Nurse Midwife at NYP/CUMC’s Ambulatory Care Network (ACN) Rangel Clinic, Marilinda Pascoe has worked with many neighborhood women during their pregnancies, and one of her observations has been confirmed by research: pre-pregnancy obesity rates are higher among women living in the low-income community around CUMC than among women in wealthier NYC neighborhoods. “Over the years, I noticed that my patients weighed more at the start of pregnancy and they gained more weight during pregnancy,” Ms. Pascoe explains. She and Andrea Mata, a prenatal exercise instructor, sought out opportunities for affordable prenatal exercise in Washington Heights-Inwood and, as in most low-income neighborhoods, found very few. There is also scant focus on exercise during pregnancy in federal, state, or local social-service programs, or in the literature for patients. Many federally-funded prenatal programs provide a clear focus on nutrition, she says, but do not offer equivalent support for prenatal exercise. Since both women are passionate about promoting affordable prenatal exercise, they teamed up in 2009 to introduce the NYC Prenatal Fitness Initiative in Washington Heights-Inwood.

Over the past three years Ms. Pasco and Ms. Mata have developed a network of public and private partnerships among yoga studios, fitness professionals, NYC Department of Parks and Recreation groups and facilities, community coalitions, medical and social service providers to offer prenatal exercise classes in the neighborhood. Belly dancing, water aerobics, yoga, and hiking tours are some of the classes pregnant mothers have participated in, and their positive responses make it clear that the moms-to-be are gaining confidence as well as physical strength. “They appreciate the bonding and support that naturally evolves in a group setting,” remarks Ms. Pasco.

The benefits of prenatal exercise are well documented: mothers who exercise in pregnancy are physically and mentally healthier and have lower rates of gestational diabetes and high blood pressure. Pregnant women who exercise have lower cesarean delivery rates and their babies have lower NICU admissions rates. Recent studies have shown greater risk of obesity for children born to mothers who are obese and to those who gain excessive weight in pregnancy. The greatest benefit of prenatal exercise may be establishing physical activity as a priority for the entire family, Ms. Pascoe observes. “Pregnancy is a unique opportunity for medical professionals to educate and change behavior; promoting prenatal fitness is an investment in family health,” and may prove to be a great tool to tackle the problem of childhood obesity, she explains. “Young mothers-to-be, particularly first time mothers, are vulnerable and receptive. They’re eager to learn, motivated to change old habits, and looking for support and information,” she says.

Ms. Pascoe and Ms. Mata continue to build partnerships and train new instructors to expand the program for postpartum women and for mothers between pregnancies. They are envisioning a model for prenatal community fitness programs that can be replicated in other parts of NYC and elsewhere, Ms. Pascoe explains. Their Fitness Initiative has won support from Andy Nieto, NYP’s Community Liaison, and Dara Matesexoane, MD, Site Director of the Audubon OB/GYN Clinic, who are collaborating with the pair: they are rewriting NYP educational materials to include a greater emphasis on exercise and pregnancy and are planning to include new prompts in patients’ electronic medical records that will remind providers to discuss the benefits of exercise with their pregnant patients. —Ellen V. Kuhn
When pregnant young women and adolescents with similar due dates get together to socialize, eat healthy snacks, and receive medical education and care, the benefits are measurable. This type of group prenatal care, called “centering,” results in fewer preterm births and higher birthweights among women at highest risk for adverse perinatal outcomes, studies over the past 15 years show. Participants in group prenatal care are also more likely to breastfeed and demonstrate a greater understanding of the physical changes of pregnancy and of birth and baby care, and they report higher rates of satisfaction than women receiving traditional prenatal care. Since 2009, when CUMC-NYP Ambulatory Care Network (ACN) clinics began offering group prenatal or “Centering” programs more than 500 expectant mothers in Inwood and Washington Heights have participated.

“We investigated the Centering model because we thought our patients, particularly pregnant teens, needed more support,” explains Dr. Sally Kelly, MD, Director of Centering at CUMC. “If a pregnancy is normal, our staff will otherwise have little contact with the mother,” she says. Group care provides adolescent patients enhanced education and support in pregnancy, childbirth, and parenthood.

Young and adolescent patients with similar due dates are invited to join groups of 10 to 12 at the end of their first trimester. A physician and midwife or nurse facilitate 10 two-hour sessions, meeting at intervals that increase in frequency as pregnancy progresses. At each meeting, patients snack on healthy foods and socialize for the first hour, while each, in turn, is medically evaluated. During the second hour, a social worker or RN facilitates group discussion of key pregnancy-related topics: nutrition, healthy habits, labor, birth, breast feeding, baby care, and parenting. Other topics include STDs, contraception after delivery, and domestic violence. “Bonding between patients and between patients and providers helps to support the continuity of care,” notes Dr. Kelly. Clinics are also a resource for patients who may need support from social service agencies.

In 2007, CUMC was asked to participate in a Yale-based, 14-site, randomized controlled trial supported by a National Institute of Mental Health (NIMH) grant to assess Centering Programs. Two ACN clinics were chosen as test sites to determine if the relationship-based, prenatal program could improve pregnancy outcomes and patient satisfaction. CUMC’s Broadway Clinic provided group care and the Washington Heights Family Health Center did not and served as a control. The Broadway Clinic has continued the program, adding a new Centering group each month since the study ended in 2010. The Washington Heights Family Health Center began offering the program a year later. Karin Schott, MD, an OB/GYN generalist, and social worker Alyssa Wynn were trained by the research team during the study and have continued to lead the groups since then. CUMC has applied for a federal Strong Start grant to expand the program to more neighborhood ACN clinics. “We hope to expand the program to the entire ACN and engage the majority of our low-risk patients,” says Anna Burgansky, MD, OB/GYN Division Chief at The Allen Hospital, where low-risk patients who receive prenatal care at the ACN clinics deliver.

Besides the documented benefits to young mothers and their babies, the centering program’s biggest benefits may be hidden in costs saved. “Preventing just one preterm birth or increasing gestational duration even by a few days reduces the enormous expense of hospitalization, the NICU, and the potential cost of the baby’s ongoing medical care over the course of a lifetime,” observes Dr. Kelly. A clinic-based Centering program’s costs are relatively low, less than $8,000 per year.

Centering groups offer providers some built-in efficiencies. Since patients are at the same stage in pregnancy, many of their questions and concerns are similar and can be answered collectively. Appointment time is maximized. “It takes just as long or longer to examine 12 individuals with appointments as it does to conduct the two-hour group,” Dr. Kelly notes. The Centering program is satisfying for providers too. “Aides get very attached to the girls, and the program is also rewarding for physicians,” she explains. “Centering allows us to develop strong relationships with patients, provides opportunities to learn new skills, and gives us break in the usual routine.”

CUMC’s pediatricians face similar challenges in providing well-child care to low-income populations, and based on the positive experience in OB/GYN, Dodi Meyer, MD, Director of Community Pediatrics, and third-year resident, Carly Gomes, MD, decided to pilot group well-child visits. Group care provides a novel take on the traditional well-baby visit: the infants receive high-quality primary care, pediatricians have time to provide thoughtful anticipatory guidance and health education to the parents, and participants, who are otherwise isolated, develop relationships with each other. The pilot group included seven newborns of first-time mothers. The six group visits were fully attended, a stark contrast with the average no-show rate in Pediatrics’ neighborhood clinics of 23%. All of the infants received their immunizations on time and completed standard care measures at each visit. A survey showed that patient satisfaction rates with the group model were 93%, compared to 80.6% in the regular practice. Two groups have successfully completed the program, and two more are now attending group-care visits. —Ellen V. Kuhn
Family Planning Practice

Family Planning Practice Meets Diverse Needs

NYP/CUMC’s Family Planning Practice (FPC) does much more than its name implies: The Center delivers bilingual, bicultural programs and services focused on family planning, routine screening, reproductive health counseling, and general health care. FPC serves over 11,000 women and 3,000 men each year in the predominantly Latino, high-risk, low-income neighborhoods in upper Manhattan and the lower Bronx, and is a source of primary health and gynecologic care for many of these patients. FPC is one of the many clinics in NYP’s Ambulatory Care Network (ACN), and provides many of its services through well-established partnerships with Columbia’s Mailman School of Public Health, neighborhood coalitions, city public schools, state, municipal and youth organizations.

Because the FPC addresses such a wide range of needs, its providers are trained to assess an array of conditions including drug, alcohol, and mental health problems, domestic violence, and abuse. The Center can accommodate most referrals through the NYP/CUMC networks, and connects patients to public health and research resources. The Center’s relationships with its many partners promote coordination of care, notes Ana Cepin, MD, Associate Medical Director of FPC. Dr. Cepin has deep roots in the community. She was born at NYP, grew up in Washington Heights, and went to medical school at CUMC. “This diverse and ever-changing community is one that I’m familiar and comfortable with, and it’s also one with many health and social challenges, providing ample opportunities to make a difference.”

Many of FPC’s patients are women who visit the clinic for a pregnancy test. The Center is a portal for prenatal services for women who are pregnant and who want to continue the pregnancy; these women are referred to an ACN clinic for prenatal care. Those who do not want to continue their pregnancies are referred for termination and same-day contraceptive counseling. Women who are not pregnant see a provider the same day and may receive emergency contraception, birth control, HIV counseling and testing, screening for sexually transmitted infections (STI). Patients who wish to conceive are given prenatal vitamins plus information on healthy behavior, nutrition, and exercise.

The Center shares space with the Young Men’s Clinic, and the two clinics work together to broaden outreach to adolescents; 16% of patients are under 19. In 2011 they launched “Teen Tuesdays,” a drop-in program with educational programming for adolescents. Health educators facilitate discussions about relationships, communication and negotiation, birth control, condom use, sexually transmitted infections, internet safety, social media use, dating and interpersonal violence, and community resources. Another initiative, “Teens on Demand,” ensures that providers see every adolescent when they present to the clinics. “In-reach” efforts engage NYP Emergency Departments and Emergency Department patient navigators to describe FPC services and encourage referrals to both clinics.

The Center staffs health educators, who bring messages about reproductive health and services into the community, presenting at health and career fairs, schools, and to community groups. Innovative and interactive educational programs teach teens about STIs and pregnancy prevention. Collaborations with art teachers engage teens in schools and during the summer to role-play, produce videos, and create posters.

“We are always working to find new ways to reach patients and to remove barriers to care,” Dr. Cepin says. The “Single Stop” program located in FPC helps many patients eligible for Medicaid to assess eligibility for and to expedite enrollment in financial, legal, and social service programs. All educational, outreach, and reproductive health services are available to patients, regardless of immigration status. Funding from the NYS Department of Health allows FPC to discount or provide care for no fee to uninsured patients and a program allows FPC to purchase contraceptives at discounted prices.

Under the direction of the previous Medical Director, Carolyn Westhoff, MD, the Center pioneered the “Quick Start” program to improve access to hormonal contraception, allowing patients to start using contraceptive pills, patch, hormonal injection, or ring the same day as their clinic visit. Other innovations pioneered at the FPC include “Depo Now,” same-day initiation of the progestogen-only contraceptive injection and the “Six Pack Study,” which significantly improved initiation and compliance for the contraceptive pill.

Dr. Cepin says her motivation to specialize in family planning arises from a commitment to helping women improve their lives. “Controlling fertility, avoiding unintended pregnancy and spacing pregnancies is an important way to empower women,” she explains.

—Ellen V. Kuhn
A Plan for New Professorships to Strengthen OB/GYN

What began as a single gift from a grateful patient became the foundation of a new effort to support and further strengthen the faculty of the Department of Obstetrics and Gynecology. A decade ago when Richard U. Levine, MD, clinical professor in OB/GYN, received that donation it prompted him to solicit other patients, family, and friends to establish an endowed chair for OB/GYN. The result of this effort: the Levine Family Professorship in Women’s Health, which supports the career of a young gynecologic oncologist.

This professorship is one of several that Dr. Levine intends to develop. In the early stages of a faculty member’s career when additional support is crucial, these endowed chairs will provide a steady source of income. They will also underwrite recruitment of nationally recognized experts. Dr. Levine’s donors believe in these endowments because they fund leaders who will influence the future of women’s health care. “Donors contribute to these specific programs,” says Dr. Levine, “because underwriting breakthroughs in women’s health care is a very rewarding investment.”

The early success of the Levine Family professorship is already evident in the work of the chair’s first incumbent, Jason Wright, MD. He recently received an extraordinary $1.65 million grant from the National Cancer Institute (NCI). The grant makes possible a national study that will lay the foundation to improve care and outcomes for women in their battle to survive. “The NCI grant is an acknowledgement by the government that Wright’s research is exceptional, and it fuels my enthusiasm to strengthen our fundraising efforts,” says Dr. Levine.

Dr. Wright is grateful for the boost the professorship has given his career, offering him the flexibility to pursue significant research into the comparative effectiveness of treatments for gynecologic cancers. “The distinction of having an endowed professorship has led to increased recognition from my colleagues, which has been invaluable,” says Dr. Wright. “I’m grateful to Dr. Levine, his family, and his donors for the opportunity that they’ve provided me.”

Dr. Levine was recently named Vice Chair for Development in the Department of Obstetrics and Gynecology. In this new role, he will focus on expanding the department’s work in areas such as pediatric and adolescent gynecology, genetics, menopause and hormonal disorders, and gynecologic oncology. He is leading the efforts for a second professorship fund and, thanks to generous donors, the department is well on the way to its goal of raising $2,500,000. “For me, it’s really about the whole broad picture of women’s healthcare,” says Dr. Levine. “I want to be sure that we develop leaders, that we develop clinicians, that we develop researchers and teachers.” —John Uhl
At New Pediatric ED, Patients Receive Rapid Care in a Comfortable Setting

Parents and children who visit the Alexandra & Steven Cohen Children’s Emergency Department (ED) of NewYork-Presbyterian Morgan Stanley Children’s Hospital are likely to be pleasantly surprised by the vibrant colors, soft lighting, whimsical murals, and comfortable couches—which create an atmosphere more like a hip hotel than one of New York City’s busiest emergency rooms. They will also appreciate the rapid and expert care they receive from the ED staff.
“We deliver pediatric emergency care efficiently and compassionately in a family-friendly environment. We have our practice down to a science,” explains A. Bonnie Corbett, FNP, MS, CPEN, Director of Nursing.

Under the direction of F. Meridith Sonnett, MD, the Cohen Children’s Emergency Department is one of only three Level 1 Pediatric Trauma Centers in New York State, and features the highest number of board-certified physicians in emergency medicine and pediatrics. The ED team provides treatment to nearly 50,000 children a year.

Officially opened in June 2011, the Cohen Children’s ED boasts five times as much square footage as the previous pediatric ED. In what Ms. Corbett calls an “architectural feat,” designers created a 25,000-square-foot basement-level space that receives natural light and includes direct access to the ambulance bay. Instead of a large public waiting room, the ED features smaller seating nooks located close to treatment rooms, and intimate family reading areas, Internet access, a multi-media interactive wall, and game tables.

Knowing that parents and patients want to get in and out of the ED as quickly as possible, the team developed a new system of triage and registration that has resulted in shorter waiting times. The team greets families upon arrival and guides patients to the appropriate triage area to determine the severity of the condition and to prioritize treatment.

Parents of patients with non-urgent conditions can register their children on self-serve kiosks where they provide basic information about symptoms and medical history—a process that can take as little as 90 seconds. Once parents submit this preliminary information, the kiosk prints out an identification bracelet for the child. Parents who opt not to register at the kiosk can speak directly with a registrar. The ED staff performs a more complete assessment of symptoms and medical history when they see the child in one of the ED’s treatment rooms.

The ED has separate areas for the most acutely ill and for less ill children. A “Kids Express” area, open during the ED’s busiest hours, allows the ED staff to “fast-track” the least ill children—those who come in with an earache or a cut in need of stitches, for example. Patients are assessed, cared for, and released from this area quickly—often in one to two hours—streamlining patient flow and reducing turnaround times for more acutely ill children. All patients have access to pediatric subspecialists at Morgan Stanley Children’s Hospital, who can be mobilized in minutes to care for children with life-threatening conditions.

Other benefits of the ED include:

- 35 private treatment rooms with TV programming, videos, and games
- Two private rooms incorporating advanced technology and surgical equipment for more emergent cases
- Four private triage rooms
- Nursing and support staff with special training in pediatric emergency medicine
- A central nurses’ station with views of all the treatment rooms
- A Patient Comfort Committee, which assesses and relieves each child’s pain from the moment of arrival and throughout the child’s stay in the ED
- Child Life Specialists, who help ease anxieties of children in the ED while waiting for care or during procedures
- Radiology and laboratory services, enabling patients to have X-rays and other tests on site
- Full-service pharmacy

“We know how stressful a visit to an emergency department can be,” says Dr. Sonnett. “Our healthcare team does all we can to help ease the anxieties and fears of our young patients and their families, while providing exceptional medical care.” —Rosie Foster
Physicians who wish to transfer a sick child from another hospital to NewYork-Presbyterian Hospital need only call one convenient number—1-800-NYP-STAT—to reach the Transfer Center. They’ll be greeted by a critical care nurse, who will put them in touch with an accepting physician, ensure a clean ready bed, and facilitate transportation arrangements if necessary. This transfer service is available to referring physicians 24/7.

As part of the transfer center, Marie Flynn, RN, BS, BSN, serves as the on-site Pediatric/Neonatal/OB Transfer Nurse Coordinator. She handles the transfer of all pediatric patients from Monday to Friday. On the weekend the admission of pediatric transfers is handled by her colleagues at the Core Transfer Center, providing seamless, around-the-clock service. “Whether on-site at the hospital or off-site at our Core Transfer Center, our exceptional team of experienced nurses is available to expedite the transfer of patients needing medical care to our hospital, any time of day or night,” explains Micki Lerch, FACHE, Corporate Director of Access. Established in 2004, the Transfer Center is under the direction of Grace Plackis, RN, MSN.

When patient transport is needed, it is coordinated through NewYork-Presbyterian Hospital EMS, with ambulances stationed at the Columbia University Medical Center and Weill Cornell Medical Center campuses. To better serve Westchester County and the Hudson Valley region, NewYork-Presbyterian Hospital now has an ALS ambulance stationed at the NewYork-Presbyterian Westchester Division campus in White Plains. Pediatric patients are usually transferred directly to a hospital bed, without going through the emergency department. Says Ms. Lerch, “Children and parents may have already spent a lot of time in an emergency department, so we strive to transfer the patient directly to an appropriate hospital bed, based on the required level of service.”

To arrange for a patient transfer, physicians should call 1-800-NYP-STAT (1-800-697-7828). —Rosie Foster
In the News

WCBS-TV

Dr. Kelly Explains the Effects of Severe Morning Sickness

In mid-October England’s Duchess of Cambridge, Kate Middleton, announced her pregnancy during her hospitalization for a rare complication of pregnancy. The Duchess had developed a form of severe morning sickness called hyperemesis gravidarum (HG), which affects a small number of women in the first trimester. “For the mother, it can lead to dehydration, nutrition problems, and even sometimes more severe conditions,” Kara Kelly, MD, Medical Director of The Integrative Therapies Program for Children with Cancer, explained to WCBS-TV. The condition can also cause, “the baby to be born small for size and sometimes they can be born too early,” Dr. Kelly added.


BLOOMBERG BUSINESS WEEK

Genetic Sequencing Will Soon be a Go-To Test, According to Dr. Chung

Faster, cheaper genetic sequencing testing are revolutionizing the diagnosis of rare, previously unexplained conditions in babies, and also holds out hope for eventual treatments, a recent article in Business Week reports. At least 50,000 babies born every year in the U.S. have these types of problems, and would benefit from genetic sequencing, which could reveal the specific mutations causing the problems. A process called RNASeq, which is becoming a widely used approach to diagnosing unexplained conditions, focuses on finding flaws in RNA, which allows scientists to backtrack to corresponding DNA mutations. “It’s just a matter of time until this becomes a first-line test for babies with undiagnosed disorders,” clinical geneticist Wendy Chung, MD, asserted in the article. “As costs fall and insurers become more comfortable, this will become the go-to test.”


ABC NEWS

Dr. Saiman’s Research Cited on ABC News

A California middle school asked the parents of an 11-year-old boy to transfer him to another school because he carries the gene for cystic fibrosis, a genetic lung disease characterized by a buildup of mucus in the airways, digestive tract, and pancreas. School administrators said he needed to transfer because he was considered a risk to another student at the school who has the disease. ABC News reported. Exposure between people with the disease can cause bacterial cross-contamination and a higher risk for infections among people who are carriers of the gene or who have the disease, according to a 2003 research study by Lisa Saiman, MD, a pediatric infectious disease specialist. But carriers of the single gene mutation who do not have the disease are not considered a risk.

http://abcnews.go.com/blogs/health/2012/10/19/boy-ordered-to-transfer-schools-for-carrying-cystic-fibrosis-gene

NBC NEWS

Skin Cancer Warnings Fall on Deaf Ears, Dr. Bank Says

Despite piles of research on the skin cancer risks of sun exposure and tanning beds, dermatologists and cancer groups struggle to persuade people to protect their skin from ultraviolet rays. Treatment of non-melanoma skin cancers in the United States rose by nearly 77 percent from 1992 to 2006, according to the Skin Cancer Foundation, and from 2004 to 2008 the incidence of melanoma rose by nearly 24 percent for men and more than 26 percent for women, with the most dramatic increase among young adults. Melanoma is now the most common form of cancer among people ages 25 to 29 and the second-most common for those 15 to 29, the Skin Cancer Foundation says. “Though we’re trying harder than ever, there’s a little bit of a deaf-ear effect,” David Bank, MD, spokesman for the Skin Cancer Foundation and Professor of Pediatrics told NBC News.

http://www.cnbc.com/id/49101714/Skin_Cancer_ Thrives_as_Tanning_Culture_Survives

PHOTO BY TOM SOPER
Dr. Deckelbaum’s Research Establishes Link between Diet and Atherosclerosis

A diet high in saturated fat results in high levels of endothelial lipase (EL), an enzyme associated with the development of atherosclerosis. Conversely, a diet high in omega-3 polyunsaturated fat leads to lower levels of this enzyme, according to a recent study conducted on mice which was published in Arteriosclerosis, Thrombosis, and Vascular Biology. The findings, which were subsequently covered in several news media outlets including Medical News Today, establishes a “new” link between diet and atherosclerosis and suggests a novel way to prevent cardiovascular heart disease. Previous research has demonstrated that raised EL is linked to inflammation, as well as atherosclerosis. However, according to the lead author of the study, Richard Deckelbaum, MD, Professor of Pediatrics and Nutrition, until now, there was not much known about the effects of dietary fats on EL.

http://www.medicalnewstoday.com/articles/261364.php

The Wait for a New Heart Can be Long, Dr. Addonizio Says

About 250 people in the greater New York area are waiting for new heart right now, according to the New York Organ Donor Network. For children on the organ donor recipient list, the wait can be especially protracted. Linda Addonizio, MD, Medical Director of NYP/MSCHONY’s Pediatric Cardiac Transplant Program, told the Manhattan Times that, “it’s a long road for families of children in need of transplantation.” Since 1984, when doctors at the hospital performed their first pediatric heart transplant, on a four-year-old boy, they have performed more than 400 transplants.

http://www.manhattantimesnews.com/hearts-on-the-line.html

Abortion Rates Fall, in Part Because of Free Birth Control

Offering women free birth control can reduce unplanned pregnancies—and has sent the abortion rate spiraling downward, NBC News reports. The study supports, “the president’s provisions on reproductive care and preventive services for women in the Affordable Care Act,” pediatrician and adolescent medicine specialist John Santelli, MD told NBC. Dr. Santelli was also quoted in an Associated Press article that appeared on NBCNews.com. The number of abortions nationwide fell by 5 percent during the recession and its aftermath—the biggest one-year decrease in at least a decade. You might think a bad economy would lead to more abortions by women who are struggling, but Dr. Santelli said, “The economy seems to be having a fundamental effect on pregnancies, not abortions.”

In the News

NYGENOME.ORG

Dr. Planet

The American Museum of Natural History’s Sackler Institute for Comparative Genomics has a collection of frozen tissue—the raw material for genetic research—that sits in giant freezers at -160 degrees. Assistant Professor of Pediatrics Paul Planet, MD, who is also a research associate at Sackler, is investigating the evolution of Staphylococcus aureus, which is both a largely harmless colonizer found in the noses of 30 percent of the population and the pathogen behind aggressive, even fatal, infections. “It lives a double life, and it is very good at both of its lifestyles,” Dr. Planet told NYGenome.org. Dr. Planet and other members of his CUMC research team are also investigating the microbes that reside in the lungs of people with cystic fibrosis, and are finding an abundance of microbes that wouldn’t stand a chance in healthy lungs, since the thick mucus that clogs the lungs of those with cystic fibrosis creates a welcoming environment for these organisms. The researchers are sequencing the DNA of microbes in children and young adults with cystic fibrosis to get a better handle on how the microbial communities change during the course of the disease and with antibiotic treatment. “As we started to sequence the microbes’ DNA, it started to become clear there was a lot more diversity than we had anticipated both in numbers of organisms in the lungs but also between patients,” said Dr. Planet.

http://www.nygenome.org/blog/museums-genomics-pioneers-preserve-past-and-try-keep-present

http://nygenome.org/blog/sequencing-microbial-genes-find-clues-about-cystic-fibrosis

WALL STREET JOURNAL

Dr. D’Alton on the Rise of Complications in Childbirth

The rate of severe complications during childbirth, including cardiac arrest, respiratory distress, and kidney failure, increased by 75% between 1999 and 2009, according to a new study by the Centers for Disease Control and Prevention. The increase is due, in large part, to the number of pregnant women who are at higher risk for complications because they are older, obese, or have chronic conditions such as diabetes and kidney disease. Healthy women can also experience major complications such as hemorrhage and pulmonary embolism in the first few days after delivery, Mary D’Alton, Chair of the Department of Obstetrics and Gynecology, told the Wall Street Journal. For this reason it is important that hospitals follow standardized prevention measures, she said. To prevent blood clots, for example, CUMC gives the blood thinner heparin to all patients after a Caesarean delivery and asks them to get up and walk after 12 hours, Dr. D’Alton explained.

http://online.wsj.com/article/SB100014241278873243392045781715314751812260.html

WASHINGTON POST

Brain Development Linked to a Parent’s Income and Education, Dr. Noble Says

A parent’s level of education and income can affect how the hippocampal region of their children develops, Kimberly Noble, MD, an assistant professor of pediatrics reported at the annual meeting of the Society for Neuroscientists. Dr. Noble’s research, which was subsequently reported in the Washington Post, showed a correlation between a parent’s income and education level and the size of their offspring’s hippocampus, the area of the brain essential to learning, memory, and stress processing. This region was larger in volume in children raised by parents with higher incomes. Dr. Noble told the Post, “Certainly, income or education alone are not what causes the differences. Rather, it’s likely that the things that income and education are associated with have something to do with it. We know that providing children with cognitive stimulation and emotional warmth are important; talking to children, bringing them to the library, being warm and nurturing. You can provide cognitive stimulation in the absence of high income,” she added, but many families are in an economic trap that inhibits quality time.

In the News

FOX NEWS & CBS NEWS

Dr. Stanberry on vaccinations to prevent the flu

A miniscule amount of virus can spread the flu from one person to another. For this reason, and because the flu spread so quickly and so early this season, requests by a local soccer club that players stop giving each other high fives is a reasonable approach to prevention. “This is not an overreaction,” Lawrence Stanberry, MD, Chair of the Department of Pediatrics, told Fox News. Changing habits and remembering to wash your hands as much as possible are the best ways to stop the flu from spreading, he said. In a separate report on CBS News, Dr. Stanberry said that even though the vaccine is quick, easy, and often free only about a third of the population will get vaccinated because many people believe that a flu shot will give them the flu. “The way the vaccine is prepared, it’s completely inactivated, so when it’s injected into you there’s no way it can multiply and cause disease. It’s a completely dead virus,” Dr. Stanberry told CBS 2’s Dr. Max Gomez. “Every year we see a number of patients that get admitted to the hospital, who are in the prime of their life, who are profoundly affected and die as a consequence,” explained Dr. Stanberry. Others believe that they don’t need to get a flu shot, because ‘everybody else has gotten one’, but Dr. Stanberry said that ‘community immunity’ is not an effective form of prevention in a big city. “In a city like New York you’re going to be exposed no matter how many people you think have been immunized,” he said.

http://www.myfoxny.com/video?clipId=8193370&autostart=true

TIME MAGAZINE

Dr. Wapner Says New Prenatal Test Improves Detection of Congenital Diseases

Would you want to know if your unborn baby is at risk of autism?, asks an article in Time? A new method of prenatal testing called microarray analysis examines a fetus’s DNA and provides more information about potential health risks than karyotyping, the currently available method, in which the fetus’s chromosomes are visually examined for defects. Ronald Wapner, MD, Director of Reproductive Genetics and lead author of a recent study comparing the two available methods published in the New England Journal of Medicine says that karyotyping can identify broad abnormalities such as changes in the number of chromosomes or structural aberrations. For this reason karyotyping is useful for diagnosing conditions such as Down syndrome, which results from an extra chromosome. Dr. Wapner explained to Time that, “There are a lot of very serious conditions that can’t be seen by karyotyping…. [which] has been the gold standard for 60 years. Microarray identifies everything a karyotype identifies and more, so why wouldn’t people want more information?”

http://healthland.time.com/2012/12/06/new-prenatal-test-could-improve-detection-of-congenital-diseases

Dr. Wapner’s research was also reported on National Public Radio, ABC News, CBS News, and Fox News.

NEW YORK TIMES

Drs. Ovchinsky and Kato Beat the Clock

Four-year-old New Jersey resident Natalia Dreeland has Langerhans cell histiocytosis, a disease that over time damaged her bile ducts and liver. She and her family had been waiting for a liver to become available for transplant at MSCHONY for months, but when one did become available it was in Nevada, five hours away by plane, and at the worst possible time to transport it to the East Coast: Sunday, Oct. 28, just as Hurricane Sandy was bearing down on New York. Through the persistence and determination of her doctors, Tomoaki Kato, MD, Chief of the Division of Abdominal Transplantation, and pediatric liver transplant specialist Nadia Ovchinsky, MD, a pilot willing to transport the liver was found. The plane landed at Teterboro airport in New Jersey in the very early morning hours the next day, and on October 29 Natalia received a new liver. Dr. Ovchinsky told the New York Times that without the transplant Natalia, “would have eventually gone into liver failure,” but there is a good chance the transplant has cured her, she said.

Linda J. Addonizio, MD, (Pediatrics, Cardiology), was appointed to the Pediatric Transplantation Committee for Organ Procurement and president of the Transplantation Network (OPTN)/United Network of Organ Sharing (UNOS). Dr. Addonizio was also invited to write an editorial for the New England Journal of Medicine on pediatric ventricular assist devices.

Anne Armstrong-Coben, MD, (Child and Adolescent Health) was selected as a member of the Virginia Apgar Society of Medical Educators. She was also asked to serve on the Faculty Advisory Board of the Columbia PAS Club.

Wendy Chung, MD, (Pediatrics, Molecular Genetics), was recently inducted into the Dade County, Florida Hall of Fame, which recognizes alumni of the Dade County Public Schools who have made outstanding contributions in their fields.

Mary D’Alton, MD, (Chair, Department OB/GYN), has been elected president of the New York Obstetrical Society for 2012-2013.

Darryl C. De Vivo, MD, (Pediatric Neurology) was a visiting Professor at the University of Barcelona, Spain in October and the University of Calgary/Alberta Children’s Hospital, Canada in November, 2012. He discussed scientific and therapeutic advances in Glut1 Deficiency Syndrome and Spinal Muscular Atrophy.

Julia Glade-Bender, MD, (Hematology, Oncology & Stem Cell Transplantation) has been invited by the FDA to participate in a meeting of the Pediatric Oncology Subcommittee of the Oncologic Drugs Advisory Committee (ODC; pediODAC). Dr. Glade-Bender has also been invited to give grand rounds at the Alfred I. duPont Hospital for Children in Wilmington, DE. Her talk is titled, “The development of growth pathway inhibitors for pediatric solid tumors: Have kids been sold short?”

Annika Hofstetter, MD, PhD and Melissa Stockwell, MD, (Child and Adolescent Health) collaborated on research titled “Influenza vaccination coverage and timeliness among children requiring two doses, 2004-2009,” which has been accepted for publication in Preventive Medicine.

David Kessler, MD, (Pediatrics, Emergency Medicine), is one of the leaders of the Workshop “Look Before you Leap! Using Simulation to Prepare for a New Clinical Space or Process,” to identify, prepare for, prevent, and monitor latent safety threats. He and colleagues will present the workshop at the 13th International Meeting on Simulation in Healthcare (IMSH) in Orlando on January 26, 2013. Dr. Kessler was also asked to serve on the nominations committee for the International Pediatric Simulation Society.

M. Christine Krause, MD, (Child and Adolescent Health) was selected as a member of the Virginia Apgar Society of Medical Educators.

Wyman W. Lai, MD, MPH, (Pediatrics, Cardiology), was invited to join the editorial board of the journal Circulation: Cardiovascular Imaging.

Anna Lasorella, MD, and Manuela Orjuela, MD, (Hematology, Oncology & Stem Cell Transplantation) were both invited to give research updates at the Herbert Irving Comprehensive Cancer Center Annual Retreat on December 5th.

Joel E. Lavine, MD, PhD, (Pediatrics, Gastroenterology), has been appointed Associate Editor of the journal BMC Gastroenterology. Guest Editor of Seminars in Liver Disease, and to the Editorial Board of Anatomic Pathology.

Jennifer Levine, MD, and Manuela Orjuela, MD, (Hematology, Oncology & Stem Cell Transplantation) both received an Irving Institute CaMPr Phase I Program award. Dr. Orjuela’s project is titled, “Inhaled and ingested exposures in Mexican immigrant mother-child pairs participating in Early Head Start.” Dr. Orjuela has also been awarded an NIH Exploratory Development Grant for her project titled “Unmetabolized folic acid and retinoblastoma.”

Adriana Matiz, MD, (Pediatrics, Child & Adolescent Health) presented a poster titled, “Providing a Pediatric Medical Home for Inner-city Children with Asthma” at the Children’s Hospital Association 2012 Annual Leadership Conference.

Kristina Orfali, PhD, (Pediatrics, Neonatology) and her co-authors were awarded with the “Journal of Consumer Research 2012 Best Article Award” for their paper, “Tragic Choices: Autonomy and Emotional Responses to Medical Decisions.”

Richard A. Polin, MD, (Chief, Neonatal/Perinatal Medicine), received the Austrian Cross of Honor for Science and Art First Class from Austrian Ambassador to the United States, Dr. Hans Peter Manz, for his service to the American Austrian Foundation’s Salzburg Medical Seminars.

Erika Berman Rosenzweig, MD, (Pediatrics Cardiology) has been asked to join the ACCP Guideline writing committee for Pulmonary Arterial Hypertension as well as the AHA/ATS guideline writing committee for Pediatric Pulmonary Hypertension.

Susan Rosenthal, PhD, (Director, Child and Adolescent Medicine) was the keynote speaker at the 2012 Saint Louis University Symposium for Women in Science and Medicine.

Lawrence Stanberry, MD, PhD, (Chairman, Pediatrics) and Susan Rosenthal, PhD (Chief, Child and Adolescent Health) are the authors of a book recently published by Elsevier titled, Sexually Transmitted Diseases: Vaccines, Prevention, and Control. Marina Catallozzi, MD and David Bell, MD (both in Child and Adolescent Health) contributed chapters to the book.

Melissa Stockwell, MD, (Pediatrics, Child and Adolescent Health) and Phil LaRussa, MD, (Pediatrics, Infectious Diseases) recently received an award from the Centers for Disease Control for their study, on fever after live attenuated influenza vaccine in young children. They will use text messaging to assess differences in children who develop fever after live-attenuated versus trivalent-inactivated influenza vaccine. They were invited to present data from this study to the National Advisory Committee on Immunization Practices (ACIP) Influenza Working Group. Dr. LaRussa is now a member of the US Food and Drug Administration’s Pediatric Advisory Committee.

Michael Weiner, MD, (Vice Chair, External Affairs, Pediatrics) was elected to Columbia Doctors Board of Governance.

Carolyn Westhoff, MD, (Director, Division of Family Planning and Preventative Services), has been appointed Senior Medical Advisor to Planned Parenthood Federation of America. She will oversee the organization’s medical affairs division and work with the public policy, health care reform, and executive teams on strategic issues. Dr. Westhoff has also been named Editor of the National Contraception; the journal of the Association of Reproductive Health Professionals (ARHP) and the Society of Family Planning (SFP).
The Community Health Partnership of the Heights is Recognized with Award

The Community Health Partnership of the Heights is the recipient of the 11th Annual CCPH Award from the Seattle-based organization, Community-Campus Partnerships for Health (CCPH). The award honors partnerships between communities and academic institutions that strive to overcome the root causes of health, social, environmental, and economic inequalities. Community Health Partnership of the Heights, which was selected from more than 100 nominees, is a collaborative effort between CUMC’s Division of Child and Adolescent Health, the Ambulatory Care Network of NewYork-Presbyterian Hospital, and the community of Washington Heights and Inwood. Since the partnership’s formation in 1995 it has focused medical center and community resources on reducing child-related health disparities through innovative pediatric training programs, public health initiatives, and research. The partnership has reached thousands of community residents through a wide range of initiatives.

Gail Newton, Director of Community Health Partnerships at the Center for Community Health at the University of Rochester Medical Center in Rochester, NY, presented the award at the closing session of CCPH’s 15th Anniversary Conference in Houston. Accepting the award on behalf of the partnership were Milagros Batista, Director of Family and Health Services at Alianza Dominicana and community liaison for the partnership; Patricia Peretz, Manager of Community Health and Evaluation at the Ambulatory Care Network of New York Presbyterian Hospital; and Dodi Meyer, Director of Community Pediatrics in the Division of Child and Adolescent Health at the Columbia University Medical Center.

In presenting the award, Ms. Newton noted that, “by leveraging community and institutional resources, Community Health Partnership of the Heights has contributed to such critical outcomes as decreased asthma attacks, decreased emergency and hospital visits, and fewer missed school days. A common sense of purpose, a commitment to the community, a passion for the work that needs to be done, a desire to develop stable, long-standing partnerships, and a personal connection both at the leadership and grassroots level have been key to their success.” She shared the words of one award reviewer, who noted, “The partnership has endured for over 16 years, involved an impressive array of community partners, tackled an equally impressive array of important issues, and consistently been able to produce results.”
CME Course: Current Concepts in Pediatric and Adult Congenital Cardiac Critical Care

COLUMBIA UNIVERSITY FACULTY HOUSE, 64 MORNINGSIDE DRIVE, 7:00 – 5:40 PM

This one-day educational symposium on Thursday, March 21, 2013, 7:00am – 5:40pm will focus on the innovations in the care of pediatric and adult congenital cardiac patients. CUMC faculty including Arthur J. Smerling, MD, Emile A. Bacha, MD, Sandra M. McGill-Lane, RN, and Stacy Sanchez, MSN, RN, will address the perioperative best clinical practices in these patients. The course will be held at the Columbia University Faculty House, 64 Morningside Drive, and will include Q&A and smaller breakout sessions to facilitate attendee participation. For more information and to register click here http://www.columbiasurgery.org/cme/event_pediatrics_icu_20130321.html

Babies Hospital Alumni Day/Hattie Alexander Lecture

11:00 AM

This year’s Babies Hospital Alumni Day, on Friday, April 26, 2013, will be highlighted by the Hattie Alexander Memorial Lecture (Grand Rounds) at 11:00 am. Martin J. Blaser, MD, George and Muriel Singer Professor of Medicine, Professor of Microbiology and Director of the Human Microbiome Program at NYU Langone Medical Center, will deliver the lecture. Immediately following the lecture, Dr. John M. Driscoll, Jr., will be presented with the 2013 Distinguished Alumni Award. For further information, please contact Peggy Dubner at ml977@columbia.edu.

May 19, 2013

Hope & Heroes Walk

CLINTON COVE PARK (W. 55TH STREET ON THE HUDSON RIVER) 9:00 AM

Please join the Hope & Heroes Children’s Cancer Fund for the 4th Annual Hope & Heroes Walk on Sunday, May 19th, 2013. The Walk will take place at Clinton Cove Park, located at West 55th Street on the Hudson River (in Manhattan). Last year more than 1,600 participants helped raise over $300,000; we hope to beat both of those numbers this year. For more information on how to register as a walker, start your own team, or sign up as a volunteer please visit our website (www.hopeandheroeswalk.org), or contact Kathryn Leiby at 212-305-5010 or kl2601@columbia.edu.

May 23, 2013

15th Annual Pediatric Fellows’ Poster Presentation Session

NYP-MORGAN STANLEY CHILDREN’S HOSPITAL TOWER – WINTERGARDEN 4:30 PM – 6:30 PM

For more information, please contact Gail Fayanjtu at 305-8077 or gf2211@columbia.edu.

Residents & Fellows News

Third-year pediatrics resident Elaine Lin, MD’s current community project is a sibling support group for families of children with autism spectrum disorders. Dr. Lin’s work with the group is supported by an American Academy of Pediatrics Community Access to Child Health (CATCH) resident grant, and she serves as one of the national resident liaisons to CATCH. Dr. Lin, who is planning to pursue a career in academic general pediatrics, graduated from the University of Chicago with degrees in biological sciences and math, and then spent a year working for MATCH Corps, a tutoring fellowship at an inner-city charter high school in Boston. She completed her medical education at the University of Chicago Pritzker School of Medicine, where she was elected to the Gold Humanism Honor Society.

Third-year pediatrics resident Michael Goldman, MD’s community pediatrics scholarly project is to develop a hands-on health education curriculum that pediatric residents will deliver to the Lang Youth Medical 7th Grade Scholars (see page 1). Residents are introduced to the program through a conference, where they also learn about best practices for teaching in the community setting. Dr. Goldman has also collaborated with many of his fellow residents and with Assistant Professor of Clinical Pediatrics Nan Salamon, MD to write the “Outpatient Book,” which includes common diagnostic workups and reference tables for MSCHONY residents. Dr. Goldman attended Cornell University, studied business, then switched his focus to pre-med with a minor in education. After college he became a middle school special-education teacher in Philadelphia through the Teach for America Program, an experience that steered him toward his future medical interests, which combine pediatrics and education. He completed his medical education at NYU, where he devoted most of his extracurricular time developing health education programs and studying health literacy disparities and tools to circumvent such disparities. Next year Dr. Goldman will serve as Chief Resident at MSCHONY.
Community Pediatrics Tackles Neighborhood Problems

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a public health vision, a deep understanding of the community’s cultural issues and a link to existing coalitions in the community, and an “ecological” approach to health. The program’s partnerships are meaningful and effective because they look beyond simply treating disease, according to Susan Rosenthal, PhD, Director of the Division of Child and Adolescent Health, which is home to the Community Pediatrics. “We know that promoting health is not just about treating diseases,” Dr. Rosenthal says. “It’s about promoting physical and psychological health, making sure that children get all of their preventive medical care, and that they are growing up in safe and healthy environments.”

To reach the largest number of children and have the most widespread effects, Community Pediatrics tackles very common clinical problems like obesity or asthma mental health through a public health approach. “Instead of treating these problems patient by patient, we ask what can we do that will have a community-wide effect,” Dodi Meyer, MD, Medical Director of Community Pediatrics, explains.

The success of Community Pediatrics’ programs is based on really strong academic-community partnerships, which have evolved and strengthened over time, says Dr. Meyer. “We have strong partnerships with schools, with community-based organizations, and with businesses in the community, which help make these programs really true to the needs of the community. The longstanding trust, personal relationships, ongoing funding for programs, and our diverse faculty, combined with our obvious commitment to change, all make a difference,” she explains. “Community members see that we are there whether or not our research studies are completed, and that sends a very powerful message about our commitment to this partnership and our willingness to be in it for the long term.”

Andres Nieto, Director of Community Health Education and Outreach for the NYP Ambulatory Care Network, has worked on community health issues for three decades. He says, “When we combine prevention, health education, and population-based management, and work together to tackle these issues, we can have a positive impact on the community.” And the benefits of these efforts are becoming measurable, he adds. “In the last three or four years, we started measuring outcomes of some of our programs and we’ve shown that we’re having an impact.”

Two of the community pediatrics programs with measurable impacts include the Lang Youth Medical Program, a nine-year-old science enrichment and mentoring program that will see six of its first group of participants graduate from college this year, and WIN for Asthma, which has reduced participants’ hospitalizations and visits to the emergency room.

Community Pediatrics Programs

**CHALK (Choosing Healthy & Active Lifestyles for Kids) Center for Best Practices** is an obesity prevention program that uses a community-driven, school-based social marketing campaign with a focus on school-aged children to promote healthy lifestyles and reduce the prevalence of childhood obesity in Northern Manhattan.

**HEAL (Health Education & Adult Literacy) Program** aims to improve the health literacy, reduce the rate of medication errors, and increase compliance with treatment in patients treated at NYP/CUMC. Pediatric providers, community workers, and volunteers develop and implement a health education curriculum that responds to health literacy skills of the Washington Heights-Inwood community.

**ROR (Reach Out and Read Program)** is a national program that incorporates early literacy into pediatric primary care for children ages 6 months to 5 years. Primary care providers in the program give new books to children and advice to parents about the importance of reading aloud. More than 300 pediatricians at CUMC have “prescribed” and given out 185,000 culturally sensitive and age-appropriate books to 90,000 economically disadvantaged children.

**Turn2 Us** is a school-based mental health promotion and prevention program in Northern Manhattan. It targets children at risk for emotional and behavioral problems and engages them in sports and art programs to improve their social and academic performance. Turn2 Us also works to improve the mental health literacy of parents and school staff.

**WIN (Washington Heights & Inwood Network) for Asthma Program** is a community-based intervention aimed at reducing the burden of asthma for children and families in Northern Manhattan.

**Lang Youth Medical Program** prepares middle- and high-school students from the Washington Heights & Inwood communities for careers in health sciences. The program is in its ninth year and serves approximately 75 children and their families.

**Health Leads** is a national program that works to break the link between poverty and poor health. The program enables healthcare providers to prescribe basic resources like food and heat just as they do medication, and to refer patients to the program just as they do any other specialty. College student volunteers work side by side with patients to connect them with the basic resources they need to be healthy.

**Residency Training** teaches future pediatricians the skills needed to understand community health and to work collaboratively with the community to address increasing disparities in health care. Through an enhanced experience in Community Pediatrics, this track fosters the development of future leaders in the field. Three core concepts—community health, cultural competency, and advocacy—are integrated into all three years of residency training. Residents work on a three-year long research project in collaboration with one of our community health initiatives.
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Lang Youth Medical Program
The Lang Youth Medical Program is the brainchild of philanthropist Eugene Lang. Mr. Lang envisioned a program where New York City kids could come to NYP to learn about health careers and science, go on to be trained as health professionals, and perhaps come back and serve their own community, according to Marina Catallozzi, MD, MSCE Medical Director of the Lang Program.

Students apply to the program in sixth grade, during middle school, and participate for the next six years. They meet with other Lang Scholars and staff members and mentors every Saturday during the school year, and every weekday in the month of July. “While other kids are sleeping in or watching television, the Lang Scholars are really preparing for their future,” Dr. Catallozzi says.

The Lang curriculum is a kind of “mini medical school” curriculum, covering the healthy human body, diseases that are common in Washington Heights including asthma and diabetes, and even case-based learning. Lang staff help Scholars and their families choose and get into competitive New York City high schools. During high school the program focuses on local public health, global health, and intensive college preparation, with SAT prep and essay writing. In twelfth grade the Lang Scholars apply to college. “In addition to application and financial aid workshops for students and families, we do a course on living at college—how to manage your money, cook, and other skills that are crucial to being successful on a college campus,” Dr. Catallozzi says.

All of the students who have completed the program have matriculated to four-year colleges, garnered scholarships and financial aid, and the first class of six Lang Scholars will graduate from college this year. “These students have all the same issues as other kids from Washington Heights—school work, social stressors, family issues, medical problems—so we help them navigate a lot of that as well and whatever support that they and their families need.”

One of the most impressive things about the program is the number of personnel from NewYork-Presbyterian and Columbia University Medical Center at every level who volunteer their time, mentoring kids through the reading-writing program, different hospital rotations, and internships in the pharmacy and the lab. “It’s amazing how many people mentor these students and how many come back to support the program year after year,” says Dr. Catallozzi. “The program would not exist if we did not have these generous volunteers in the hospital and university.”

WIN for Asthma
Another Community Pediatrics program, WIN for Asthma, was formed when NYP/CUMC brought existing community partnerships that were already working around pediatric asthma under one “network.” Families enroll in the program through several avenues: when a child is admitted to the hospital for asthma, in the emergency room, and through referrals from parents, school nurses, and pediatricians at CHONY and in the community. Families in the program are matched with a community health worker, who over the course of a year offer peer-based, culturally appropriate support to parents to promote the understanding and management of asthma, says Adriana Matiz, MD, Medical Director of the WIN for Asthma Program.

The main intervention happens at the first home visit, Dr. Matiz explains. “We do a room-by-room walk through of their apartments looking for signs of asthma triggers including dust mites and cockroaches. Workers might find families with no heat, exposed pipes, or who are facing immediate eviction. “All of these things play a big role in a family’s ability to manage their child’s asthma,” Dr. Matiz says. The program’s health workers, who are trained in integrated pest management, help families navigate through the process of addressing these problems. “They hold the families’ hands through these challenges and allow them to address these obstacles to care.”

Each year 125 to 150 families are active in the program, which has reached 700 families since its beginning in 2005. Research has shown that the program has a true effect, explains Dr. Matiz. “Families in this program have fewer emergency room visits and hospitalizations compared to counterparts that don’t participate.” The model is so successful that it has been adapted for adults with Type II diabetes, and workers are now cross-trained in adult diabetes and pediatric asthma.

New York City’s neighborhoods are constantly evolving, and Washington Heights and Inwood are no exception. “The community’s population has been mostly Dominican over the past decade,” Andres Nieto says. But Dominicans have begun moving out of the area and into the northwest Bronx, while Mexican and Central Americans are moving in. “The demographics of the community are definitely changing,” he says. “We adapt by understanding who the players are and making sure that we’re at the ground level, knowing what’s happening and partnering with new emerging leaders from those communities. We just have to stay on top of the changes.” — Beth Hanson
Community Relationships Strengthen Prenatal Care

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len’s Community Coordinator for Physician Relations, have worked since 2008 to streamline the referral process for patients who come to The Allen from community clinics. “Our goal is to coordinate prenatal care for neighborhood patients who receive the bulk of their care outside of the CUMC/NYP system,” notes Dr. Burgansky. Reinforcing relationships with community prenatal providers has improved OB/GYN patient care at The Allen Hospital, she says.

She and Ms. Onofrietti teamed up with the Broadway Practice Administrator, Annita Tracey, RN, Mireya Wise, RN, Allen’s OB/GYN Patient Care Coordinator, MFM Ultrasound Coordinator Christine McLellan, and Evelyn Bunin, RN, from the ACN Call Center. To improve communications between CUMC and community providers the team compiled a list of all the neighborhood clinics that refer obstetrical patients and generated a database with information about site location, administrative structure, and referral pattern. “We receive patients from more than at least 15 independent community clinics in northern Manhattan and the Bronx,” Ms. Onofrietti notes. The clinics vary widely in size and in resources. Lack of standardization has contributed to a gap in care: each clinic handled referrals differently and important medical information was lost in patients’ transition from clinic to hospital. The group’s analysis showed that small clinics with few resources tended to refer patients early in pregnancy while larger clinics referred patients nearer to term. “Often we had to coordinate care and arrange referrals while evaluating a patient emergently in labor and delivery triage. Sometimes women already in labor come to us without any medical records,” Dr. Burgansky explains.

The team worked to develop a template for the referring clinics, “to establish a plan for delivery early on and to determine which facility is the best for a particular patient to deliver,” Dr. Burgansky says. The Allen Hospital refers obstetrical patients identified as high-risk to CUMC’s High-Risk Perinatal Clinic (see sidebar). “Our goal is to ensure the safest environment for prenatal care,” notes Dr. Burgansky. Once a patient’s delivery plan is in place, the next step is to coordinate services that some community clinics may not offer: first trimester screening, prenatal ultrasound, referrals to genetic consultation, obstetrical anesthesia, and maternal-fetal medicine consultations, fetal testing, vaginal birth after cesarean section, cesarean planning, and sterilization counseling, in addition to routine prenatal care.

With a draft plan for coordination, the team began calling on the neighborhood providers and adjusting the template for each clinic. “Over the past year, we have met with each of the independent clinics and all the stakeholders. Our meetings have been a success and we are better prepared to handle the patients who come to us,” notes Dr. Burgansky. Though these clinics had referred patients to The Allen Hospital for decades, “we didn’t know the providers,” Ms. Onofrietti remarks. Face-to-face meetings strengthened ties and helped to establish new relationships.

Maintaining a dialogue with community providers will be key to sustaining improvements in quality and continuity of care, notes Michael Fosina, Vice President and Executive Director of The Allen Hospital. “We must find out what the problems are in order to find solutions,” he says. Likewise, success will also depend on ongoing quality monitoring and periodic review explains Ms. Onofrietti. “Ensuring patients have a seamless transition from outpatient to inpatient care is an important contribution to the community,” notes Mr. Fosina. He applauds Dr. Burgansky, Ms. Onofrietti, and their team for clearly improving patient safety and making the transfer process more time- and cost-efficient.

— Ellen V. Kuhn

Perinatal Clinic Emphasizes Patient Education

Obesity and diabetes often go hand in hand, and the combination is particularly perilous during pregnancy. “We see increasing numbers of obese patients, and a related increase in numbers of patients with diabetes and gestational diabetes,” reports Cynthia Gyamfi-Bannerman, MD, Medical Director of the Perinatal Center for CUMC’s High Risk Obstetrics at NYP/CUMC. The clinic is located at the Audubon Ambulatory Practice, which is newly certified by the American Association for Diabetes Education (AADE) as an educational resource for patients. The Center’s staff sees patients referred from NYP’s Ambulatory Care Network (ACN) clinics and independent providers in Washington Heights-Inwood and the Bronx. "Women who develop gestational diabetes may continue to have diabetes later in life. It is important to educate them while they are our patients,” notes Dr. Gyamfi. The Center has a certified diabetes nurse educator who works with the Center’s perinatal nurses, nutritionist, and the obstetrical nurse practitioner to teach self-management skills, the basics of nutrition, and self-blood testing skills to patients with type 2 and gestational diabetes.

The Perinatal Center also provides comprehensive care to other high-risk obstetric patients who have pre-existing medical conditions or who develop complications during pregnancy, and conducts education programs, connects patients to social services, and facilitates consultations with cardiology, anesthesiology or psychiatry as needed. The Center’s specialists treat patients with conditions ranging from multiple gestations, genetic and fetal anomalies and prior pre-term birth, to co-existing medical problems.

Four CUMC maternal-fetal medicine specialists work with fellows, residents, and nurses at the Center, and a dedicated, high-risk social worker provides support and referrals to psycho-educational programs such as the Nurse Family Partnership and links patients to various community social service resources. “We counsel patients about the importance of continuing primary care beyond delivery by focusing on good nutrition, fitness, and post-partum follow-up including birth-control education,” said the clinic’s social worker, Etelore C. Sow. “Our staff is sensitive to patients’ diverse cultural backgrounds and is trained to help them negotiate barriers of language, literacy, and physical disabilities,” she notes. Ms. Sow often works with expectant fathers and other family members to engage them in sensitive health care decisions for high risk-patients.

The Center participates in research investigations conducted by CUMC and other institutions. Current studies include a multi-center study led by CUMC and coordinated through the Maternal Fetal Medicine Units (MFMU) Network, investigating the benefits of antenatal steroids for late pre-term birth (the Antenatal Late Preterm: Randomized Placebo-Controlled Trial (APLS)). Through another study CUMC researchers are screening and potentially treating pregnant women for cytomegalovirus infections. — Ellen V. Kuhn