Latino Medical Student Association

Annual journal Volume 4

Founded to represent, support, educate and unify Latino(a) Medical Students
L.M.S.A. Mission

To unify all Latino medical students into one organization to provide a voice for underrepresented medical students with the goal of actively promoting recruitment and retention of Latino students of all educational and professional levels, to educate medical students on Latino health issues, to advocate for the rights of Latinos in health care, and to provide leadership opportunities for Latinos.
Welcome to Houston to the
9th Annual LMSA National Conference!

On behalf of the Southwest Region, it is our pleasure to welcome you to our home! Although it is the first time Houston has the honor of hosting this conference, it is actually the second time that the National Conference has been held in the Southwest Region (back in 2007 when our organization was known as the National Network of Latin American Medical Students or NNLAMS). From that time, our region has seen a veritable revival of LMSA culminating in the conference you see today.

When our regional board sat down to plan the theme of the 9th annual conference, we began with a discussion of LMSA itself: its mission, goals, and ideals. Now more than ever we see the landscape of healthcare changing before our eyes, affecting our entire community from the youngest patient to the oldest doctor. Our hope lies in each other as we grow, learn from each other, and together build a better future for our patients and communities.

As you listen to the speakers and participate in the workshops, please take time to reach out to your fellow LMSA members from within your region, or another region entirely. Make contacts, exchange emails, and network. We are only as strong as we are united, and it is through our combined efforts that we can truly realize our potential.

Lastly, we would like to recognize and thank our two hosting institutions, Baylor College of Medicine and the University of Texas Health and Science Center at Houston whose support made this conference possible!

¡Bienvenidos!

The LMSA Southwest 2014 Conference Committee

About the Artist:
Kathy Amortegui is a Latino Artist based out of Las Vegas, Nevada. Born and raised in Bogota, Colombia, she currently works in the Economics Department at the University of Las Vegas, Nevada Lee Business School. She has been an artist most of her life studying at several arts schools in Latin America such as the Guerrero schools of Arts, the Chico school of art, and the David Manzour art school as well as collaborating with multiple private art professors from the Latin and European Community for six years. In addition, she is involved in the latino community by participating in several charity events as well as teaching English to underserved hispanic immigrants through several programs in the Las Vegas and Clark County area. For further information, please email the artist at kathy.amortegui@unlv.edu

About the Artist:
Eduardo Torres is a design and art professor born in Mexico City who studied public relations, art and graphic design. In the 80’s, Mr Torres immigrated to Los Angeles through a publication company and studied Radio and Television broadcasting. He was named department head of art and publishing in the Los Angeles college. Mr. Torres has been in several art expos specialising in the the real of art realism. Currently he resides in Las Vegas, NV and teaches classes in Oil, Acrylic, Pastel and Muralistic theory while being heavily involved in the latin community through art classes for autistic youth. He may be reached at : dulceteu@yahoo.com
Dear LMSA membership,

The 2013-2014 leadership has taken LMSA into new and exciting avenues that we could have not dreamt of five years ago. When the regions decided to unify under the LMSA name in 2009, our hope was to become the leading voice of Latino medical students throughout the nation. Today, we have seen tremendous expansion through our younger regions of the Southeast and Southwest, we are continuing to develop our pre-medical societies (LMSA-PLUS) and we have established our first LMSA Student Policy Section that has allowed any LMSA member to help influence the direction of organization (Please visit http://lmsa.net/policy/). This year we are also celebrating the 5th independent National Conference in our newest region of the Southwest from April 25th-27th.

Currently, we are working hard in developing further the infrastructure of LMSA and a closer collaboration with NHMA Council of Residents (COR), Young Physicians (YP) and Executive Board (EB). To highlight a few key aspects of these new developments:

1) LMSA and all groups of NHMA (COR, YP and EB) will create one master database of its leadership and form working groups within the board equivalent positions (e.g. publication chairs of all the organizations will have their own committee to collaborate on newsletter/publications).

2) LMSA will be expanding its Alumni Board into the LMSA Physician Advisory Board. Dr. Elizabeth Homan-Sandoval has accepted being LMSA co-executive director alongside Dr. Rueben Font.

3) In the upcoming summer LMSA will be launching its new website and membership database.

4) LMSA and NHMA have signed a new MOU that includes $1000 for each regional conference and an additional $2000 for the National Conference. NHMA will support the travel of the two regional presidents alongside the president and vice-president to the NHMA conference.

At this time I would like to take a moment to thank a few key leaders in LMSA: Orlando Sola and Ankeeta Mehta for their leadership in the development of the Policy Section, Dr. Emma Olivera for her contributions to the Board, Jose Cruz for his work in developing the programming for GLAS 2013, Dr. Rueben Font in his first year as executive director and Amanda Hernandez our 2013-2014 National President.

I hope you are excited about the new developments as LMSA continues to grow and expand into new avenues. I look forward to seeing many of you at our annual conference in Houston, TX.

Sincerely,
Alvaro E. Galvis, Ph.D., MS4 2013-2014 National Coordinator

Dr. Galvis is currently serving his second term as National President of the Latino Medical Student Association. He is a fourth year medical student at the University of California, Irvine School of Medicine (UCI SOM). He has been involved with the LMSA since his first year of medical school in 2005, holding various positions including three terms as Southern CEO of the LMSA-West region. He received a BA in Religious Studies and a BS in Biology in 2002 from Santa Clara University. He is a member of both the Medical Scientist Training Program (MSTTP) and Program in Medical Education for the Latino Community (PRIME-LC) at UCI SOM. He successfully defended his PhD dissertation entitled "An RNA Lariat Intermediate in HIV-1 cDNA Synthesis" with the Department of Molecular Biology and Biochemistry in February 2014. Dr. Galvis has also been involved in the UCI SOM Admissions Committee since 2007. He has always been a strong advocate of health for all underserved communities and increasing the number of minorities in medicine. He wants to devote his career to the well-being of others and upholding the mission of LMSA.

Amanda Lynn Hernandez is an MD/PhD candidate at Yale University pursuing her doctoral research in neuroscience and immunology and planning to complete a medical residency in neurology. Her doctoral thesis aims to characterize putative environmental factors mediating Multiple Sclerosis, work for which she was recently awarded the prestigious National Institute of Health Ruth L. Kirschstein National Research Service Award. Born and raised in the Bronx, NY, Amanda is of Puerto Rican decent and was the first in her family to complete college. She attended Columbia University in the City of New York and graduated in 2008 with BA in Neuroscience and Psychology. Following completion of her degree Amanda pursued research full-time for one year prior to matriculating at Yale. Upon arriving at Yale's Medical Scientist Training Program, Amanda became intimately involved within the Latino community. Currently the LMSA National Vice-President, Amanda has held numerous executive board positions within LMSA National and has served as the Northeast-LMSA Regional Co-Chair for the past 4 years. Outside of her LMSA involvement, Amanda has been passionately engaged in the Yale Latino community as a Graduate Assistant at La Casa, Yale's Latino Cultural Center, where she mentors over 50 undergraduate students. Outside of her academic and community pursuits, Amanda is an avid Crossfitter and actively competes within the state of Connecticut.

Vice-President, LMSA
The University of Texas Medical School at Houston is committed to diversity and inclusion of each member of the Medical School family – be they students, faculty, staff or patients.

Headed by LaTanya Love, M.D., assistant professor of pediatrics, and Pedro Mancias, associate professor of pediatric neurology, the goal is to serve Houston’s populace through medical education, patient care, and research that is inclusive.

Specific goals of the office include increasing scholarships, improving recruitment and retention of minority faculty, enhancing the cultural competence curriculum and providing institutional support for diversity and inclusion.

The National Hispanic Medical Association (N.H.M.A.), a 501c6 association, was developed in 1994 in Washington, D.C. as a result of a meeting of Presidents of Hispanic medical societies. During the meeting it was decided an organization was needed to fill a void in Washington, D.C. – the need for a voice for Hispanic/Latino physicians as advocates for Hispanic health with the Federal government. This decision grew from a history of organizing efforts dating back to the 1960s when Hispanic medical students formed regional associations and local societies focused on social and charitable activities. As a young medical student, Elena Rios established the California Chicano/Latino Medical Student Association in 1983, its Super-network Program to link 25 premed clubs, and in 1987, the National Latin American Student Network.

Beginning in 1995, the Department of Health and Human Services (H.H.S.) Health Resources and Services Administration supported N.H.M.A. to convene 5 regional meetings with Hispanic health leaders around the country with recommendations that shaped the initial policy priorities of the N.H.M.A. Board of Directors: increasing access for Hispanics to quality health care, pipeline diversity in medical education, and Hispanic health research. The following year, N.H.M.A. convened its First Annual National Conference honoring regional pioneer Hispanic physicians who had been advocates for their communities. In October 1998, Dr. Rios became the Executive Director of N.H.M.A. after receiving Federal funding through a Cooperative Agreement with the H.H.S. Office of Minority Health, followed by support from foundations and the private sector for a variety of programs, including launching the Hispanic-Serving Health Professional Schools student internship program, the N.H.M.A. Leadership Fellowship, the N.H.M.A. Resident Fellowship, the N.H.M.A. Medical Student Mentorship, the N.H.M.A. Public Health Fellowship, the N.H.M.A. Research Network, the Cultural Competence Graduate Medical Education Curriculum Project, the National Hispanic Health Leadership Summit, and the Congressional Hispanic Health Briefing Series.

In 2005, N.H.M.A. completed a strategic review and expanded its Board of Directors to include nationally recognized leaders in the health sector; established its foundation’s National Hispanic Health Foundation (N.H.H.F.) affiliation and office with NYU’s Wagner Graduate School of Public Service, Corporate Advisory Council and its Hispanic Health Professional Student Scholarship Fund.

In 2006, N.H.M.A. contracted with firms to conduct feasibility studies to develop the strategy for sustainable growth. A first step in this strategy was the establishment of an association of State Medical Societies which N.H.M.A. would develop through its Childhood Obesity Education Projects and new portal (HispanicHealth.info).

In 2008, N.H.M.A. completed a National Hispanics and Health Disparities Summit Series in NY, CA and TX with H.H.S. O.M.H. that brought together 300 stakeholders from public and private sectors to provide consensus recommendations for Federal policy for public health prevention, access to care, and diversity in the health professions for the next 5 years. These recommendations were presented to Senator Kennedy led Senate health care reform committee, Congress and with President Obama’s Transition team.

In 2009, N.H.M.A. Board of Directors worked more formally with L.M.S.A. as it signed an agreement and invited L.M.S.A. to serve on its Board. In 2010, N.H.M.A. developed its Council of Residents and next plans to develop the Council of Young Physicians.

By Elena V. Rios, MD/MS/PH.
The goal of the National Hispanic Medical Association Council of Residents is to build the foundation of residents in NHMA, with support and opportunities for professional development, mentorship, leadership, and networking. One of our other core missions, however, is to build a strong pipeline from LMSA to NHMA COR. We believe that we have strengthened this pipeline tremendously this past year through dedicated mentorship of medical students. Once again NHMA COR has collaborated with LMSA to have residents present on panels regarding mentoring, achieving the residency of your choice and community engagement and empowerment at every LMSA Regional conference.

The strong collaboration this past year culminated with the first annual Stu- dent Policy Section at this year’s National NHMA Conference March 28-30th in Washington, DC. In an effort to extend LMSA’s tradition of leadership within the Latino community the Policy Section featured workshops for students and residents, structured and identified cultural competence, literacy, and language services programs for medical education and health care delivery. Lastly, in the fall NHMA COR will be hosting workshops at local institutions throughout the five regions, in order to further promote networking, mentoring, and professional development. If you are interested in a workshop at your institution please contact us. We will also be holding a membership drive throughout the nation to increase resident participation and voice in NHMA.

In addition, this year’s National NHMA conference titled “Affordable Care Act & Best Practices for Hispanics” also gave medical students and residents to become up to date with the current happenings regarding the Affordable Care Act. Amongst many things we learned how health care innovations and the Affordable Care Act are influencing health care reform’s prevention and public health strategies; we reviewed community-based research that focuses on knowledge and policy strategies that show promise of eliminating health disparities; and identified cultural competence, literacy, and language services programs for medical education and health care delivery.

The mission of the NHMA is to empower Hispanic physicians to lead efforts to improve the health of Hispanic and other underserved populations in collaboration with the state, regional and local level Hispanic medical societies, resident and medical student organizations, and other public and private sector partners.

The mission of the NHMA COR is to increase mentorship through the Resident Mentorship Program. Objectives include:

*Reaching out to graduating medical students, current residents and fellows to become registered members and join our committees.
*Offering mentorship workshops, facilitating mentorship matches between physicians and trainees.
*Networking

COR also offers professional development through training and leadership fellowship to promote leadership development.

Members of COR may become leaders at multiple levels:

*Executive Board Officer
*Regional Representative
*State Representative
*Member of committee

To become a COR member, visit www.nhmamd.org

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NHMA COR was created in 1994 to serve as an interest group of NHMA

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Capitol Hill Visit, Poster Presentations, & Resident Workshops

Register Now!
Early Birds Ends March 1
www.nhmamd.org

NHMA 18TH Annual Conference
March 28-30, 2014
Marriott Wardman Park Hotel, Washington, DC
“The Affordable Care Act & Best Practices in Health Care for Hispanics”
Capitol Hill Visit, Poster Presentations, & Resident Workshops

REGISTER NOW:
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LMSA

From the beginning, the story of LMSA has been a story familiar to anyone of Hispanic or Latino origins. Many people, many cultures, yet with a kinship few others share. Our foods are different, our music is different, and our accents are different. We all come from different countries, cultures, and backgrounds both from our family history and from our current lives, yet we are all united by our goals and ideals. The last time the Southwest Region held a national conference was in 2007, and we were known as NNLAMS. Above you can see a pamphlet from that very conference, with our current website juxtaposed. While many things have changed, you will notice that the mission of our organization has remained the same:

- To unify all Latino medical students into one organization
- To provide a voice for underrepresented medical students
- To actively promote recruitment and retention of Latino students at all levels
- To educate medical students on Latino health issues
- To promote volunteerism in the Latino community
- To provide leadership opportunities for Latinos
- To provide a voice for underrepresented medical students
- To advocate for the rights of Latinos in health care
- To advocate for the rights of Latinos in health care

In this very way, LMSA has overcome myriad hurdles in communication, continuity, name changes, and logo changes spanning groups from around the country. Despite the hurdles, we can be proud that our current website juxtaposed. While many things have changed, you will notice that the mission of our organization has remained the same:

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In this very way, LMSA has overcome myriad hurdles in communication, continuity, name changes, and logo changes spanning groups from around the country. Despite the hurdles, we can be proud that the mission of our organization has remained unchanged as the unifying force of our various chapters. By persevering over several years, in 2008 from the alaphbet soup of NNLAMS/LMSA/NBLHO emerged the unifying and overarching title, Latino Medical Student Association (LMSA).

LMSA Southwestern

On the regional level – the Southwest region of LMSA has historically suffered significantly from a lack of communication and high student officer turnover. These factors among many led to the fragmentation of the Southwest region shortly after the 2007 National Conference and resulted in a loss of communication with the national organization. Though the Southwest contains roughly a quarter of the Latino population, most medical schools in our region do not even know that LMSA exists. Although students in this region are highly motivated, they often lack the connection and support that a national network provides. Despite the lack of a unifying force however, individual chapters of LMSA survived, growing in number and eventually reaching out to the national organization.

The story of the LMSA Southwest region cannot be told without including Ray Méndez, the acting LMSA President from 2006-2008. He contacted the Latino student groups at the major medical schools in the Southwest region, calling for a face-to-face House of Delegate meeting to help “re-establish” centralized communication within the region. He personally flew down from Illinois to meet with us on November 5, 2011 at the University of Texas – Southwestern. With his guidance, we “re-formed” the LMSA SW Regional Board, started the process of drafting our constitution, and most importantly, reconnected with students from different medical schools in our region!

Later than year, several of us met up at the National LMSA Conference in Boston – a true inspiration and vision for the future of our fledgling SW Regional Chapter.

Several members of the 2011-2012 SW Regional Board reunited for GLAS 2012 in September – a wonderful learning experience as well as the final push for organizing our 1st LMSA SW Regional Conference! he first LMSA-Southwest Regional Conference was held on October 13, 2012 at Doctors Hospital Renaissance. Our theme “Salud En La Frontera”. Inspiring Future Leaders Through Mentorship and Education reflected the culmination of many months of hard work from the conference organizers and the potential for growth in our region. We were thrilled to have over 75 medical students representing 7 medical schools and 30 undergraduates from University of Texas – Pan American in attendance!

With one year under our belt, we continued to refresh our organization by electing the new officers for the LMSA-Southwest Executive Board. Between October 2012 and April 2014 we have been quite busy!

The first LMSA-SW Networking event in May 2013 brought together students from UT-Houston, UTMB, UT-SW and Baylor College of Medicine as well as residents and faculty members from the Houston area.

As you can see, we are growing not just in size (numbers), but in strength (the connections among different institutions). We are very excited to host the 2014 National LMSA Conference in our region and hope that the theme “Creciendo Juntos” serves as an inspiration for all LMSA Regions and LMSA National organization to look forward to the future together.

Best,
Giselle Dutcher
Co-President, LMSA-Southwest

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Philip M. DeChavez M.D. M.P.H. was born of humble beginnings. His experience growing up on the west side of San Antonio, Texas was a driving factor in his life, as he both experienced and bore witness to the hardships Latinos face in education and the everyday. After graduating from high school, he enlisted in the Army and served as a combat medic in Operation Desert Storm. The first in his family to attend college, he received his Bachelor’s of Science degree from Morgan State University, graduating Summa Cum Laude as valedictorian. Dr. DeChavez then went on to pursue his medical degree and complete his internship at the University of Pennsylvania. After completing his residency in Family Medicine, he received his Masters of Public Health at Harvard University as a Commonwealth Fund Fellow in Minority Health Policy.

Throughout his career, Dr. DeChavez maintained a dedication to helping Latinos in both higher education and the world at large. His commitment to social justice drove him to research and develop educational programs aimed at increasing the number of underrepresented minorities in higher education and grants such as an National Institute of Health study of minority drug use. During his time at Penn, he was influential in the development of the Center for Hispanic Excellence: La Casa Latina, and for his service to the minority community he was awarded the Helen O. Dickens prize. At Harvard, he acted as an Executive Committee Member and Graduate Student Advisor for Concilio Latino, an umbrella organization for Latino associations at the university that provided a forum for these groups to come together and discuss issues critical to Latino students. Dr. DeChavez also worked at the Boston Public Health Commission, focusing on the Mayor’s effort to reduce racial and ethnic disparities throughout the city. While serving as Medical Director at MCI-Framingham, a medium-security correctional facility for female offenders, he volunteered his time as the primary medical care doctor at the Justice Resource Institute Swansea Wood School, a specialized school serving adolescents who have struggled with significant medical and mental illnesses.

Dr. DeChavez is remembered as a champion of the underdog, always rooting for the successes of those who had the world against them and advocating for the voiceless. For more than a decade, he played an active role in LMSA, joining as a medical student and serving as its National Executive Director until his death in 2012. His legacy lives on in those he mentored throughout his life, including middle schoolers, high school students, undergraduates, medical students, and his own brothers and sister.
With over 53 million in the United States, and more than 50,000 gaining the right to vote each month, Latinos are becoming increasingly influential in the American political sphere. Democrats’ promises of reform in areas ranging from immigration to health care have led to consistent political support from the Latino community. President Barak Obama rode this wave of support through two general elections, signing the Affordable Care Act into law to answer calls for equity in medicine. Yet the minority groups that supported President Obama throughout his political career, Latinos amongst them, have not had their needs met. Even when the law was first signed, the ACA was fraught with exclusions for millions of Latinos. For instance, the issue of undocumented immigrants was so politically charged that they were intentionally left out of the bill. Because of this, even those who earn enough money will not be allowed to purchase a plan in the insurance exchanges. Millions more fully documented Latinos lost their chance at coverage when the Supreme Court decided that the Medicaid expansion was an unlawful coercion of the states. Now, with 21 states rejecting the Medicaid expansion, nearly a quarter of uninsured Latinos will fall in the dreaded Medicaid Gap, left without access to public or private sources of insurance.

How did Latino health advocates allow this to happen? While most contend that politics is politics and compromises must be made, some argue that our representatives merely lack the political fortitude to negotiate the complex issues that affect our patients and their families. Thus, as Latino health advocates, physicians, and concerned citizens, we must promote our patients’ interests by finding brave new leaders. Great potential exists in the thousands of aspiring Latino health professionals rising through America’s schools right now. These are the intelligent, powerful, yet compassionate individuals that have witnessed with their own eyes the effects that poorly conceived policies have on their families. They should be the ones sitting at the negotiation tables. For who could better articulate the injustice of a state rejecting the Medicaid expansion than the daughter of parents who fall into the Medicaid Gap?

In light of the recent failures in the ACA, the need for passionate and informed Latino health advocates has never been more apparent. The Latino Medical Student Association is taking this message to heart and will debut its new Student Policy Section this March in Washington, DC. Students and medical professionals of all ethnicities will meet to provide the networking, mentoring and academic resources necessary to train the future physician leaders of the Latino community. By preparing our youth, Latinos and other marginalized groups can ensure that future health reform in our country will address the still-growing disparities in medicine.

Cultivating Latino Policymakers to Ensure Health Care for

By Bryce Spitze, MPH & Orlando Sola, MPH

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Prenatal Care for Farmworkers in South Florida

J. Mazzurco, OMS-III, M.P.H.(1) S. Zhang, OMS-III(1) M.I. Fernandez, PhD(1)

(1) Nova Southeastern University College of Osteopathic Medicine

Introduction: In the US, there is an estimated 3 million farmworkers; 22% of which are female, and the majority is of childbearing age (NCFH, 2012). In the Southeast, the greatest number of farmworkers resides in the state of Florida. Due to their working and living conditions, farmworkers are at increased risk of injury and illness. However, numerous barriers lead them to have among the lowest levels of healthcare access and utilization. Lack of accessible health care can be particularly problematic for farmworkers who have increased need for care, such as pregnant women. Lack of adequate and timely prenatal care has been associated with negative maternal and newborn health outcomes. Understanding farmworkers’ experiences in accessing and engaging in prenatal care will advance efforts to promote prenatal care services for this at-risk, understudied population.

Methodology: A bilingual researcher from the study population recruited 100 farmworker women in community venues. One hundred percent of the eligible women agreed to participate. After obtaining written informed consent, the researcher administered an interview survey consisting of 53 items. The interviewer read each question and answer choices out loud and the participant selected her response, which the interviewer recorded on a paper form. The interview survey explored the experience of female farmworkers with prenatal care during their pregnancy in the past two years. We used past literature to design the interview, which we then pilot tested on farmworker women. Our analysis focused on analyzing timely and adequate prenatal care, and maternal and newborn outcomes. All statistical analyses were done using SPSS version 20. The research protocol was approved by NSU IRB.

Results: The majority (97%), of participants entered prenatal care during the first trimester of their pregnancy, and (90%) received 5-10 or 5-15 prenatal care visits. Support for prenatal care was provided by emergency Medicaid. Only 3% of women paid out-of-pocket for their prenatal care. Only 7% of women had problems during delivery, including anemia, and excessive hemorrhage. In addition, 94% of participants delivered their babies vaginally. None of the babies were of low birth weight and none died during childbirth.

Conclusion: Overall, the majority of our participants received adequate and timely prenatal care. Furthermore, the majority of participants experienced positive maternal and newborn outcomes. Our results differed from previous studies that found a lack of adequate prenatal care for farmworker women, and high percentages of negative health outcomes. Our positive outcomes may be in a large part attributed to the availability of emergency Medicaid that allowed participants to access prenatal care services. These results point to the importance of maintaining and enhancing these programs to help ensure that all pregnant women have access to prenatal care.

HIV/AIDS Care Delivery in Dominican Republic – The Need for Capacity-building

Felipe Cameromartoregui1, Pamela Castro1, Altargacia Nolasco2, James R. Hillard3,4, Reza Nassiri1

College of Osteopathic Medicine1, Institute of International Health2, Michigan State University, East Lansing, Michigan, USA; Municipal Hospital of Boca Chica – Centro Atencion Integral de VIH/SIDA, Boca Chica, Dominican Republic3; College of Human Medicine4, Michigan State University

Introduction: The United Nations estimates the HIV/AIDS prevalence in the Caribbean is the second highest in the world after Sub-Saharan Africa. 75% of these cases reside in Dominican Republic and Haiti. The epidemic seen in the region reflects a complex interplay of factors such as socioeconomic, health disparities, unsafe sexual practices, lack of health education and geographic proximity to Haiti. The prevalence of HIV/AIDS in Haiti is almost three times that of the Dominican Republic.

HYPOTHESIS: Identification of gaps and organizational capacity building would contribute to the impact of HIV care delivery implementation.

Methods: In this study, we designed questionnaires which were used for 52 HIV outpatients and 15 healthcare providers. The objectives of such questionnaires were to identify barriers and obstacles perceived by various healthcare professionals in the delivery of HIV/AIDS medical care. The study was conducted at the Boca Chica Clinic located in Dominican Republic. Boca Chica is known in the country for having the highest prevalence of HIV/AIDS in the Dominican Republic primarily through sex workers and drug abuse.

Results: Our results indicate that lack of transportation, the number of clinic service hours, and long waiting time were some of the urgent issues that patients were confronted with. Conversely, our data shows that in the same clinic, only 43% of providers were aware of national HIV programs aimed at collecting HIV data and 14% were not aware of the existence of these programs at all. Even though the resting 43% were aware, they lacked knowledge of how these programs worked and the services they provided.

Conclusion: We concluded that geographical distances, lack of resources, and limited amount of hours of operation offered by the clinic were some of the key capacity-building issues. Furthermore, our observation indicates lack of effective implementation programs add to the complexity of HIV care services in the community of Boca Chica. Our study warrants a more robust national policy and implementation in the Dominican Republic to enhance capacity-building in HIV/AIDS care delivery.

Role of Inflammasome Components in Innate Immune Response Against T. cruzi Infection in Chagasic Cardiomyopathy Patients

H.G Mendoa1, N. Deyl1, MP Zhang2, S Nunez3, X Wan4, NJ Garg1, 4

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Chagas disease caused by T. cruzi is endemic in Latin America and an emerging disease in the US and other developed countries. The clinical course of the disease can be broadly categorized into three stages— Initial, Intermediate, and Chronic. Chagas disease pathogenesis has previously been shown to be associated with inflammatory responses involving ROS production. In this study, we examined key events related to innate immune responses in Chagasic patients. Previously, RNA isolated from T. cruzi infected macrophages was used to profile the expression of 84 key genes involved in innate immunity as well as in toll-like and NOD-like receptor signaling by RT-PCR arrays (QIAGEN Inc., CA). Twelve genes expressing inflammasome components (AIM2, NLRP3, NLRC5), toll-like receptors (TLR2,TLR9), adaptor molecules (MYD88), cytokines or chemokines (TNF-a, IL-1β, CCL2, CXCL1, CXCL2), and cellular transcription factors (NF-κB-1A) were selected based on the results of the RT-PCR arrays for further analysis in Chagasic patients. Real Time PCR was performed to quantify differential expression of these selected genes in peripheral blood mononuclear cells (PBMCs) isolated from patients in various stages of Chagasic disease along with PBMCs isolated from normal healthy individuals. We saw an upregulation of gene expression of various receptors, transcription factors and inflammasome components during the later stages of Chagas disease. However, due to the small pool of patients used in this project, it is difficult to generate a definite statement regarding differential gene expression in specific stages of Chagas disease.

Effectiveness of Using Non-Clinicians in Delivering a Brief Smoking Cessation Intervention in the Emergency Department

Maria Dueñas BS, Ashley Colucci BS, Renee Fruchter BS, Ellie Grossman MD MPH

Primary Author Status: 4th year Medical Student

Background: Tobacco remains the leading preventable cause of morbidity and mortality. Prior studies have shown that Emergency Department (ED) patients typically smoke at rates exceeding that of the general population, are interested in quitting and often have limited access to primary care. However, a busy ED can be a difficult setting to implement preventive health interventions. In this study, we describe a pilot initiative using non-clinician volunteers to deliver a brief smoking cessation intervention to ED patients who smoke.

Methods: We trained a cohort of college-aged volunteers to assess adult patients for use of tobacco products in the Bellevue Hospital ED and proactively refer interested smokers to the NYS Quitline. All patients were offered printed information about smoking and asked if they would like help quitting. We collected information about the number of patients approached, the number who reported using tobacco and nicotine products, and acceptance of referral to the Quitline. We collected follow-up reports from the NYS Quitline and also attempted to contact all smokers at least once via phone approximately one month after ED visit. These follow-up reports provided information about use of smoking cessation pharmacotherapy, quit attempts, and smoking status.

Results: During the two-month intervention period in summer 2013, we screened 1550 adult patients for tobacco use. Of those screened, 414 (26.7%) had used tobacco in the past 30 days. 353 smokers filled out an intake form; of these, 69.9% were male, 29.8% female and 0.3% transgender. Mean (±SD) age was 42.8 years (±11.3). Among these smokers, English (84.3%) and Spanish (8.5%) were the preferred languages. Nicotine product use included cigarettes (94%), electronic cigarettes (8.5%), cigars (6.9%), and pipes (1.9%). Among cigarette users, 40.3% reported smoking <5 cigarettes/day, 31.8% 5-10 cigarettes/day, 20.3% 11-20 cigarettes/day, 4.9% 21-30 cigarettes/day and 2.6% >30 cigarettes/day; 133 (32.1%) completed a fax-to-quit referral form for the NYS Quitline. The NYS Quitline reported follow-up data for 101 patients, and of these, 26 (24.8%) had completed a Quitline telephone encounter. The Quitline reported that 15 (57.7%) had already quit smoking, 9 (34.6%) wanted to quit smoking and 2 (7.7%) were not ready to quit yet. Our program reached a total of 86 patients for 1-month follow-up, and 51 (59.3%) reported tobacco use within last 7 days while 31 (36%) claimed abstinence. Fifty patients reported a quit attempt lasting longer than 24 hours since their ED visit.

Conclusion: Trained volunteers were able to deliver a brief smoking cessation intervention in the ED and can feasibly refer patients to the NYS Quitline. This brief intervention, consistent with evidence-based guidelines for tobacco dependence treatment, is acceptable to patients undergoing treatment in a busy urban safety-net hospital ED.

Localization of the Virulence Regulator AtxA in Bacillus anthracis Cells

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Bacillus anthracis is a spore-forming Gram-positive bacterium that resides in soil but can cause anthrax disease upon entry into mammal hosts. The anthrax toxin proteins are critical virulence factors of the bacterium. Transcription of the toxin genes requires the trans-acting regulator AtxA (anthrax toxin activator). Ongoing studies of AtxA function suggest that protein activity is controlled by the phosphoenolpyruvate: carbohydrate phosphotransferase system (PTS), a system used by many bacteria for sugar uptake. The central amino acid sequence of AtxA is comprised of putative PTS-regulatory domains that are thought to be phosphorylated by the PTS. The carboxy-terminal region of AtxA shows amino acid sequence similarity to protein EIK. EIK is a component of the PTS that is well-studied in the non-pathogen B. subtilis. EIK in B. subtilis and other bacteria is membrane-associated, and part of the sugar permease complex. I hypothesized that AtxA associates with the membrane via its EIK domain. I investigated the localization of AtxA using direct fluorescence microscopy and immunofluorescence microscopy. To assess AtxA localization, I constructed a B. anthracis strain carrying a recombinant gene encoding a green fluorescent protein (GFP)-tagged AtxA. Unfortunately, AtxA activity assays showed that the GFP-AtxA protein was inactive. Also the recombinant protein formed inclusion bodies within cells. I also attempted to detect His- and Flag-tagged AtxA proteins using immunofluorescence microscopy. However, the fluorescence of cells expressing these proteins was indistinguishable from background fluorescence. In future studies, we will use anti-AtxA antibody and/or try an alternative imaging protocol.
Cost analysis of retrospectively identified cohort of patients
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University of California, San Francisco

Objective: The purpose of this paper is to analyze the determinants of direct costs for single-level lumbar fusions and to identify potential areas for cost reduction.

Background: Health care expenditures for the diagnosis and treatment of spine conditions are increasing more rapidly than other areas of health expenditures. There is high variability in the cost and surgical management of spine pathologies.

Methods: Adult patients who underwent primary single-level lumbar fusion between fiscal years 2008-2012 met inclusion criteria. Patients were excluded if they underwent multiple surgeries, corpectomy, kyphectomy, disc replacement, surgery for tumor or infection, or had incomplete cost data. Demographic data, clinical data, and direct cost data in the categories of supplies, services, room and care, and pharmacy, were collected for each patient. Analysis of variance was performed to compare differences in costs between the five surgical approaches utilized. The Tukey Honest Significant Difference method was used to perform pairwise comparisons between approach types.

Results: The cohort included 532 patients. Direct costs ranged from $8,286-$73,727 (median=$21,781; mean=$22,890 ± $6,323). Surgical approach was an important determinant of cost. The mean direct cost was highest for circumferential fusions and lowest for cage-less posterior spinal fusions. The difference in mean direct cost between transforaminal lumbar interbody fusions, anterior lumbar interbody fusions, and lateral transpsoas fusions was not statistically significant. Surgical supplies were the highest category of spending, accounting for 44% of direct costs. Spinal implants were the primary component of supply costs. Comorbidities were an important contributor to variability in cost.

Conclusion: The costs of spinal surgery are highly variable. Important cost drivers in our analysis included surgical approach, implants, operating room time, and length of hospital stay. Areas of high cost and high variability offer potential targets for cost savings and quality improvements.

Literature review of cost-effectiveness analyses of new technologies in spine surgery
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Objective: The purpose of this article is to present the concept of economic evaluation of new technologies in spine surgery as a factor to guide an evidence-based approach for their consideration for adoption into clinical practice.

Summary of Background Data: The adoption and implementation of new technologies is a primary driver of the increasing rates of spending in spinal care. New technologies should be assessed by their ability to optimize value by improving outcomes or reducing costs over time.

Methods: The literature was reviewed for economic evaluations of new technologies in spinal care. Four areas were chosen for further review: 1) circumferential versus posterolateral spinal fusions; 2) total disc replacement versus arthrodesis for degenerative disc disease; 3) bone morphogenic protein versus autograft in spinal fusions; and 4) vertebroplasty for osteoporotic vertebral compression fractures.

Results: Cost-utility analysis shows circumferential fusion to be dominant over a posterolateral approach in that it was more effective and less costly over time. The value of bone morphogenic protein compared to iliac crest bone graft, and of lumbar and cervical total disc replacement compared to fusion, remains inconclusive and may vary with respect to patient demographics and cost calculations. A lack of sustainable outcomes with the use of vertebroplasty indicates that it is not a value-adding intervention for the treatment of osteoporotic vertebral compression fractures.

Conclusions: The adoption of new technologies in spine surgery should be guided by evidence showing that the technology adds value to our health care system by significantly improving outcomes or decreasing costs over time.

TTUHSC at El Paso is seeking Board Certified Physicians in the area of Emergency Medicine to become part of its team of professionals. The Department of Emergency Medicine staffs the Emergency Room of University Medical Center El Paso, a level one-trauma center with approximately 60,000 visits annually. The department also assists in training medical students from the TTUHSC Paul L. Foster SOM. Appointments will be at the Instructor level, or above, as deemed appropriate. Please contact Christine Carbajal at 915-215-4609 or christine.carbajal@ttuhsc.edu for more information.
Iván Ramírez De Oleo, David Vargas Mena Dr. López Emilton
Escuela De Medicina, Instituto Tecnologico de Santo Domingo

Introduction: The profile of the disease throughout the world is changing at an amazingly fast pace, especially in low and middle income. The old notions about the nature of chronic disease, its incidence, risk factors and underlying risk populations are no longer valid. The spread of non-communicable chronic diseases (NCD) is a global crisis. In almost all countries and in all income groups, men, women and children are at risk of these diseases.

Methodology: The study was descriptive, prospective and cross-sectional, population is adults between 45-64 years of age. A protocol for data collection, which was applied to 100 persons who met the inclusion criteria, which were chosen at random was used.

Results and conclusions: There was a 71% physical inactivity in the community. 59% of people had a body mass index above normal values, of which 38% were overweight. 34% had a medical history of hypertension, and 10% of diabetes. 14% of the sample smoked. 88% of men had not have a rectal exam for the diagnosis of prostate cancer. 67% of women had not have mammogram and 47% had not have a Pap test. Daily consumption of fruits and vegetables was 25 %.

Students for a Better Healthcare System (SBHS): Educating the general public on the Affordable Care Act.
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Yale School of Medicine

BACKGROUND / SPECIFIC AIMS: The success of current health care reform depends upon quality information reaching those who can benefit most. Students for a Better Healthcare System (SBHS) is a campaign started by Yale medical students, mobilizing students around the country to engage their communities on issues of health care reform. We have three major goals: (1) to explain the context and content of the Affordable Care Act (ACA) and connect community members with opportunities to enroll in health insurance, (2) to begin a broader dialogue about health care reform, and (3) to develop a nationally replicable campaign model.

METHODS: (1) Developing 25-minute, visually appealing, accessible presentations, one tailored to community members and one to health care providers, and accompanying English/Spanish informational flyers. (2) Forming community partnerships and delivering interactive presentations in settings like community colleges, churches, and hospital staff meetings. (3) Working with health officials and providers to connect patients with enrollment opportunities. (4) Expanding this campaign to other universities.

RESULTS / CONCLUSIONS: We have delivered presentations to over 500 people in New Haven, receiving excellent feedback (98% of 52 post-presentation survey participants felt the ACA would benefit them). We have developed systems to connect uninsured patients in local clinics with trained enrollment "Assisters". We’ve also begun expanding our campaign to student groups nationwide interested in using our resources and model to mobilize their communities. We look forward to working with our new partners toward a better American health care system, one community and one conversation at a time.

COLLAGENOUS GASTRITIS: AN UNUSUAL PRESENTATION
Anup Shah B.S., Gilad Birnbaum BA, F. Lyone Hochman M.D. – Baylor College of Medicine

Case Report: A 67 year old African American female with history of GERD, COPD, diabetes, hypertension, hyperlipidemia and anemia complains of one month nausea and vomiting with meals, dark stools, weakness and mild weight loss. She denied fever, night sweats, abdominal pain, or change in bowel movements. Her symptoms improved with Prilosec and vomiting. Patient has a history of gastric ulcers and cholecystectomy eight years prior. Recent colonoscopy was negative. Family history is significant for father with colon and lung cancer and mother with breast cancer. Examination was significant for epigastric tenderness. CT was unremarkable and EGD showed diffuse inflammation but unlike the typical antral gastritis, the fundus was most severely affected demonstrating severe hemorrhage and nodularity. Biopsies showed thick collagenous bands within the subepithelium as well as significant inflammatory infiltrate in the lamina propria consistent with the rare diagnosis of collagenous gastritis. Biopsies were negative for H pylori, intestinal metaplasia, or malignancy.

Patient was initially started on prednisone and was switched to oral budesonide. Patient reported weight gain and significant improvement of her symptoms.

Discussion: Collagenous gastritis was first described in 1989 and since then there have been less than 40 reported cases in the literature, with a majority in the pediatric population. (1) Collagenous gastritis is a histological diagnosis characterized by thick subepithelial collagen bands (>10 µm) and infiltration of inflammatory cells in the lamina propria. (2) There are two phenotypes of collagenous gastritis described in the literature. The pediatric phenotype is localized to the gastric mucosa and presents with anemia, abdominal pain and gastric mucosal nodularity. The adult phenotype is complicated by collagenous colitis and therefore presents as chronic watery diarrhea. (3) Our patient appears to be the first case describing an adult patient presenting with the pediatric phenotype. The patient had a history significant for anemia and epigastric tenderness but no evidence of collagenous colitis. Our patient's weight loss and symptoms improved with steroid therapy. (4) The long term course and prognosis of collagenous gastritis is still unknown and it may be of great interest for these patients to undergo regular follow up and testing.

References:
High occurrence of gastrointestinal problems in Puerto Rican male patients with Hermansky-Pudlak Syndrome

Oscar Alejandro García1; Stephanie Bermúdez1; Edwin P. Campoverde1; Paloma R. Sánchez1; Verónica Santiago1; Leslie Seijio1; Karen R. Velarde1; Enid Rivera, MD2; Mónica Santiago, MD3; Donna Appel4; Irvin Maldonado1. 
Department of Biomedical Sciences and Research, San Juan Bautista School of Medicine, Caguas, Puerto Rico1; Professor and Director of Hematology and Oncology, Department of Pediatrics, University of Puerto Rico School of Medicine, San Juan, Puerto Rico2; Hematology and Medical Oncology Department, San Juan City Hospital, San Juan, Puerto Rico3; Founders and President of Hermansky-Pudlak Syndrome Network, New York, New York 4

Introduction: Hermansky-Pudlak Syndrome (HPS) is a rare autosomal recessive disorder that results in oculo-cutaneous albinism, platelet abnormalities, as well as cerebral accumulation in different organs. HPS occurs globally at an estimated prevalence of 1,500,000 to 1,100,000 in the non-Puerto Rican population. In Puerto Rico, HPS is notably more frequent with approximately 1 in every 22 people carrying the gene and a prevalence of 1:1,800 in the Northwestern region.

Methodology: In this pilot study, we conducted a survey in the Northwestern area of Puerto Rico to investigate the different initial symptoms experienced among HPS patients. A total of 47 patients were surveyed: 26 females, 21 males.

Results: Our study shows that HPS patients may experience several gastrointestinal (GI) symptoms such as inflammatory bowel disease, irritable bowel syndrome and gastroesophageal disease. Approximately 38% (n=17) of the patients from this population presented with gastrointestinal symptoms as an initial symptom. The data demonstrated that 48% of males (n=10) experienced GI problems as an initial symptom as opposed to 19% of females (n=5). Males were 2.5 times more likely to present with GI symptoms than females. Additionally, males presented a higher recurrence of GI symptoms as opposed to females (52% vs. 27%).

Conclusion: Our results suggest that males with HPS in the Northwestern region of Puerto Rico have a higher tendency to present with persist with GI complications than females. In the future, we plan to expand our survey to a larger number of HPS patients in order to obtain statistically significant results. Similarly, it would be helpful to identify why some HPS patients do not present with GI complications.

Continuous Renal Replacement in Pediatric Patients with Acute and Acute-on-chronic Liver Failure

Keila De La Garza, Alyssa Riley, Poyyapakkam Srivaths, Carolyn Smith, Mary N Watson, Amelia Allstead, Helen Currier, Ayse Akcan Arikan

Baylor College of Medicine

Acute and acute-on-chronic liver failure (LF) can lead to multiple organ failure and associated acute kidney injury (AKI) requiring renal replacement (CRRT) therapy in the pediatric population. AKI in LF is multifactorial, common etiologies are hepato-renal syndrome, nephrotoxic medications, abdominal compartment syndrome, and intrinsic renal dysfunction. The natural progression of this disease process is detrimental with high mortality despite maximum support. We retrospectively reviewed charts of patients with LF who received CRRT for primary or secondary LF-related complications from 2011-2013 at our institution. There were 45 patients, 31% were male, mean age was 6.7 ± 7.2 years. 19 of 45 patients (42%) were less than 2 years old. All patients were mechanically ventilated and mean length of ventilation was 19.2 ± 14.5 days. The mean length of hospital stay was 52.8 ± 44.5 days. 64% received at least one vasoactive amine. CRRT was provided as continuous venovenous hemodiafiltration (CVVHDF). Blood-primed circuits were used in all patients weighing less than 15 kg. Regional anticoagulation with citrate was used for all stand-alone CRRT. Blood median length of CVVHF was 9 days (IQR 5, 20). 28 patients died (62%). Eleven patients received intermittent hemodialysis as the CRRT modality. Of these 6 were converted to IHD at PICU discharge, three patients liberated from IHD and one patient remained IHD dependent at hospital discharge.

The two other patients who are IHD dependent are still in house. All of the patients who required IHD at PICU discharge were less than 2 years old. The average percent fluid overload (FO%= total fluid in-total fluid out/PICU admission weight) was 21.3 ± 19% at CRRT initiation. Nine patients had a FO>25%, 6 of these died and the other three remained IHD dependent at PICU discharge. Only 19 patients had complete information available regarding citrate toxicity, of these, seven were noted to have "citrate lock" by nephrologists in the charts. Common interventions were decreasing citrate dose, increasing diffusive clearance, and transiently stopping citrate (2 patients). No treatments were interrupted because of citrate toxicity. LF related AKI requiring CRRT has a very high mortality and high morbidity. Younger cohort of patients makes CRRT treatment technically challenging and may necessitate further IHD at PICU discharge. Long-term close follow-up of these patients is essential. Regional citrate anticoagulation seems safe in this population although further studies are needed.

New Jersey Personal Responsibility Education Program (NJ PREP): Decreasing Pregnancy and Sexually Transmitted Infections (STIs) in Teens

Karen Grisales Omara Cardona

Kean University, Department of Physical Education, Recreation and Health

OBJECTIVE: This study evaluated the longitudinal effectiveness of the program “Reducing the Risk - Building Skills to Prevent Pregnancy, STD and HIV”, an evidence based program designed to decrease adolescent pregnancy and sexually transmitted infections in two New Jersey State identified, high risk municipalities.

METHODS: During the 2012-2013 academic year, the curriculum was implemented in health classes with ethnic minority college research assistants co-facilitating the lessons with the health teachers. A cohort of 283 predominantly ninth grade students participated in the program. Participants completed baseline, post- and 3-month follow-up surveys. The study used randomized control and intervention groups of students in the two high schools in New Jersey.

RESULTS: By the end of the 2012-2013 academic year, 130 participants completed the Reducing the Risk Knowledge Survey before and after the program. The average score prior to the program was 61.2. After the program, the average score was 71.3. This change indicated that the participants knowledge significantly increased at a .001 level. 91% percent of program participants who reported being sexually inexperienced at baseline reported they’ve continued to delay initiation of sexual intercourse after program completion. 95% percent of our program participants who reported being sexually inexperienced at baseline reported they’ve continued to delay initiation of sexual intercourse 3 months after program completion. 39% percent of our program participants who reported being sexually active at baseline reported abstaining from sexual activity during the 3 months following program participation.

CONCLUSION: Overall, the Reducing the Risk program was effective in presenting a strong and active approach in reducing the risk to teenage pregnancy and protecting against HIV and other STDS. The program was more effective in delaying sexual debut with 9th graders than with 11th graders. Further research is needed to determine what strategies are successful in delaying sexual debut with upper classmen.
Discovering Regulators of Tumor Antigen Presentation on Major Histocompatibility Complex I

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Specific immunotherapies for cancer continue to gain interest as effective therapeutic strategies. A number of intracellular T cell epitopes have been identified as potential therapeutic targets in cancer. However, the mechanisms underlying the presentation of tumor antigens are poorly understood and difficult to regulate. Another limitation of targeting these tumor antigens with therapies such as adoptive T-cell therapies, CAR therapy, tumor vaccines, or TCR-like antibodies is the limited cell surface presentation of tumor antigens on major histocompatibility complex molecules (MHC-I), which may limit their clinical efficacy. We propose that genes involved in epitope presentation can be discovered in a loss of function screen using specific antibodies to MHC-I and a TCR-like antibody targeting a model tumor antigen (the intracellular oncoprotein WT1). ESK1 is a new monoclonal antibody that detects a nine amino acid peptide derived from WT1 that is presented in the context of HLA-A02 on the cellular surface. Utilizing a pooled RNAi knockdown screen, genes leading to alterations in HLA-A02 expression in a WT1 positive/HLA-A02 positive human mesothelioma cell line have been identified. Preliminary hits have been validated to confirm previously published data on regulators of MHC-I; novel gene products were also discovered. Using a TCR-like antibody can be a powerful tool for identifying regulators of antigen presentation, which can have broad implications in multiple diseases with pathophysiology related to antigen presentation, including cancer, autoimmune disease, and infectious disease.

Clinica Tepati: Establishing A Preventive Care Model in Diabetes Care and Management

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UC Davis School of Medicine

Background: Though national policies have increased access to insurance, student-run free clinics remain integral in providing care for the poor and uninsured. Today there are over 110 clinics that currently operate across the United States, yet, little data exists on the quality of care being delivered at such sites. Since 1979, Clinica Tepati in Sacramento has been offering primary care to the uninsured Latino community. Staffed with UC Davis Medical students, undergraduate volunteers and physician-volunteers, Clinica focuses includes diabetes management.

Objective: The aim of this study to assess the extent to which Clinica Tepati meets national 2012 Health Effectiveness Data and Information Set (HEDIS) standards for outpatient diabetic care.

Method: In a retrospective chart review, diabetes management was assessed by comparing quality-of-care indicators such as Blood Pressure, HBAIC Screening and control, LDL Screening and control nephropathy screening, retinopathy referrals and foot exams.

Results: Clinic rates of such diabetes quality-of-care indicators ranged from 30% to 99%. Areas of strength include Clinica’s screening in HBAIC, LDL, Retinopathy, Nephropathy, and Foot Exams. Areas for improvement include management of HBA1C, LDL, and smoking cessation.

Conclusion: Challenges to improving these areas include the yearly turnover of medical volunteer positions, and increase training of future physicians in managing obesity and chronic disease. To overcome these challenges, strategies to introduce new diabetes-specific checklist into Clinica’s Electronic Medical Records may strengthen weaknesses at Clinica.
Exposure to toxic pollution has been exacerbated throughout many communities in the US as a result of development, but garner less attention in low-income, inner-city communities. Research suggest that exposure to a polluted environment results in poor health outcomes. Research also suggest that poor health outcomes are a result of lack of education in addition to not having sufficient access to health resources. As we can see, it is not a single issue that contributes to poor health outcomes, but the interactions among them. Los Angeles County is not immune to these issues: numerous cases have indicated a disproportionate burden on already disadvantaged minority populations who are affected by other psychosocial stressors in the South and Eastern part of LA County. This study looked at the intersectional root causes behind environmental health disparities as caused by industry development and presence in South and East LA County. The Exide Technologies Battery Plant case that is ongoing in LA County was used as a case study to understand environmental health, justice, and pollution by the affected members of the community. This study included, but was not limited to, the following: a literature review of environmental health disparities in South LA, developing a new definition of environmental justice and health, in addition to how members of the affected communities understood environmental health inequalities; looking at the failures to include important markers of toxic pollution/environmental inequalities in the findings/policy development of asthma/respiratory illnesses and other chronic diseases by government agencies in LA County; and the history of the environmental justice movement among vulnerable communities in LA County.

High occurrence of gastrointestinal problems in Puerto Rican male patients with Hermansky-Pudlak Syndrome

Oscar Alejandro Garcia1; Stephanie Bermúdez2; Edwin P. Campoverde3; Paloma R. Sánchez1; Veronica Santiago1; Leslie Seijo1; Karen R. Velarde1; Enid Rivera, MD, MSc1; Mónica Santiago, MD1; Donna Appell1; Irvin Maldonado1.

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Introduction. Hermansky-Pudlak Syndrome (HPS) is a rare autosomal recessive disorder that results in oculo-cutaneous albinism, platelet abnormalities, as well as ceroid accumulation in different organs. HPS occurs globally at an estimated prevalence of 1:500,000 to 1:1,000,000 in the non-Puerto Rican population. In Puerto Rico, HPS is notably more frequent with approximately 1 of every 22 people carrying the gene and a prevalence of 1:1,800 in the Northwestern region.

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Conclusion. Our results suggest that males with HPS in the Northwestern region of Puerto Rico have a higher tendency to present and persist with GI complications than females. In the future, we plan to expand our survey to a larger number of HPS patients in order to obtain statistically significant results. Similarly, it would be helpful to identify why some HPS patients do not present with GI complications.
Total Ileocolic Intussusception Causing Rectal Perforation - A Case Report

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Introduction: Intussusception is rare outside the pediatric population, with only 5% of cases occurring in adults. While in children intussusception often benign and responsive to radiologic reduction, in adults intussusception is frequently associated with a lead point, often malignancy. We present a case of total ileocolic intussusception causing rectal perforation secondary to a cecal mass.

Case History: A 61 year old male initially presented with abdominal pain, reflux, and irregular bowel movements. An obstructive colonic adenocarcinoma was seen on colonoscopy. He refused treatment at that time and represented 10 months later with similar symptoms at which time a CT scan revealed interval development of colocolonic intussusception secondary to the cecal cancer. The patient again refused treatment.

Shortly thereafter, the patient presented to the emergency department with symptoms of intestinal obstruction. He consented to surgery and was taken to the operating room where rectal perforation secondary to an intussuscepted cecal mass was appreciated. Also appreciated was a very floppy and hyper-mobile colon. Because it could not be reduced, a total abdominal colectomy with end ileostomy was performed.

Discussion: Total ileocolic intussusception has been reported only a handful of times in the literature. It is believed that a lack of retropertoneal fixation as well as highly mobile mobiles may lead to this condition. Our patient displayed these findings supporting this hypothesis.

Adult intussusception often presents as acute obstruction and necessitates prompt surgical intervention. If it can be reduced, then a hemicolectomy can be performed, if not, total abdominal colectomy is warranted.

CADDASIL – A disease of young

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University of Illinois at Urbana-Champaign College of Medicine

Introduction: Cerebral Autosomal-Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy (CADDASIL) is the most common heritable cause of stroke and vascular dementia in adults. It is caused by mutations of the NOTCH3 gene on the short arm of chromosome 19. An MRI is able to detect signs of the disease years prior to clinical manifestation of disease.

Case Presentation: A 64-year-old Caucasian female with history of diabetes, COPD and multiple TIAs (on Warfarin for stroke prophylaxis) presented with altered mental status. The family had noticed unusual behaviors in recent months including erratic driving, sexual promiscuity, undressing in public places, urinating on floor, memory loss. Her husband had died 8 months back and son died 3 months back. Recently she overdosed on Coumadin and got admitted with GI bleed and she set her house on fire accidentally. The MRI brain showed acute small focal infarctions in the bifrontal periventricular deep white matter and old infarcts in both hemispheres. A transesophageal Echocardiogram showed a small PFO. The workup for other causes of strokes such as prothrombin gene mutation, factor V Leiden, antithrombin III levels were all negative. Neuropsychological evaluation revealed significant cognitive impairment consistent with vascular dementia. Genetic testing for CADDASIL was performed since the patient had a nephew with this disorder. This revealed NOTCH3 gene mutation. A repeat MRI brain after 6 months showed deep parenchymal chronic ischemic changes within cerebral hemispheres, pons and right cerebellar hemisphere with evidence of interval progression. Patient has been continued on Warfarin for stroke prophylaxis, admitted in an assisted living for a supervised living. The family members were referred for genetic counseling.

Discussion: The prevalence of CADDASIL in the U.S. is about 2 per 100,000. This may be an underestimate as the disorder is misdiagnosed, particularly in areas where cardiovascular disease and multiple sclerosis are highly prevalent. Mutations in the Notch 3 gene cause and abnormal accumulation of Notch 3 at the cytoplasmic membrane of vascular smooth muscle cells in cerebral vessels. The patients usually present with ischemic episodes TIAs/CVAs, cognitive deficits, migraine with aura, psychiatric disturbances. No specific treatment is available, however, anti-plaquette agents such as aspirin might slow down the disease and help prevent strokes.

Conclusion: CADDASIL should be considered in differential in young patients with multiple TIAs/CVAs and early age dementia when other common causes for such events are absent. The family members should be referred for genetic counseling.
Health status and stigmatization level of individuals living with a mental illness in the community of Las Tablas, Matanzas, in the Province of Pervia, Dominican Republic: a descriptive study November 2011–January 2012.

Cynthia Angeles, Robert Pantaleon, Cristiana Rivera. ** Dr. Rafael Johnson.**

INTRODUCTION: A mental illness is a psychological or behavioral pattern that is generally associated with distress or disability, and which is not considered part of a person’s normal development or part of that person’s culture. Important aspects like the living conditions of those suffering from a mental illness, their physical and psychological health status, socioeconomic level and knowledge about their condition were studied in this investigation; likewise, it was also determined the percentage of these patients that felt stigmatized by others due to their condition. Las Tablas is a small community, located in the municipality of Matanzas, Province of Pervia, Dominican Republic.

OBJECTIVES: 1) Determine the stigmatization level towards individuals with a chronic mental illness residing in Las Tablas. 2) Evaluate the general health situation of patients with a chronic mental illness living in Las Tablas. 3) Assess the knowledge about chronic mental illnesses of the general population in Las Tablas.

MATERIAL AND METHODS: Two surveys were used, one was applied to 100 randomly selected residents of the community of Las Tablas over the age of 18, another survey was applied to individuals suffering from a chronic mental illness or to a close family member.

RESULTS: 52% of respondents considered people with mental disease to be dangerous to others. Most interviewees were aware that alcohol use (81%) and illicit drug use (89%) could increase the risk of manifesting a mental illness and 65% of the population consulted believed witchcraft as a cause of mental illness. 88% considered people with mental disease not to be blamed for their condition. Only 10 out of the 7 patients with a mental illness to reside in the community had medical insurance (14.3%). All individuals with a mental illness (100%) had been victims of some kind of offensive conduct. 43% agreed to feeling generally discriminated against by society.

CONCLUSIONS: There’s a great lack of knowledge of mentally ill individuals concerning their condition. Having a family member with a mental illness affects negatively the way people see and treat people with a mental illness in the community. Regardless of educational level, most people understand that individuals with a mental illness can study and work as others. Most patients with a mental illness say the way their family treats them had changed since the disease manifested. Education of the population and individuals with a mental disease is advised, looking to reduce stigma against mental disease and getting people with a mental illness to know more about their condition and how to live with it and overcome it.

Knowledge, Attitudes and Practices about danger signs in mothers of children under five years in the community of Boca Canasta, Pervia province in the period November 2011 - January 2012.

Br. Sheila M. Collado Marmolejos, ** Br. Indhira De la cruz Alcántara, Dr. Emilton Lopez Instituto Tecnologico de Santo Domingo

Children under 5 years who have one or more danger signs in general are in a serious situation. Despite knowing that mothers do not turn immediately to health centers we cannot state if they are able to identify the danger signs when these arise. Determine what knowledge, beliefs, practices and attitudes about danger signs have the mothers of children younger than 5 years in the community of Boca Canasta, Pervia. The study was prospective, descriptive and analytical type of cross section. We used a data collection protocol, which was applied to a sample of 101 women who met the inclusion criteria, these mothers were chosen randomly 62% of mothers admitted not knowing the danger signs, while the 38% that said knew the danger signs actually had a misconception. 75% of mothers go to health centers for other signs that are not classified by IMCI danger signs, fever being the most frequent with 25%; of those classified by IMCI the sign vomiting everything occupys 22%. 62% of mothers incorrectly handles diarrhea putting their children on a diet, further more this percent age of mothers believes that the administration of intravenous serum is better than the administration of oral serum, another mistaken belief. Mothers do not have knowledge of danger signs and this conditions their attitudes and practices in the presence of disease in their children. We recommend carrying out information, education and communication campaigns on the subject, use of materials to educate mothers so they develop the skills to identify their seriously ill children on time.
Pediatric Hospitalists Assessing Postpartum Depression during Infant Inpatient Admissions

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Goal: The American Academy of Pediatrics recommends that pediatricians screen mothers for symptoms of postpartum depression at their infant’s clinic visits. This often does not occur due to time constraints, lack of physician comfort, or chronically ill children unable to make outpatient appointments. The primary goal of our study is to show screening for postpartum depression can be effective when infants are hospitalized. We hypothesize this will capture moms who missed screening; and that an intervention we provide for those at risk will result in reduced depressive symptoms and increased maternal-child bonding.

Methods: Women with a child age >2 weeks and <1 year of age admitted to CHLA are eligible for our study. Enrolled mothers complete questionnaires including the validated Edinburgh Postpartum Depression Scale (EPDS). If the score is greater than or equal to 10, they are at risk for postpartum depression and we provide education and mental health referral. We follow up with phone calls in 3 and 6 months. Moms are asked if they pursued further evaluation with either their doctor, one of the resources given, or another method. We also re-administer the EPDS and maternal-infant bonding screens to compare with original scores. Based on previously reported incidence rates we calculated our sample size to be 310. We need to complete phone follow up with 55 mothers screening positive on the EPDS to show an effect of our intervention.

Results: This study is ongoing and my role has been participating in the hospital screening process, entering data, and conducting follow up calls. To date we have enrolled 217 subjects with 63 (29%) screening at risk for postpartum depression. Only 28 (13%) report they had been previously screened for depression in the outpatient setting.

Conclusion: Postpartum depression impacts both the child’s development and mother’s health. Demographic data we are collecting may show factors such as decreased rates of breastfeeding; or certain medical problems in the child, associated with risk for postpartum depression. Further data analysis is needed to determine if our intervention has long-term benefit.
Objective: The purpose of this paper is to describe the programmatic components of The Rural Medicina Academy (RMA), a health career awareness pipeline program targeting underrepresented minority (URM) youth. We highlight its partnership with the University of Illinois College of Medicine at Rockford (UI COM-R) Latino Medical Student Association Rockford chapter (LMSA Rockford). We find that our LMSA Rockford/RMA partnership not only aims to enhance health career awareness among RMA’s young participants, but also fosters mentorship roles and community engagement, and ultimately healthcare delivery for the Latino community.

Methods: The RMA incorporates a core curriculum comprised of four tracks: 1) Exploring Health Professions; 2) Understanding Health Disparities; 3) Professional Skills Development; and 4) Cultural Competency. The RMA’s programmatic components are: 1) K-16 Workshops; 2) Summer Scholars Internship Program; 3) Native American Pathways Program, and 4) Early-Bird and After-School Sessions. In addition, the RMA is involved in outreach efforts, such as K-12 career fairs and community-led health fairs.

Results: At large, the RMA has reached over 600 participants between spring 2013 and spring 2014 by means of RMA programmatic components, including nine workshops, one pilot Summer Scholars program, three early bird/after school programs, one Native American Pathways Program, and 14 community outreach initiatives in two urban counties, two rural counties, and two out-of-state Native American/American Indian reservations.

The Summer Scholars program evaluation found that the program increased students’ health career awareness and interest, as well as their understanding on different health topics. Pre- and post-assessments found that all (100%) participants indicated that helping people is a key reason why they want to pursue a health career, followed by job prestige (53.34% increase) and work environment (22.23% increase).

Our preliminary findings indicate that the Summer Scholars pilot program has successfully given participants a candid portrayal of health careers, as well as shown its influence on a community’s health and well-being.

Conclusion: Future studies should further explore URM’s educational journeys by looking into matters such as what and who inspired URM’s to pursue their education track, barriers encountered, and availability of support systems. Examining these issues will help researchers, educators, and institutional agents better understand the perspectives and experiences of URM students, identify their unique needs and challenges, as well as provide information for culturally competent institutional programming initiatives.
The atypical disc cupping as well as the non-glaucomatous visual field raised concern for a chiasmal compressive lesion. MRI brain and orbit with and without contrast was ordered and revealed a mass lesion involving the optic chiasm with extension to the right optic tract and bilateral optic nerves (Figure 2). Its appearance was consistent with an optic pathway glioma. The patient was referred to neuro-surgery for further discussion of treatment options. The patient opted for close observation and is being followed with repeat brain imaging.

Comment
Optic disc cupping has been reported to occur in less than 10% of compressive lesions. It has been sometimes described as “glaucoma type cupping” with cases being misdiagnosed and treated as normal tension glaucoma. Proposed criteria to help differentiate between compressive lesions and glaucoma include a younger age at presentation, worse visual acuity, vertically aligned visual field defects, neuroretinal rim pallor, mismatch between the degree of disc cupping and visual or visual field loss, the presence of an RAPD, and rapid progression.

Band atrophy is a specific type of optic disc atrophy that is typically observed in patients with intracranial mass lesions which compress on the optic nerve, optic chiasm, or optic tract. When the mass lesion compresses the AVP, there is eventually retrograde degeneration of axonal nerve fibers. Due to the established pathways of retinal ganglion cell fibers from the retina to the lateral geniculate nucleus, observed atrophy and cupping patterns can be correlated to compressive lesions in these locations. Band atrophy is not a feature of glaucoma and should always prompt further evaluation.

We present two cases of band cupping associated with compressive lesions of the crossing nasal axonal fibers at the optic chiasm and optic tract. In addition to the expected band atrophy, nasal and temporal pathologic cupping was clearly observed in both cases. The first patient had band cupping in one eye but a more diffuse cupping in the contralateral eye. She had been complaining of vision loss for seven years before being diagnosed with a pituitary macroadenoma. In retrospect, the presence of this atypical cupping pattern might have alerted the clinician to the possibility of an underlying compressive lesion. The second patient presented with visual fields and ON cupping atypical for glaucoma. Bilateral band cupping was consistent with the underlying chiasmal optic glioma. To our knowledge, these would be only the second and third cases describing band cupping in compressive AVP lesions.

In summary, band cupping, in addition to band atrophy, is another differentiating sign of chiasmal compression and OTS. It is clearly distinct from glaucoma cupping where the superior and inferior RNFL are more affected. The presence of band cupping should therefore alert the clinician of the possibility of an underlying compressive lesion.

References
The purpose of this study is to analyze alcohol consumption amongst Latina and non-Latina women in Southern California. Previous studies analyzing trends between different ethnicities show that Latinos (male/females) have higher consumption rate of alcohol. However this does not stand correct when analyzing only the female population. Recent studies have confirmed that white women report the highest prevalence of alcohol use and binge drinking compared to women of any other race/ethnicity group, consisting of Latinas, Asians, and African-Americans. In this study we analyze the quantity of alcohol consumed per day, AUDIT score, and language spoken depending on age and education-level of the Latina and non-Latina subjects in Southern California. Research associates approached the patients involved in this study in the Emergency Department. Through analysis we can determine which specific female population is more at-risk to alcohol dependency. This finding will provide us with findings that aid to foresee, prevent, and manage alcohol dependency. Identifying the specific population vulnerable to alcohol dependency is the first step to knowing where to improve assistance.

Interest in alcohol consumption amongst women has increased throughout the years due to cultural adjustments. Men and women may have similar consumption quantity but studies have proven that there are twice as many alcohol-dependent men than there are women (Alvanoz 2011). Despite this drastic difference, there continues to be an increase in alcohol dependent female drinkers. For example, females born from 1944 to 1953 drink more than females that were born from 1934 to 1943, especially amongst 48 and 57 year olds. Studies have shown that this may be explained by the shock of World War II, affecting the White and Hispanic women (Kraus-Wallis Wallis test 2008). Female alcoholics are under-identified and those who did not state their race). Inclusion/Exclusion Criteria All Spanish and English-Speaking patients who are cognitive, able to provide written consent and over the age of 18 are eligible to be enrolled into the study. If patients do not fit the above requirements they are excluded from our study and not approached by the research associate. All patients are required to sign a consent and a Health Insurance Portability and Accountability Act (HIPAA) form prior to starting the questions provided in the computerized tablet.

Drinks per day

Of the three categories, percent drinkers, drink per day and AUDIT score was observed to conduct a statistical analysis. This aided in demonstrating a trend of alcohol consumption amongst Latins, and non-Latins (including Native Americans, Blacks, Asians, more than one race, and those who did not state their race). The purpose of this study is to identify which specific female population is most vulnerable and provide aid in identifying and aiding the female population to abolish this barrier. It was hypothesized that, in general, Latina females (from Mexico and other Latin countries) would contain the least non-drinkers amongst women, followed by black females due to economic class.

MATERIALS AND METHODS
All experiments were carried out in accordance with the Institutional Review Board at the University of California, Irvine, that were consistent with Federal guidelines. Computerized Alcohol and Brief Intervention (CASI) study was approved by the Institutional Review Board (IRB) on August 4th, 2011. Screening started January 15, 2012. The data collection takes place in the Emergency Department (ED) at the University of California, Irvine Medical Center (UCIMC). The Emergency Medicine Research Associates Program (EMRAP) contributes to the data collection for this study. Undergraduate research associates screen all patients entering the ED everyday of the week from 8am to 12am. CASI began collecting data on January 15th 2012. Questions including the patient’s age, race/ethnicity, gender, education level, and their alcohol consumption. Since the questions are computerized this facilitates data collection and provides the CASI and the Institutional Review Board (IRB) an opportunity to see every question asked. The data collection for this study occurred from November 5th 2012 to December 31, 2014. During this time, 791 females were screened and enrolled into our study. When data was collected for this study, we noticed that for some categories, such as the quantity of drinks per day, were normally distributed. To resolve this complication, all variables were used as a rank (Kruskal-Wallis test) to compare groups with one another. After completing the questions provided by CASI, patients are given a score generated by the Alcohol Use Disorders Identification Test (AUDIT). This score is used to determine if a patient does not drink, is at-risk, or a dependent alcohol consumer.

Alcohol Use Disorders Identification Test (AUDIT)
The World Health Organization uses AUDIT as an assessment tool to identify hazardous drinking habits and dependency symptoms. AUDIT is time efficient and takes approximately six minutes. After taking CASI, the AUDIT score is provided to both the patient and the research associate. This score ranges from 0–30, and categorizes all patients into three different groups. Patients who score from 0–10 are non-dependent and not hazardous. 8–19 are classified as hazardous drinkers, with a score of 20 or more are considered dependent drinkers and suggested to attend programs that can help them control their drinking habits. Only patients with an AUDIT score from 8–19 are eligible to be enrolled in the study. Enrolled patients are then asked to complete follow-up questions. Follow-up questions There are a total of 3 follow-up questions; on average 1 month and 6 months from the date they were enrolled into the study. The questions are completed via phone or email. The follow-up includes the same question patients completed during their stay at the ED. The one-week follow-up demonstrates short-term improvement and both the 3-month and 6-month demonstrate long-term improvement of all patients enrolled in the study.

The goal is to create behavioral change within the community regarding alcohol use by performing screening and brief intervention using CASI. Currently, CASI is considered a standard of care at UC Irvine Medical Center. RESULTS From November 2012 to December 2014, 791 females were enrolled into CASI. The 791 females include 21 Spanish-speakers. All patients were provided with the same questions, the language they spoke, education level, race/ethnicity, and AUDIT score. Of the total 791 female patients enrolled in the study, 311 were non-drinkers and 480 were drinkers. There was a significant difference when drinkers and non-drinkers were compared. The highest percentages of non-drinkers are amongst Asians (32%), followed by Latinas, which includes women from Mexican (44.76%) and other Latin countries (43.96%). Sixty-seven percent of Non-Hispanic Whites and 64.29% other Non-Hispanics admit to drinking, although they were not included as dependent or at-risk to alcohol dependency. Non-Hispanic Whites and Non-Hispanic others rank the highest males and females drink. Despite the high percentage of drinking amongst whites, further analysis demonstrates that the majority of White females (48%) drink within the National Institute on Alcohol Abuse and Alcoholism (NIAAA) recommendations, which is one drink or less per day.

Drinks per day by language among drinking Latinas

Analyzing the amount of drinks consumed per day amongst all race/ethnicities and because of the uneven distribution. In order to compare groups we needed to use the Kruskal-Wallis rank test and determined that the Asians, again drank the least (2.13 drinks per day) while the Latins drank second most (2.68 drinks per day). Whites show that their average drink per day is 2.18, which is very close to the Asians’ alcohol consumption per day. Therefore, among female drinkers, the two Latina groups drink more than non-Hispanic White, Asian, and non-Hispanic other women.
Among drinking Latinas, the audit score by language among drinking Latinas is shown in Figure 4. Figure 3. Language spoken and AUDIT Score. (n=188, p=0.0148)

Background
With an increasingly diverse patient population in the United States, the need for language proficiency in languages other than English is greater than it has ever been in the past. With limited time and resources, most clinics may find it challenging to second language amidst the rigorous medical school curriculum is seemingly impossible. In addition to this challenge, organizing official courses, finding budget to pay teachers, and writing a curriculum that is worthy of elective credit is difficult for administrative faculty in medical schools. Keeping up with current trends, Loyola University Chicago Stritch School of Medicine has implemented a Peer-Led Medical Spanish Program in which first and second year medical students organize curriculum and teach classes focused on Medical Spanish to their peers. Teachers earn elective credit for their efforts, and students receive benefit of courses tailored specifically to their needs without paying any extra tuition.

Methods
The following “Eight Step Sequence” has been used at Stritch for over five years. The success and maintenance of our Peer-Led Medical Spanish Program supports the effectiveness of these methods:

1. Recognize the need
According to a report issued by the US Census Bureau in April of 2010, 55 million or 20% of the US population 5 years old and older spoke a language other than English at home. Of this 20%, 62% or 34.5 million people spoke Spanish. If these 34.5 million individuals speaking Spanish at home also speak English fluently, the need for bilingual health care providers would be minimal. However, 47.4% spoke English less than “very well” with respondents between the ages of 65 and 69 reporting the lowest English speaking ability.1 Due to this sensitive nature of personal and medical information, family members—particularly young family members—are not suitable medical interpreters. Further, the use of trained medical interpreters can add time and cost to already rushed patient encounters. Therefore, a Spanish speaking physician can save time and money while maintaining the doctor-patient relationship. Starting a peer-led Medical Spanish program provides students the opportunity to improve their medical Spanish and fulfill their personal expectations of the care they can and cannot provide in the Spanish language.

2. Establish a certification program
Perhaps the worst potential outcome of a Medical Spanish program would be giving students a false confidence in their Spanish speaking abilities leading to dangerous patient care. Indeed, ad hoc interpreters such as health care providers have been shown to commit significantly more potentially clinically significant errors when compared to trained hospital interpreters2 underestimating the importance of a rigorous certification process. The certification process used by Stritch medical students not only tests a student’s knowledge of medical vocabulary and ability to give directions and medical advice, but also evaluates the student’s fluency, pronunciation, customer service, and interpretation skills as well as the student's ability to adjust his or her language based on the age, gender, and educational status of the patient. There are 3 testing components to certification:

1. Clinician Cultural and Linguistic Assessment—Spanish (CCLA): A one-hour phone exam developed by Kaiser Permanente and administered by ALTA Language Services that directly measures medical vocabulary and as well as sight translation, medical diagnosis and instructions, customer service, and social conversation.

2. Qualified Bilingual Staff Assessment—Spanish (QBS): A one-hour phone exam developed by Kaiser Permanente and administered by ALTA Language Services that directly measures medical vocabulary and pronunciation, customer service, and ability to give directions and medical advice.

3. Spanish Objective Structured Clinical Assessment (OSCE): An unannounced clinical interview and physical with a standardized patient in Spanish developed and administered by Stritch School of Medicine Faculty.

When students pass all three phases of certification, they are given a special “Hola Español” name badge, priority at predominantly Spanish speaking clinical sites, a notation on the transcript, and recognition of competency in the Deans’ letter. More detailed information about our certification process can be found at http://www.stritch.luc.edu/medspanish/content/certification.

3. Incentivize medical student teachers
Establishing a teaching elective to earn credit has been an essential part of the success that Medical Spanish has seen at Stritch. As it stands today, medical students who complete the teaching elective requirements earn two weeks of elective credit toward fourth year. This is a recognized teaching elective that earns mention in students’ Dean’s letters as they apply to residency programs. With the establishment of the elective, we secured administrative support while also promoting a tangible benefit for students that commit to teaching Medical Spanish. The following requirements must be met to earn the teaching credit:

Teachers must plan and teach at least 20 lesson plans during their first and second year of medical school.

Teachers must create a portfolio of their lesson plans, including a reflection that is to be completed at the conclusion of each class reflecting upon what activities or teaching methods worked well, which didn’t, and how they could improve this lesson in the future.

Teachers must attend at least one Medical Spanish workshop each semester. (These workshops are developed by the Medical Spanish Coordinators in conjunction with faculty input. In the past, topics have included strategies to engage adult learners, teaching methods for foreign language instruction, and many others.) Teachers must attend Spanish teachers’ meetings (OSTE): An unannounced meeting.

Teachers must evaluate at least two other peer teachers and fill out the required evaluation form.
Teachers must be evaluated by at least two different Medical Spanish teachers and that evaluator must have attended at least 90% of the week. As long as the medical student Spanish in-structor completes the above requirements, the student is considered a qualified interpreter. The Medical Spanish program at Stritch is constantly seeking ways to provide new opportunities for students to practice their language skills. One opportu-nity that is currently offered to teachers and advanced students is translating at Loyola’s Access to Care Clinic. This clinic is run by Loyola medical residents and attending medical physicians, and they are constantly in need of help translating for Spanish-speaking patients. Interested students are able to sign up for 1-2 three hour shifts per month. During that shift, student must attend all the clinic days and in the event of no student attending, the interpreting is not qualified. Establishing objective benefits is key to recruiting and keeping teachers as well. Whether it’s elec-tive credit, Honors in Global Health, or some other type of distinction, the work that Medical Spanish teachers put into the program needs to be recognized. Addition-ally, there needs to be an objective benefit to medical students if they are to add another commitment on top of their first and sec-ond year curricular work. For a program to continue, it must transi-tion well from year to year, student lead-ership positions change. The one constant is our Medical Spanish Advisory Board which consists of our Senior Associate and Assistant Deans of Medical Educa-tion, Director of the Center for Commu-nity and Global Health (CCGH), as well as other members of the Office of Medical Education and CCGH. Every year, the advisory board meets with the outgoing Program Director(s) for a report on how the year went. The board also meets with incoming Program Leader(s) to discuss goals for the upcom-ing year. Applications for positions are submitted every spring and interviews are conducted by the Program Leader(s). Past teachers make up the majority of ap-plicants.

Discussion:
Establishing a Peer-Led Medical Span-ish Program is not without its challenges. Many students are eager to assist students with their skills. We are fortunate to work with excellent residents and physicians who are eager to assist students with their skills. Without a way to qualify students’ Spanish-speaking abilities, there is a risk of putting poor students in clerkship sites. Establishing a certification program rec-ognized by your institution’s hospitals and clerkship sites is essential for the program. Without a way to qualify students’ Spanish-speaking abilities, there is a risk of putting poor students in clerkship sites. It is essential that earning the Medical Span-ish certification is recognized by clerkship sites so that students are able to put their hard-earned skills into practice. If there is not an additional elective credit or mon-etary incentive for students, perhaps there can be recognition on their Dean’s letter for completion of the courses. There are a vari-ety of ways in which these goals can be met, but these challenges should be anticipated and addressed when beginning a Peer-Led Medical Spanish Program. Overcoming these challenges and starting a Peer-Led Medical Spanish Program provides a tangi-bly and valuable skill to medical students in the clinical years and beyond. This program should be considered for implementation in medical schools across the country.

References:

Felipe Camero, OMSII Michigan State University, DO/MPH Candidate—Publication Co-Chair LMSA and main editor of journal.

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About the Editors

Felipe Camero, OMSII Michigan State University, DO/MPH Candidate—Publication Co-Chair LMSA and main editor of journal.

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Pamela Castro, OMS II Michigan State University, DO/MPH Candidate—Public Relations Committee Chair
LMSA and co-editor of journal.

Born and raised in Lima, Peru, I came to the US to attend college. I graduated from the Florida State University with a business degree and did my premedical education at the University of South Florida. During my undergraduate studies, I became heavily involved with Latino Healthcare by managing a free healthcare clinic for the underserved. Upon my acceptance to medical school, I continued my passion to help the Hispanic communities by serving as a Spanish coordinator in medical missions to Peru and Guatemala, the main student coordinator to a Costa Rica medical elective, an executive board member of the Lansing Latino Health Alliance, participated in a public health project in Huaraz, Peru and acted as lead researcher in an HIV Project to the Dominican Republic.

Abner Antonio Murray, MSTP III Case Western Reserve University School of Medicine MD/Ph. D. Candidate—Publication Co-Chair LMSA journal contributor

I was born in Santo Domingo, Dominican Republic and raised in Miami, Florida. I graduated from Florida International University (FIU) with a Bachelor of Science in Biology. As a MARC U-STAR and Ronald E. McNair Fellow at FIU, I conducted research on the translational initiation strategies of mammalian Orthoreoviruses. In addition, I functioned as the outreach and events coordinator, at Missionary Ministry “Anchor of Salvation” International, a nonprofit organization based in Miami, Florida. I was involved in organizing over 30 medical mission trips to Central, South America, and the Caribbean where medical and counseling services were provided free of cost to the most indigent Latin American communities. In 2011, I enrolled in the Medical Scientist Training Program at Case Western Reserve University in Cleveland, Ohio. Currently, I am beginning my Ph. D. in molecular virology at the Case Western Reserve University Center for AIDS Research.

Dr Ruben Font MD
LMSA Executive Officer—Peer Review Coordinator

Current plans for LMSA: Work on organizing logistical operations, membership development, continue to develop the southwest region

Future plans: Solidify the pipeline from highschool level to graduate level; continue working with NHMA to help with this pipeline and create more physicians to be part of the NHMA membership core. Continue to promote NHMA events, internship, opportunities for medical student; continue to raise funding for LMSA scholarship fund; eventually would like to see an LMSA leadership summer internship/retreat of some sort.
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LMSA follows in the tradition of numerous minority group associations made to create a forum for networking, exchange of ideas and support between Latino Medical Students across the United States. In this spirit the LMSA annual journal supplies a forum for members and non-members to write about their experiences in school and life in general. In one unified voice we all shout the mantra: “Adelante!”