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**Mission Statement**

Lack of access to health care that affects so many of our neighbors, accordingly our mission is to create a health outreach partnership with the East Harlem community. We provide quality primary and preventative health care at no cost to uninsured residents of East Harlem.

We offer confidential, compassionate care in a safe, respectful environment. We aim to establish a positive approach to medicine by creating shared goals with our patients. We seek to empower them to participate actively in their physical and emotional well-being in order to enhance the effectiveness of our services. As medical students, we commit to serving our patients’ health care needs, and, in so doing, commit to expand our own knowledge, skills, to improve the practice of medicine.

**Message From Medical & Program Director**

Each year, we sit back for a moment to reflect on what our students at the East Harlem Health Outreach Partnership (EHHOP) have accomplished. Since opening our doors in May 2004, the struggle to provide the best care to an extraordinarily vulnerable population has continued to reach new heights of complexity.

This has been a critical year for EHHOP in many respects. Our student leadership has been vital in achieving several major tasks that have and will continue to dramatically change the way we deliver care to the uninsured of East Harlem. Our students spent months developing and implementing an EHHOP-specific computer-based charting system. Through the tireless efforts of our students and social workers, EHHOP has spring-boarded an internal psychiatric service allowing the clinic to more comprehensively address mental health issues so rampant in the East Harlem community. Our care for diabetic patients, through a program headed by our senior students, has become more ritualized, quality-based and outcome-driven. Also, EHHOP is joining several other community clinics in East Harlem in offering rapid HIV testing and counseling. Finally, our students have organized the beginnings of a community partnership cementing our network with community organizations.

_Yasmin Meah, MD & David Thomas, MD_
According to 2006 New York City (NYC) DOH statistics, East Harlem ranks second worst health of the 42 neighborhoods in NYC. 27% of East Harlem adults are uninsured, compared to the 13% average of other Manhattan neighborhoods. As a result most have no primary doctor, and must seek care from Emergency rooms.

This lack of access to has led to dismal health outcomes. East Harlem is the second worst ranked neighborhood in the category of premature death. East Harlem ranked below average in being tobacco-free, keeping heart healthy, knowing HIV status, getting help for depression, living free of alcohol and drugs, and having a healthy baby. According to NYC DOH statistics, complications related to chronic illnesses such as diabetes, heart disease, respiratory disease and mental illness/drug abuse top the list as leading causes of death for adults that reside in East Harlem.

More than 20% of East Harlem is foreign born, and a large proportion conversant solely in Spanish rendering them particularly vulnerable.
“Work and creative thinking by students in collaboration with interdisciplinary partners, philanthropic partners and community partners got us where we are.”

Yasmin Meah, MD
**EHHOP Vital Statistics**

EHHOP patient visits this year were 489 up from 392 in 2007-08 and bringing the total number of patient visits to 1,921. Our 500+ patients tend to be young, working Latino immigrants living below the poverty line.

40% are men reflecting an increase in male patients from recent years—though the majority are still women. 83% of patients are Latino; 57% speak exclusively Spanish. The majority of patients (35%) hail from Mexico, Equador, Puerto Rico, Dominican Republic, El Salvador, Brazil and Argentina are also common origins.

Though the majority are Latino, we have seen a recent increase in other ethnicities with 9% of patients describing themselves as Black, 5% as Caucasian, 2% as Asian, 1% as Arab. 32% are US born and in total, 38% speak English though other primary languages included, Arabic, Chinese, French, Greek, Polish, Portuguese and Tagalog.

Our patients are typically young as depicted in the graph above. The average age is 40 years old. Most patient are working yet live below the poverty line with an average income of $11,413 that ranged from $200-$35,000.

The most common diagnosis this year was high blood pressure followed by depression, back/joint pain, high cholesterol and diabetes. These diseases, as in most primary care clinics, are consistently the most common in the last five years since inception of EHHOP.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Frequency of Diagnosis FY 2008-09</th>
<th>Frequency of Diagnosis Since Inception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>29%</td>
<td>15%</td>
</tr>
<tr>
<td>Depression</td>
<td>23%</td>
<td>16%</td>
</tr>
<tr>
<td>Back/ Joint Pain</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>21%</td>
<td>13%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>20%</td>
<td>13%</td>
</tr>
<tr>
<td>Gastroesophageal Reflux Disease</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Headache</td>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Recent Initiatives

Electronic Medical Records

EPIC outpatient medical electronic record system was implemented in January 2009. With the hospital’s information technology support, the three month transition to paperless charting was extremely successful and 144 students were trained and over 400 charts were abstracted. This initiative has improved documentation and follow-up care of our patients as well as moved to the forefront of clinical information technology, ahead of many other health care institutions in the country.

In the summer of 2008, EHHOP piloted a parallel mental health clinic. Since then, the monthly clinic is led by Dr. Alicia Hurtado, a fourth year psychiatry resident at Mount Sinai. A first or second year interested in psychiatry named the "psychiatry junior" is present in each session. Dr. Craig Katz, a psychiatry attending at Mount Sinai, leads didactic sessions for these students as well as providing remote supervision for the Saturday clinics. Additionally, Molly MacGregor, coordinates appointments and student learning.

We have successfully met the needs of patients requiring various levels of care. For one individual this could mean a single visit with Dr. Hurtado and a referral to social work. For another, it could mean monthly follow ups for medication titration. For a third it could mean getting plugged into aggressive psychiatric care beyond outpatient care. The 47% of the cases have been major depressive disorder, however, we have also provided care to those struggling with generalized anxiety disorder, panic attacks, substance abuse and PTSD following abuse.

Psychiatry Clinic

The NYC Department of Health and Mental Hygiene in 2007 found that 11.6% of people in NYC report "frequent mental distress."

In East Harlem, there is 193% increased rate. Common risk factors include poverty, language barriers, and a lack of social support.
In order to strengthen EHHOP’s relationship with and accountability to the East Harlem community, EHHOP steering committee members sought to create a reproducible process of community consultancy in AY 2008-09. The community outreach committee worked with Ann-Gel Palermo, Mount Sinai Center for Community and Multicultural Affairs Director of Operations, and Ray Cornbill, Director of Health Care Management and Practice in the Department of Community Medicine, to develop a process by which EHHOP’s faculty and student leadership can consult with key representatives of the East Harlem community and EHHOP’s patient population regarding new programming and clinic protocol. We hope that such a consultancy process will serve to strengthen our referral base, generate linkages to and mentorship from community-based service providers and advocates, increase EHHOP’s legitimacy and visibility in the eyes of community members, and make the clinic as responsive and accountable to evolving community and patient needs as possible.
Chronic Care Project

In order to better serve our patients with diabetes, this year we implemented the Chronic Care Project, based on Wagner’s Chronic Care Model. The project, founded on the four Chronic Care Model components, seeks to improve interaction between the health care system and the community. EPIC is our new information technology system which has allowed us to incorporate Best Practice Alerts and Health Maintenance reminders into our system, sealing some of the cracks in our continuity of care. Grand Rounds, Morning Report and sign-out serve as decision support for clinicians.

Our partnership with visiting nurse services and certified nutritionists serve as self-management support for our patients with regard to lifestyle decisions and self-care. Our highly motivated teaching seniors have a panel of diabetic patients for whom they insure that the standard of care is being implemented to improve our delivery system design.

This program was designed to improve preventative care and continuity of care at the clinic. A future goal is to extend this program to include cardiovascular disease, HIV, asthma, depression and other chronic diseases that plague our patient population.
Student-Run Clinic Collaboration:
1st Annual NYC Student Run Clinic Conference:

The first annual New York City Student Run clinic conference was held in August of 2008. It focused on exchanging ideas, information and experience across different student clinic models to tackle common problems. It was followed up by Mount Sinai hosting the American Medical Students Association conference and EHHOP presenting an extremely successful workshop about setting up student run clinics and was attended by close to a dozen medical schools. EHHOP has continued to foster the exchange of ideas by maintaining an interactive webpage (www.studentrunclinic.org) to which 27 schools have contributed.

A group of highly motivated students are coordinating the formation of a national organization for student-run clinics, called the Society for Student-Run Free Clinics (SSRFC). Our representatives are currently working with Nebraskan students to improve on the current webpage and create a forum for sustained discussion and collaboration among participating groups.

Rapid HIV Testing

This year, members of the community outreach committee developed and piloted a point of care, opt-out HIV rapid testing program as part of EHHOP’s primary care services. The program included a training curriculum for a team of 15 student health educators who perform pre- and post-test counseling for patients who are interested in testing for HIV and ongoing monitoring and evaluation of testing services. In a typical clinic day, in the first few weeks of HIV testing, over half of patients opted to be tested. Training was provided by Cicatelli Associates and Orasure Technologies; testing services and are offered with the support of the Jack Martin Fund Clinic at Mount Sinai, the Adolescent Health Center at Mount Sinai, and Mount Sinai laboratories.
In FY 2008-2009, EHHOP made 162 referrals. EHHOP has been paying for their referrals based on a sliding scale assessment made by the Mount Sinai Resource Entitlement and Advocacy Program (REAP). Based on the patient’s income, this can range from $16.34 to $196.11 per visit. Most of our patients fall into the lowest income tier and pay $16.34. This year since we have started paying for all of our patients specialty referrals visits our patients access to specialty care has improved greatly. Some private specialists have also been gracious enough to donate their services free of cost to our patients. These include Drs. Jacob Levitt, Ebby Elahi, Jeffery Freed, Steven Itzkowitz, Leslie Kerr, Patricia Allen, Jonathan Vapnek and Kalmon Post.

EHHOP has a referrals network consisting of the outpatient clinics in each department of Mount Sinai Medical Center. Our top 5 referrals made in FY 2008-2009 were radiology, ophthalmology, gastroenterology, obstetrics/gynecology/mammography, and urology.
EHHOP is deeply committed to improving the psychosocial and economic well-being of its patients. Our patients’ low socioeconomic level places hurdles beyond their immediate medical ones. Providing for such patients is an opportunity to engage and help them obtain the services they need. EHHOP has three licensed social workers; Leslie Garcia, Allison Lopez, Omayra Rolon, allowing us to provide social work services every clinic day.

Our social workers provide psychosocial counseling services and assist patients in obtaining reduced-cost specialty care as well as determining eligibility for public insurance, benefits and assistance. Finally, they train students to become benefits screeners themselves.

128 total social work visits were provided in FY 2008-09, approximately 1/4 of which were new patients. The student benefits screeners successfully identified and referred 50 patients to social work as they became eligible for aid due to changes in family, employment, or economic status.
Pharmacy

Through partnerships with the Mount Sinai Employee Health Pharmacy and Metropolitan Pharmacy, we have been able to provide critical medications and medical supplies for our patients at EHHOP during the 2008/2009 year. Our clinic prescribes from a student-researched cost-effectiveness based EHHOP formulary.

2008-09 Pharmacy Expenditure by Class

![Diagram of 2008-09 Pharmacy Expenditure by Class]

EHHOP prescriptions expenditures on 154 patients totaled $10,525 for formulary medications and $3,047 for off formulary medications in FY 2008-2009. The majority of the cost is attributable to cardiac and diabetes medications.

Diabetes supplies, especially since launching our chronic care program, have become an important expenditure as displayed in the following graph.

Not included in the graph are 20 privately donated glucometers.

2008-09 Expenditure on Diabetic Supplies: $ 2,231.00

![Diagram of 2008-09 Expenditure on Diabetic Supplies]

To ensure our resources can reach as many as possible, all prescriptions are scrutinized. The cost of each prescription is compared to medications in the same class, and those most cost-effective is selected. Also, pharmaceutical companies’ Patient Assistance Programs are used for expensive medications. As a result of these efforts, pharmacy expenditure was halved from $23,905 to $13,573.

2008-09 Patient Assistance Program Savings: $2,850

![Diagram of 2008-09 Patient Assistance Program Savings]
“We take pride in our students: they continue to be advocates for the humane and equal treatment of vulnerable populations in healthcare.”

Yasmin Meah, MD
Financial Highlights

In fiscal year 2008-2009, EHHOP totaled $99,270.00 in revenues, primarily from two large fundraisers; The Gala Benefit held at Le Royale, and the Young Friends of Mount Sinai Fall Fête.

EHHOP also continues to rely on grants and notably was awarded the prestigious AAMC Caring for the Community grant.

EHHOP receives strong support from the Mount Sinai community: faculty, students, and alumni donations accounted for a significant proportion of revenues. Also, Mount Sinai Hospital’s Internal Medicine Associates donates clinical space and supplies, the hospital donates laboratory services, and various Mount Sinai sub-specialist physicians offer reduced-cost care.

EHHOP Expenditures FY 2008-2009

<table>
<thead>
<tr>
<th>Patient Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy</td>
<td>$13,572</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>$740</td>
</tr>
<tr>
<td>Social Work Services</td>
<td>$18,564</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Volunteer Development &amp; Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Support &amp; Training</td>
</tr>
<tr>
<td>Education &amp; Conferences</td>
</tr>
<tr>
<td>General operation, supplies, misc.</td>
</tr>
</tbody>
</table>

TOTAL EXPENSES, 2008-09 $38,890

EHHOP’s expenses are patient-centered with clinical services (including social work, sub-specialty referrals and medications/supplies) accounting for 85% of EHHOP’s total expenses.

EHHOP Revenue FY 2008-2009

<table>
<thead>
<tr>
<th>Grants</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MSSM Student Council Funding</td>
<td>$4,810</td>
</tr>
<tr>
<td>AAMC Caring for the Community Grant</td>
<td>$8,000</td>
</tr>
<tr>
<td>Donations</td>
<td>$6,060</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$80,400</td>
</tr>
</tbody>
</table>

TOTAL REVENUES, 2008-2009 $99,270

Volunteer development accounts for 13% of total expenses. The remaining 2% goes towards basic operational costs.
“Our students’ passion & commitment never wanes.”

David Thomas, MD

“If it weren't for this clinic, I don't know where I would be now…”

Patient Diagnosed with Brain Tumor & Successfully Treated
**Top 5 Laboratories Ordered by Fiscal Year**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Laboratory 1</th>
<th>Laboratory 2</th>
<th>Laboratory 3</th>
<th>Laboratory 4</th>
<th>Laboratory 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-2005</td>
<td>Cell Blood Count</td>
<td>Liver Function</td>
<td>Lipid Profile</td>
<td>Chemistry 7</td>
<td>TSH Level</td>
</tr>
<tr>
<td>2005-2006</td>
<td>Lipid Profile</td>
<td>Lipid Profile</td>
<td>Cell Blood Count</td>
<td>Urine Microalbumin</td>
<td>PPD</td>
</tr>
<tr>
<td>2006-2007</td>
<td>Cell Blood Count</td>
<td>Liver Function</td>
<td>HgbA1c</td>
<td>Chemistry 7</td>
<td>Chemistry 7</td>
</tr>
<tr>
<td>2007-2008</td>
<td>Lipid Profile</td>
<td>Cell Blood Count</td>
<td>HgbA1c</td>
<td>Chemistry 7</td>
<td>Liver Function</td>
</tr>
<tr>
<td>2008-2009</td>
<td>Lipid Profile</td>
<td>Cell Blood Count</td>
<td>HgbA1c</td>
<td>Chemistry 7</td>
<td>Liver Function</td>
</tr>
</tbody>
</table>

**Laboratory Services**

Laboratory are provided at no charge courtesy of Mount Sinai Laboratories. A total of 857 up from 557 laboratory tests were ordered for 154 EHHOP patients in FY2007-2008. Our top 5 laboratory tests requested were lipid profile (83), hemoglobin A1c levels (75), cell blood count (54) chemistry 7 (47), and liver function tests (44). Of note, the quantity of hemoglobin A1c ordered this year doubled paralleling the inception of the chronic care program.

**Research Projects**

EHHOP is dedicated to the model of evidence based medicine and has done research to improve our internal protocols as well as further scientific knowledge in caring for the underserved communities of East Harlem and Student Run Clinics.

Some recent publications and presentations follow here.

**Original Manuscripts**

Ryskina KL, Meah YS, Thomas DC. How Does Free Clinic Care Compare to Publicly and Privately Insured Populations? *Submitted.*

**Presentations**


Bouvier, NM; Thomas, DC; & Meah, Y. Voluntary Participation in a Medical Student-Organized Clinic for Uninsured Patients Significantly Augments the Formal Curriculum in Teaching Underrepresented Core Competencies. *Presented at Mount Sinai School of Medicine, Education Research Day, October 23, 2008. New York, NY*
Steering Committee

The EHHOP Steering Committee (SC) is composed of 14 medical students. Each position has clearly delineated responsibilities and most utilize the help of sub-committees composed of 1st and 2nd year Medical Students. This nested hierarchy of a SC working closely with a sub-committee ensures that EHHOP can utilize the strength of an active Mount Sinai student body without compromising efficiency or accountability. The SC is also the decision-making body that directs clinic policy. The Steering Committee officially meets once a month, but Weekly Reports keep the students on the same page.

The Clinic Co-Chairs, Operations Director, Student Education Chair, Program Director, and Medical Director compose the Executive Committee (EC). The EC meets once a month to plan new initiatives and integrate into the Mount Sinai School of Medicine and Hospital.

2008-2009 Steering Committee

Clinic Co-Chairs:
Anne Stey
Nick Meo

Operations Director:
Mai-Khanh Bui-Duy

Student Education Chair:
Matthew Whitson

Chief Clinic Manager:
Francis Youn

Pharmacy Director:
Ari Moskowitz

Student Recruitment Director:
George Alba

Physician Recruitment Director:
Julia Fritz

Finance Director:
Lisa Ochoa-Frongia

Fundraising Director:
Joni Price

Research Director:
Alicia Floyd

Community Outreach Director:
Pooja Mehta

Referrals Director:
Jessica Zeidman

Social Work Director:
Kate Liberman

Top Left – Bottom Right: Lisa Ochoa-Frongia, Julia Fritz, Francis Youn, Nick Meo, Joni Price, Kate Liberman, George Alba, Ari Moskowitz, Alicia Floyd, Matt Whitson, Anne Stey, Jess Zeidman, Pooja Mehta, Mai-khanh Bui-Duy.
Volunteers
Teaching Seniors
Mubashar Khan
Jessica Cohen
Ryan Ungaro
Tiffany Chao
Nimesh Pandey
Anne Stey
Brian Nicholas
Matthew Whitson
Jessica Zeidman
Ellen Goldstein

Clinic Managers
Adam Lewkowitz
Andrew Goldstein
Christopher Seibert
Daniel Chien
Deborah Ho
Francis Youn
Grace Lo
Kate Liberman
Max Kates
Nicholas Meo
Peter Vila
Stuart Prenner

Referrals Liaisons
Alice Li
Jennifer Miller
Helen Chea
Leah Rosenberg
Jonathan Schulhof
Denise Purdie
Clair McClung
Susan Kahane
Sidd Bhola
Lydia Miller
Alex Millman
Melanie Liu
Lisa Ochoa-Frongia
Mike Green

PDAP Screeners
Gillian Heinecke
Allison Kwong
Anthony Andriotis
Venod Narine
Alice Li

Recruitment Team
Leaders:
Mark Wong
Joseph Mermelstein
Sofia Fayngold
Stuart Prenner
Tyson Collazo
Cassie Bigelow
Janelle Laudone
Jennifer Ling
Donna Eckstein

Benefits Coordinators
Emily Thomas
Stephen Merjauy
Jesse Cohen
Noga Ravid
Rachel Bystritsky
Uma Tadepalli
Leah Fow

HIV Patient Educators
Demetri Blanas
Shyam Amin
christa lovett
Rachel Zhuk
Aron Legler
Lindsey Stephens
Matthew Pollard
Ki.won Kim
Lisa Ochoa-frongia
Jonatan Hernandez-Rosa
Jacqueline Chui
Julia Fernandez
Hana Akselrod
Stephen Merjavy
Rachel Bystritsky

Psychiatry Juniors:
Emily Thomas
Stephen Merjauy
Jesse Cohen
Lauren Zenner
Olanrewaju Dokun
Toni Martello
Jessica Acuna
Janelle Lum

Attending Physicians
(Volunteers from 3/31/08 - 3/27/09)
Dr. Lauren Acinapura
Dr. Siddique Abbasi
Dr. Sam Ahn
Dr. Steven Berns
Dr. Patricia Bloom
Dr. Richard Bordowitz
Dr. Sara Bradley
Dr. Audrey Chun
Dr. Lisa Coplit
Dr. David DeLaet
Dr. Rupali Doshi
Dr. Peter Gliatto
Dr. James Holland
Dr. Aluko Hope
Dr. William Jordan
Dr. Reena Karani
Dr. Jennifer Kent
Dr. Ian Kronish
Dr. Jenny Lin
Dr. Sophie Lin
Dr. Yasmin Meah
Dr. David Muller
Dr. Elizabeth Ommen
Dr. Vinisha Patel
Dr. Lauren Peccoralo
Dr. Xavier Perez
Dr. Jonathan Ripp
Dr. Joanna Sheinfeld
Dr. Steven Sigworth
Dr. Rainier Soriano
Dr. Theresa Soriano
Dr. David C. Thomas
Dr. Eva Waite
Dr. Fran Wallach
Dr. Christina Wyatt

Dr. David Thomas and MS4 Jeffrey Sharon collaborate on patient care.

Dr. Yasmin Meah and MS4 Mubashar Khan discuss a patient’s case.
Our Partners

Our endeavor would not have been possible without the contributions of our partners.

Space and Office Equipment
Mount Sinai Internal Medicine Associates

Medications
Mount Sinai Employee Health Pharmacy
Metropolitan Pharmacy

Home Care
Visiting Nurse Service of New York

Laboratory Services
Mount Sinai Laboratory Services

Radiology Services
Mount Sinai Radiology Department

Website
Solara Media Inc.
Mount Sinai School of Medicine

‘08-’09 Monetary Contributors
Mount Sinai Auxiliary Board
AAMC Caring For The Community Grant
Norman and Susan Ember Foundation
Mount Sinai Young Friends
Mount Sinai School of Medicine Student Council
Many Private Donations

Faculty Guidance

Our student-run clinic would not be possible without the supervision and direction provided by our two well-accomplished and dedicated faculty mentors. Their guidance is helping EHHOP meet its organizational challenges and overseeing medical decisions every week. Program Director Yasmin Meah won the prestigious 2007 AAMC Humanism in Medicine Award, while Medical Director David C. Thomas has won the esteemed 2008 Mount Sinai Physician of the Year Award and SGIM Mid-Atlantic Region Internal Medicine Clinician-Educator Award.

Program Director: Dr. Yasmin Meah
Winner of 2007 AAMC Humanism in Medicine Award

Medical Director: Dr. David C. Thomas
Winner of 2008 Mount Sinai Physician of the Year Award
Winner of 2008 SGIM Mid-Atlantic Region Internal Medicine Clinician-Educator Award
References:


Authors:
Anne Stey
Ari Moskowitz
Alicia Floyd
Kate Liberman
Molly MacGregor
Demetri Blanas
Pooja Mehta
Mai-Khanh Bui-Duh

Photography:
Habimana Fonseca-Sabune & Peter Vila

Layout and Design:
Anne Stey
Nick Meo

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Michael Green
Dr. Alicia Hurtado
Dr. Craig Katz
Dr. David Thomas
Dr. Yasmin S. Meah
EHHOP 2008-2009 Steering Committee

East Harlem Health Outreach Partnership (EHHOP)

17 E. 102nd Street
New York, NY 10029
(646) 942-6519

Website: www.eastharlemhealth.org
Email: eastharlemhealth@gmail.com

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