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Details: INFORMATIONAL HEARING FOR PROPOSED PUBLIC HEALTH INSTITUTE

(FORM UPDATED: 07/12/2010)

WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS

2005-06
(session year)

Assembly
(Assembly, Senate or Joint)

Committee on ... Public Health
(AC-PH)

COMMITTEE NOTICES ...

- *Committee Reports* ... CR
- *Executive Sessions* ... ES
- *Public Hearings* ... PH
- *Record of Comm. Proceedings* ... RCP

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- *Appointments* ... Appt
- *Clearinghouse Rules* ... CRule
- *Hearing Records* ... bills and resolutions
  (ab = Assembly Bill) (ar = Assembly Resolution) (ajr = Assembly Joint Resolution)
  (sb = Senate Bill) (sr = Senate Resolution) (sjr = Senate Joint Resolution)
- *Miscellaneous* ... Misc

Medical and Health Research Association of New York City, Inc.

Promoting the Health of the Community Since 1957

MHRA

Medical and Health Research Association of New York City, Inc.

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President & CEO

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FACT SHEET

MHRA, one of the largest nonprofit organizations in New York City, annually improves the health and well-being of over 200,000 low-income New Yorkers at high risk for poor health outcomes. It provides "safety net" health and social services by managing large public health programs, often in unique public-private partnerships with governmental agencies. MHRA conducts public health research and program evaluation to improve delivery of services, and can link its service and research capacities to impact public health problems. MHRA also helps smaller community-based nonprofits increase their ability to serve by offering technical assistance and capacity-building support. MHRA's current menu of activities includes:

Direct Service to At-Risk Individuals: Families and Children

- **MHRA Neighborhood WIC Program:** largest provider of WIC* services in New York State – 45,000 clients at 18 service centers
- **MIC-Women's Health Services:** prenatal care and family planning services for 23,000 patients at eight centers
- **Early Intervention Service Coordination:** case management of 5,000 children with developmental delays
- **Health Insurance Enrollment Program:** assistance to 2,100 low-income families annually in enrolling in public health insurance programs
- **Bushwick Bright Start:** intensive home-visiting services to families at risk for child abuse, neglect and poor developmental outcomes

Public Health Research and Program Evaluation

- **Symptoms of Depression and Anxiety in Family Planning and Prenatal Care Patients**
- **Prepregnancy Obesity, Prenatal Weight Gain, and Adverse Perinatal Outcomes**
- **Obesity in Young Children**
- **Evaluation of the Influence of the Internet on HIV Risk**
- **Breast Cancer Screening in Minority Women**
- **Health Literacy & Cervical Cancer Screening**
- **PACTS/HOPE:** studying the lives of perinatally HIV-infected children as they mature

Management of Large Public Health Programs through Contracts with Community-Based Organizations – MHRA has more than 500 contracts in its portfolio

- **HIV Care Services:** Ryan White CARE Act, Title I
- **HIV Prevention Services**
- **Family Planning:** Title X
- **Public Health Preparedness & Response for Bioterrorism:** in support of the New York City Department of Health and Mental Hygiene
- **Coalition for a Smoke-Free City:** tobacco control and prevention program

Capacity-Building for Community-Based Organizations and Other Nonprofits

- **Data Link:** provides information technology support and consulting services
- **FITA [Fiscal Infrastructure Technical Assistance]:** provides organizational and fiscal development support to nonprofits

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*Special Supplemental Food Program for Women, Infants and Children

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PULSE STUDY

Linking Research and Service to
Address Public Health Problems

Volume I: Number 3

CHILDHOOD OBESITY IN A NEW YORK CITY WIC POPULATION

Jennifer A. Nelson, MPH; Mary Ann Chiasson, DrPH; Viola Ford, MSW, CSW

Background/Objectives: This study was undertaken to determine the prevalence of obesity among children aged 2 to 4 enrolled in the MHRA New York City Neighborhood WIC Program [Supplemental Nutrition for Women, Infants and Children program], which serves more than 55,000 women, infants, and children each year. This is a low-income, racially and ethnically diverse population enrolled in a program offering food assistance and nutrition education. The goals of this study were to describe the extent of obesity in this population and how it is distributed by age and race/ethnicity.

Methods: All families enrolling or re-certifying in the MHRA New York City Neighborhood WIC Program during one week were asked to complete a brief questionnaire including questions on family diet and exercise habits, racial/ethnic identification, and ancestry. A total of 1255 families completed questionnaires at 18 WIC sites distributed throughout 4 boroughs. Data from certification forms were then collected, without personal identifiers, for each family member enrolling or re-certifying that day; this resulted in data for 1,444 individual family members, including 557 children aged 2 to 4. For these children, body mass index (BMI) was calculated using height and weight measures from the certification forms and compared to the CDC BMI-for-age reference percentiles.

Results/Key Findings: Of the 557 children aged 2 to 4, 49% are female, 35% are 2 years old, 37% are 3 years old and 28% are 4 years old. Fifty-nine per cent are Hispanic, 19% black, 10% Asian, and 8% white. A full 40% of these children are overweight or at risk of overweight: 22% are

overweight (BMI ≥95th percentile) and 18% are at risk of overweight (BMI ≥85th and <95th percentile). No difference was found between boys and girls with respect to percentage overweight or at risk of overweight. However, 2-year-old children were significantly less likely to be overweight than 3- or 4-year-old children ($p=0.04$): whereas 14% of 2-year-old children are overweight, over 25% of 3- and 4-year old children are overweight. Furthermore, if BMI percentiles are examined for 6-month age groups, it becomes apparent that the increase in overweight begins at about age 2½: only 8% of children aged 24-29 months are overweight, but 19% of children aged 30-35 months are overweight. Significant differences in percentage overweight were found among racial/ethnic groups as well. Twenty-seven per cent of Hispanic children, 13% of black children, 19% of Asian children, and 11% of white children are overweight ($p<0.001$). No differences were observed among Hispanics of various ancestry. Additional analyses revealed that 73% of all the children reside in families where whole milk is drunk by children aged 2 and older; of those whole-milk drinking families, only 30% have tried low fat milk. An additional 12% drink 2% milk, only 8% drink 1% or fat free milk, and 56% report eating fruit or vegetables at least once a day.

Conclusions/Lessons Learned: A significant proportion of young children enrolled in a New York City WIC Program are overweight or at risk of overweight. This is not an unbiased sample because this is a high-risk population and

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excessive weight for stature is one of the nutritional risk factors that qualify a child for WIC. Nevertheless, the health consequences are potentially serious. Overweight children are more likely to become overweight and obese adults and obesity has been linked to non-insulin dependent diabetes and cardiovascular disease as well as other health risks. The WIC program goals make it an ideal location for an intervention. WIC is a nutrition program in which families periodically receive nutritional counseling. In addition, following current pediatric nutritional practice, WIC has instituted a campaign to promote the use of low fat milk for children age 2 and older. The fact that childhood obesity is so predominant in this population reinforces the necessity of obesity prevention as a crucial component of WIC counseling and suggests that additional educational methods should be pursued, as well as intensifying current efforts to address this pressing health problem. The increase in the risk of overweight around age 2½, the greater proportion of overweight among Hispanics, and the large proportion of families who continue to give their children whole milk after age 2 suggest specific points at which such an intervention could be targeted.

Presented at the Twelfth Annual Symposium on Health Services Research in New York, New York, November, 2001.

For more information about the study, please contact: jnelson@mhra.org or machiasson@mhra.org.

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July 2002

MHRA

A publication of the Medical and Health Research Association of New York City, Inc.

PULSE STUDY

Linking Research and Service to Address Public Health Problems

Volume I: Number 5

MENTAL HEALTH STATUS OF LOW-INCOME WOMEN IN THE CHILDBEARING YEARS

PREVALENCE OF DEPRESSION AND ANXIETY SYMPTOMS CAUSE FOR CONCERN

Sabina Hirshfield, PhD, Mary Ann Chiasson, DrPH, Ellen Rautenberg, MHS, Maria Uribelarrea, NP, Raymond Fink, PhD

Depression During Childbearing Years Depression is more common among women than men, and can be a frequent occurrence during the postpartum period. However, until quite recently, depression *during* pregnancy has received limited attention. It is of special concern because it may interfere with adherence to prenatal care recommendations, and, subsequently, compromise the mother-infant bond and the maternal capacity for childcare and parenting. Undiagnosed and untreated depression in women during the prenatal period has serious implications, with increased risk for postpartum depression, as well as adverse birth and child developmental outcomes.

Recent research has documented elevations of depressive symptoms during pregnancy, a range of depressive symptom levels in pregnant women, and significantly higher levels of depressive symptoms among women of low socioeconomic status. It is also well known that many women of all socioeconomic levels use obstetric and gynecologic services and family planning providers as points of access to the health care system. These providers often act as primary caregivers. Because MHRA operates MIC-Women's Health Services [MIC], which provides reproductive health care to more than 25,000 women at eight centers located in low-income New York City communities, it is positioned to advance the study of mental health status among low-income women in childbearing years.

Study Methods A sample of 315 low-income, pregnant, postpartum, and family planning patients was recruited from three MIC centers in Queens, the Bronx, and Manhattan.

Eligibility criteria for the study included being aged 18 or older, fluent in English or Spanish, and seeking prenatal, postpartum, or family planning services from MIC. Anonymous surveys were self-administered in Spanish or English, in MIC waiting rooms with the assistance of an interviewer. Depressive symptoms were assessed by the Centers for Epidemiologic Studies – Depression Scale [CES-D]*. Anxiety attack and other anxiety disorders were assessed by the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire [PRIME-MD PHQ]. Questions relating to subjects' experiences of the 9/11 terrorist attacks assessed proximal exposure, loss of family and friends, and concerns resulting from the attacks. Since a substantial population of Dominican immigrants use MIC services, a question was asked regarding the loss of family and friends on American Airlines Flight 587, which crashed in route to Santo Domingo.

Results Approximately 48% of study subjects screened positive for depression [CES-D score of 8+]. Approximately 55%

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reported general anxiety symptoms, and 15% reported an anxiety attack within the month previous to completing the survey. By visit type, 54% of prenatal patients, 41% of postpartum patients, and 43% of family planning patients had elevated depressive symptoms; these were more prevalent among the younger women and Dominican women. Over 17% of women completing the survey had lost a relative or friend in the crash of Flight 587 or the 9/11 terrorist attacks.

Implications These estimates of the magnitude of mental health problems among the low-income women using MIC centers clearly indicate a need to incorporate more formalized screening for mental health problems into care at MIC and in similar settings that serve low-income women during childbearing years. Identifying mental health problems and facilitating treatment either by referral or provision of on-site services are likely to have immediate and longer term benefits for the women and their families. A more comprehensive approach to incorporating mental health into reproductive health care may well work to decrease health disparities in areas such as: birth outcome, unintended pregnancy, sexually transmitted diseases including HIV, and child development. ■

**Short form*

Results from this study were presented at the 130th annual meeting of the American Public Health Association, Philadelphia, 2002.

For more information about this study, contact Sabina Hirshfield, PhD at shirshfield@mhra.org, or Mary Ann Chiasson, DrPH at machiasson@mhra.org.

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DECEMBER 2002

MHRA

A publication of the
Medical and Health
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PULSE STUDY

Linking Research and Service to
Address Public Health Problems

Volume II: Number 2

PREPREGNANCY OBESITY, PRENATAL WEIGHT GAIN, AND ADVERSE PERINATAL OUTCOMES IN NEW YORK CITY

Terry J. Rosenberg, PhD, Samantha Garbers, MPA, Mary Ann Chiasson, DrPH

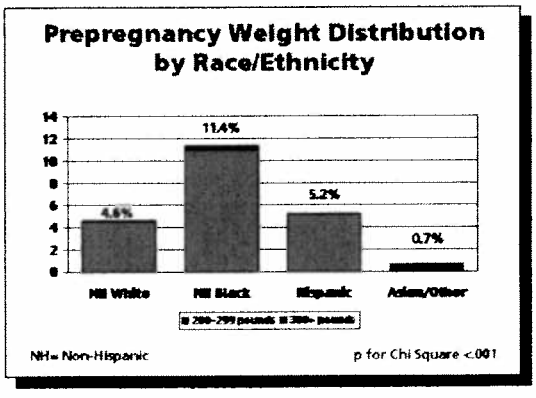
Background In women of childbearing age, overweight and obesity have particular adverse effects, including greater risk of infertility, maternal morbidity, complications of labor and delivery, neural tube defects and perinatal mortality. Among pregnant women, increases in weight have been associated with gestational diabetes, preeclampsia, eclampsia, cesarean delivery, and macrosomia. This study examined the effect of prepregnancy obesity and the added effect of excessive prenatal weight gain on adverse outcomes among obese women.

Methods Data from a 1998-1999 New York City (NYC) births file for 213,208 singleton births with information on prepregnancy weight and prenatal weight gain were used. Since the births file did not contain data on the mother's height needed to compute body mass index (BMI), mother's prepregnancy weight was used as the measure of overweight and obesity. Five categories of prepregnancy weight were constructed: <100, 100-149,150-199, 200-299, and ≥300 pounds. Given that a weight of 200 pounds is a BMI of 29 for a woman 5'10", and a weight of 300 is a BMI of 43 for a woman of 5'10", the top two categories include both overweight and obese women. In logistic regressions, prepregnancy weight was used to predict gestational diabetes, preeclampsia, cesarean delivery, macrosomia and treatment in the Neonatal Intensive Care Unit (NICU). Then five categories of prenatal weight gain were constructed: 0, 1-15, 16-25, 26-35, and 36-97 pounds. These were then used to predict the same five outcomes for women weighing 200 pounds or more. Potential confounders, including mother's age, race/ethnicity, marital status, education, social risk (e.g., smoking), prenatal care, and health insurance, were controlled for in all regressions.

Results For many of the demographic characteristics and risk factors, there were significant differences by prepregnancy weight (for Chi-square tests). The heaviest women (200-299 pounds and ≥300 pounds) were most likely to be older, black, unmarried, have a high school degree or some college, and have smoked, drank alcohol or used an illegal drug during pregnancy. While black women comprise 27.6% of the entire sample, they were 49.8% and 63.9% respectively of the heaviest weight groups.

Among all women in the sample, 31.5% gained 36-97 pounds during pregnancy. In the two highest prepregnancy weight groups, 27.1% of the women beginning at 200-299 pounds and 25.6% of the women beginning at ≥300 pounds gained 36-97 pounds during pregnancy. This weight gain far exceeds the Institute of Medicine recommendations of 15-25 pounds for overweight women.

Pregnancy weight affected several adverse outcomes, adjusting for controls. The heaviest group (≥300 pounds)



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compared to the modal group (100-149 pounds) had the highest adjusted odds ratios (AOR) for gestational diabetes (5.2), preeclampsia (5.0), cesarean delivery (2.7), macrosomia (4.2) and an infant in the NICU (1.9).

For mothers weighing 200 pounds or more before pregnancy, excessive prenatal weight gain was also related to adverse outcomes. Those gaining more than 35 pounds were more likely to develop preeclampsia (AOR=1.5), to have a cesarean (AOR=1.2), and to have a macrosomic infant (AOR=1.4), compared to those gaining 16-25 pounds.

Conclusions For all overweight and obese women, the adverse outcomes from excessive weight underline the urgency of weight loss interventions in the preconception, prenatal, and postpartum periods. The very high prevalence of obesity among black mothers in NYC suggests that special weight loss programs should be tailored to their needs. ■

Results from this study were presented at the 131st annual meeting of the American Public Health Association, San Francisco, 2003.

See also "Prepregnancy Weight and Adverse Perinatal Outcomes in an Ethnically Diverse Population," *Obstetrics and Gynecology, Vol. 102, No. 5, Part 1, November 2003, pp. 1022-7.*

For more information about this study, please contact Terry J. Rosenberg, PhD at trosenberg@mhra.org

OTHER RECENT MHRA PULSE STUDIES

- Pathways to Uninsurance: *Where You Start Out Is Where You End Up*
- The "Epidemiologic Paradox": *Birth Outcomes Among Latinas in New York City*
- Childhood Obesity in a New York City WIC Population
- Recent Breast Cancer Screening Research at MHRA
- Mental Health Status of Low-Income Women in the Childbearing Years: *Prevalence of Depression and Anxiety Symptoms Cause for Concern*
- The Internet and High-risk Sex among Men Who Have Sex with Men

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DECEMBER 2003

Public/Private Partnerships in Public Health – Lessons from MHRA

Ellen Rautenberg
President & CEO
Medical and Health Research Association of NYC, Inc.

to

Wisconsin State Legislature

February 9, 2005


Bettering the Lives of
All New Yorkers
Service • Research • Capacity Building • Advocacy
MHRA
Medical and Health Research Association of New York City, Inc.

What is MHRA?

- A Unique Public Health Resource in NYC
- One of the Largest Non-Profits in NYC
- Service Provider…Researcher/Evaluator… Contract Administrator…Technical Advisor…Advocate
- Multidisciplinary program expertise coupled with sophisticated management services
- Creative, flexible, accountable, objective, rapid response capability, and able to "go to scale"

Our Original Mission:

Established in 1957 as a 501(c)3 by NYC Health Commissioner Leona Baumgartner, to…

"…assist in developing and increasing the facilities of the NYC Department of Health, other departments of the City and other institutions engaged in health research in New York City."

Our Mission Today

MHRA is dedicated to improving the health of high-risk, underserved populations.

It provides health and related services, conducts demonstration and research programs, and offers management services in order to improve community health and strengthen health policy.

Working in partnership with government agencies, community organizations, and educational institutions, MHRA is committed to responding quickly and effectively to public health challenges.

MHRA's Critical Developmental Milestones:

1950's - Established in 1957 as a "research foundation" by the NYC Department of Health.

1970's - During the NYC fiscal crisis, the City DOH transferred two large service delivery programs to MHRA's management:

- Maternity Infant Care/Family Planning Projects (MIC-FPP)
- Supplemental Nutrition Program for Women, Infants and Children (WIC)

Developmental Milestones (cont'd):

1980's – MHRA was asked by the State and City governments *as well as local providers* to begin re-granting some Title V and Title X funds. Later, Healthy Start, Tobacco Control, Healthy Heart and Asthma Surveillance were added to our re-granting portfolio

1990's – At the initiation of Ryan White Title I in NYC, MHRA was asked to re-grant those funds.

Developmental Milestones (cont'd):

1990's - Increased work with community-based organizations led MHRA to develop two technical assistance programs:

- information technology
- organizational development with a focus on financial management

Developmental Milestones (cont'd):

1990's - A new strategic plan called for:

- Initiative to "put the *R* (research) back in MHRA"
- Revised governance plan
- Greater attention to external communications and "branding"
- Fundraising for unrestricted resources

Developmental Milestones (cont'd):

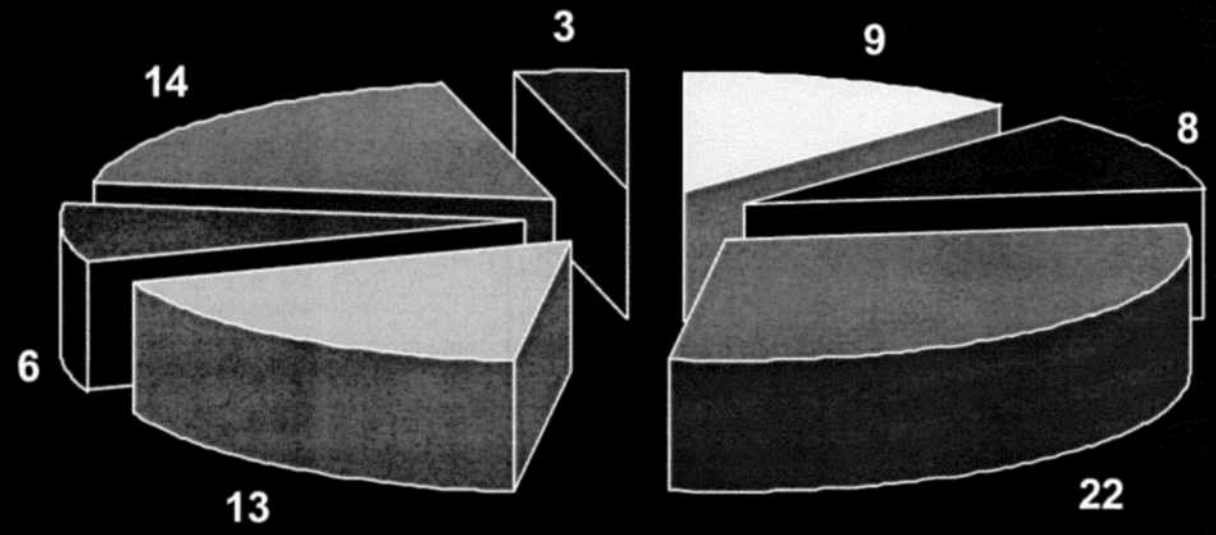
2000's – HIV prevention funding, both CDC and City Tax Levy, transferred to MHRA for re-granting.

2000's – MHRA is asked by the City to serve as fiscal agent for emergency CDC bioterrorism funding.

How We Grew…

- From 56 employees in 1974 to more than 700 in the Year 2004
- From Research, to Direct Service Provider, to Re-granter, to Technical Assistance Provider, to Business Manager
- In 2004, our annual budget was $200million.

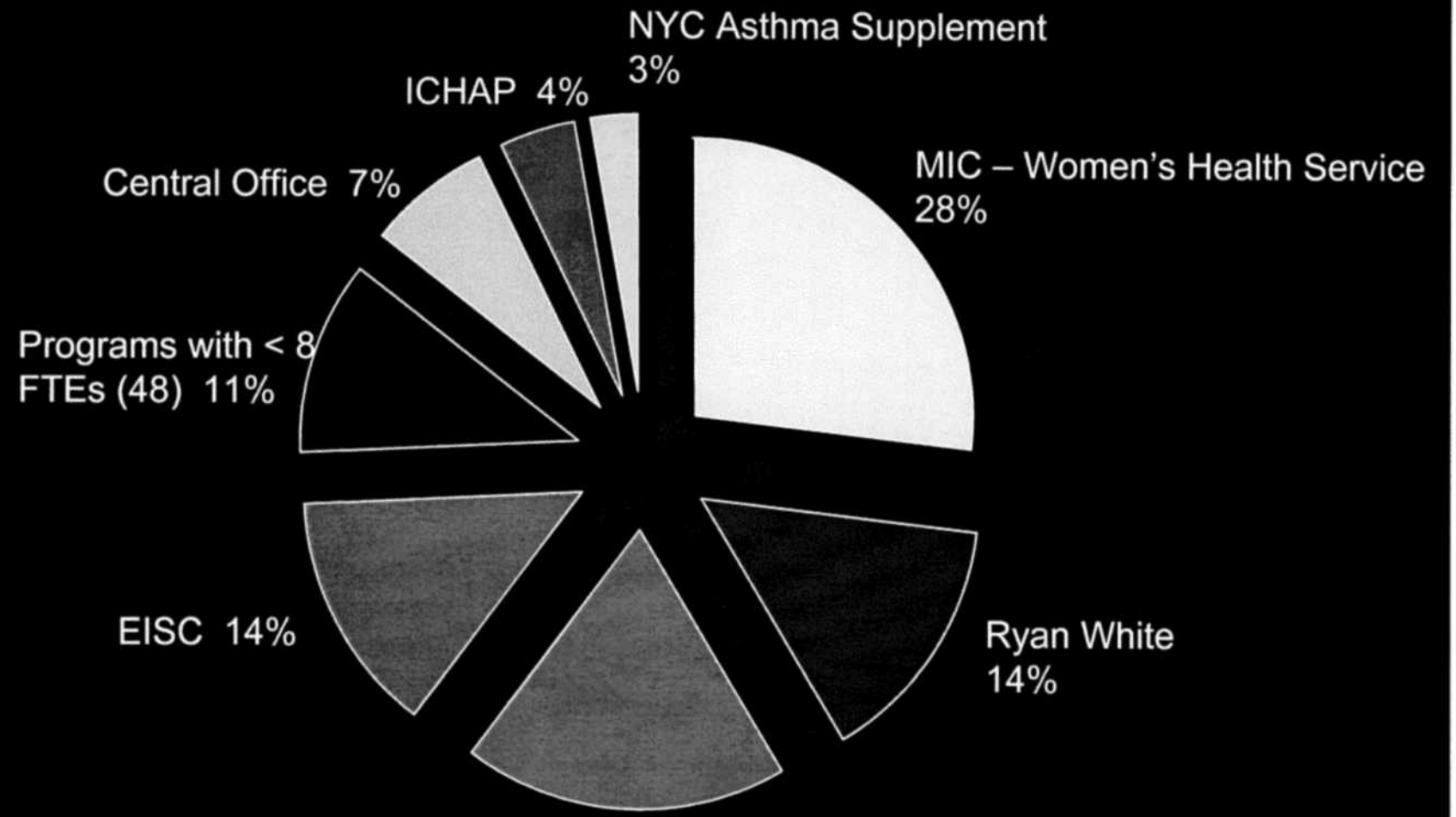
Number of Programs by Type



- Direct Research
- Research Management
- Direct Service
- Service Management
- Subcontract Services
- Admin Mgmt - Basic
- Admin Mgmt - Intensive

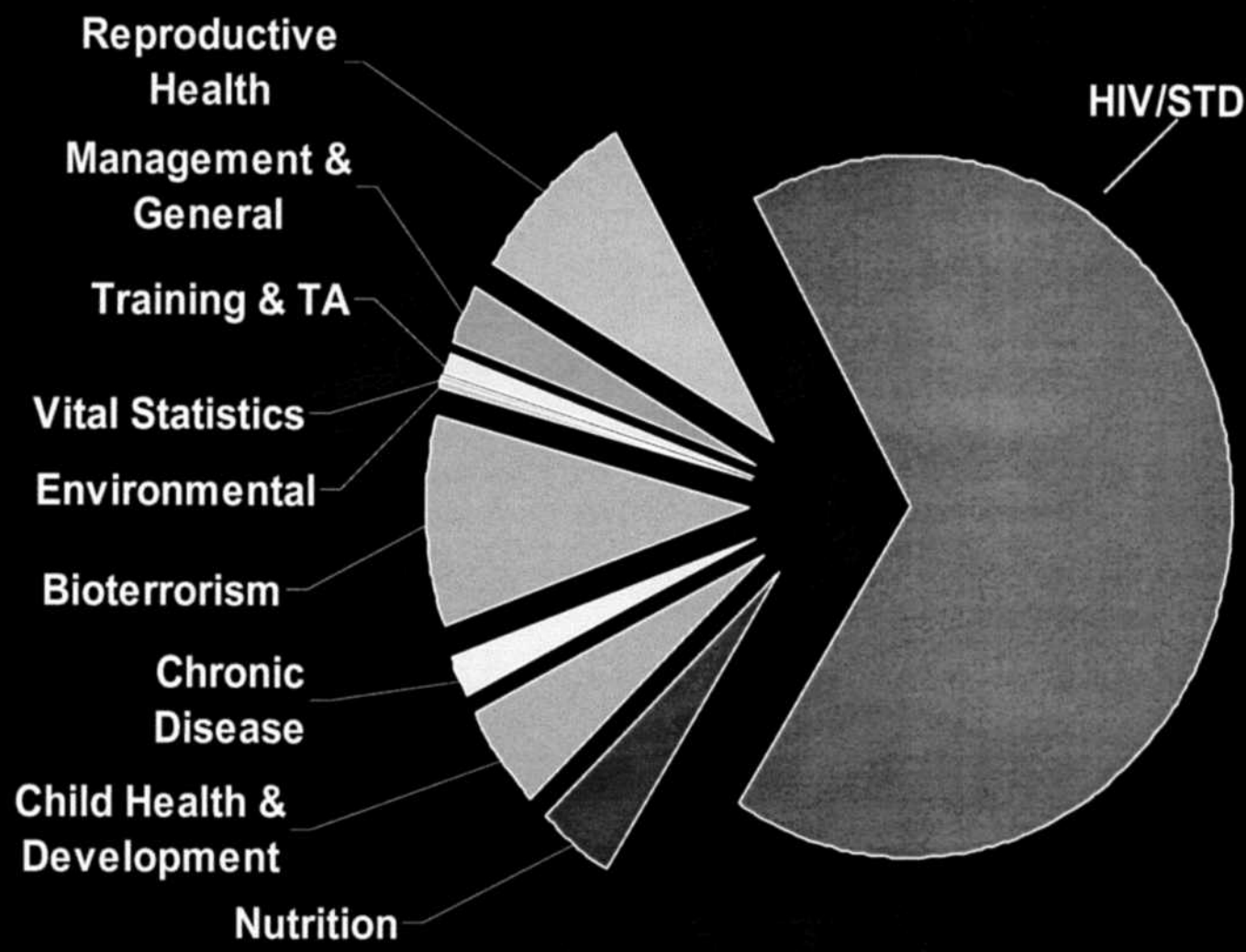
Total Number of Projects = 75

Staffing (FTE) by Program

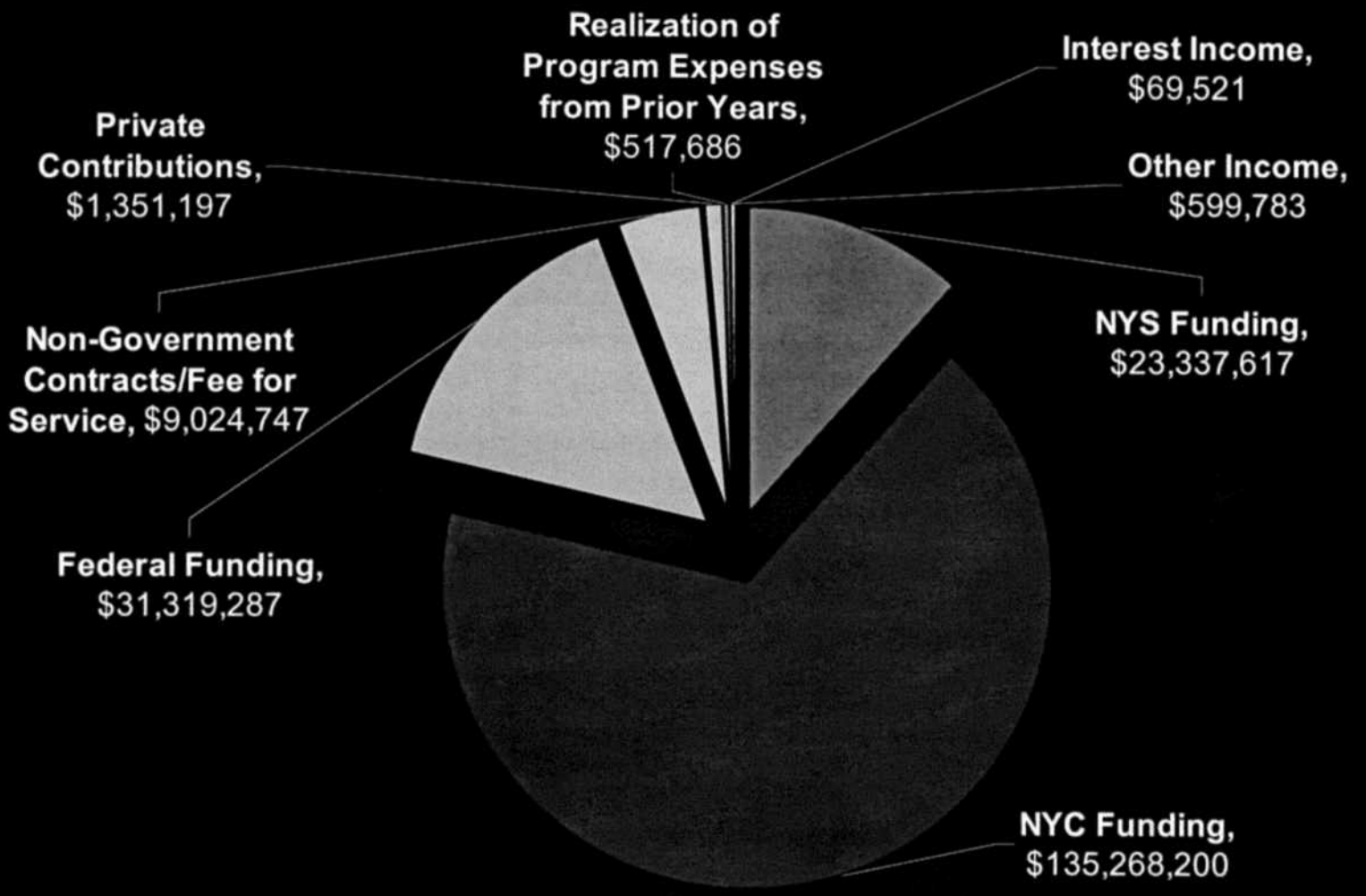


Total FTE = 700

Program Areas by Revenue

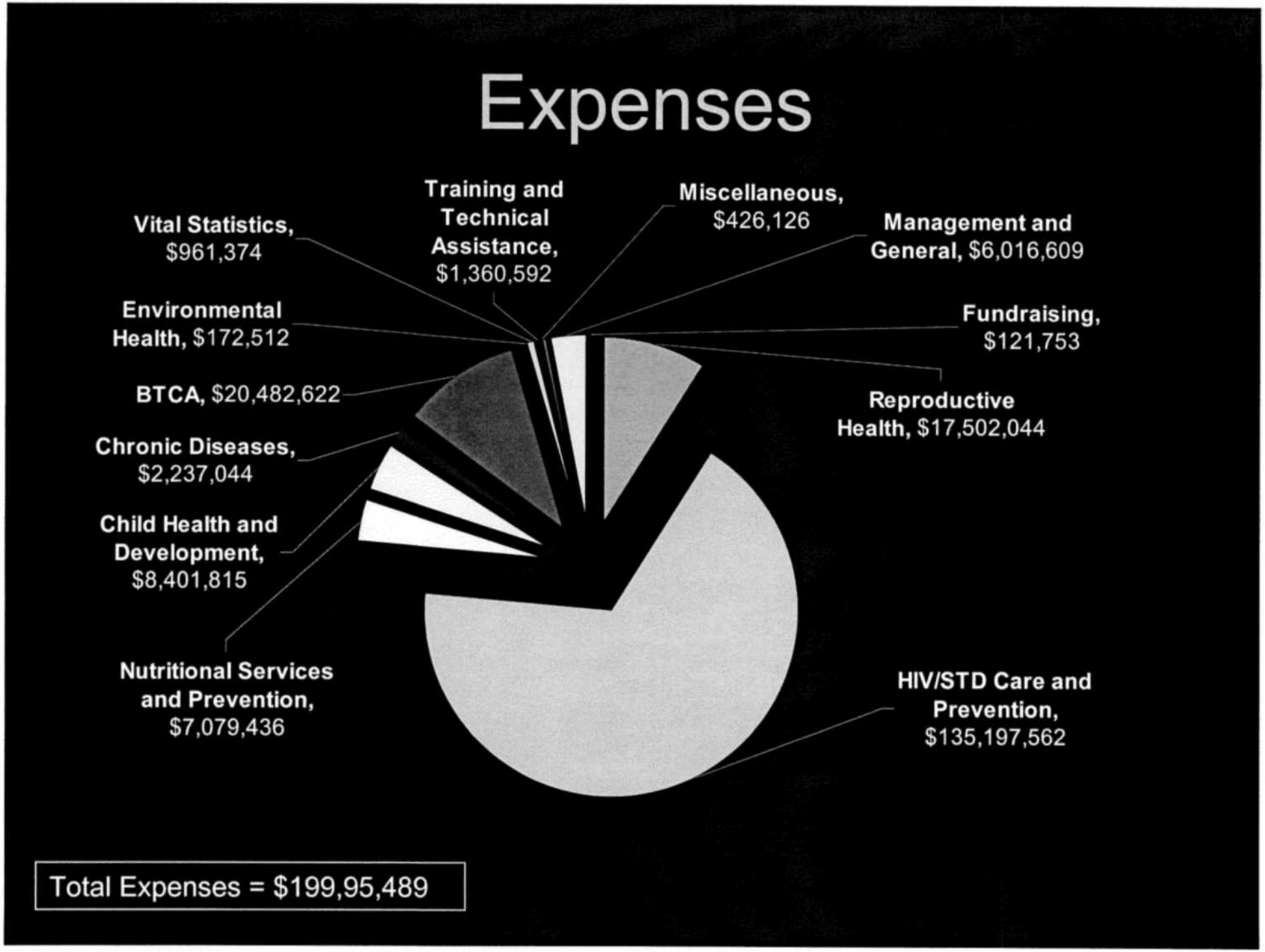


Revenue, Gains and Support



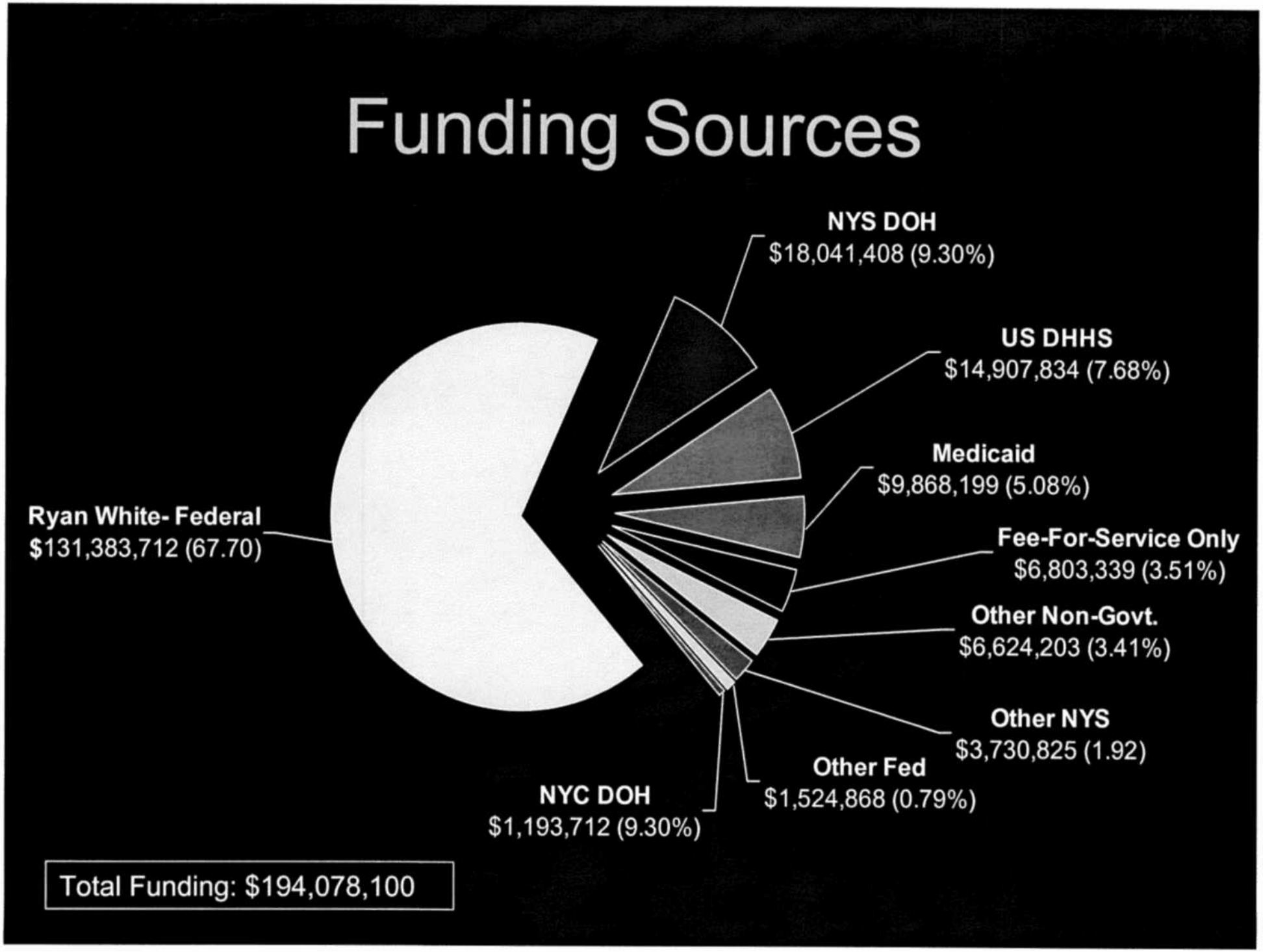
Total Revenue = $201,488,038

Expenses



Total Expenses = $199,95,489

Funding Sources



Is MHRA a Public Health Institute?

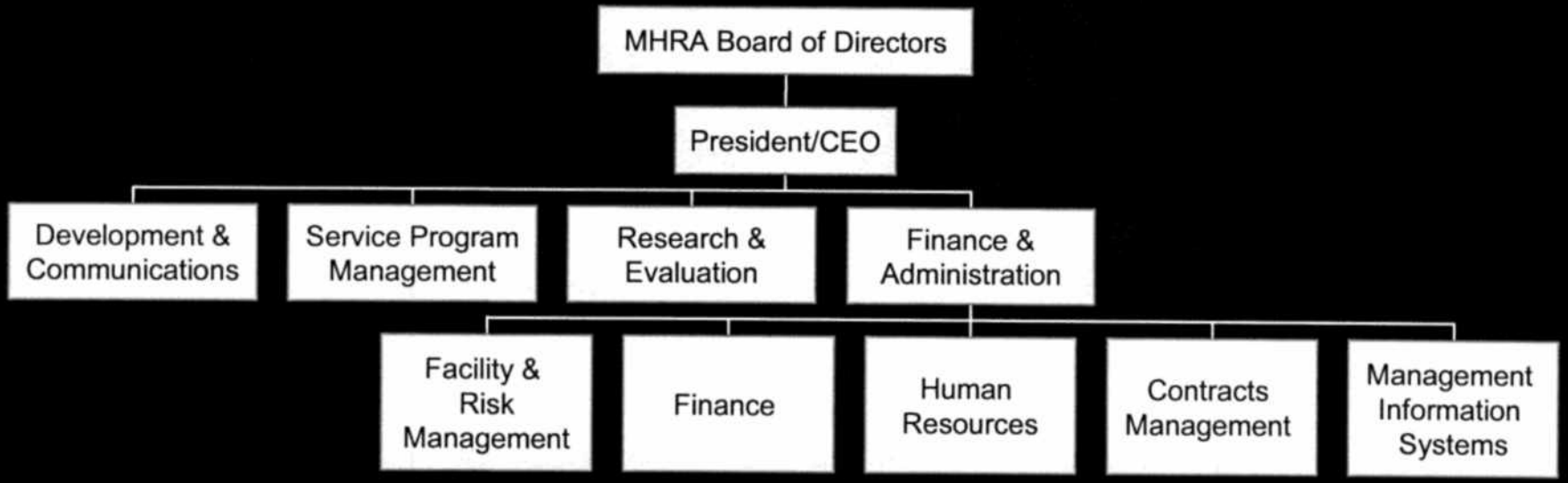
- Created in 1957 as a PHI.
- Since mid-70's, the significant amount of direct delivery of public health services distinguishes it from a PHI.
- Internally funded (through ICR) research, often tied to direct delivery of services, also distinguishes it from a PHI.
- Work in collaboration with NYCDOH is one important "line of business" but there are others.

MHRA Board of Directors

The Board includes 3 ex. officio directors (who vote) and 27 elected directors.

- The ex. officio directors are:
  - Commissioner of Health and Mental Hygiene
  - President of the NYC Health and Hospitals Corporation
  - NYC Chief Medical Examiner
- The 27 elected directors are a mix of leaders in public health and health care practice, academia, civic affairs, and business.

Core Organizational Structure



Lessons from the MHRA Experience

- Be flexible and creative
- Think ahead – anticipate next PH challenge and $$
- Diversify funding sources for stability and growth
- Be excellent in both the program and management aspects of what you do
- Be able to respond quickly to new opportunities
- Develop and nurture partnerships

Partnerships = Be a Pretzel!

Working relationships and business arrangements with DOHMH vary widely.

For example:

- Bioterrorism – Appointed as fiscal agent by NYCDOH to accept the CDC funds on behalf of the City. Arrangement includes a large MHRA contract to NYCDOH for all PS while MHRA does contracting, purchasing, and recruiting.

- Ryan White – In 1991, because of "emergency" need for the funding, MHRA was given a sole source City contract. It has since been successful in two RFP competitions.

Partnerships (cont'd)

- All Kids Count (immunization registry) – Original grants (CDC and RWJ) received and work carried out by MHRA. The registry itself then transferred to NYCDOH. MHRA then awarded two competitive bids to do the physician outreach and training for registry.

- Early Intervention – With grant funds, MHRA initiated establishment of citywide early intervention service coordination program for NYCDOH. MHRA is now reimbursed on a fee-for-service basis as do other EI providers who offer this service.

Concluding Thoughts

- Relationships with government can be complicated and the dynamics change over time.
- Must weigh actualizing the freedom of being an independent nonprofit vs. paralleling government requirements and structures.
- Must weigh growing the intellectual capital within the nonprofit vs. symbiotic relationship with government.
- Because of relationship to government, organizational identity is often confusing.

For additional information about MHRA check our website:

www.mhra.org

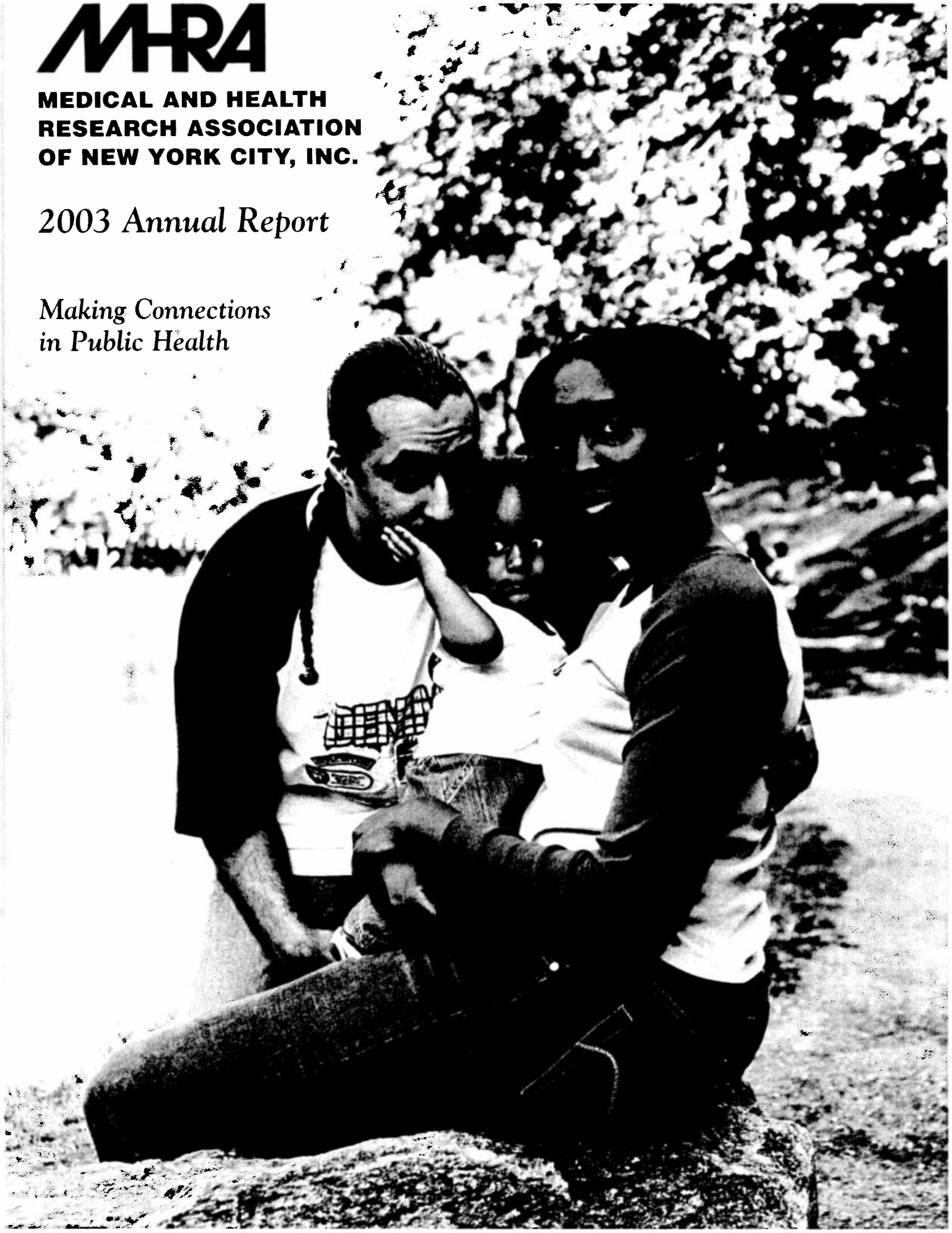

FORWARD

MHRA

MEDICAL AND HEALTH RESEARCH ASSOCIATION OF NEW YORK CITY, INC.

2003 Annual Report

Making Connections in Public Health



The photographs in this annual report, taken across New York City, are of the men, women, children and families whose lives are touched by MHRA's diverse programs.

TABLE OF CONTENTS

Our Mission

Medical and Health Research Association of New York City, Inc. (MHRA) is an independent, nonprofit, New York City-focused organization dedicated to improving the health of high-risk, underserved populations. MHRA provides health and related services, conducts demonstration and research programs, and offers technical assistance services in order to improve community health and strengthen health policy. Working in partnership with government agencies, community organizations, and educational institutions, MHRA is committed to responding quickly and effectively to public health challenges.

Chairperson's Letter

As I complete my third year as Chairperson of the Board of Directors of MHRA, I continue to marvel at how integral our work remains to the health and well-being of our city. MHRA's ability to create meaningful connections – bringing together patients and providers, clinicians and researchers, policymakers and educators, and public and private funders – remains an essential ingredient in advancing public health for all New Yorkers.

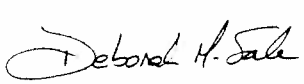
MHRA continues to play a vital role in achieving and sustaining major public health improvements in New York City. However, despite years of progress, serious disparities remain for the city's poorer residents. On average, New Yorkers in economically disadvantaged neighborhoods live eight fewer years than residents of more affluent communities; poverty is an ongoing indicator of negative health outcomes.

Throughout 2003, MHRA sought effective solutions to these challenges. Our community-based health and social services connected children, families, and individuals to high-quality care, and created new programs to address mental health issues and smoking cessation. Our research and evaluation programs drew upon the day-to-day experiences of low-income New Yorkers, and we connected our findings to the enhancement of current services and the development of new programs, such as our increasing work in obesity prevention. Through our work in grants management, we connected government funding to community-based organizations that delivered an enormous array of health and social services to New Yorkers of all backgrounds. For many of these organizations, MHRA's mentoring, technical assistance, and fiscal guidance further strengthened their capacity to serve.

MHRA is fortunate to work closely with government funders at the federal, state, and city levels; this public support helps to cover most of the core operating costs of our programs. However, private support from individuals, foundations, and corporations plays an increasing role in MHRA's work, enabling us to create critical enhancements to government-supported programs and giving us new opportunities for growth. These gifts provided MHRA with the flexibility to actively and quickly respond to emerging health issues, launch new programs, and enhance existing services. This support keeps MHRA in the forefront of public health, and we remain deeply appreciative of the involvement of our private funders.

MHRA's ability to create effective connections also extends to our own operations. Our staff continued to find ways to build new linkages between the agency's many programs, working hard to connect and refer our clients to appropriate care and support. We also created new opportunities for members of our Board of Directors to apply their particular skills to our varied needs. It is a special privilege for me to work with the dedicated individuals on our Board, as well as MHRA's committed and talented staff. Our work together and the many connections we have built and sustained truly enables MHRA to respond to our city's public health challenges with strength and foresight.

MHRA's ability to bring together patients and providers, clinicians and researchers, policymakers and educators, and public and private funders remains an essential ingredient in advancing public health for all New Yorkers.



Deborah M. Sale
Chairperson
MHRA Board of Directors

President's Report

It is nearly impossible to generalize about life in New York City for its millions of residents. It is diverse, presenting different opportunities and experiences to each of its residents. It is a city of great wealth, as well as great poverty. It is home to some of the nation's most advanced hospitals, universities, and research institutions, and yet is the epicenter of some of the nation's most pressing public health challenges.

MHRA is afforded a unique position in this landscape. We are an agency that bridges the gap between our clients and the systems of care that are designed to provide them support. Our clients are diverse in race and origin, though most are poor. They are people for whom basic health care can be elusive; often they "fall through the cracks" due to lack of support or understanding regarding the complexities of the health care system. They speak 40 languages other than English, more than half are recent arrivals to the United States, and the majority live in some of the city's most distressed neighborhoods – neighborhoods in which MHRA is often a sole provider of accessible, quality care.

As a simple rule, we listen to our clients, and research and design programs that meet their needs.

As a simple rule, we listen to our clients, and research and design programs that meet their needs:

- Building on research that found high rates of depression and anxiety among women seeking family planning and prenatal care, we developed a mental health screening tool designed for use in a busy clinic setting. The tool is being used to identify clients with mental health challenges in six areas (depression, anxiety, domestic violence, smoking, and alcohol and drug use) and link them to the care they need.
- MHRA held a series of focus groups with staff and clients to develop culturally relevant materials to address growing rates of childhood obesity in the communities we serve. Created specifically for families from Dominican, Mexican, and Caribbean cultures, three of MHRA's fastest growing client populations, the curriculum we developed will educate health care providers on ways to effectively work with clients on promoting healthy eating and altering sedentary lifestyles.
- Our accomplished research team continued using the technological capabilities of the Internet to connect with gay and bisexual men in our effort to pilot an effective Web-based HIV prevention program. In 2003, our Internet survey reached more than 3,000 men, with over one-third saying they would be interested in learning more about HIV prevention online.

With targeted programming, MHRA seeks to help our clients achieve wellness – connecting them to care and support that enables them to improve and maintain their health, and empowering them with tangible skills critical to caring for themselves and their families.

In addition to the services we provide and the research we conduct, MHRA manages a vast portfolio of over $160 million in government funding that is re-granted to hundreds of New York's nonprofit community-based organizations. The technical assistance we provide helps to strengthen these organizations, and enables them to carry out effective programs and be responsible fiscal managers. Working together, MHRA and our grantee organizations collectively strive to close gaps in service provision that prevent the city's most needy residents from accessing the care and support that they need.

This annual report tells the story of an agency that knows New York and New Yorkers, regardless of whether they are a third-generation resident or a recent immigrant trying to live a healthy life in a new country. MHRA is a true New York institution, and on the following pages I am very proud to share with you some of the recent accomplishments that have been made possible by our generous supporters and program partners. I thank you for your participation in MHRA's work and welcome your ideas and comments.

Ellen L. Rautenberg
President and CEO

MHRA is dedicated to providing high-quality, personalized care to New Yorkers in need of health and social services. In particular, MHRA provides support to tens of thousands of women and children in need of health insurance; family planning and prenatal care; nutritional education and food assistance; and care coordination for children who may have developmental delays. Below is the story of one of MHRA's families:

MIC-Women's Health Services is really a family affair. Just ask Shareema why she travels from the home she shares in Harlem with her husband, Javier, and son, Maxwell, (in the photo above) to get services at the MIC Center in Williamsburg. She'll tell you that it's all because of her mother, Laura.

Laura was an MIC client in Williamsburg many years ago when she was pregnant with Shareema (now 21) and later with her son, Jordan (now 13). Both of these pregnancies were high-risk and required extensive prenatal care and cesarean deliveries. Laura cannot say enough good things about the care and support she received from MIC throughout her pregnancies and how much she trusts our staff – which is why she insisted that Shareema go to the same MIC Center for services during her own pregnancy. And, Shareema has another family connection to MIC – her husband Javier's mother and sister were also MIC clients.

Shareema's son Maxwell is now less than a year old; she continues to come to MIC for family planning services, and also receives nutritional services through the MHRA Neighborhood WIC Program, located upstairs from the MIC Center. Maxwell gets care through a child health center located in the same building, and even sees the same doctor who treated Shareema when she herself was a child. "It means a lot to me that the doctors and counselors we see know me and my family," she says. "They've become an important part of our lives."

And, it's not just mothers who send their daughters to MIC: Laura's cousin received services at MIC before she did. The MIC staff is not at all surprised to hear Shareema's family story. As one staff member says, "You'd be surprised by how many clients come to us because a member of their family came here; we're incredibly proud of that sense of trust and connection."

CONNECTING *Women and Families to Care*

MIC-Women's Health Services, one of MHRA's largest programs, provided reproductive health services to 23,000 women in 2003. MIC operates eight health centers in communities struggling with high rates of adolescent pregnancy, low birth weight, infant mortality, and other public health challenges. MIC provides free walk-in pregnancy testing, prenatal care and family planning, emergency contraception, medical abortion, HIV counseling and testing, screening and treatment for sexually transmitted diseases, mental health screening, and social work services.

With a grant from the March of Dimes, in 2003 MHRA hired Urdu-speaking staff for the MIC Center in Astoria to better serve the community's large and growing Pakistani population. By providing services in over 17 languages, MIC-Women's Health Services ensures that language and cultural barriers do not become barriers to care.

With funds from The New York Community Trust and the Health Resources and Services Administration, we developed an assessment tool to help screen clients for mental health issues in response to MHRA research that found much higher than expected levels of anxiety and depression symptoms among our prenatal and family planning clients. As a result, MHRA is integrating a combination of mental health screening, onsite mental health services, and linkages to appropriate mental health care at all of our MIC centers.

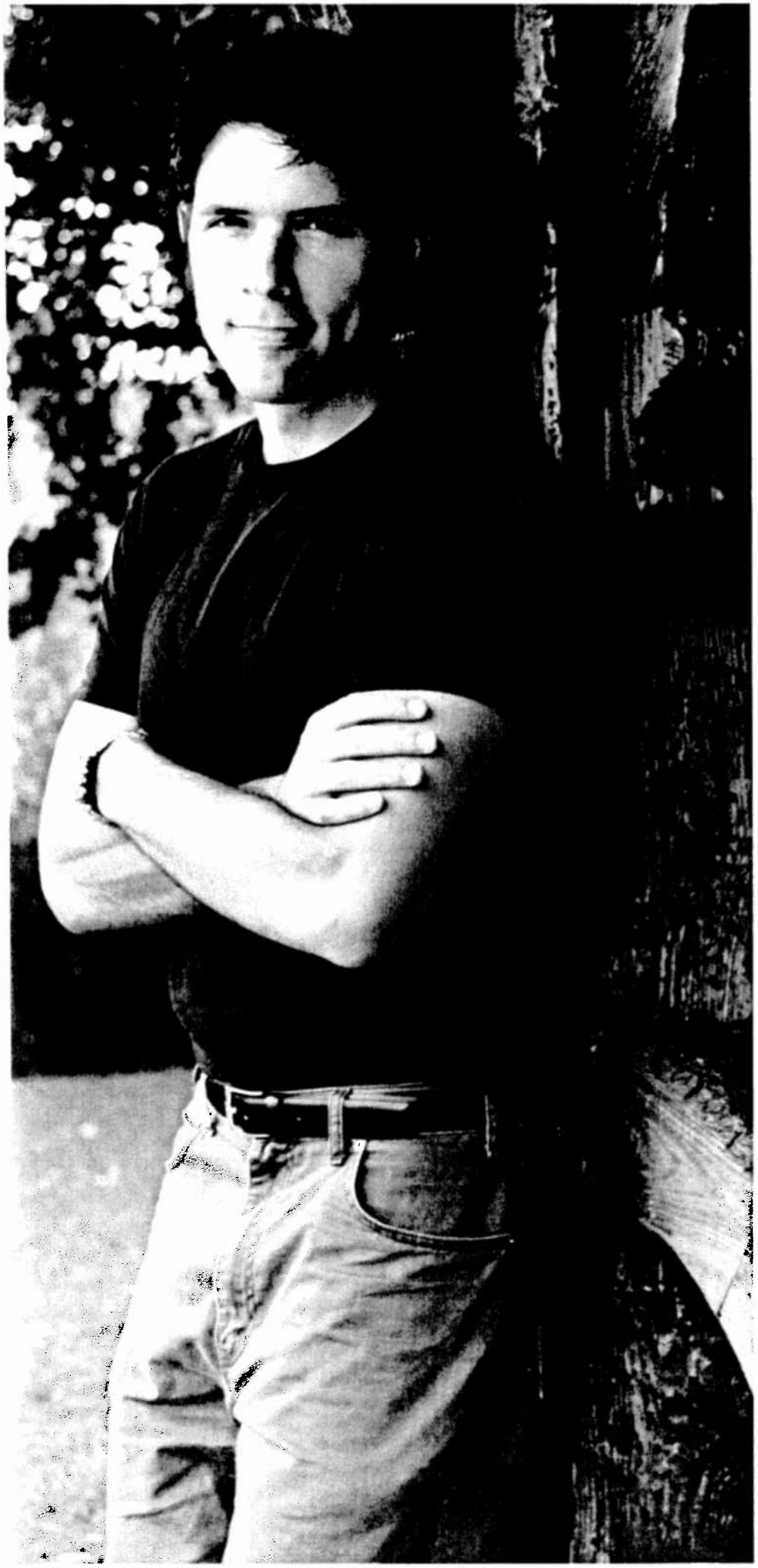
The **MHRA Neighborhood WIC Program** continues to provide vital nutritional support to low-income pregnant and parenting women and their children. In 2003, the program reached almost 45,000 clients at 19 locations across the city, nearly 30,000 of whom were children under the age of five. Capitalizing on our ability to implement research-driven innovation, MHRA has moved forward with plans to incorporate newfound information about obesity in young children into our educational materials, training guides, and community outreach.

With a generous grant from the Ira W. DeCamp Foundation, MHRA refurbished its WIC sites, including painting, new furniture, and the installation of new wall-mounted toys and VCRs for educational presentations. These private dollars have allowed us to greatly improve the appearance of our sites, as well as afford us a way to keep kids busy while their parents are getting nutrition counseling.

Bushwick Bright Start / Healthy Families New York – Working in partnership with the Coalition for Hispanic Family Services, Bushwick Bright Start helps mothers and fathers create safe and supportive homes for their children, improve parenting skills, and access needed services. Targeted to pregnant women and women with children less than three months old, this home visiting program has a special focus on children who are at increased risk of neglect and abuse. Since its inception, the program has expanded to include ***Papas de Bushwick***, a project designed to enhance the role of fathers in raising children; and **Safe Start**, a program to help Bushwick families make their homes safe from hazards, prevent avoidable childhood accidents, and rid homes of things that are known to worsen chronic diseases, such as asthma.

Each year, MHRA's dedicated corps of doctors, nurses, social workers, nutritionists, service coordinators, family support workers, and health insurance enrollers work hard to ensure that our clients get the care they need to live healthy and productive lives.

Scott (right) struggled to find health insurance and turned to MHRA for help. "MHRA's Health Insurance Enrollment Program helped me get insurance that I could afford," he says. "Having insurance gives me peace of mind, as well as the ability to really look after my health and face the challenges of living and working in New York City."



CONNECTING *Communities and People to Care*

Health Insurance Enrollment Program (HIEP)

MHRA's Health Insurance Enrollment Program connects poor and underserved New Yorkers to appropriate health care. In 2003, we enrolled more than 3,000 men, women and children into health insurance programs including: Medicaid, Child Health Plus, Family Health Plus, and the Prenatal Care Assistance Program. Access to health insurance helps people get basic medical care, enabling families to stay healthy and helping parents raise healthy children. Without health insurance, even the most simple health issues can become daunting and expensive to manage. Affordable health insurance provides a vital "safety net," ensuring that routine health issues remain routine and that serious health challenges are addressed in a timely and appropriate way.

Early Intervention Service Coordination (EISC)

Discovering that a child has a developmental delay, whether that be autism or a hearing deficit, is stressful for families. In 2003, MHRA's Early Intervention Service Coordination program worked with nearly 7,000 families with children up to three years old who were suspected of having developmental delays and disabilities. To connect children to appropriate care and address the day-to-day challenges of helping children struggling with developmental delays or disabilities, families work one-on-one with our highly skilled staff to have children evaluated, and then to develop personal care plans. EISC continued to expand its service capacity, hiring 30 new service coordinators in 2003.

"My husband and I came to the United States from Malta," writes the mother of a family served by EISC in 2003 (photo at right). *"We cannot thank you enough for all you've done to help our children with their speech delays. The therapy that they receive is first-rate. Every step of the way, you've checked to make sure that progress was being made and have gone the extra mile to answer any questions we have. My family and I send you our lifelong thanks."*

Smoke-Free Community Connection

In 2003, MHRA developed the Smoke-Free Community Connection Program to help pregnant and parenting women stop smoking and remain smoke-free. Piloted at Bushwick Bright Start and the Bushwick sites of our MIC-Women's Health Services and Neighborhood WIC Program, our staff worked closely with clients to support their efforts to quit and stay smoke-free. Culturally appropriate, bilingual educational materials were created to support the counseling and outreach efforts for clients and their families.

Support from family, friends, or co-workers is particularly important for women who are trying to quit smoking. With funding from the American Legacy Foundation, FJC – A Foundation of Donor Advised Funds, and others, we are expanding this program to incorporate organized activities, such as knitting, yoga, cooking, and arts and crafts classes. These activities will help teach skills that can be used to overcome smoking "triggers" for women who want to quit. They also provide a supportive community setting where our clients can share their experiences and help one another in their efforts to stay smoke-free.

To identify and analyze emerging trends in public health, MHRA conducts quantitative and qualitative epidemiologic and behavioral research. MHRA's Research and Evaluation Unit also serves a critical role in program development. This work is greatly enhanced by our ability to connect our skilled researchers to the real life situations provided by our clients and the communities we serve.

MHRA asks people facing challenges to their health and well-being to describe their experiences and identify issues that impact their lives. We then use this information to ensure that the programs resulting from our research are appropriately designed to address the needs of our clients.

One example of the interplay between research and program development is in the area of childhood obesity. During 2003, we conducted a research study with clients in the MHRA Neighborhood WIC Program that found elevated levels of childhood obesity in the communities we serve. Here is the story of one of our families:

"I'm from Central America, where most people have a garden and fruit trees in their yard. I think that we ate better there, because you can easily go outside and grab a plantain, a banana, or a mango. Here, depending on where you live, you may not have easy access to fruits and vegetables. So, you eat what's in the community, and you may end up going with fast food, something with a lot of grease and calories. The portions are also huge. You start gaining all this weight, and it's not healthy.

"One of my little boys is heavy. People often say, 'Oh, he's chubby, he's so cute! When he starts to walk he'll walk off the weight.' But some kids don't walk off the weight. By the time they understand that it's important to eat right and healthy, it may already be too late and they may not be able to do anything about it.

"We try hard to eat better. Whenever I pass a cuchifrito stand, I smell this aroma of fried food and seasoned meats, and it smells so good. Temptation comes on me and tells me, 'Yo, go get one!' But I've gotten to just walk right by and enjoy the smell of the alcapurrias and papas."

CONNECTING
Research to Program Development

Obesity Prevention

Obesity presents a critical challenge to healthy living, not only for our clients, but across the nation. MHRA conducted a study of two- to four-year-old children enrolled in the MHRA Neighborhood WIC Program, finding that many children in this population were already overweight. The study also found higher rates of obesity among Hispanic children and children whose parents were born outside of the United States. Building on these findings in 2003, MHRA worked with clients (such as the mother and child on the facing page) to develop culturally appropriate nutritional information for Caribbean, Dominican, and Mexican families (three of our largest WIC participant communities). These new materials include suggested menus and activities for families to use to teach their children about healthy eating habits, as well as comprehensive information about the impact of diet on health. By providing our clients with nutritional information and support that is sensitive to their particular cultural traditions, we hope to create a meaningful and positive impact in their lives.

Obesity in Pregnancy

Obesity can have particularly adverse effects on women of childbearing age, including greater risk of infertility, maternal and perinatal morbidity, and complications in labor and delivery. Among pregnant women, high prenatal weight and excessive increases in weight have been associated with a host of negative health outcomes, including gestational diabetes and preeclampsia. An MHRA study in 2003 examined the effect of prepregnancy obesity and the added effect of excessive prenatal weight gain on over 200,000 women. Our research underlined the importance of weight control interventions for women in the preconception and postpartum periods. The very high prevalence of obesity found among African-American mothers also points to a need for special weight loss programs targeted to their needs.

Health Literacy

Health literacy – the ability to obtain, process, and understand basic health information in order to make health decisions – is vital to effective health care, particularly in communities where cultural and language barriers present formidable obstacles for individuals and families. In 2003, MHRA studied immigrant Latina women in New York City and their access to cervical cancer screening. We found that women with low health literacy levels in Spanish were less likely than women with adequate or high health literacy to have ever had a Pap test, even when other factors such as education levels were taken into account. The study suggests that written materials – even in Spanish – may not be an effective way to reach this population. Alternative outreach, screening, education, and follow-up methods are critical to reaching low literacy Latinas who are at high risk of underscreening. These research findings will guide the development of our services targeting immigrant clients.

CHAIN (Community Health Advisory & Information Network)

The CHAIN project, a long-term study of people living with HIV/AIDS, analyzed geographic and demographic differences in the use of highly active antiretroviral therapy (HAART) in the New York City area. Public formularies providing access to HAART medication regardless of ability to pay or social circumstance enabled researchers to examine non-financial factors impacting HAART use. This study identified disparities among populations of people living with HIV/AIDS, finding that differences in HAART use are related to gender, geography, and social stability. As HAART can greatly improve the longevity and quality of life for those infected with HIV, these findings further illustrate the importance of education, both for consumers and providers, especially in suburban areas. The findings of this study will be critical to increasing appropriate provider use of and consumer adherence to HAART.

Internet Research Targeting Men Who Have Sex With Men

Building on a successful 2002 Internet-based survey, in October 2003 MHRA launched a second, multidimensional survey focused on issues of substance use and sexual behavior in men who have sex with men. Survey results show a significant connection between high-risk sexual behavior and drug use during sex. The study had over 3,000 respondents, illustrating the ease and efficiency with which the Internet can be used as a cost-effective research tool. That so many men responded to the survey in such a short period of time suggests that the Internet can also be used to provide a low-cost and much-needed way to provide risk reduction education leading to behavior change. Work to pilot an Internet-based HIV prevention program is now underway.

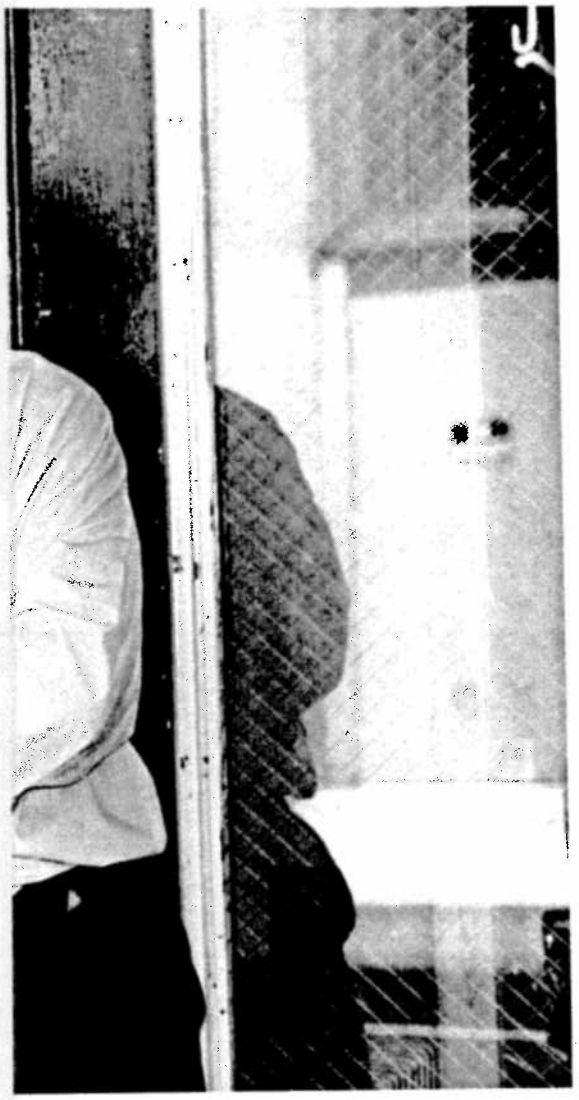
MHRA provides a critical link between government funding and local nonprofit health and social service organizations. Our model of contracts management offers programmatic support and extensive mentoring to hundreds of community-based organizations (CBOs).

Our Data Link division provides hands-on instruction and technical assistance for the city's HIV/AIDS service organizations and others to support their information management, software, Web and computer needs. Fiscal Infrastructure and Technical Assistance (FITA) provides training and assistance to improve management and fiscal practices, fostering the effective use of public and private funding.

With targeted training and technical assistance, MHRA is helping to grow the city's capacity for meeting public health and social service challenges.

Brooklyn-based People of Color In Crisis (POCC) exemplifies the strong partnerships that MHRA builds with grantee organizations. Founded in 1988, POCC is dedicated to helping individuals infected and affected by HIV/AIDS, with a focus on reaching African-American gay and bisexual men. POCC receives federal and city HIV prevention monies through MHRA, and has also received technical assistance from both our Data Link and FITA programs.

"We do all that we can with respect to what the community needs. MHRA gives us the technical assistance to make that happen," says Gary English, POCC's Executive Director. Smaller nonprofits like POCC often have little access to funding to develop and strengthen the fiscal and technical



abilities that bolster their success. However, they depend on a strong organizational infrastructure to maximize their ability to help clients.

After receiving technical assistance from Data Link, POCC's Prevention Case Management staff now use the latest client tracking software to aid them in providing services to clients. With both comprehensive and easy-to-use databases for tracking data, POCC can easily document and monitor program enrollment and service trends, allowing them to focus their energies on responding to client and community needs with counseling, education, and supportive services. With training from FITA, POCC created fiscal policies specific to their operations, focusing on the priorities that will guide them to success.

CONNECTING *Community-Based Organizations to Funding and Support*

HIV/AIDS Care and Prevention

Through our HIV Care Services division, MHRA continues to work with the New York City Department of Health and Mental Hygiene and the New York City HIV Health and Human Services Planning Council, granting over $140 million in federal, state, and city funds for HIV prevention and care services to hundreds of AIDS service providers. In 2003, HIV Care Services helped community-based organizations develop prevention services targeted to individuals who are HIV-positive, and provided extensive training on partner counseling, referral services, and capacity building for grassroots and faith-based organizations.

Reproductive Health and Family Planning

MHRA made high-quality reproductive health services available to over 24,000 lower-income women in 2003 through the granting of federal Title X funds that support family planning services at our own MIC-Women's Health Services centers and through three other providers: Planned Parenthood of New York City, The Door, and the Charles B. Wang Community Health Center. In addition to these clinical services, Title X funds also supported extensive educational outreach on reproductive health issues to more than 8,000 teens in schools and community settings, and provided training to over 1,000 adults on talking effectively with their children about sexuality, family planning, and other topics.

Coalition for a Smoke-Free City

Working with the New York City Department of Health and Mental Hygiene, MHRA helps facilitate the city's smoking cessation efforts. Through educational outreach, advocacy, and funding for innovative, community-based activities, the program seeks to prevent people from smoking and reduce secondhand and environmental smoke in the city's public places. Through the Reality Check Youth Empowerment Program, a special effort has been made to discourage young people from smoking and help them take greater responsibility for their health.

2003 Friends & Funders

MHRA expresses its sincere thanks to the private donors and government funding agencies whose generous support and partnership make our work possible. We are grateful for the following contributions and grants received between January 1 and December 31, 2003:

$100,000 and Above

Altman Foundation

Ira W. DeCamp Foundation

DHHS / Centers for Disease Control and Prevention

DHHS / Health Resources and Services Administration

DHHS / Maternal and Child Health Bureau

DHHS / National Institutes of Health

DHHS / Office of Population Affairs

Empire State Development Corporation

New York City Council Speaker's Fund for Public Health Research at the New York Academy of Medicine

New York City Department of Health and Mental Hygiene

New York City Department of Youth and Community Development

The New York Community Trust

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New York State Department of Health

New York State Office of Children and Family Services

North Fork Bank

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$50,000 to $99,999

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Family Planning Councils of America

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Project & Program Leadership: 2003

Addressing Asthma from a Public Health Perspective	Andrew Goodman, MD / Lorna Davis / Adrienne Abbate
Ages & Stages Questionnaire (ASQ)/Building Blocks	Harris Huberman, MD
American Immunization Registry Association (AIRA)	Cynthia Sutliff
Assessment and Referral Team (ART)	Frank P. Lipton, MD / Jun Matsuyoshi
Asthma Self-Management for Adolescents	David Evans, PhD / Sandra Wiesemann
Astoria Farmers Market	Inez Sieben / Barbara Silver
Behavioral Science Training (BST) in Drug-Abuse Research	Bruce D. Johnson, PhD / Greg Falkin, PhD / Terry Rosenberg, PhD
Birth Certificate Search	Steven Schwartz, PhD
Bushwick Bright Start/HFNY Program	Maritza Rodriguez, CSW
Census of Fatal Occupational Injuries	Steven Schwartz, PhD
C.H.A.I.N.	Peter Messeri, PhD / David Abramson, MPH
Childhood Obesity	Jennifer Nelson, MPH
Data Link	Joseph DiFilippi
Death Record Project	Steven Schwartz, PhD
Doula Program	Marci Rosa
Early Intervention Service Coordination Program (EISC)	Tracy LeBright
Electronic Death Registration	Steven Schwartz, PhD
Enumeration at Birth	Steven Schwartz, PhD
Evaluation of the Influence of the Internet on HIV Risk	Mary Ann Chiasson, DrPH / Sabina Hirshfield, PhD
Fiscal Infrastructure Technical Assistance (FITA)	Naomi Fatt
HealthConnect	Inez Sieben / Tali Shmulovich / Terry Rosenberg, PhD
Health Insurance Enrollment Project (HIEP)	Tali Shmulovich
Health Literacy and Cervical Cancer Screening	Mary Ann Chiasson, DrPh / Samantha Garbers Adams, MPA
HIV Health and Human Services Planning Council	Frank Oldham, Jr.
Infant Mortality Reduction Initiative	Marci Rosa
Infertility Prevention Project	Steven Rubin / Alexandra Milonas
Informal Networks and Breast Cancer Screening	Mary Ann Chiasson, DrPH / Samantha Garbers Adams, MPA
Medical Abortion Expansion	Maria Uribelarrea / Natalie Tobier
Mental Health Screening	Sarah Blust
MHRA Neighborhood WIC Program	Viola Ford
MIC-Women's Health Services	Maria Uribelarrea
MIRIAD (Mother Infant Rapid Intervention at Delivery)	Elaine Abrams, MD / Rosalind Carter, PhD
National Death Index	Steven Schwartz, PhD
New York City Child Immunization Project	Stephen Friedman, MD
New York City Coalition for a Smoke-Free City	Joanne Koldare / Susie Lee
New York City HIV Care Services	Judith A. Verdino
New York City HPV Screening Project	Thomas Wright, MD / Mary Ann Chiasson, DrPH
New York State Center for Sudden Infant Death (NYC Satellite Office)	Evelyne Longchamp, RN
New York State Family Planning Services	Claire Théroux Oliver / Natalie Tobier
Outreach Navigation: Model of Reducing Perinatal HIV Transmission	Deborah Kaplan, MPH / Marci Rosa
PACTS/HOPE	Elaine Abrams, MD / Rosalind Carter, PhD
PAPAS de Bushwick	Marci Rosa
Performance Measures in Family Planning	Natalie Tobier
Prepregnancy Weight and Birth Outcomes	Terry Rosenberg, PhD
Prevention of Perinatal HIV Transmission	Sandra True / Susie Lee
Public Health Preparedness and Response to Bioterrorism	Kevin Mahoney / Inez Sieben
Safe Start	Veronica Ortiz
Smoke-Free Community Connection	Maggie Santiago
STD/HIV Prevention Training Center (PTC)	Robin Recant, MD / Susie Lee
Structure of Obstetrical Care in New York City	Mary Ann Chiasson, DrPH / Jennifer Nelson, MPH
Title X Family Planning	Natalie Tobier
Title X HIV Integration	Claire Théroux Oliver / Natalie Tobier
Tuberculosis (TB) Control Special Projects	Sonal Munsiff
Urdu Outreach at MIC Astoria	Maria Uribelarrea
Vitagrant: Nutritional Approach to Preventing Chronic Disease	Adrienne Abbate / Inez Sieben / Terry Rosenberg, PhD
Vital Statistics Program	Steven Schwartz, PhD
WIC Vendor Management Project	Una Patton
Youth Empowerment Project - Reality Check	Nancy Miller / Susie Lee

Medical and Health Research Association of New York City, Inc.

Financial Information

for the year ending December 31, 2003

REVENUES, GAINS AND OTHER SUPPORT:

Government grants and contracts:	
New York State	$23,337,617
New York City	135,268,200
Federal	31,319,287
Non-government contracts/Fee for Service	9,024,747
Private Contributions (individuals, foundations, and corporations)	1,351,197 *
Interest income	69,521
Realization of program expenses from prior years	517,686
Other Income	599,783
Total revenues, gains and other support	201,488,038 *

EXPENSES:

Public Health Services and Research:	
Reproductive Health	17,502,044
HIV/STD Care and Prevention	135,197,562
Nutritional Services and Counseling	7,079,436
Child Health and Development	8,401,815
Chronic Diseases	2,237,044
Bioterrorism Preparedness	20,482,622
Environmental Health	172,512
Vital Statistics	961,374
Training and Technical Assistance	1,360,592
Miscellaneous	426,126
Total Public Health Services and Research	193,821,127
Supporting services:	
Management and general	6,016,609
Fundraising	121,753
Total expenses	199,959,489

**includes $771,784 in multiyear program and project commitments.*

A copy of MHRA's 2003 Audited Financial Statement is available upon request.

Can MHRA's programs help a family, child, or individual that you know?

MHRA is committed to providing high-quality, personalized care to New Yorkers in need of health and social services. Is there someone you know that we can help?

DO YOU KNOW A WOMAN SEEKING AFFORDABLE REPRODUCTIVE HEALTH CARE?

Our eight **MIC-Women's Health Services** centers in Brooklyn, Queens, the Bronx, and Manhattan offer a full range of family planning and prenatal care regardless of income or immigration status.

Call (212) 267-0900 for appointment information.

DO YOU KNOW WOMEN AND CHILDREN IN NEED OF FOOD AND NUTRITIONAL SERVICES?

At 19 citywide locations, the **MHRA Neighborhood WIC Program** provides pregnant and parenting women with counseling on healthy eating, food checks redeemable for milk, cheese, cereal and other nutritious foods, help with breastfeeding, and tips for inexpensive, healthy meals.

Call (212) 766-4240 for appointment information.

DO YOU KNOW SOMEONE WHO NEEDS FREE OR LOW-COST HEALTH INSURANCE?

Our **Health Insurance Enrollment Program** enrolls individuals and families in health insurance programs such as Medicaid and Child Health Plus, helps clients complete and file their applications, and resolves any coverage issues that arise after insurance coverage begins.

Call (212) 748-0400 for appointment information.

DO YOU KNOW A YOUNG CHILD WHO HAS DIFFICULTY HEARING, TALKING, SITTING, CRAWLING, OR PLAYING?

Our **Early Intervention Service Coordination** program helps connect families with children up to age three who either have or are suspected of having a developmental delay to appropriate care.

Call (888) 424-3472 for appointment information.

DO YOU KNOW A FAMILY IN BUSHWICK THAT NEEDS SUPPORTIVE SERVICES?

Bushwick Bright Start helps mothers and fathers create safe and supportive homes for their children, provides extensive counseling through home visits, and enables families to easily access the health and social services that they need. **Safe Start** helps families rid homes of hazards that can contribute to asthma or preventable childhood accidents.

Call (718) 416-1442 for appointment information.

DO YOU KNOW SOMEONE WHO IS INTERESTED IN SUPPORTING MHRA?

Gifts from individuals, foundations, and corporations play a key role in MHRA's work, enabling us to enhance existing programs, pilot new and innovative projects, and conduct cutting-edge research.

Call (212) 285-0220 ext. 131 for more information about making a contribution.

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MHRA NEWS

A publication of the Medical and Health Research Association of New York City, Inc.

Spring/Summer 2004

BUSHWICK BRIGHT START

From home visiting pilot to multifaceted community program

In 2000, MHRA launched a small home visiting program in the Bushwick section of Brooklyn for first-time and adolescent pregnant and parenting women. Supported by seed funding from The New York Community Trust and United Hospital Fund, this pilot had been carefully designed by MHRA over the course of a 12-month planning period to meet the specific needs of the largely immigrant population in this community.

Following the success of the initial pilot, MHRA sought to expand the program with government support. In 2001, a grant was secured from the NYS Office of Children and Family Services (OCFS) to provide intensive home visiting services to families at risk, including pregnant women who already had one or more children in foster care. The development of a strong collaboration between MHRA and the Coalition for Hispanic Family Services – a community-based agency that has been providing foster care services since 1990 in Bushwick and other Brooklyn communities – resulted in the establishment of Bushwick Bright Start: Comienzo Brillante de Bushwick. The goals of Bushwick Bright Start are to support positive parent-child bonding and relationships; promote optimal child health and development; enhance parental self-sufficiency; and prevent child abuse and neglect.

BRINGING WEEKLY SUPPORT TO FAMILIES IN THEIR HOMES

Bright Start's mission is to identify all women within a specified geographic area who are pregnant or parenting a baby up to three months of age, assess their need for counseling and support, and provide or refer them for services as needed. A Family Support Worker makes home visits weekly, until approximately nine months postpartum, when the visits begin to taper down until the child reaches school age. The home visit allows staff to provide support to the new mother in an intimate and comfortable setting, where they can play, sing, and engage in other activities designed to help the baby's mind and body develop, as well as strengthen the bond between parent and child. It also gives staff the opportunity to make sure the family has enough food, that the baby is safe and has an adequate place to sleep, and even to help families obtain necessary items for their homes (e.g., furniture or curtains).

Several new components have been added to Bushwick Bright Start since the program was first implemented: PAPAS de Bushwick (funded by the New York City Department of Youth and Community Development) is a male-focused program that helps fathers become more involved with their children; a grant from the Maternity and Early Childhood Foundation has provided training and certification for Family Support Workers as Labor Doulas, who provide support and coaching through labor and delivery; and Safe Start, a program funded by the New York State Department of Health, helps families prevent and reduce childhood injuries and improve hazardous home environments.

A STRONG COMMUNITY COLLABORATION

Now in its third year, the partnership between MHRA and the Coalition is a dynamic example of creating highly effective client services through a strong collaborative effort that enables each partner organization to bring its special skills and expertise to the venture. A well-established agency with considerable infrastructure, MHRA holds the large State OCFS contract for

(continued on page 3)

Bushwick Bright Star seeks to support positive parent-child relationships; promo optimal child health development; enhan parental self-sufficie and prevent child ab and neglect.

FROM THE
PRESIDENT

Jill LeVine Photography

I was recently asked to speak on a panel addressing the subject of "managing in hard times." As it turns out, I never gave the talk but wanted to share with you some of my musings on this subject.

Hard times? That didn't quite fit what I was feeling. Rather, it seems that stagnant is more appropriate: from my point of view, we have been going through a lengthy period marked by limited advances in health policy and an absence of any significant new government funding for the development or expansion of public health programs. Given that, how can an organization in this field stay creative and responsive during a time of stasis? The answer is by using this period to innovate and do somewhat smaller projects that have the potential to add value and, over time, to grow. This issue of MHRA News focuses on two such activities: the integration of mental health services with the reproductive health care provided by MIC-Women's Health Services and the enhancement of Bushwick Bright Start, our home visiting program for teen parents, first-time parents, and parents with children in the foster care system.

Our MIC mental health project has the ultimate goal of assuring that clients who experience mental health problems can be identified and given access to services appropriate to their needs. We started by asking MHRA's Research and Evaluation staff to measure the extent of the problem, and found that symptoms of depression and anxiety were extensive among the MIC clients surveyed. We were fortunate to then receive a grant from the Health Resources Services Administration (HRSA) to develop and test a screening tool for use in reproductive health care settings, which includes questions related to depression, anxiety, domestic violence, alcohol, drug use, and smoking. Subsequent support from The New York Community Trust is now enhancing activities related to development and testing of the screening tool and helping us work out issues related to service reimbursement; a grant from the van Ameringen Foundation will help us pilot mental health services at one of our MIC sites.

Bushwick Bright Start has followed a similar course. Beginning with seed funding from the United Hospital Fund and The New York Community Trust, Bright Start's supportive services to families with children at risk of neglect and abuse now receives core funding from the New York State Office of Children and Family Services. Complementary components have since been created, including special services designed for fathers, a project to promote safer home environments, and training for staff as Doulas to support clients through labor and delivery.

Other innovative projects are keeping MHRA staff busy this summer. Our training manual aimed at obesity prevention in Caribbean, Dominican, and Mexican communities has just been published. Plans are now complete to open the first Farmer's Market in the Astoria community, which will give our WIC clients and other neighborhood residents better access to fresh fruits and vegetables. And, we are exploring ways to begin working with aging populations on a variety of issues ranging from immunizations to falls prevention to depression.

So, while the times are in some ways stagnant, MHRA is certainly not. While we may at times be frustrated by the lack of government funding to launch new, large-scale public health programs (given all of the rhetoric about childhood obesity, for example, where is the money to test preventive interventions?), we are actively and creatively working to keep our programs strong, responsive, and innovative. ■

Ellen L. Rautenberg
President & CEO

MHRA NEWS

Ellen L. Rautenberg
President & CEO

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120 Broadway, 3rd Floor
New York, NY 10271.

(continued from page 1)

Bushwick Bright Start. The Coalition, an organization with extensive community linkages, is the lead agency on the PAPAS de Bushwick contract with the City. Staff employed by MHRA and the Coalition are co-located at two different sites, while a search for space large enough to accommodate all program components is under way. The goal is to have true collaboration and accountability, so the staff is ultimately accountable to both organizations and function as a cohesive team.

Ninety percent of Bright Start staff are bilingual and bicultural, creating a welcoming environment for program clients, 93% of whom are similarly bilingual (Spanish/English). An assessment is conducted with clients entering the program, and families determined to be at higher risk for child abuse and neglect are assigned to Coalition staff, to take advantage of their expertise working with at-risk families and ability to place children, when necessary, with foster families in the community. Following the administration of the Ages & Stages Questionnaire (ASQ), any child displaying evidence of developmental delay will be referred to the MHRA Early Intervention Service Coordination Program (EISC) for linkages to therapeutic care. Fathers are referred to PAPAS de Bushwick for services. And since the Bright Start, PAPAS and Safe Start programs often see the same families, joint case conferences were recently implemented as a means of developing unified client goals, integrating services and improving coordination of those services to clients.

Although rare, there are instances where a child must be removed from a client home. Even in those instances, MHRA and the Coalition continue to work together with the family throughout the removal process. Because the Coalition is a foster care agency, the child can remain within the community, and the Bright Start Family Support Worker can work with the family during supervised visitation. In this way, staff is able to maintain the family's trust during a difficult period, and the working partnership between the agencies maximizes the possibilities for reuniting the family in the end.

Jill LeVine Photography

PAPAS de Bushwick's team of support and outreach staff helps fathers become more effective and communicative in their role as parents.

BUILDING IMPORTANT TIES WITH FAMILIES

The relationships that evolve between staff and families can be very special. For instance, when a Bright Start staff member works with a pregnant client as her Doula, providing emotional support and physical comfort during the expectant mother's labor and delivery, a particularly intimate bond is forged between the two women. One Family Support Worker described the experience of helping her client: "After a couple of hours, the contractions were getting heavy and I would help her breathe and she would breathe with me. I rubbed her back, her legs, and her hands whenever the contractions were going on....she didn't want anyone else to touch her but me." Doulas can also provide comfort when a woman in labor does not have her family members with her: "My mother wasn't able to be here," one client told her Doula; "I'm glad that you're here with me – it's like you're standing in for her." ■

Home visits allow our staff to provide support to new mothers in an intimate and comfortable setting, where they can play, sing, and engage in other activities designed to help the baby's mind and body develop – as well as strengthen the bond between parent and child.

Jill LeVine Photography

RESEARCH TO INNOVATION:

Integrating Mental Health Services into Family Planning and Prenatal Care

Research-driven program innovation has long been a signature of MHRA's work. With a talented in-house research team, dedicated front-line service providers, and the commitment and support of experienced program directors, MHRA has been able to identify and analyze public health challenges and effectively respond with programs that create positive and lasting change. This link between research and innovative program design influences many of MHRA's activities.

After staff in our MIC-Women's Health Services expressed growing concern about symptoms of depression and anxiety among their prenatal and family planning clients, MHRA launched a mental health assessment to obtain a more accurate understanding of our clients' needs. "Depression is known to be more prevalent in women than men, common during and after pregnancy, and more frequent among economically disadvantaged women – all characteristics shared by MIC clients," remarked Ellen Rautenberg, MHRA's President and CEO. "It is especially important that mental health services be available at MIC, where our clients are already engaged and can be connected to assessment, care, and treatment." MHRA's research therefore sought to determine the impact of various mental health problems on the lives of the women we serve, and guide the creation of appropriate screening and treatment components.

"It is especially important that mental health services be available at MIC," remarks Ellen Rautenberg, MHRA's President and CEO, "where our clients are already engaged and can be connected to assessment, care, and treatment."

A NEED FOR MENTAL HEALTH SCREENING, ASSESSMENT, AND TREATMENT

Of more than 300 women surveyed at three MIC sites, half screened positive for depressive symptoms and about half reported general anxiety symptoms – rates that are far higher than the national average. In documenting these needs, the results of the survey made clear that screening and connection to appropriate mental health services would provide a much needed complement to family planning and prenatal care, and could contribute to better pre- and post-partum health, improved general well-being, and increased engagement in childcare and parenting.

Jill LaVine Photography

Building upon our research results, MHRA began designing various interventions to help identify mental health issues among our MIC clients and connect them with appropriate care. With support from the Health Resources Services Administration (HRSA) – one of only three grants awarded nationwide for behavioral risk screening – and The New York Community Trust, MHRA has developed an assessment tool designed for use in a busy clinic setting to identify women with mental health challenges in six areas: depression, anxiety, intimate partner violence, smoking, alcohol and drug use. MHRA is piloting the use of this screening tool with clients at the MIC Williamsburg Center, and we expect to begin using it with all MIC clients this Fall.

INTEGRATING MENTAL HEALTH SERVICES WITH REPRODUCTIVE HEALTH CARE

As many individuals in need of mental health care utilize their primary care providers to access services, reproductive health care providers can serve as critical resources for linking women to assessment, counseling, and treatment. Accordingly, MHRA has begun the challenging process of planning for the integration of mental health care with other services offered by MIC. Working closely with psychiatrists, psychiatric social workers, and other mental health professionals, our goal is to provide comprehensive mental health assessment, onsite therapy and/or psychiatric treatment, and referrals to community-based mental health providers as needed. A grant from the van Ameringen Foundation will enable us to pilot onsite mental health services at the MIC Manhattanville Center this year.

By linking mental health care to prenatal care and family planning services, MIC will help increase access to mental health services for at-risk, low-income women while addressing barriers to care stemming from language, cultural identity, and immigration status. MIC is a trusted community provider for tens of thousands of women; our multilingual staff is well-situated to effectively intervene and act as a bridge to care, helping to reduce the stigma associated with seeking mental health services as well as the reluctance of clients to follow through on referrals to services that are outside of MIC.

As a family planning and prenatal care provider for almost 25,000 women each year, MIC is in an excellen position to make a difference in the lives of many women and their families. With perseverance and focus, we will continue to provide a safe space for women to address the reproductive health and now the mental health issues impacting their lives. ■

BOARD SPOTLIGHT:
JO IVEY BOUFFORD, MD

Jo Ivey Boufford, MD brings an impressive breadth of expertise, training, and commitment to MHRA's Board of Directors and to the field of health policy. After majoring in psychology, her interest in the developmental issues of children led her towards pediatrics and primary care at the University of Michigan Medical School.

Dr. Boufford completed a pediatric residency at Montefiore Hospital's Residency Program in Social Medicine, and later directed this unique training program preparing pediatricians, internists, and family practice physicians for work in inner city settings. Her experience at Montefiore and the Martin Luther King, Jr. Health Center gave Dr. Boufford a deep understanding of the barriers to health care faced by many low-income families and the many socioeconomic determinants of health, which require a strong interdisciplinary team to develop and implement effective solutions.

Jo Ivey Boufford, MD, Professor of Public Service and Former Dean, Robert F. Wagner Graduate School of Public Service at New York University, and Clinical Professor of Pediatrics, New York University School of Medicine

"It's particularly critical for people working in community health to fully understand the service environment and to work closely with colleagues within their organization and key partners and stakeholders outside who can contribute to program development and sustainability."

This hands-on perspective in community health played a key role in Dr. Boufford's work with the New York City Health & Hospitals Corporation (HHC), where she served for over seven years, first as Vice President for Medical and Professional Affairs, then Executive Vice President and, finally, President for four years. Working at HHC, she continued to see the impact of poverty and related issues on the health and well-being of the city's at-risk communities. Her tenure as HHC President first brought Dr. Boufford to MHRA's Board of Directors as an ex-officio member.

After four years in Europe as a Fellow and Director of King's Fund College, working with the National Health Service and local governments in London, Dr. Boufford was appointed in 1993 as Principal Deputy Assistant Secretary for Health at the U.S. Department of Health and Human Services (HHS). There, Dr. Boufford was able to apply her experience to a broader national population, and work with experts from key public health service agencies, such as the Centers for Disease Control and Prevention, the National Institutes of Health, and the Health Resources and Services Administration. She served as the U.S. representative to the Executive Board of the World Health Organization (WHO), and later as Acting Assistant Secretary at HHS.

The global perspective of her involvement with WHO gave Dr. Boufford a heightened awareness of the similarities in health challenges faced by many U.S. inner city communities and those in developing countries. "In both instances, there needs to be a greater focus on the skills and satisfaction of health workers and getting systems of care to work," she says. "There must also be a strong sense of respect for individual patients and members of the community, and they must be engaged in designing models of care that meet their needs. And, we must closely examine factors such as socioeconomic status, education, race, social networks, and working conditions that all impact health outcomes."

Dr. Boufford's direct involvement with complex health issues and her appreciation for both global and local viewpoints have given her a high regard for collaboration, especially in her current work as an educator in health policy and management. "The educational process is at times not geared toward teaching the idea of teamwork," she notes. "It's particularly critical for people working in community health to fully understand the service environment and to work closely with colleagues within their organization and key partners and stakeholders outside who can contribute to program development and sustainability."

MHRA's collaborative approach to public health, its ability to work effectively with a broad array of organizations, and the value it places on community and client input all resonate strongly with Dr. Boufford. "It's not just what MHRA knows, but what it is able to do that makes it so effective," she says. "Many organizations conduct research that is highly relevant to public health issues. However, MHRA is able to take the next step by bringing together service providers, educators, and public and private funders to develop and pilot responsive programs. A large part of MHRA's success also comes from understanding and respecting the needs of a highly diverse and largely immigrant client population. All of these things are vital in getting solutions implemented – and getting them to work well and to last." ■

STAFF NEWS AND PROFESSIONAL ACTIVITIES

MHRA welcomes **Kathy Miller** as *Vice President, Clinical and Community Health Programs*. While her primary responsibility will be MIC-Women's Health Services, Kathy will also oversee a group of related projects, including Title X, State Family Planning, Infertility Prevention, Smoke-Free Community Connection, and Bushwick Bright Start. Immediately prior to joining MHRA, Kathy was Director of Revenue Capture Initiatives at Mt. Sinai Medical Center. Before that, she had been Vice President for Ambulatory Care Network Delivery at Brooklyn Hospital, and Assistant Vice President for Support Services and Ambulatory Care at St. Luke's-Roosevelt Hospital Center.

Claire Théroux Oliver has been promoted to *Vice President, Public Health Programs*. Claire will continue to supervise the Early Intervention Service Coordination Program (EISC), MHRA Neighborhood WIC Program (WIC), Health Insurance Enrollment Project (HIEP), NYS Center for Sudden Infant Death (SID): NYC Satellite Office, HealthConnect, Public Health Preparedness and Responses for Bioterrorism, Addressing Asthma from a Public Health Perspective, and the Assessment and Referral Team (ART), among other projects.

EMPLOYEE RECOGNITION AWARDS

One Project and four individual employees were selected to receive MHRA Employee Recognition Awards for 2003:

- **Bioterrorism Preparedness Team:** Inez Sieben, Barbara Silver, Shelbi Williams – Program Management; Wayne Mohr, Malcolm Weekes – Fiscal; Mayna Gipson, Randy Fitzgerald – Contracts; Kim Crain – Human Resources; Peter Jensen – Information Technology; Mike Messier, Majda Harper – Purchasing
- **Guadalupe Azcona** – Deputy Borough Director, EISC
- **Robin Reilly** – Borough Director, EISC
- **Gurucharran Kaloo** – Senior Research Scientist, HIV Care Services
- **Wenhui Li** – Senior Research Scientist, Vital Statistics

PROGRAM AWARDS

Bushwick Bright Start was selected by the Public Health Association of New York City (PHANYC) to receive one of its 2004 Public Health Community Awards, in recognition of "Leadership and Advocacy that Promotes Public Health in New York City Communities." The awards were presented at Metropolitan Hospital on April 8th, during a program commemorating Public Health Week 2004.

Coalition for a Smoke-Free City, the Comprehensive Tobacco Control Program for NYC that is operated by the NYC Department of Health & Mental Hygiene and supported administratively by MHRA, was a winner at the prestigious Public Relations Society of America "Big Apple" awards ceremony, held May 27, 2004 at Tavern on the Green. The Coalition took home first place (along with a brass apple on an ebony stand) in the "Public Affairs" category for its "I Love Smoke-Free NYC" campaign, developed in collaboration with the Fleishman-Hillard public relations firm.

FITA HIV PREVENTION SYMPOSIUM

The Fiscal Infrastructure and Technical Assistance (FITA) program hosted the third annual HIV prevention symposium, *From Policy to Practical: How HIV Prevention Service Providers Can Adapt and Survive*, on June 10, 2004 at Baruch College.

PUBLICATIONS AND PRESENTATIONS

Judith A. Verdino, Director, HIV Care Services, was a keynote speaker at a forum on Community Advisory Boards sponsored by the Technical Assistance Clearinghouse of Bailey House, where she spoke about the importance of including the voice of the consumer in developing and evaluating HIV/AIDS programs.

Informal Social Networks and Breast Cancer Screening in Black Women – **Samantha Garbers, MPA**, poster presentation at the 9th Biennial Symposium on Minorities, the Medically Underserved & Cancer, Washington, D.C., March 2004.

Sexually Transmitted Infections in Men and Women – Timothy Wilkin, MD, MPH and **Mary Ann Chiasson, DrPH**, *Principles of Gender-Specific Medicine*, Volume 2, 2004.

Inadequate Functional Health Literacy in Spanish as a Barrier to Cervical Cancer Screening Among Immigrant Latinas in New York City – **Samantha Garbers, MPA** and **Mary Ann Chiasson, DrPH**, has been accepted for publication in *Preventing Chronic Disease*, a new online journal of the Centers for Disease Control and Prevention (CDC).

Smoking Among Female Arrestees: Prevalence of Daily Smoking and Smoking Cessation Efforts – T. L. Durrah, PhD and **T. J. Rosenberg, PhD**, currently available online via *Science Direct*, forthcoming in *Addictive Behaviors*.

The following papers by MHRA staff were presented at the Annual Meeting of the American Public Health Association (APHA), held in San Francisco, November 2003:

- *Prepregnancy Obesity, Prenatal Weight Gain, and Adverse Perinatal Outcomes: New York City, 1998-1999* – **Terry Rosenberg, PhD.**
- *Family Planning Decision-making in Immigrant Populations in New York City* – **Jennifer Nelson, MPH.**
- *Trends and Characteristics of SIDS Deaths in New York City, 1991-2000* – **Eileen Rillamas-Sun, MPH.**

NEWS FROM THE BOARD OF DIRECTORS

Benjamin Chu, MD, President of the New York City Health & Hospitals Corporation, was honored by the American Lung Association at its 101st Anniversary Gala Celebration, November 19, 2003. Dr. Chu has also been elected to the Board of the Commonwealth Fund.

James L. Curtis, MD, Clinical Professor Emeritus of Psychiatry at Columbia University College of Physicians and Surgeons, is the author of the 2003 book, *Affirmative Action in Medicine: Improving Health Care for Everyone*.

At the American Psychiatric Association's annual conference, held in New York City in May 2004, **Phyllis Harrison-Ross, MD** received The Solomon Carter Fuller Award, for which she had been nominated by the Committee of Black Psychiatrists. This award honors an individual who has "pioneered in an area which has benefited significantly the quality of life for black people."

Shoshanna Sofaer, DrPH, Robert P. Luciano Professor of Health Care Policy at the School of Public Affairs, Baruch College/CUNY, was the featured speaker at the 2003 Annual Meeting of the New York Business Group on Health, November 19, 2003. Dr. Sofaer spoke on the topic of "If Healthcare Is Not Your Business, Can You Still Change the Business of Healthcare?"

The MHRA Board of Directors welcomes **Raymond P. Jones**, Managing Partner, Watson Rice LLP, as its newest member. Mr. Jones also serves on the Board of the City Kids Foundation and the Amas Musical Theatre, and is the President and founder of the Raymond P. Jones Foundation, which supports organizations fighting substance abuse. He is also a member of the executive committee of the Board of Directors of the New York State Society of CPAs and is a member of the American Institute of Certified Public Accountants.

Judith Verdino, Director, MHRA HIV Care Services, and Ellen Rautenberg with Mayor Michael R. Bloomberg at Gracie Mansion announcement of New York City Commission on HIV/AIDS, December 1, 2003.

GRANTS AND CONTRACTS

GENERAL OPERATING SUPPORT

The following foundations have renewed their grants for general operating support, providing MHRA with the flexible resources to respond to both historic and emerging public health challenges:

- **Herman Goldman Foundation** ($2,500)
- **Charles & Mildred Schnurmacher Foundation** ($10,000)
- **The Simons Foundation** ($10,000)

INTEGRATING MENTAL HEALTH SERVICES IN A PRENATAL CARE AND FAMILY PLANNING PROGAM

A one-year grant (1/1/04-12/31/04) of $60,000 from **The New York Community Trust** will enable MHRA to begin the integration of a mental health component into the family planning and prenatal care provided through MIC-Women's Health Services. This grant will be used to develop a plan to identify and treat depression and anxiety in clients at the MIC centers.

A grant from the **van Ameringen Foundation** in the amount of $50,000 will help pilot onsite mental health services at the MIC Manhattanville Center.

INTERNET-BASED HIV PREVENTION INTERVENTION

A first-time grant of $35,000 from the **H. van Ameringen Foundation** will provide seed funding for the development of an Internet-based HIV prevention intervention targeted to gay and bisexual men.

SPREAD THE WORD

A one-year grant (4/1/04-3/31/05) of $48,066 from the **Greater New York City Affiliate of the Susan G. Komen Breast Cancer Foundation** will support Spread the Word, a breast health education project that will target South Asian immigrant women in the Northwest Queens neighborhoods of Jackson Heights, Elmhurst, and Corona.

RYAN WHITE TITLE I

In its capacity as Master Contractor to the City of New York under Title I of the Ryan White CARE Act, MHRA's **HIV Care Services** division will be responsible for administering $122,102,177 to support community-based HIV care services for the year beginning March 1, 2004. This award represents an increase of $19 million over last year's allocation by the federal government to the New York City Eligible Metropolitan Area (EMA).

MHRA NEWS

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Join us on Monday, September 27, 2004 for *Broadway Off Broadway: An Intimate Evening of Song* as some of New York's best from Broadway, jazz, and more take their night off to support MHRA's longstanding leadership in public health. Call Mike Dimpfl at (212) 285-0220 ext. 182 for details.

Address Correction Requested

MHRA HONORS ROBERT KAUFMAN

On November 10, 2004, MHRA was proud to welcome over 125 guests to the American Airlines Theatre for its first major fundraising event – an evening in honor of Robert M. Kaufman, a longtime friend, advocate, and supporter of our work and a leader in promoting the health and well-being of New York City.

Chaired by John Kanas, President & CEO of North Fork Bank, the evening included cocktails and hors d'oeuvres, a musical performance by Tony Award-nominee Alice Ripley, and the presentation of a special award by MHRA Board Chair Deborah Sale.

A partner at Proskauer Rose LLP, Bob Kaufman has played a vital role in strengthening MHRA's work and mission, and has served as our trusted counsel for over three decades. He has also been an excellent advocate and ambassador in MHRA's outreach to private donors, and it is especially fitting that this event in his honor helped secure over $240,000 in contributions from individuals, foundations, and corporations. These flexible private resources give MHRA the ability to respond effectively to emerging public health challenges, and help to strengthen our overall ability to safeguard the health of our community. ■

Left: John Kanas, President & CEO of North Fork Bank; Right: Deborah Sale, MHRA Board Chair and Robert Kaufman, honoree

Below: Lorie Slutsky,President, The New York Community Trust; Deborah Sale; Alice Ripley, guest performer; Robert Kaufman; and Ellen Rautenberg, MHRA President & CEO

Photos by Donna Aceto