Long Island WTC Health Program
Stony Brook University Medical School

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Geography

- Nassau and Suffolk counties
  - 1,200 square miles, suburban
  - Goal: Accessible and Convenient Options
  - 2 Clinical Centers on in each county
    - Islandia, Suffolk County: Central hub for the Long Island Clinical Center of Excellence. Affiliated with Stony Brook Medical Center.
    - Garden City, Nassau County: Affiliated with Winthrop University Hospital.
  - Brooklyn- New clinic to open at SUNY- Downstate Medical Center.
Long Island Clinical Center of Excellence (Nassau and Suffolk)

- Cohort size is 6,205 responders.
- By the end of Year 7, our retention rate was in the range of 78-83% for all follow-up visits.
- Enrolled in Treatment Program ~ 2,900 active patients (seen past 12 months) and ~ 4,200 ever enrolled.
- 50% traditional 1st responder.
- 50% non-traditional responder (construction and various trades).
Growth of LI Clinic over 7 Years

Total Monitoring Visits By Grant Year
Long Island Treatment Program

Distribution of 2010 Treatment Services by Main Condition Categories

- UAC: 28%
- LAC: 19%
- GAS: 19%
- MUSC: 2%
- MHC: 30%
- Other: 2%
Collaborative Care Treatment Model

- **Description:** Stepped care approach integrates providers (internists, clinical social workers and specialists) and care across illness and health domains, for example, management of pulmonary disease that is comorbid with PTSD.

- **Result:**
  - Cost-effective
  - Comprehensive
  - Better management of complex cases
  - Increase adherence
  - Overcame barriers to treatment:
    - Personal Barriers
    - Provider Lack of Availability
    - Financial Barriers
    - Geographic Barriers
Exposure, Probable PTSD, and Lower Respiratory Illness among World Trade Center Rescue, Recovery, and Clean-up Workers

Luft et al. (in press). *Psychological Medicine.*

- Physical illness and PTSD have been linked in various populations.

- 8,508 police and 12,333 non-traditional responders examined at the WTC Health Program

- PTSD and respiratory symptoms were correlated ($r = 0.28$). PTSD statistically mediated the association of WTC exposures with respiratory symptoms.

- The link between PTSD and respiratory symptoms is notable, supports integrated medical and psychiatric treatment for disaster responders.
"Burden of mental-physical comorbidity"
E. Bromet, R. Kotov, B. Luft

- Identify mechanisms responsible for the comorbidity
  - Psychiatric: PTSD, anxiety, depression
  - Medical: lower respiratory symptoms, asthma, abnormal lung function, GERD, hypertension

- Telephone interviews with 5,000 patients from all of the clinics
  - Quality of life, health risk perceptions, and PTSD diagnosis

- Compare outcomes at Islandia, which provides integrated medical and psychiatric care, with other patients receiving "usual" care
  - Control for Visit 1 demographic and illness characteristics
"Enhanced smoking cessation intervention"
R. Kotov, E. Bromet, B. Luft

- Key risk factors to pulmonary problems: smoking & PTSD
- PTSD makes quitting more difficult, enhanced treatment (smoking cessation + psychotherapy) is needed
- Study will compare, in a randomized clinical trial, the effect of enhanced treatment vs. standard treatment on
  1. Abstinence from tobacco
  2. PTSD symptoms
  3. Respiratory symptoms
- 100 smokers with PTSD symptoms will be randomized
- Develop a powerful new intervention for a difficult to treat group of WTC responders
WTC Oral History Project

Description: High-definition video interviews of WTC responders about their personal experiences and its impact 10 years later.

Purpose:
- Document the human perspective of the WTC disaster.
- Focus on personal stories from the Responder perspective.
- Highlight their motivations, values, struggles, and resiliency.
- Expand our knowledge about the disaster beyond the medical effects.
- Develop a resource for future generations to learn about 9/11.

Library of Congress will provide a permanent home in the American Folklife Center.