BRIEF CURRICULUM VITAE

Angela Diaz, M.D.

Dr. Diaz received her medical degree from Columbia University College of Physicians and Surgeons in 1981 and her postdoctoral training from the Mount Sinai School of Medicine from 1981 through 1985. She is presently a Professor at Mount Sinai School Of Medicine and Vice Chair of the Department Of Pediatrics where she is responsible for the Division of General Pediatrics and the Division of Adolescent Medicine.

Dr. Diaz completed a very successful year as a White House fellow (Class of 1995) where she examined health care policies in the U.S. Territories in the Pacific and the Caribbean. She has been involved in International Health in Asia, Central and South America and is very involved in advocacy and policy in the United States. She is also Director of Health Services for the Childrens Aid Society in NYC.

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed on Form Page 2.
Photocopy this page or follow this format for each person.

NAME	POSITION TITLE
Angela Diaz	Associate Professor

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.*)

INSTITUTION AND LOCATION	DEGREE (*if applicable*)	YEAR(s)	FIELD OF STUDY
City College of New York, NY, NY	M.D.	1977	Pre-Med
College of Physicians and Surgeons, Columbia University, NY, NY		1981	Medicine
Residency, Mount Sinai Medical Center		1984	Pediatrics
Fellowship, Mount Sinai Medical Center		1985	Adolescent Medicine
Harvard Medical School of Public Health		taking courses	Quantitative Methods

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications. **DO NOT EXCEED TWO PAGES.**

1985 - 1986	Instructor of Clinical Pediatrics, Mount Sinai School of Medicine, New York, NY
1986 - 1991	Clinical Assistant Professor, Department of Pediatrics, Mount Sinai School of Medicine, New York, NY
1987 - 1990	Touro College, Physician Assistant Program, Adjunct Clinical Professor, Immunology and Pediatrics,
1989 - Present	Chief, Division of Adolescent Medicine, Director of Adolescent Health Center, Mount Sinai School Of Medicine, New York, NY
1991 - 1993	Assistant Professor of Pediatrics, Mount Sinai School of Medicine, New York, NY
1993 - 1999	Associate Professor of Pediatrics, Mount Sinai School of Medicine, New York, NY
[illegible]96 – Present	Director of Health and Dental Services, Children's Aid Society New York, NY
[illegible]98 – Present	Chief, Division of General Pediatrics, Mount Sinai School of Medicine, New York, NY
1998 – Present	Vice Chair, Department of Pediatrics, Mount Sinai School of Medicine, New York, NY
1999 – Present	Professor of Pediatrics (Tenure), Mount Sinai School of Medicine, New York, NY

RESEARCH

- Comparison of direct specimen and tissue cell culture methods for chlamydia trachomalis
- Comparison of Amplicor PCR and Gen-Probe PACE II for diagnosis of chlamydia infection
- Reproductive health/Abnormal papsmears/colposcopy in Adolescents
- Teen pregnancy prevention
- Adolescents in the Juvenile Justice System
- Adolescents with a history of childhood sexual victimization and rape
- Ethnic differences in alcohol use prior to date rape (COPI AA12704)

HONORS

- No Time to Lose Award for Outstanding Community Service, New York State Department of Social Service, Nov. 1991
- Society for Adolescent Medicine's Young Investigator Semi-Finalist Award, March 1991 and March 1992
- Harlem Week '93 Community Service Award, New York, NY 1993
- Chair of the Committee on Adolescents, American Academy of Pediatrics, 1992-1994
- White House Fellow, 1994-1995
- AMWA Gender Equity Award, Selected by the student body of Mount Sinai School of Medicine, 1996
- Board Member of the Year, Board of Trustees, Child Welfare League of America, Florida, 1996
- National Hispanic Woman Leadership Fellows, 1996
- Pediatrician of the Year Award, National Children's Miracle Network, 1996
- White House Fellowship Commission to select the New York regional White House Fellow Candidates, 1996
- Elected Vice-President, Children's Aid Society of New York, 1996
- Selected to Harvard Visiting Committee, 1997
  Federal Center for Substance Abuse and Prevention award-winning teen substance abuse prevention program, Washington, DC 1997

- noree, Women's Federation for World Peace, Latin American Chapter, New York, NY March 7,1998
- Selected as one of the Most Prominent Hispanic Women, by El Diario La Prensa, March 1999
- Hedwig Van American Executive Leadership in Academic Medicine (ELAM) Program for Women, 1999
- Children's Aid Society Trustees' Award, 1999
- Academy of Women Achievers of the YWCA of the city of New York, Award November 1999
- Association of Hispanic Healthcare Executives Award for exemplary achievement and executive leadership, 2000
- Manhattan Borough President Award February 2000
- New York Civil Liberties award 2000

PUBLICATIONS: ORIGINAL PEER-REVIEWED REPORTS AND BOOK CHAPTERS & EDITORIALS

Jaffe, L.R., Siqueira, L.M. Diamond, S.B., **Diaz, A.** And Spielsinger, N.A. Chlamydia Trachomatous Detection in Adolescents: A comparison of Direct Specimen and Tissue Cell Culture Methods. *Journal of Adolescent Health Care* 7:401-403:1986.

Jaffe, L.R., Siqueira, L.M., Diamond, S.B., **Diaz, A.** And Spielsinger, N.A. Sexually Active Teenager: Their Health Care Problems and Needs: Special Publication: *Journal of Adolescent Health Care* 2:102-105:1998.

Diaz, A., Jaffe, L.R., Leadbetter, B.J. and Levin, L. Frequency of Use, Knowledge and Attitudes Toward the Contraceptive Sponge Among Innercity Black and Hispanic Adolescent females. *Journal of Adolescent Health Care* 11:125-127:1990.

Linares, L.O., Leadbetter, B.J., Jaffe, L.R., Kato, P. and **Diaz,A.** Predictors of Repeat Pregnancy Outcome Among Black and Puerto Rican Adolescent Mothers. *Journals of Developmental Behavior Pediatrics* 13:89-94:1992.

McCabe, E., Jaffe, L.R. and **Diaz, A.** Immunodeficiency Virus seropositivity in Adolescents with Syphilis. Pediatrics 92:695-697:1993.

Diaz, A. Modern Breast and Pelvic Examinations, ed.: Lila A. Wallis, M.D., M.A.C.P. National Council on Women Health, Inc.:1993.

Hsiuh, T.C.H., Guichon, A., **Diaz, A.**, Bottone, E.J., Sperling, R., Zhang, D.Y. Chlamydial Infection in a High-Risk Population: Comparison of Amplicator PCR and Gen-Probe PACE II for Diagnosis. *Adolescent and Pediatric Gynecology.* 8:71-76::1995.

...z, A. The Health Crisis in the U.S. – Associated Pacific: Moving Forward. *Pacific Health Dialog* 4:116-129: March 1997.

...az, A. Educating the Adolescent Patient About Prevention. *Textbook of Women's Health*, ed.: Lila A. Wallis, M.D., M.A.C.P. Lippincott-Raven Publishers: 1998: 155-160.

D ..., A. The Adolescent Partnership. *Textbook of Women's Health*, ed.: Lila A. Wallis, M.D. M.A.C.P. Lippincott-Raven Publishers: 1998: 39-42.

Diaz, A. Comprehensive Examination of the Adolescent Girl. *Textbook of Women's Health*, ed.: Lila A. Wallis, M.D. M.A.C.P. Lippincott-Raven Publishers: 1998: 167-174

Diaz, A. The Life-Cycle Transitions: Puberty. *Textbook of Women's Health*, ed.: Lila A. Wallis, M.D. M.A.C.P. Lippincott-Raven Publishers: 1998: 105-110.

F ...ore, D. and **Diaz, A.** Cultural and Medical Issues of Latino Adolescents. *Adolescent Medicine State of the Art Reviews.* 9 (2): June 1998.

Diaz, A. Mongolia: A transitional Society and the Consequences for Adolescent Health. *Pacific Health Dialog.* 5 (2): 350-356: 1998.

Diaz, A. and Manigat, N. The Health Care provider role in the disclosure of sexual abuse: the medical interview as a gateway to disclosure. *Children's Health Care Journal.* 28 (2): 141-149: 1999.

Diaz, A. Addressing the Health Needs of Adolescents in Modernizing Countries. JAMWA vol.54, number 3 158-160: 1999.

Diaz, A. Programme De Prevention Et De Traitement De La Violence (Violence Prevention and Treatment Program) Institute Europeen Post- Universitaire De Formation Des Professions De Sante VIII Journes 73-86: 1998.

Pierrepoint, M., Braigan, M., Navas, M., **Diaz, A.** Style and substance: examining the space between patient an therapist in the cross-cultural clinical encounter. Journal of Social Work Practice, vol. 13, No. 1, 1999.

Diaz, A. Questioning Adolescent Patients About Sexual Abuse (editorial). Journal of Adolescent Health, vol.25, No. 1, 1999.

Edwards, S., **Diaz A.** Immunization Infantil (Childhood Immunization update). Medico InterAmericano, vol.19 No. 3. 130-134: 2000.

Mogilner, **Diaz, A.** L., Rickert, V. The Immigrant experience of some Latinos in the US (accepted for publication) Medico Interamericano.

Angela Diaz, MD.
Mount Sinai School of Medicine
Mount Sinai Adolescent Health Center
New York City.

White House Conference on Teenagers. "Raising Responsible and Resourceful Youth." May 2, 2000: Presentation

Adolescents are essentially a medically healthy population but they are at great psychosocial and behavioral risk and there are long-term health consequences to their behaviors. Unintended pregnancy, sexually transmitted diseases and tobacco, alcohol and substance abuse are significant risks with long-term impact. Teens also have many unmet needs. Many have high levels of stress, depression or histories of having been abused.

Most adolescent health issues are preventable problems. Though adolescents are considered to be at risk due to their own behaviors there are many other factors that put them at risk by creating significant barriers to good health.

1. Lack of access to health care is a significant barrier. Having insurance is only a first step in terms of access. Access involves having providers with expertise in adolescent health, who are comfortable in working with teenagers and who are culturally competent and who ask the right questions directly. Services must be confidential and specific to adolescent concerns and behaviors. Many, perhaps most, adolescents might find the thought of bringing up personal issues and intimate questions intimidating in any circumstances - and impossible in front of parents. If they are asked directly and privately teenagers are usually honest and open and eager to talk. Yet, most adolescents never get private time with their health care provider. This is one hundred percent preventable! Services should also be provided where and when adolescents can easily access them. Adolescents are often not informed about where to go for services and how to obtain them. Adolescents will not negotiate complex systems and institutional bureaucracies.

2. Mental health and overall emotional well-being need greater emphasis. There are inadequate resources for the provision of ongoing, mental health services for adolescents. It is too late when a crisis hits. Although adolescence is often defined as a period of emotional turmoil, adolescents can and will use psychosocial support services if they are made available.

3. A third barrier is how many of us conceptualize adolescent health. Well-intentioned people - that is many parents, educators, health professionals, researchers and funders - are often too focused on a problem-centered model of health care. We must

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conceptualize health in broad and holistic terms: We cannot approach adolescents from a "deficits and diseases" model, but must promote healthy behaviors. Our concept of building good health must include the provision of opportunities for young people - including social, educational and vocational well being.

What can be done?

Family, national, and community solutions are needed to improve health care systems and meet adolescents' needs. Both consumer and professional education are necessary.

Parents have a critically important role to play; every adolescent's parent or guardian should be responsible for ensuring that their teenager has private, confidential time during their health care encounters – so that important, preventable issues are addressed. Parents have a special role in advocating for their teenagers' health – most parents want someone they trust – their pediatrician or family doctor – to promote healthy, responsible behavior, and provide accurate information about health risks, so that youth at risk are identified and offered appropriate help.

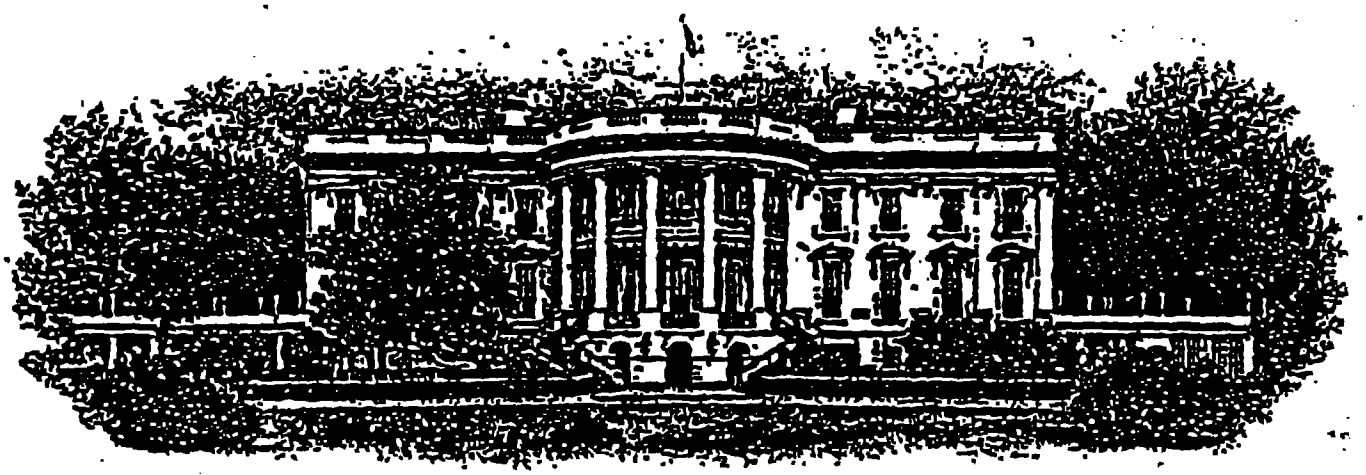
Professionals need to learn the skills, and must have the right incentives to work with adolescents and their families.

Public health surveillance and health care quality assurance activities should use measures that assess adolescents' experiences with care, ensuring that confidential counseling opportunities are provided (rather than by relying on parental report.)

Improving the health of adolescents is a quality of care issue, a professional education issue, and a personal and family responsibility issue. Coordinated efforts are needed to improve the quality of preventive health care delivered to adolescents: to help promote improvements in quality through support of professional and consumer education campaigns, and to support quality improvement initiatives in states and managed care plans.

If we help find a way to fully integrate these teenagers into the health care system –it will lead to benefits that will last far into the future. We can all use these strategies to ensure that future generations of adolescents grow up happy, healthy, well educated with hopes and opportunities.

THE WHITE HOUSE
WASHINGTON, DC 20500



FAX COVER SHEET

DATE: _____ **TIME:** _____

TO: Shirley/Mary Ellen

PHONE: _____ **FAX #:** 456244

FROM: Ann O'Leary

PHONE: (202) 456-_____ **PAGES AFTER COVER:** _____

COMMENTS: DRAFT talking pts. for Angela Diaz — He asked me to be more lively and talk about her during interactions w/ teens & their parents. Also I am to talk about nutrition + sleep deprivation.

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