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Addressing Women and HIV: A Collaborative Conference Series

Megan Lane, MPH

The CDC reports that women account for more than one quarter of all new HIV/AIDS diagnoses in the US. For women of color, HIV/AIDS is among the leading causes of death for women aged 35-44 years.¹ In response to this disparity and the sharp increase of infection rates, the New York/New Jersey AIDS Education and Training Center (NY/NJ AETC) at Cicatelli Associates Inc. (CAI) is sponsoring a series of Women and HIV conferences targeting primary care and reproductive health care providers. CAI has also collaborated with the Region II Title X Family Planning Training Center throughout the conference series planning and recruitment process. These conferences aim to improve clinical management skills needed to care for women at risk or living with HIV/AIDS and to build relationships among providers throughout the region.

The first conference in this series took place on May 4, 2007 in New York City and a second will take place in New Brunswick, New Jersey on May 2, 2008. The New York conference brought together approximately 30 New York State practitioners from local hospitals, community health centers, and family planning clinics. The agenda addressed three topic areas. The first session explored New York State requirements and practice issues pertaining to HIV rapid testing particularly for pregnant women. The second touched upon management issues related to

the care of pregnant women infected with HIV and the third session covered gynecologic abnormalities in women with HIV. Faculty for the program represented three clinical disciplines: nursing, midwifery, and medicine. As a result of the conference, participants described having a better understanding of the clinical issues related to caring for the HIV positive woman. This collaborative conference effectively enhanced outreach and built partnerships in the region.

Based upon feedback from family planning providers in New Jersey, a similar program is now in the planning stages for New Jersey. In addition to the collaboration with Region II Title X Family Planning Training Center, CAI is working closely with other New Jersey AETC Local Performance Sites, including Garden State Infectious Diseases Associates, ID Care, Raritan Bay Medical Center, Rutgers University and UMDMJ-CCOE-Division of AIDS Education on planning, recruiting faculty, and marketing of the program. Topics covered at the conference will include: social determinants of HIV infection among women, unique gynecological issues for women living with HIV, and prenatal and postpartum care for HIV positive women. ■

¹WISQARS Leading causes of death reports, 1999-2004. Available at: <http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html>. Accessed January 2, 2008.

An AETC/ADAP Collaborative Research Project: The NY/NJ and PA/Mid-Atlantic AETC/ADAP HIV Pharmacy Training Initiative in MTM

Does the Re-Imbursement of AETC-Trained Community Pharmacists to Promote HIV Medication Adherence through Medication Therapy Management (MTM) in Retail Settings Lead to Improved Patient Health Outcomes and Cost Reductions to the HIV Healthcare System?

David Rosen, MSW (UMDNJ), John Faragon, PharmD (Albany Medical Center), Doug Krampel, RPh (Abbott Laboratories), Debra D'Alessandro, MPH (c) (Health Federation of Philadelphia), David Schwed, RPh (Woodruff Drugs), Donna Feudo, RPh (Rutgers University), Amy Graziani, PharmD (University of Pennsylvania), Humberto Jimenez, PharmD (Rutgers University) and Olga Klibanov, PharmD (Temple University)



The AETC's role in offering provider-focused medication adherence training is a critical element of its comprehensive clinical programming. HRSA/HAB's inclusion of pharmacists as a targeted audience affirms the AETC's commitment to providing education to all clinical team members. A recent Kaiser Foundation retrospective study examined the association of staffing clinical pharmacists within HIV clinics with HIV health outcomes and found that patients who had been exposed to a clinical pharmacist were more likely to achieve an HIV RNA level <500 copies/mL at 12 months, suggesting that there may be a correlation between pharmacy practice interventions such as

medication counseling and improved HIV care outcomes (Horberg, et al. J. AIDS. 2007). However, to date, the role of community pharmacists in adherence interventions has not been examined in an academically designed research study.

Although community pharmacists often have an ongoing, consistent and comprehensive relationship with HIV patients, they are rarely engaged as partners in comprehensive HIV adherence planning. To promote the inclusion of community pharmacists in adherence planning, UMDNJ partnered with retail pharmacies and infectious disease practices to design and implement two ACPE-accredited HIV adherence education programs to target community pharmacists. UMDNJ's clinic-based HIV pharmacy preceptorship offers pharmacists an opportunity to observe how the participation of an infectious disease pharmacist within the HIV clinic's care team can improve patient health. Since 2002, 57 pharmacists have received this training at one of three current sites: Jersey Shore University Medical Center (Neptune, NJ), St. Michael's Medical Center (Newark, NJ) and Hackensack University Medical Center (Hackensack, NJ). In 2004, UMDNJ's retail-based HIV pharmacy preceptorship was launched at an independent pharmacy in Jersey City and additional sites now exist at stores in Edison and Bridgeton, NJ. This training demonstrates how consistent retail-based adherence counseling of HIV customers, paired with focused monitoring for drug interactions, medication errors, and adverse events, can impact health outcomes in ways similar to clinic-based pharmacy practice. Over the past four years, 43 pharmacists have received this training. Although evaluation responses from both programs indicate a desire to adopt medication adherence counseling as standard practice with HIV customers, existing time, logistical and financial constraints, as well as a continued sense of discomfort in engaging patients in medication counseling on their own, remain barriers for participants to engage in clinical behavior change.

Through focus group discussions with key players in HIV pharmacy practice around New Jersey, UMDNJ determined that few community pharmacists are receiving enough academic or post-academic training to provide effective medication therapy management (MTM) in HIV disease. Fewer still are able to receive financial compensation from third-party payers for time spent

delivering MTM to HIV+ customers. Such disincentives discourage community pharmacists from engaging patients in routine adherence discussions even though in many states (including New Jersey) pharmacists are legally required to offer medication counseling to customers when prescriptions are dispensed.

To address these barriers to provider change, UMDNJ approached several New Jersey pharmacists to discuss whether Ryan White CARE Act funds for adherence counseling could be re-directed toward community pharmacists as compensation for delivering adherence interventions within retail settings. UMDNJ then learned about an on-going adherence counseling study being funded by Abbott Laboratories through the Health Federation of Philadelphia (HFP), a local performance site of the PA/Mid-Atlantic AETC. Their adherence study had initially been designed to examine the impact of having nurses and social workers serve as adherence counselors, but poor results led the investigators to seek out another intervention population. Clinic-based pharmacists welcomed the opportunity to provide adherence counseling directly to patients and study results from the re-designed pharmacist-based intervention modality were more successful. The HFP recognized that adherence outcomes might be improved if pharmacists were to receive training on adherence counseling, since clinic-based pharmacists were ideally suited to intervene in this vital area of HIV care.

Abbott Laboratories brought UMDNJ and HFP together to collaborate on the design of a two-state pharmacy research initiative involving both the NY/NJ and

The Bronx: The First Borough That Knows!

New York City pilots a large-scale implementation of routinely offered HIV testing.

Stephen Stafford

Almost everything in the field of HIV/AIDS has changed since the early days of the epidemic. The one relic of HIV care is the approach to HIV counseling and testing. Monumental advances in HIV treatment have dramatically reduced AIDS mortality rates; however the only significant innovation in the field of case finding is the development of rapid HIV tests. While the CDC issued guidelines for routine testing in 2006, these guidelines are only slowly being implemented, clinic by clinic...hospital by hospital.

New York City aims to tackle the problem in a more comprehensive way. The New York City Department of Health (DOH), with the collaboration of the Adolescent AIDS Program at Montefiore, a NY/NJAETC site, and other Bronx partners, is implementing a borough-wide initiative to scale up the routine offer of HIV testing in Bronx hospitals, clinics and community based organizations. The goal of the initiative, The Bronx: The First Borough That Knows!, is to create new opportunities for HIV testing so that every Bronx resident learns his or her HIV status and has access to quality care and prevention.

The Adolescent AIDS Program suggested the NYC DOH use the Bronx as a learning lab for large-scale implementation of routine HIV testing because of several favorable conditions: most neighborhoods in the Bronx have an HIV prevalence of $\geq 1\%$; the HIV diagnosis and death rate among Bronx residents are higher than the overall NYC rate; and the coordination of HIV testing in the Bronx is made more feasible by the smaller number of medical networks, compared to other NYC boroughs. Lessons learned in the Bronx scale up of routine HIV testing will be applied in the other NYC boroughs.

A coalition of community, medical and public health partners have begun to pool their resources and support one another in innovative strategies to expand the availability of HIV testing. At the invitation of the DOH, the CDC hosted an intensive two-day workshop in January for area hospitals that focused on Emergency Department plans to scale up routine HIV testing. Similar workshops, which will be facilitated by the initiative's Technical Assistance Team, comprised of the Adolescent AIDS Program, the DOH and community representatives, will be held for Bronx clinics and community based organizations.

In addition to ongoing technical assistance with scaling up routine HIV testing, initiative partners will be provided with the following resources:

- Free HIV rapid test kits for unfunded community-based organizations (CBOs) and uninsured clients in medical settings
- Training on ACTS, a streamlined process of HIV counseling, testing and referrals for hospitals, community health centers and CBOs. ACTS (Advise, Consent, Test, Support) was created by the NY/NJ AETC site, Adolescent AIDS Program
- Assistance on acquiring state laboratory testing permits and training on rapid HIV testing
- Assistance with campaign goal-setting and coordination of community testing
- Technical assistance for data monitoring and evaluation of the campaign
- Ongoing media campaign to market the increased offerings of testing

For more information about The Bronx: The First Borough That Knows! contact Andrea Mantsios at AMantsio@health.nyc.gov or Stephen Stafford at SStafford@AdolescentAIDS.org. ■

**Rapid HIV Testing
in New York State
Emergency Departments:
A CME-Accredited
Monograph**

&

**Rapid HIV Testing in
Emergency Departments:
A CME-Accredited
Self Study Monograph**

(a nation wide resource)

Currently, there are approximately 1,000,000 persons in the United States living with HIV. However, approximately 25% or 250,000 persons are unaware of their infection. Often individuals who are ultimately diagnosed with HIV have been seen in acute care settings years before receiving an HIV diagnosis and are not tested for HIV.

The goal of this CME-accredited module is to provide you with helpful information about how to set up a screening and testing program in your Emergency Department under the new CDC HIV Testing Guidelines. The hope is that wider screening of individuals at point of care venues like Emergency Departments will help reduce the new infection rate and improve patient survival.

*There is no fee for these resources
or education credits.*

To obtain these resources:

Visit:

**[www.amc.edu/Patient/services/HIV/
education.html](http://www.amc.edu/Patient/services/HIV/education.html)**

To learn of other accredited HIV self-study module, please visit the website above or contact Albany Medical College at 518.262.4674 or ybarraj@mail.amc.edu. ■

The Role of the Pharmacist in HIV Care: A Collection of Accredited Monographs by the NY/NJ AETC

This monograph series is designed to provide correctional, community and hospital pharmacists with the most up-to-date HIV clinical information to assist in caring for HIV-infected patients.

Module topics include a basic antiretroviral overview and guideline update, as well as a discussion about drug interactions. There is no fee for this resource or education credit. To obtain this resource:

Visit:

www.amc.edu/Patient/services/HIV/education.html

To learn of other accredited HIV self-study module, please visit the website above or contact Albany Medical College at 518.262.4674 or ybarraj@mail.amc.edu. ■

MISSION

The New York/New Jersey AIDS Education and Training Center's (AETC's) mission is to assist health care professionals in the New York and New Jersey region, through education and training, to provide optimum quality services and sensitive care to HIV positive persons, and to provide access to current research and treatment of HIV/AIDS.

The Regional Review reaches out to past and present training participants to keep them abreast of our current activities. This issue highlights our ongoing initiatives on the multiple fronts of the HIV epidemic from building the capacity of health care providers to address HIV issues for women, Native Americans, and the HCV co-infected, increasing HIV testing in our region, and exploring and expanding the role of pharmacists in HIV care.

Bringing HIV Testing to the Dental Office

Cheryl Stolarski, DMD

Most people associate a dental appointment with oral health examinations. Traditionally this includes having your teeth cleaned, restoring decayed or missing teeth, a root canal or oral surgery. Unlike a visit with a medical provider a dental visit usually does not directly involve health concerns other than oral health. Yet oral health concerns are an integral part of one's overall health. At each visit a dentist or dental hygienist should monitor blood pressure and screen for oral cancer. The dental provider should be comfortable asking questions concerning general health and interpreting a complete medical history and review of systems. Medical conditions that influence oral health include diabetes, heart disease, epilepsy and liver disease.

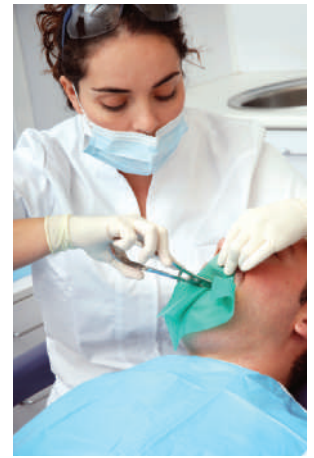
HIV disease is a medical condition that has a dramatic effect on oral health. While dental providers are somewhat comfortable discussing diabetes, heart disease, etc. and their relationships to oral health, most dental providers are uncomfortable discussing HIV and the risks associated with the disease with a patient. One reason for this may be that dental providers are not trained to speak openly about HIV issues surrounding sexuality and drug use. They believe that it is really not required in the practice of modern dentistry within the scope of practice. These attitudes need to change.

CDC and NYS recommendations for HIV testing have made the process more streamlined. In the past few years HIV rapid testing in locations other than the traditional medical setting has garnered a lot of attention, including within the dental office. HIV testing in the dental office is now possible because tests use oral fluids, results are available the same day and with CLIA waivers labs are no longer required. Pilot programs are being conducted in hospital dental clinics and dental schools to determine the feasibility of routine HIV testing in these environments.

Private dental offices have yet to become involved with this rapid testing initiative. One reason for the lack of participation of the private dentist is the dental providers' lack of training discussing HIV disease and related issues. Dental providers are generally not prepared to deliver a potentially life-threatening diagnosis such as HIV. Unlike hospitals and dental schools, private dental offices are not linked to medical providers who are needed if a patient tests positive. Identifying and addressing these and other barriers for providing HIV rapid testing in the private dental office is necessary. Dentists, dental hygienists and even dental assistants could be trained to incorporate HIV counseling and testing in their everyday routine of delivering oral health care. HIV counseling and testing in the private dental setting provides a great opportunity for the identification of individuals in populations that have not been identified in the past. A major goal for the oral health regional resource center and the NY/NJ AETC is to educate and provide trainings for private dental practitioners in the field of oral health and HIV. They can also link private dental professional to a network of resources and medical providers for a patient that tests positive for HIV. ■

For more information on oral health trainings please contact Howard Lavigne at 315-477-8479 or hel01@health.state.ny.us

For Oral Health specific clinical consultations, please contact Cheryl Stolarski, DMD, at 914-391-4883 or crs03@health.state.ny.us



HIV/HCV Forum: Bringing Together Service Providers, Clinicians and Administrators

Eduardo Baez, LMSW

On January 25th 2008, the Cornell Clinical Trials Unit (CCTU) and the New York/ New Jersey AETC collaborated with the Title II Community AIDS National Network (TIICANN) and the Center for the Study of Hepatitis C in organizing an HIV/HCV Forum entitled *The Urgency of Providing Treatment, Care and Support Services to HIV/HCV Co-infected Clients*.

TIICANN describe themselves as, "a national leader in education, advocacy, and collaboration to achieve equitable access to a comprehensive and accountable system of care and services, creating a voice for all people living with HIV/AIDS, their families, and their communities." New York City's Center for the Study of Hepatitis C was, "established in 2000 at The Rockefeller University, Weill Medical College of Cornell University and New York- Presbyterian Hospital, and is the only comprehensive, multidisciplinary center dedicated to the study of HCV and hepatic disease in the tri-state area." These collaborating organizations represent and reach a diverse group of HIV and HCV service providers, advocates and peers which made this forum a unique space for communication and education between these groups.

The target audience for this collaborative forum was service providers, clinicians and administrators of Ryan White CARE Act funded programs. Over eighty participants gathered to hear presentations from Cornell physicians on **Treating HIV/HCV Co-infection and Coordination of HIV/HCV Treatment**, staff from the New York City (NYC) Department of Health and Mental Hygiene on **HIV/HCV Epidemiology and Services in NYC**, and the Executive Directors of the AIDS Treatment Data Network and the National AIDS Treatment Advocacy Project on **Support Services for HIV/HCV Co-infected Clients and The Ryan White CARE Act and HIV/HCV**.

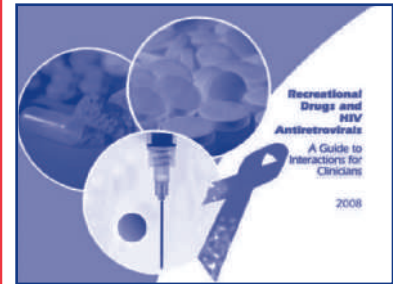
One of the key points that were raised in the presentations was that while epidemiological data exist on those that are HIV or HCV mono-infected, the same type of data does not exist for those that are co-infected with both HIV and HCV. Another point that was stressed is the need for a multi-disciplinary approach to the treatment of HIV/HCV co-infected patients including clinical care, mental health services, substance abuse services and intensive case management. Bringing this audience together for the forum was one of the first steps towards creating integrated care for HIV/HCV co-infected patients. The day ended with a review of the language incorporated into the Ryan White Care Act that specifically addresses the provision of HIV/HCV Co-infection services by funded agencies, and a call to participants to serve as advocates on behalf of their patients and clients who are facing the challenge of co-infection.

The HIV/HCV Forum was a success in bringing together service providers, clinicians and administrators. The response to the invitation was overwhelming with participants coming from all the boroughs, Long Island and throughout the tri-state region. TIICANN plans to replicate this forum with local partners in other cities, such as Miami, through out the nation. ■

¹"Title II Community AIDS National Network." **Title II Community AIDS National Network**. 10 February 2008. **Title II Community AIDS National Network**. 4 March 2008 <<http://www.tiicann.org/>>.

²"Center for the Study of Hepatitis C." **Center for the Study of Hepatitis C**. 2008. **Center for the Study of Hepatitis C**. 4 March 2008 <<http://www.hepccenter.org/>>.

Newly Updated Clinician Support Tools: Recreational Drugs and HIV Antiretrovirals & Psychiatric Medications and HIV Antiretrovirals



These clinician tools are available by calling the NY/NJ AETC Central Office at: (212) 304-5530 or email us at nynjaetc@columbia.edu ■



Linking Clinicians to an Interactive Web-Based Support Tool

Visit the NY/NJ AETC website at nynjaetc.org or directly at www.hivtips.org to access HIV TIPS, Tailored Information Provider Services. HIV TIPS was created to help you prescribe complicated, highly active anti-retroviral therapy (HAART) for your patients. The website also provides tailored and non-tailored information you can print for patients with HIV and AIDS. The key feature of the program is the treatment assistance we give you based on guidelines from the US-government-funded AETC's tailored to your needs. ■

Increasing Provider Awareness of American Indian HIV/AIDS Issues

Kelly Rand, MA

March 20th was National Native HIV/AIDS Awareness Day. According to the US Census Bureau of 2006, American Indians and Alaskan Natives (AI/AN) make up 1% of the United States population. However, the AI/AN communities have the third highest rate of AIDS diagnosis.

The NY/NJ AETC is taking steps to address this health disparity with two programs aimed to update providers serving the American Indian populations of New Jersey and New York. New York's conference will be held in upstate New York and New Jersey's conference will be held in Southern New Jersey in the late spring/early summer.

The conferences will include topics such as cultural competency, assessing risk, sexual history taking, counseling and testing and referral services. The topics were developed in collaboration with the National Native American AIDS Prevention Center, an organization that helps plan, develop and manage HIV/AIDS prevention, intervention, care and treatment programs for Native American communities.

Because of the diversity of the populations within the two states along with the differences in the way federal dollars are allocated, the two conferences will have similar themes but very different focuses. The New York conference will focus on training Indian Health Services (IHS) and providers in the community. In New Jersey, the AI nations are state recognized rather than federally recognized and IHS has no presence in New Jersey. Therefore, the New Jersey conference will focus on training providers who were identified through a large community survey conducted by the Powhatan Renape Nation. While reaching out to different provider communities, both conferences aim to increase provider awareness of American Indian HIV/AIDS issues specific to their geographical locations.

Please visit our website at nynjaetc.org for the location and dates of the conferences. ■

Upcoming Events

CAI

May 2, 2008, 8:30AM - 1:00PM
Princeton, NJ

Women and HIV Conference

For more information please contact:
Brigid Betancourt, 212-594-7741 ext. 226

Saint Vincent Catholic Medical Center

May 2, 2008, 9:00AM - 4:30PM

HIV and Immigration Conference

For more information please contact:
Paul Galatowitsch, pgalato@svcmcnj.org

IAS-USA and UMDNJ

May 16, 2008, 8:00AM-12:00PM
Princeton, NJ

Antiretroviral Strategies: New Drugs, Antiretroviral Failure & Resistance Tests:

This workshop is for experienced HIV clinical decision makers (MDs, DOs, NPs, PAs) caring for HIV patients with a working knowledge of HIV disease management.

For more information please contact:
International AIDS Society-USA, 415-544-9400

IAS-USA and AMC

May 23, 2008, 9:30AM-1:30PM
Syracuse, New York

Antiretroviral Strategies: New Drugs, Antiretroviral Failure & Resistance Tests:

This workshop is for experienced HIV clinical decision makers (MDs, DOs, NPs, PAs) caring for HIV patients with a working knowledge of HIV disease management.

For more information please contact:
International AIDS Society-USA, 415-544-9400

AMC

May 28 and 29, 2008
Albany, NY

The 9th Annual HIV Clinical Care Symposium

Visit: www.amc.edu/HIVConference
E-mail: ybarraj@mail.amc.edu
Call 518-262-4674

CAI

Tuesday, June 3, 2008, 7:30AM - 5:30PM

19th Annual Greater ANAC Conference

For more information please contact:
Brigid Betancourt, 212-594-7741 ext. 226 or
Email: Brigid@ciatelli.org

CCTU

Tuesday June 3rd, 2008, 12:30PM – 5:30PM

4th Annual HIV Update: Special Populations, Special Needs

HIV in the Older Adult

For more information please contact:
Eduardo Baez, 212-746-7187 or
Email: edb2005@med.cornell.edu

UMDNJ

June 12, 2008, 8:00AM - 3:30PM

HIV Clinical Update 2008

For more information please contact:
Michelle Thompson, 973-972-1293 or
Email: ccthoms@umdnj.edu
To register go to www.umdnj.edu/ccoe/aids

CAI

June 20, 2008, 7:45AM - 12:45PM

HIV and Aging

For more information please contact:
Andres, 212-539-6239 or
Email: andresd@vcny.org

PPNYC Conference with NY/NJ AETC Co-sponsorship

September 26, 2008
Bronx, NY

Model Approaches to Integrating HIV Counseling and Testing in Primary and Reproductive Healthcare

For more information please contact:
Brian Raffetto, 212-274-7206 or
Email: Brian.Raffetto@ppnyc.org

Programs on all training topics are available in both states. Preceptorships and Mini-residencies are available at almost all sites. Please refer to our training Calendar page on the NY/NJ AETC website for more information www.nynjaetc.org or contact a training site directly (contact information can be found on the back page of this newsletter) to design a program that is right for you. Most of our programs are offered free of any cost.



NY/NJ AETC Program Partners

The following organizations and institutions provide training for the NY/NJ AETC network, serving the needs of the local health care communities. Please call the training site in your area if you are interested in receiving training.

NY/NJ AETC Central Office

HIV Center, Dept. of Psychiatry
Columbia University College of Physicians and Surgeons
100 Haven Suite 31G, New York, NY 10032
(212) 304-5530

Adolescent AIDS Program

Children's Hospital at Montefiore
Bronx, NY
(718) 882-0232

Albany Medical College

AIDS Program
Albany, NY
(518) 262-6864

Bronx-Lebanon Hospital Center

HIV/AIDS Clinical Education Program
Bronx, NY
(718) 960-1476

Cicatelli Associates Inc.

New York, NY
(212) 594-7741

Columbia University

HIV Mental Health Training Project
New York, NY
(212) 543-5412/13

Cornell Clinical Trials Unit

New York, NY
(212) 746-7187

Garden State Infectious Diseases Assoc.

Voorhees, NJ
(856) 805-0002

ID CARE

Hillsborough, NJ
(908) 708-6045

New York State Department of Health

AIDS Institute
Syracuse, NY
(315) 477-8479

Rutgers The State University of New Jersey, College of Nursing

Center for Professional Development
Newark, NJ
(973) 353-5895

Raritan Bay Medical Center

Perth Amboy, NJ
(732) 324-5369

Saint Vincent Catholic Medical Center- Manhattan HIV/AIDS Education and Training

New York, NY
(212) 604-2980

SUNY Downstate Medical Center

Brooklyn, NY
(718) 270-4752

SUNY Stony Brook

Center for Public Health Education
Stony Brook, NY
(631) 444-8292

University of Medicine and Dentistry of New Jersey

Center for Continuing &
Outreach Education,
Division of AIDS Education
Newark, NJ
(973) 972-1293

