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**Abstract Booklet**



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**ABSTRACT ID:** A

**TITLE:** Rapid Assessment of Public Health Needs and Assets in Kenema, Sierra Leone

**AUTHOR(S):** Emily Cercone, Katie Robinette, Katie McCarthy

**ABSTRACT:**

Currently, many public health organizations work in Kenema, Sierra Leone; however, with the end of the civil war in 2001 and the development phase beginning, many emergency non-governmental organizations (NGOs) are currently winding down their projects or have pulled out of the area. The withdrawal of so many agencies, UN peacekeepers included, is creating a tremendous void in the healthcare system, and the availability of resources, particularly where human rights are concerned. Over a span of two months data was collected, by three MPH candidates from Tulane University School of Public Health and Tropical Medicine, in order to investigate the assets and needs of Kenema town, the capital of the Eastern Province of Sierra Leone. The group began by identifying international and national NGOs working in the Kenema district as well as healthcare leaders, including the district medical officer, nurses in leadership positions and doctors at the government hospital. Interviews were developed, administered and analyzed. Through a snowball method, key people and issues were targeted and interviews continued in order to strengthen knowledge of the area and its needs. Many needs and assets were identified and confirmed through various sources. There are some locally-run organizations that are slowly filling the void left by larger NGOs; however, these organizations often lack critical resources to further their work. Additionally, there are few organizations working in the area to promote human rights. More attention needs to be given to merging health and human rights in productive and meaningful ways.

**KEYWORDS:**

1. Rapid Assessment
2. Sierra Leone

**EDUCATIONAL/LEARNING OBJECTIVES:**

Current activities relating to health, wellness, and human rights in Kenema, Sierra Leone were carefully examined through a rapid-assessment process to uncover community-identified gaps requiring future attention.

**ABSTRACT ID:** B

**TITLE:** Anemia in a Remote Community of Bahia, Brazil

**AUTHOR:** Amy Finch

**ABSTRACT:**

An estimated 36% of the developing world's population suffers from iron deficiency anemia. This study was conducted in the rural village of Pedra Grande in Bahia, Brazil in order to (a) characterize the health threats of a rural community in Bahia, Brazil, (b) examine the risk factors for, and key associations between parasitic infection and iron deficiency anemia (IDA). Heads of household were surveyed and blood and feces samples were collected from consenting participants. Each household in the community was characterized as high, medium, or low risk based on data from the household survey. The individuals were then designated as cases of severe, moderate, mild, or no anemia based on hemoglobin levels, and the parasites present in their feces were identified. It was shown that higher risk households had a higher percentage of individuals with two or more helminthic infections, with 75.0% of individuals in low risk households having two or more infections, 77.4% in medium risk, and 86.2% in high risk households. Likewise low risk households were shown to have less severe or no anemia, though the power of this association was limited by the low number of low risk households. The results of this study will help to plan further studies and design effective interventions in this remote population.

**KEYWORDS:**

1. Anemia
2. Helminth

**EDUCATIONAL/LEARNING OBJECTIVES:**

Educational objectives of this project are (a) characterizing the health threats in Pedra Grande, (b) examining the relationship between parasitic infection and iron deficiency anemia (IDA), and (c) identifying key determinants and contributing factors for IDA.

**ABSTRACT ID:** C

**TITLE:** Duarte Galactosemia: Newborn Screening, Biochemical Phenotype, and Clinical Outcomes

**AUTHOR:** Claire Fung

**ABSTRACT:**

Newborn screening for galactosemia has shown a high prevalence of variants such as Duarte (DG) galactosemia, resulting in only partial deficiency of galactose uridyl transferase (GALT). Although no standard of care currently exists for management and treatment of DG galactosemia, many have proposed lactose restriction for at least the early months of life while others advocate no treatment at all. Few clinical outcomes from DG galactosemia patients have been reported. We report newborn screening data for Louisiana and clinical outcomes of a prospective treatment protocol for Duarte galactosemia patients. From February 2003 to February 2008, forty-nine children with confirmed DG galactosemia were referred to the Hayward Genetics Center at Tulane University in New Orleans. All patients were lactose-restricted for the first year of life. Physical, biochemical, and ophthalmological assessments were completed at 2 and 3 years of age as part of the treatment protocol. At year 1, all DG patients who completed a galactose challenge protocol had normal galactose-1-phosphate (gal-1-p) and dietary restrictions were discontinued. Preliminary results show liver function studies, eye exams, and physical exams are normal in all who were tested. Although further studies are needed to determine if DG children develop cataracts or other late sequelae of galactosemia, we hope to show positive outcomes in this cohort of DG galactosemia patients, providing justification for lactose-restriction in the first year of life.

**KEYWORDS:**

1. Duarte Galactosemia
2. Newborn Screening

**EDUCATIONAL/LEARNING OBJECTIVES:**

- To evaluate newborn screening for galactosemia with respect to the high prevalence of variant galactosemia patients with mild phenotype
- To determine the clinical impact on development of lactose restriction in the first year of life for DG galactosemia patients
- To establish national recommendations for screening, treatment, and management of DG galactosemia patients

**ABSTRACT ID:** D

**TITLE:** Understanding the Botswana National Antiretroviral Programme:  
A Qualitative Study

**AUTHOR(S):** Michael Gillette, Megha Upadhyaya, Kathryn Lancaster

**ABSTRACT:**

**BACKGROUND:** The Republic of Botswana was one of the first African countries to recognize the need for a national HIV treatment program. This program, titled “Masa” (Tswana for “an African dawn”) was launched in 2002. In 2004, the Masa program expanded to include the Mahalapye sub-district. The Mahalapye District Hospital served as the focal point for the sub-district and began providing a comprehensive HIV treatment program for the sub-district’s 50,000 residents. The Masa program consists of treatment, counseling, and social work outreach.

**PURPOSE:** We attempt to describe the cohort of patients seen at the Mahalapye Hospital Infectious Disease Control Clinic (IDCC, HIV Clinic).

**METHODS:** This was a retrospective cohort study using medical records obtained in 2008 from the IDCC at Mahalapye District Hospital. Upon analysis, all individuals that were under the age of 18 were removed. Adult eligibility was defined as having WHO Stage 3 or 4 illness or a CD4 count <200 cells/ul. (The 2008 Guidelines have increased this to <250 cells/ul but these guidelines were implemented after this study was conducted). Since the database was collected from the Mahalapye IDCC, a more thorough analysis could not be obtained due to the severe inconsistencies of the data entry. Characteristics of the registry were obtained by using SAS Analysis Software (SAS Version 9.1; SAS Institute, INC., Cary, NC).

**RESULTS:** The average age of those enrolled in Masa was 39. Women made up 63% of the registry. Of the enrolled participants, 61.53% were considered to be eligible for ART therapy, while 37.93% were not eligible. The registry also contained participants whose eligibility status was unknown (0.54%). This status could not be explained without consulting the medical records. 60.17% of the participants were currently on ART therapy and 39.83% were not on ART therapy. The registry also contained death dates for participants but overtime only 6.8% have died. Participants who were considered eligible to be put on ART had their initial CD4 count recorded and the median (range) of these initial CD4 counts was 139 (999).

**CONCLUSIONS:** Inconsistent data entry by physicians and nurses prevented a thorough epidemiological analysis. Females represented over 60% of the patients on ART in the Mahalapye sub-district. Almost everyone eligible for ART was receiving treatment: less than 1.4% of those eligible have not yet begun treatment. 39.83% of patients were not yet eligible for HIV treatment under the 2003 guidelines. This indicates that a large percentage of HIV+ people are testing early for HIV, enrolling in the treatment program, and remain healthy enough for non HAART interventions and monitoring.

**ABSTRACT ID:** E

**TITLE:** The Public Health Impact of Gun Control Legislation: Longitudinal

**AUTHOR:** Jove Graham

**ABSTRACT:**

Firearm violence is a significant source of morbidity and mortality in developed and developing countries alike (Richmond et al, 2005). Controversial legislation has been used to restrict access to firearms in an effort to reduce this burden, yet the efficacy of these pieces of legislation has been questioned (Lott and Mustard, 1997). This study compares rates of overall homicide, suicide and accidental death from all causes and from firearms in periods before and after major legislative changes were made in the gun control environments of four countries (Australia, Brazil, The United Kingdom, and the United States) using a Poisson regressions on publicly available longitudinal data from each country. In 12 of the 17 combinations of country and mortality, statistically significant declines at the  $p < 0.05$  level were observed. This implies a strong level of correlation between gun control reform and reduced all cause and firearm mortalities. However, confounding variables such as economic conditions or changes in police tactics were not taken into account and invite further research.

**KEYWORDS:**

1. Gun control
2. firearm mortality

**EDUCATIONAL/LEARNING OBJECTIVES:**

Gun control's effect on reducing violence is disputed. This study aims to clarify legislative gun controls effects on violence through a longitudinal analysis of four countries that enacted major gun control legislation.

**ABSTRACT ID:** F

**TITLE:** A Study of the Relationship between Pregnancy Intention and Maternal Vegetable or Fruit Consumption

**AUTHOR:** Amber Haynes

**ABSTRACT:**

**Background:** Expecting mother's pregnancy intention has been known to correlate to maternal health habits throughout pregnancy. Maternal diet, specifically maternal fruit and vegetable consumption, one of many health habits, heavily influences maternal and fetal outcomes. No previous studies have evaluated the effect of pregnancy intention on maternal diet.

**Methods:** The study used data collected from the 2004 Louisiana Pregnancy Risk Assessment Monitoring System (LaPRAMS), a cross sectional study. The responses of 1,628 (69.6%) of 2,384 women sampled were analyzed. Multiple logistic regression was used to determine association between pregnancy intention and maternal fruit or vegetable consumption during pregnancy, controlling for mother's social and economical status, demographic characteristics, other behaviors during pregnancy, and previous birth outcomes. SAS-callable SUDAAN 9.1 was used for data analysis and alpha was set at .05 for statistical significance.

**Results:** Prevalence of eating less than the daily recommended servings (< 5 servings) of fruits or vegetables during the last trimester of pregnancy (ELTDRS) was 91.1%, 92.9%, and 84.9% among women whose pregnancy was intended, mistimed, and unwanted, respectively. The adjusted odds ratio (OR) of ELTDRS for mistimed pregnancy to unwanted pregnancy was 2.10 (95% CI: 1.15, 3.83). The adjusted OR of ELTDRS for intended pregnancy to unwanted pregnancy was 1.35 (95% CI: 0.73, 2.47).

**Conclusions:** Women with mistimed pregnancy were more likely to eat less than the daily recommended servings of fruits or vegetables than women with unwanted pregnancy. Data did not show statistical difference of ELTDRS between women with intended pregnancy and women with unwanted pregnancy.

**KEYWORDS:**

Pregnancy Intention and Maternal Diet

**EDUCATIONAL/LEARNING OBJECTIVES:**

The objectives of this project were to become familiar with Louisiana Pregnancy Risk Assessment Monitoring System (LaPRAMS)-a population based surveillance system, utilize knowledge from epidemiology, biostatistics and software courses to analyze data and prepare report and publication, and learn and operate SAS-Callable SUDAAN.

**ABSTRACT ID:** G

**TITLE:** Trends in treatment cost for cold/influenza in China during 1989-2006: An analysis of China Health and Nutrition Survey

**AUTHOR:** Jinan Liu

**ABSTRACT:**

**Background:** Influenza is associated with a significant economic burden on both society and individuals, leading to considerable healthcare costs and loss of productivity.

**Objectives:** To examine trends of direct economic burden of cold/influenza on individuals going to different facilities for treatment during 1989-2006.

**Methods:** Data used are from China Health and Nutrition Survey (CHNS) conducted among almost the same 4,400 households in 1989, 1991, 1993, 1997, 2000, 2004, and 2006. Based on the constructed consumer price index, the treatment cost and household income per capita were both inflated to 2006. Descriptive statistics were used to examine the changes in treatment cost of cold/influenza (Mean  $\pm$  SD) and the ratio of cost to household income (Median) across facilities of different levels over time. Order least square (OLS) regression was employed to determine factors associated with the treatment cost.

**Results:** (1) The cost constantly raised from 11.92  $\pm$  11.34 RMB in 1989 to 50.75  $\pm$  70.32 RMB in 2006. While treatment cost 17.79  $\pm$  27.41 RMB in village clinic, the regression found it cost approximately 18.15% ( $P < 0.001$ , 95% CI: 13.76%-22.55%) less in private clinic; 50.02% ( $P < 0.001$ , 95% CI: 46.68%-53.36%) more in township hospital; 75.13% ( $P < 0.001$ , 95% CI: 71.26%-79.00%) more in county hospital; 115.17% ( $P < 0.001$ , 95% CI: 111.47%-118.86%) more in city hospital. (2) The ratio to household income per capita only increased from 0.44% in 1989 to 0.60% in 2006. It was .36% in private clinic or hospital, followed by .38% in village clinic, .49% in other facilities, .61% in township hospital, .62% in county hospital, .77% in city hospital.

**Conclusions:** (1) The cost for cold/influenza treatment in China shows an increase over time. (2) The direct economic burden of cold/influenza on individual does not rise considerably over time, given the increase in household income during the same time period. (3) The higher-level facilities are more likely to charge a higher fee.

**Policy implication:** While acute care for ailments such as cold/influenza does not show a substantial impact on family burden, more attention should be drawn to the chronic illness.

**KEYWORDS:**

1. Cost; Disease burden
2. Cold/influenza; China

**ABSTRACT ID:** H

**TITLE:** Fasting plasma glucose levels within the normoglycemic range in childhood predict pre-diabetes and type 2 diabetes in adulthood: the Bogalusa Heart Study

**AUTHOR(S):** Quoc Manh Nguyen, Sathanur R. Srinivasan, Ji-Hua Xu, Wei Chen, Gerald S. Berenson

**ABSTRACT:**

**Background:** Currently recommended cutoff points to define pre-diabetes and diabetes are based mainly on observations in adults. However, whether higher fasting plasma glucose (FPG) levels within the adult normoglycemic range in childhood predicts type 2 diabetes in young adulthood is not clear.

**Methods:** Observations were examined, retrospectively, in a community-based cohort of normoglycemic (n=1723), pre-diabetic (n=79), and type 2 diabetic (n=47) adults, ages 19-44 years, subjects followed serially for cardiovascular risk factors since childhood.

**Results:** The prevalent rate of adult diabetes status by quartiles of baseline childhood FPG showed adverse trend for both pre-diabetes ( $P < 0.0001$ ) and diabetes ( $P < 0.05$ ), with an apparent threshold for the association occurring at or above 50<sup>th</sup> percentile (4.8 mmol/l, 86 mg/dL). Regarding the predictive value of the above threshold, area under the receiver operating curve analysis yielded a C-value of 0.855 for pre-diabetes and 0.789 for diabetes models. The sensitivity and specificity of the threshold value for pre-diabetes were, respectively, 76.9% and 85.2%; for diabetes 75.0% and 76.0%. In a multivariable adjusted model that included body mass index, mean arterial pressure, high and low-density lipoprotein cholesterol, triglycerides, and homeostasis model assessment of insulin resistance index from childhood to adulthood and baseline childhood FPG status ( $\geq$  vs  $<$  50<sup>th</sup> percentile), individuals with higher childhood FPG were 3.40 times more likely to develop pre-diabetes ( $P < 0.0001$ ) and 2.06 times more likely to develop diabetes ( $P < 0.05$ ) as adults.

**Conclusions:** Higher fasting plasma glucose in childhood, although within the normoglycemic range, is a predictor of type 2 diabetes in younger adulthood, independent of other cardiometabolic risk factors, which has implications for health care policy.

**KEYWORDS:**

1. Children; younger adults
2. Fasting glucose; incidence; longitudinal changes; pre-diabetes; type 2 diabetes

**ABSTRACT ID:** I

**TITLE:** Assessment of Private Third-Party Billing for the Louisiana School-Based Health Centers: Practicum Report

**AUTHOR:** Stefan Ploch

**ABSTRACT:**

**Background:** The Adolescent School Health Program in the Louisiana Office of Public Health funds 62 school-based health centers (SBHCs) in high schools and middle schools throughout the state. The SBHCs were developed to address the need to provide preventative and primary health services to adolescents who might otherwise have no access to healthcare. Most of the SBHCs are not earning enough revenue to remain fiscally sound without support from grants. Both of these needs can be addressed by improving the billing and collections from private third party payers.

**Methods:** The revenue and insurance status data for 47 of the SBHCs were compiled and analyzed. A survey of the clinic directors was conducted to determine how they were billing private insurance and discover any common issues.

**Results:** Only ten SBHCs were billing private third party payers during the state fiscal year of 2005-06 and 2006-07 and they had collection rates of 40.6% and 16.5%. The potential earnings of all SBHCs with privately insured patients were estimated based on the most efficient SBHC in the state. If 40 of 47 clinics collected at 28.7% (the rate of the most successfully collecting clinic) they could earn an estimated \$473,000, which contributes to a 64.7% increase in total revenue.

**Discussion:** Three of the SBHCs are successfully billing and collecting from private insurance companies. The problems that need to be addressed to accomplish an increase in private third party billing and collections are increasing the number of SBHC physicians that are credentialed to be in-network providers, educate the staff on how to efficiently bill, establish procedures to limit the negative effects of high staff turnover, improve proper coding, use of billing software.

**KEYWORDS:**

1. School-based health center
2. Insurance

**EDUCATIONAL/LEARNING OBJECTIVES:**

1. An analysis of the revenue from insurance billing of the Louisiana School-Based Health Centers
2. An estimation of the financial impact of billing private insurance to assure financial sustainability and diversify revenue

**ABSTRACT ID:** J

**TITLE:** Efficiency of health system and achievement of child health related Millennium Development Goals (MDGs) - Evidence from India

**AUTHOR:** Monika Sawhney

**ABSTRACT:**

Due to relatively low socioeconomic development, child health indicators have remained quite poor in India. Infant and child mortality rates in India have been declining at a slower rate, making it unlikely for India to achieve Millennium Development Goals (MDGs) of reducing infant and child mortality by two-thirds. In a resource poor country like India, increasing total resource availability in the health sector will be relatively difficult and slow. Substantial progress could be accomplished with better efficiency, both at national and sub-national levels.

Main objectives of this study are (1) identify states/regions that appear to be less successful (inefficient) in improving child health status over time in an efficient manner, (2) identify factors that can help improve child health at a relatively rapid rate in poor performing states, and (3) the effects of potential determinants of child health in relatively efficient and relatively inefficient states.

Using fixed effect model, efficiency indices of 25 Indian States (in terms of child health outcomes) are estimated using state level data for the years 1998-2001. Child health status is measured by infant mortality rate (IMR), and various socio-economic variables serve as explanatory variables.

Female literacy rate, net state domestic product and over all immunization coverage are significant determinants of efficiency of health systems across states in India in reducing infant mortality. Kerala and Manipur are found to be the most efficient states, whereas Madhya Pradesh and Orissa turned out to be the least efficient states in terms of their ability to reduce infant mortality.

**KEYWORDS:**

1. Health systems efficiency
2. Child health

**EDUCATIONAL/LEARNING OBJECTIVES:**

1. Understand effect of health systems efficiency on child health in developing countries like India.
2. Gain knowledge regarding inter-regional disparity in child health in India
3. Identify and implement policies to improve child health in developing countries thus enabling them to meet the Millennium Development Goals by 2015.

**ABSTRACT ID:** K

**TITLE:** Impact of Pain on Healthcare Resource Utilization, Expenditures and Missed Work Days among Working Populations with Diabetes in the United States

**AUTHOR:** Simon Tang

**ABSTRACT:**

**Objective:** Diabetes Mellitus affects over 23 million Americans and costs the US health care system \$10,913 per person in annual medical expenditures. It is clinically complex with burdensome complications such as painful diabetic neuropathy; affecting 13% of patients with diabetes. This study examined the impact of pain on total medical expenditures and work productivity among the US working population with and without diabetes.

**Methods:** Retrospective cross-sectional descriptive and regression analyses were conducted on an employed adult population aged 35-64 years with and without diabetes based on the 2006 Medical Expenditure Panel Survey (MEPS) (n=8918). Multivariate regression analyses were performed to assess the impact of various self-reported pain-levels on total health care expenditures and number of missed work days, adjusting for key demographic, socioeconomic, health behavioral, and co-morbidity factors.

**Results:** Health care resource utilization and expenditures were higher among workers with moderate or higher pain levels vs. those with no or little pain. The average expenditure in the total population was \$2864. Having moderate or worsened pain resulted in \$5376 or more and those with extreme pain and diabetes resulted in \$15296. An average of 3 or more work days were missed in among those with moderate or worse pain compared to the average of 1.35 days. Diabetics missed an average of 2.61 work days compared to 1.25 days by non-diabetics. Elevated pain levels, aging, being female, having higher educational and income levels, diagnosed with diabetes, CHD, arthritis and obesity were all significant cost drivers of health care expenditures. Having elevated pain, being female or non-Hispanic, and key co-morbidities were significant predictors of missing work days.

**Conclusion:** Pain was a significant contributor to the burden of diabetes and in general in the workplace. Better pain management strategies may enhance work productivity and drive down total health care expenditures.

**ABSTRACT ID:** L

**TITLE:** Designing Redesign: A hospital early-readmissions task force's approach to choosing the most appropriate intervention

**AUTHOR:** John A. Updike

**ABSTRACT:**

Early hospital readmissions demonstrate gaps in effective, equitable, and patient-centered care limiting the system's ability to care for other patients while contributing to avoidable healthcare expenditures in the community. The goal of this study was to create a list of recommendations or possible interventions based on data from a pilot survey, a study of process measures, and key issues identified by stakeholders at Ochsner Medical Center New Orleans, Jefferson Highway Campus. A multidisciplinary, early-readmissions Task Force employed the Plan, Do, Study, Act improvement model to design and study a Diagnostic Interview survey gathering data on Humana and Medicare patients readmitted to Ochsner within 30 days of previous discharge. Methods included interviewing stakeholders, identifying key issues, and analyzing survey data to assess the survey's early effectiveness. Using PDSA, the survey was stopped early and redesigned because of intrinsic flaws and a shift in focus by the Task Force. Survey findings: significant correlation between patients who responded that they had appointments scheduled at discharge with patients who reported keeping their appointments after discharge (OR=30, 95% CI=2.6258-342.7498); due to small sample size, both scheduled (OR=2.5 95% CI=0.4279 to 14.607) and kept appointments (OR=3.0 95% CI=0.443 to 20.3153) showed non-significant correlations with patients reporting that they were involved in their discharge planning. Key issues elucidated included need for better patient education, opportunity for better discharge instructions, and possibility of refining referral processes. The 10 recommendations made to the Task Force were driven by assessment of processes at-play and concerns within the system's current structure.

**KEYWORDS:**

1. Early readmissions
2. Quality improvement

**EDUCATIONAL/LEARNING OBJECTIVES:**

- A. Recognize the system-wide importance of avoidable, high utilization and early hospital readmissions
- B. Understand the Plan, Do, Study, Act model as it applies to healthcare quality improvement
- C. Gain experience working as a member of a comprehensive quality improvement team  
Review new evidence based interventions in the literature

**ABSTRACT ID:** M

**TITLE:** Katrina, Life Stressors, Appraisal, and Perceived Support in Posttraumatic Symptoms

**AUTHOR:** Jun Yamashita

**ABSTRACT:**

There has been a need of developing a screening tool to detect posttraumatic stress disorder (PTSD) in postdisaster settings. Disaster mental health researchers have claimed that they follow stress research for theoretical bases, which they have applied differently. We reviewed the literature for the two research fields separately to point out similar, but different, trends. We constructed a multivariable regression model by applying a *heuristic* model of the stress process (Cohen, Kessler, & Gordon, 1997) with a *selective* choice of three prominent risk/resilience factors among the stress and social correlates (Pearlin, Menaghan, Lieberman, & Mullan, 1981). According to the framed model, we assembled several self-report instruments with the best psychometrics available from the literature. A cross-sectional study was conducted of 125 residents in affected communities of the Greater New Orleans area two years after Hurricane Katrina. Participants were recruited among three sources of non-random sampling. Each participant answered a composite questionnaire after indicating his or her consent on an informed consent form. Gift certificates were used as incentive. We determined sample size ( $N = 102$ ) by investigating effects of item nonresponse. Demographics were compared with a general population. Analyzing collected data, we (1) confirm the appropriateness of subscales among our composite questionnaire and (2) find our model is useful to explain why not all the exposed to a disaster develop PTSD, because the combination of four predictors (*Hurricane Stressors*, *Other Stressors*, *Stress Appraisal*, and *Perceived Support*) has improved the prediction of the variance (47%) in the outcome variable (*Postdisaster Symptoms*).

**KEYWORDS:**

1. Disaster/hurricane/Katrina
2. Posttraumatic symptoms

**EDUCATIONAL/LEARNING OBJECTIVES:**

(1) to construct a conceptual model by incorporating three prominent stress correlates (trauma/life stressors, stress appraisal & perceived social support) into the disaster-mental health relationship, in order to explain why not all the exposed to a disaster develop PTSD later, (2) to demonstrate the importance of utilizing self-report measures with the best psychometric properties available from the literature, and (3) to test and recommend the usefulness of such a multivariable regression model, in developing a screening tool for PTSD in postdisaster settings, through a cross-sectional survey study.