

Traditional Internships

Field Work Internships

Title: Strategic partnerships with Community Based Organizations (CBOs).

Name: Ogechi Achu

Preceptors: Christopher Rogers, MPH

Agency: Hackensack University Medical Center: Accountable Health Communities

Purpose: To qualitatively evaluate current partnerships with Community Based Organizations (CBOs) and develop a strategy for improving partnerships.

Significance: The accountable health community model is funded by the Centers for Medicare and Medicaid services. The Accountable Health Communities Model is based on emerging evidence that addressing health-related social needs through enhanced clinical-community linkages can improve health outcomes and reduce costs. Through qualitatively evaluating our strategic partnerships with community based organizations and developing improvements we can better assist Medicare and Medicaid beneficiaries through screening, referral, and community navigation services to impact healthcare costs and reduce healthcare utilization.

Method/Approach: A qualitative research interview that included 7 questions was given to two people between the dates of 11/6/18 and 11/13/18 based on my own knowledge and research into effective partnerships, with the program director and the lead outreach worker assessing the programs current partnerships with community based organizations. The data was then transcribed onto a google doc and organized into two main focus points, qualities and challenges of a strategic partnership.

Outcomes/Results: The first focus addresses the aspects of our current partnerships with community based organizations within the Hudson and Bergen county area. Our program currently has a partnership with 41 organizations and of the five social health related needs we address, housing is where we have the most partnerships established at 13 while transportation has the least at 7. The organizations are then broken down at 12 for food, 8 domestic violence and 10 utilities. Where most of our organizations are located is Bergen County. Challenges that the program currently faces is in increasing partnerships by at least 15 per health related social need. Specifically, we need to increase partnerships in the area of transportation and create more partnerships within the Hudson county area.

Evaluation/Conclusion: Strategies for locating and maintaining partnerships with community based organizations were broken down into a 4 step process, locate, research, direct point of contact and relationship building to help us maintain existing partners and establish new ones. The first step is locating these organizations through online research, attending networking events and word of mouth. The second step is researching these organizations in order to determine exactly what services they provide. The third step is the most important step as it will determine the effectiveness of the partnership going forward, establishing a direct point of contact. The direct point of contact is who we will be working with directly within the organization. The final step is relationship building this step begins in step 3 and continues even after a direct point of contact has been established.

Title: Operating Room Optimization Through Principles of Motion Economy (PME)

Name: Ghayoor Arshad

Preceptors: Eric Gordon M.D.

Agency: Hunterdon Medical Center

Purpose: To create a more streamlined interaction between the surgeon and surgery techs based upon PME, such that time delays are minimized and overall surgery time is reduced.

Significance: Studies show that prolonged operative time directly correlates to post-operative complications (Daley et al, 2015). In order to minimize the exposure of bodily innards during surgery, surgeons look to expedite the surgical process as much as they can, whilst attempting to remain accurate. However, surgeons must rely on surgical techs as a second set of hands for tool switching during surgery. As such, operative time, and by extension, the chance for post-op complication, is directly affected by how well surgeons and surgery techs are able to interact with each other.

Method/Approach: Total Knee Arthroplasty (TKA) surgeries were witnessed live and timed with the same surgeon and technical staff (within shift scheduling) to preserve consistency and reduce spuriousness. Careful attention was paid to surgeon-surgery tech interactions to measure delays caused by miscommunication or in tool switching. Four live TKA surgeries were witnessed, with times from previous surgeries used for comparison. A detailed surgical guide based on PME was created with step-by-step instructions and labeled instruments to encourage surgical techs to reorient their tools according to PME. Surgery timings and pertinent delays were noted after the distribution of the surgical guide as well.

Outcomes/Results: After having compared TKA operative timings before the distribution of the surgical guide to post distribution TKA times, the results do not show a significant decrease in overall operative time. Operative timings fluctuated without correlation or trend to guide distribution. The average TKA operative time was approximately 73 minutes.

Evaluation/Conclusion: The results indicate that applying PME alone is not enough to reduce operative time. Research shows that surgeon experience is the most influential factor in determining total operative time (Naranje et al, 2015). Lower operative time can be achieved through more intensive training of OR staff, and standardizing common surgical techniques. Furthermore, the subjectivity of how techs implement the PME limits the study as well.

Title: Evaluating the Success of Sex and Sexuality Education for the Youth in Newark

Name: Rukaya Aware

Preceptors: Stephanie Franklin, Founder/Supervisor

Agency: Masakhane Center Organization

Purpose: Promoting a happy and healthy outlook on sex and sexuality by evaluating the success of workshops based on the experiences the participants gained at the end of each workshop.

Significance: The Masakhane Center Organization's aim is not to impose their ideals on the youth concerning sex and sexuality but to provide them with resources and factual information to assist them during decisions making. According to studies done by the National Association of School Nurses (NASN), students in middle and high schools who receive sex and sexuality education develop significant knowledge of sexual health and the resources/services available to them. Evaluating workshop success allows the Masakhane organization to improve existing programs and develop and plan future training.

Method/Approach: An anonymous five question evaluation was given to training participants at Science Park High School on 10/5 and 10/11. Microsoft Excel was used to generate results.

Outcomes/Results: A total of 50 students answered all five questions. Answer choices were Strongly Agree, Agree, Unsure, Disagree and Strongly Disagree. For the question "I felt the information given today was relevant to me", 70% responded with Strongly Agree. For "I enjoyed the workshops a lot", 70.33% responded with Agree. For "I feel like I no longer have any negative views about sex ", 55.06% agreed. For "I learned a lot from this workshop", 77,33% responded with Agree. For "I felt comfortable asking questions, 56.85% responded with Strongly Agree. Lastly, for "I feel like I can now have an open discussion about sex and sexuality", 71.15% responded with Agree. The two lowest percentages is taken into consideration for further analysis through the use of follow up questions such as "What did you like most about today's workshop?". This will enable the organization to know exactly where changes needs to be made. The follow up questions results indicated that 53% liked physical activities.

Evaluation/Conclusion: Evaluations suggest the training was a positive experience overall Based on the negative feedback, the center plans to develop workshops that include more physical activities that allow participants to move and socialize. Overall, I wish that the questions were more specific with a Yes/No response that will make it easier for participants decide and for the educators to analyze the results in the end.

Title: Access to Healthy Food: Prevalence of Type 2 Diabetes & Food Insecurity

Name: Grace Becker

Preceptors: Laura Engelmann, Community Health & Wellness Manager

Agency: William L. Gormley Atlanticare HealthPlex, Pantry, Atlantic City NJ

Purpose: To identify relationships between healthy eating & access to healthy foods within a food desert.

Significance: Areas within communities that lack easy access to healthy fresh foods, otherwise known as food deserts, have higher rates of not only diabetes, but other preventable chronic diseases, such as hypertension, heart disease, and strokes (1). With over 23 million Americans residing in these communities around the country, the ability to better access fruits and vegetables could decrease the prevalence of preventable disease (1). The Pantry at the Plex, a healthy food pantry available to patients of the HealthPlex, was opened in 2017 as an access point for healthy food in Atlantic City. Since Atlantic City is a food desert, new and creative ideas such as weekly fruit and vegetable markets and free groceries for low-income patients have been implemented to help increase access to healthy foods.

Method/Approach:

Once approved to receive a bag of free, healthy groceries, a short questionnaire is issued that asks simple questions related to fruit & vegetable consumption and diabetes. Each day, all surveys are organized and recorded through spreadsheets and graphs. In addition to the pantry resources, three times a month, Pantry at the Plex hosts a pop up fruit and vegetable market. In order to receive these items, each attendee must answer three simple questions: city of residence, and number of adults & children within the residence. These numbers are also recorded and organized each week as well as the number of pounds of food distributed to measure pantry impact.

Outcomes/Results:

16.5% (19) of the population surveyed said they eat these healthy food groups once every few hours (the recommended amount). 51.9% (290) of surveyed patients said they ate more than one serving a day. 31.6% (177) of those surveyed said that consuming these items occured once a day maximum. In simpler terms, 4 out of every 5 people that received food assistance by form of free groceries at this facility is not getting the proper amount of nutrition in their diet.

Evaluation/Conclusion:

Less than 20% patients accessing the Pantry at the Plex who utilize grocery assistance consume the recommended amount of fruits and vegetables everyday. Over 30% of those receiving this aid were told by at least one professional that they had diabetes. The majority of adults receiving this help are low income individuals residing in Atlantic City (76.1%). In conclusion, poor access to healthy and affordable fruits and vegetables may indicate a higher risk of Type 2 Diabetes.

1. Rogers, C. (2018, May 14). 23.5 Million Americans Don't Have Access to a Supermarket. Retrieved from https://draxe.com/food-desert/

Title: Stretching Promotion Among New Brunswick Senior Citizens

Name: Brittany Bernstein

Preceptors: Direct Supervisor: Melanie Ford, Director of Social Services

Agency: New Brunswick Senior Citizens Resource Center

Purpose: Measure the effectiveness of providing an education binder to senior citizens on the importance of stretching and range of motion (ROM).

Significance: Aging is characterized by a plethora of physical changes that contribute to an older adults decline in his or her ability to execute daily tasks. Without proper stretching, it may become difficult for elders to perform activities of daily living, such as stairs negotiation and bathing, without assistance. About 1 in every 4 individuals over 65 report falling each year. Stretching exercises enhance balance and reduce fall risks in the geriatric population. This binder is designed to help educate seniors on the beneficial changes stretching will impact on one's body. My project contributes to the Senior Resource Centers overall goal of promoting an active and healthy lifestyle.

Method/Approach: A questionnaire was given to measure seniors' knowledge on the importance of stretching, and if they had any prior experience on what stretches are best for aging. A binder was created to keep at the Senior Center with multiple beneficial stretches to be used as a resource for those who wish to continue with a stretching program.

Outcomes/Results:

Of the sample size cohort (n=11), 10 seniors (91%) partake in stretching exercises at least once a week, with 8/10 (80%) seniors partaking in stretching exercises at least once a day. 7 (64%) of the individuals said that they were likely to carry out a daily stretching routine, but do not currently because they are unaware of proper stretches. However, 10 (91%) of participants would perform stretches more often if there was a detailed book of stretches provided to them. On average, the participants rated their overall flexibility at a 6 out of 10.

Evaluation/Conclusion:

Based on the results, the individuals that stretched at least once a day (73%) rated their flexibility/ range of motion an average of 7.6 out of 10. Individuals that stretched on a weekly basis (91%) rated their flexibility/ range of motion an average of 4.5 out of 10. Individuals that stretched on a monthly basis or less often (100%) rated their flexibility/ range of motion an average of 3 out of 10. These results show that stretching is very important in order to maintain positive flexibility and range of motion. Based on the surveys distributed, I learned that all 11(100%) participants are aware of the importance of stretching on their personal flexibility and range of motion and all 11 (100%) participants say they will make daily lifestyle changes to help improve their range of motion.

Title: Increasing Childhood Myopia Awareness

Name: Sarah Bilal

Preceptors: Bethany Fishbein, OD, Direct Supervisor

Tobin Ansel, OD, MS, FAAO, Project Supervisor

Agency: Somerset Eye Care

Purpose: To create marketing strategies in an effort to encourage parents to invest in their child's vision early on and propose several interventions to prevent future vision and ocular health problems.

Significance: Myopia (nearsightedness) is increasing amongst school age children and causes large changes in prescription every year as it progresses. According to the National Eye Institute, 42% of Americans between the ages of 12-54 are myopic, which is a huge increase from 25% from 1971, (2017). This is largely correlated with increased nearwork and less time spent outdoors. As the progression continues, prescriptions increase, and the risk for ocular disease increases. Myopia Management is a treatment plan offered at Somerset Eye Care for different treatment options to reduce changes in myopic prescriptions. A marketing plan would help educate and encourage more parents to invest in their children's vision early on to slow progression.

Method/Approach: A seminar, flyers, a Facebook page, newsletter emails, and a Facebook promotion were used to advertise and increase awareness of myopia, its importance, and the dangers associated with it. The Facebook promotion focused on people from local towns aged 18-55 and ran for 30 days.

Outcomes/Results: Of the total patients enrolled in the myopia management program, 2 were from the 2 months before the marketing strategies were implemented (July-August) and 5 were from the two months after the marketing strategy were implemented (September-October), an increase of more than double (2.5x).. A total of 6 people were in attendance at the seminar, the Facebook Ad reached 1805 people, the event page had 44 responses, and the email promotion was sent to 806 existing patients. Of the people that attended the myopia seminar, 5 were from the emails (83.3%) and 1 was from the Facebook page (16.7%). One seminar attendant of the 6 attendants enrolled for a treatment consultation at the end of the seminar, a 16.7% enroll rate.

Evaluation/Conclusion: Through the data collected from the number of patients enrolled before the marketing strategies vs. those enrolled after the marketing strategies, it was evident that the seminar, flyers, Facebook page, and promotions were successful since the number of myopia treatment consults went up, and one of 6 of those in attendance of the seminar enrolled for a consult. This treatment program is specific to a certain age group, therefore, not everyone would be interested in the marketing strategies. This is a shortfall of the marketing strategies since it's not applicable to everyone reached. In the future, the doctors can increase the awareness and knowledge of myopia among patients through exams to people aware enough to seek treatment or more information.

Title: Increase Enrollment of Benefits Program for Older Adults

Name: Nadia Boye

Preceptors: Mona Lisa Hinds APN, Natasha Boye, and Dora Marfo

Agency: Angel Touch Home Care

Purpose: To determine the difficulty and improve enrollment in benefits programs and packages for older adults provided by the New Jersey Department of Human Services, Division of Aging Services.

Significance: It is projected Americans 65 years and older will double in size from 47.8 million to over 98.2 million by 2060, according to the United States Census Bureau. As the population ages, the number of older adults without benefits and living below the federal poverty may also increase. The supplemental poverty rate for older Americans is 13.7 percent, excluding social security benefits from income would result in a poverty rate of 49.7 percent. The New Jersey Department of Human Services, Division of Aging Services, is striving to meet the rising needs of the aging population via the State Health Programs for the Aged and Disabled. The benefits programs offer accessible and high-quality health and senior services to help older adults in New Jersey achieve optimal health, dignity and independence. Due to the high cost of living in New Jersey, the benefits programs are especially significant to reduce the burden of medical and living expenses.

Method/Approach: The methodology included raising awareness of the benefits programs provided by the New Jersey Department of Human Services, Division of Aging Services and concurrently increasing the number of clients for Angel Touch Home Care when applicable. A brief presentation of services, via email, telephone, or in-person, was presented to care coordinators at senior rehabilitation centers, hospitals, and current client's homes in Monroe Township and adjacent towns. Emails offering the benefits programs were sent to the current clientele roster, and a two-year online subscription was purchased to increase exposure of Angel Touch Home Care on major search engines.

Outcomes/Results: Of the 51 clients contacted, 43 were already using Angel Touch Home Care services and the remaining 8 were new clients. All 51 clients were contacted via email, telephone, or an in-person home visit to introduce the benefits programs. Eighteen (35%) did not respond, 17 (33%) responded favorably, 12 (24%) did not wish to apply for benefits now, and 4 (8%) did not qualify for some benefits now.

Evaluation/Conclusion: Although, more than half failed to respond to initial contact a satisfactory number of clients were willing to learn more about the benefits programs. Telephone, or in-person engagement elicited a more favorable response than emailing. Engagement with the older population via telephone or in-person meeting proved to be a more effective strategy to introduce the benefits programs and increase clientele at Angel Touch Home Care than emailing. In the future, seminars will be presented to senior centers to promote more awareness of the New Jersey statewide benefits for older adults.

Title: Colorectal Cancer Screening Awareness through an Online Educational Program

Name: Stuti Buddhadev

Preceptors: Margaret Drozd, MSN, RN, APRN-BC, Director; Robert LaForgia, CHIP Coordinator

Agency: Saint Peter's University Hospital: Community Health Services

Purpose: To increase colorectal cancer screening awareness amongst young adults in Middlesex and Somerset counties.

Significance: In the United States, colorectal cancer kills about 50,000 people each year. Surveillance, Epidemiology and End Results (SEER) program registries state that those born after 1990 have double the risk of developing Colon cancer and four times the risk of getting rectal cancer compared to those born in 1950. In 2018, the American Cancer Society also lowered the recommended age for routine colorectal cancer screening to 45 years old from 50 years old. Technology and social media are important tools for distributing health information to this demographic.

Method/Approach: An online educational program "Hope at Every Turn" was created using credible source of information from the American Cancer Society (ACS), Center for Disease Control and Prevention (CDC) and Memorial Sloan Kettering (MSK). A pre-survey questionnaire assessed an individual's current perspective and knowledge of colon cancer. An educational interactive video then provided information about what colorectal cancer is, the measures one should take to avoid getting it in future and why it's important for an individual to get screened. Lastly, a post-survey was given to measure the effectiveness of the program. The link to participate in this online educational program was then sent out using various social media platforms to the general student and faculty of Rutgers University.

Outcomes/Results: A sample (n = 130) individuals participated in the online educational program. Out of them, 60% (75 participants) were females between 18-24 years old, 16% (22 participants) were males between 18-24 years old, 10% (12 individuals) were females between 25 - 35 years old, 8% (11 participants) were males between 25-35 years old, 5% (6 participants) were females 36 - 45 years old, and 3% (4 participants) were male older than 36- 45 years old. 92% (120 participants) surveyed believed that the program increased their knowledge about colorectal cancer and stated that they are now more likely to get screened for colorectal cancer in the future when appropriate.

Evaluation/Conclusion: Pre and post-survey results indicated that the online educational program "Hope at Every Turn" was beneficial to the participants. The program educated an individual on the knowledge of colorectal cancer and further encouraged them to get screened for it. Due to a lack of colorectal cancer screening initiatives for younger adults, following up with further implementation of health education seminars for this age group will serve as an effective strategy to increase colorectal cancer screening rates. Observation of colorectal cancer screening rates will measure if that has been accomplished.

Title: A Study of Handwashing among young Children

Name: Daniela Cevallos

Preceptors: Director - Project Supervisor: Ms. Eny Reinoso

Agency: Young Learners Academy

Purpose: To analyze and study the behavior of handwashing among children aged between two and five years.

Significance: Upper tract respiratory infections and diarrhea are known to claim the lives of more than 4 million children in the United States every year (Ejemot-Nwadiaro et al., 2015). Handwashing with soap is a simple and cost-effective strategy that families can use to reduce this cause of deaths. However, due to the lack of modern communication campaigns, more than 50% of the families are not aware of the causes of diarrhea among children. Watson et al. (2017) found that children usually do not engage in handwashing at critical junctures such as after visiting the toilet when they are at school. The children normally lack proper guidance from the teachers, thus making it difficult to mitigate cases of upper tract respiratory infections. Britto et al. (2017) and Contzen and Mosler (2015) found that teaching and educating children on the importance of washing hands enables them to stay healthy. The Center for Disease Control and Prevention (2018) and Lewis et al. (2018) also claim that handwashing lessons can reduce respiratory illness in a population by approximately 20 percent. The campaign will further promote the change in behavior where each child will take responsibility for washing his/her hands before eating or after visiting the toilet. According to Biran et al. (2014), an effective handwashing awareness campaign often reduces cases of sickness and deaths by 70 percent.

Method/Approach: The cohort approach was used to study the population as an observational study. The study sampled 17 children aged between two and five years within two weeks. The researcher used observation to determine the behavior of the children after visiting the toilet and before eating. The researcher used interviews to question the children above three years to determine their behavior at home and secondary sources were also instrumental in supporting the data collected from the school. For example, the researcher used journal articles, books, and the websites of an organization such as the Center for Disease Control and Prevention.

Outcomes/Results: Of the sample cohort (N=17), eight children (47%) were able to wash their hands by themselves after visiting the toilet, knowing the importance of soap use. Four children (24%) were able to wash their hands but did not know that during handwashing, it is necessary to use soap. Two children (12%) were able to identify water, soap, paper towels but did not do use it. Tree children (18%) did not care of handwashing since handwashing after using the toilet or before eating has been not reinforced at home. Finally, even though the school placed soap at strategic points outside the toilets, only 71% of the children did not mind using it.

Evaluation/Conclusion: From the population of 17 children, more than 53 % were not aware of the importance of using soap to wash their hands after visiting the toilet and before eating. Teaching and creating awareness through posters should be used to encourage the children to change their behavior and start washing their hands with soap. Monitoring should be done in community health centers to determine if the number of children reporting respiratory illness and diarrhea has reduced.

https://docs.google.com/document/d/1g6-BK16mvzlJkDk42RX_6tedNXYBaXgNCDFN0Sn7Z54/edit?usp=sharing

Title: PleurX Catheter Handbook for Better Patient-Physician Satisfaction

Name: Anna Chandra

Preceptors: Direct Supervisor- Samantha Bernard, Practice Manager

Project Supervisor- Alanna Kendig, NP, Nurse Practitioner

Agency: Weill Cornell Medicine Pulmonary and Critical Care Medicine

Purpose: To design a PleurX Catheter Handbook on how to use the drainage, reduce the risk of infections/surgical incisions and save resources (potential reduction in provider visits, nurse time or hospital stays).

Significance: American Thoracic Society estimated that a million Americans develop pleural effusion each year while 150,000 are diagnosed with malignant pleural effusion, the build-up of fluid containing cancer cells. According to Kookoolis, et al. (2014) study, pleural effusion which is the excessive buildup of fluid between the chest cavity and lungs kill about 15 percent of patients hospitalized within a 30 day period. Both pleural effusion and malignant pleural effusion are due to many causes, ranging from congestive heart failure, cirrhosis to even pneumonia. The PleurX catheter Handbook educates patients on how to safely drain fluids on their own convenience, have their independence and flexibility and better control of symptoms.

Method/Approach: Patients are required a handbook listing the step by step instructions of what to expect during and after their procedure. In order to decrease the risk of infections/surgical incisions and conserve resources, a guideline for the patients' supplies and usage would allow a better understanding of the Pleurx Catheter kit. The attending physicians will be able to keep track of the patient's labs and the fellows will be able to continually follow up with the patient's drainage record as included in the PleurX Catheter Handbook. Instructions will be provided as a physical and organized tool to keep track the amount of drainage as well as the steps to drain the catheter.

Outcomes/Results: The handbook will guide patients to understand their usage of the PleurX catheter drainage procedure, usage, special care instructions. These guidelines will assist both physicians and patients in organizing as well as monitoring the patient's drainage logs consisting specific amounts (L/mL) and the coloration of the fluid. Patients will be more organized and prepared from the time they start their treatment to when they are able to manage the drainage procedure on their own.

Evaluation/Conclusion: Overall, both fellows and physicians will easily identify any drainage changes that need to be made or any problems that have occurred. There will be a significant decrease in the amount of time looking for data for different patients. Patients will encounter an increase in satisfaction, less confusion and efficiency of services. The handbook should be reviewed annually for an increase in patient-physician satisfaction and communication.

 $\underline{https://docs.google.com/document/d/1OLXWdH9ULZTzUxUy4zuNHX4M6aSrW8MqrGOAKfwim94/edit?usp=sharing} \\$

Title: Health Opportunities for Transgender Adolescents

Name: Ruhma Cheema

Preceptors: Direct Supervisor: Dr. Gloria Bachmann, MD/MSS, Women's Health Institute Director

Project Supervisor: Dr. Percy Luk Yeung, PhD

Agency: Women's Health Institute at Robert Wood Johnson Medical School

Purpose: To analyze obstacles and opportunities for adolescents who identify as transgender and provide suggestions for healthcare providers to allow these adolescents to openly discuss their health needs.

Significance: Adolescents who identify as transgender face many obstacles and opportunities. Often, this is due to the factors present in one's environment. The Center for Disease Control and Prevention mentions that negative environments increase the risk for violence, including bullying, physical assault, harassment, and teasing for these individuals. For the youth, the risk of depression and substance abuse is also increased. These acts of violence then have an effect on mental and academic capabilities for the youth (CDC). Victimization and suicide rates for these individuals are also high (National Center for Biotechnology Information). Positive environments, such as having supportive parents, school personnel, inclusive school curriculum, anti-bullying policies, and peer acceptance encourage the youth to feel safe and allow for successful learning (Gay, Lesbian, and Straight Education Network). This improves health outcomes and the acceptance of these individuals (CDC). This assessment establishes whether individuals face more obstacles than opportunities and how healthcare settings can increase opportunities. Having a safe and sensitive clinical environment encourages open discussion and increases caring for transgender adolescents even when they go to obstetrician—gynecologists for gender transition needs (American College of Obstetricians and Gynecologists).

Method/Approach: A literature review was conducted using 35 scholarly articles within the last 15 years to retrieve information on obstacles and opportunities for transgender adolescents. NCBI, ACOG, Google Scholar, and CDC were the main research sources. Keywords included "challenges," "support programs," "disparities in health care," and "health impacts." Analysis was done on Excel. Because "supportive health staff" was mentioned the least, slide deck was created for health professionals to present benefits of supportive health staff for transgender adolescents, which increases health opportunities.

Outcomes/Results: As a result, it was realized that 63% of articles indicated more obstacles than opportunities for individuals. Only 8% included supportive health professionals, which was shown to be the lowest out of other indicators for opportunities. The importance of supportive health staff was approved to be presented on a slide deck to increase health opportunities for transgender adolescents.

Evaluation/Conclusion: There are still many obstacles faced by transgender adolescents and one of the ways to improve opportunities is in the healthcare setting. There is limited research on this topic and more is needed, especially for adolescents. A slide deck with reasons for supportive health staff should be updated to improve quality of care for transgender individuals who are seeking medical help.

Title: Auditing Medical Records

Name: Vaxi Chokshi

Preceptors: Tonya Terry, Internship Manager

Agency: VITAS Healthcare, Livingston

Purpose: To perform medical record audits to ensure completeness, and accuracy which eventually help eliminate fraudulent claims and improve accuracy of billing.

Significance: Admission orders and initial documents are an important area of focus for auditors charged with responsibility for recouping improper Medicare payments. Hence identifying and correcting the problem areas before insurance or government payers like the recovery audit program (RAC) challenge inappropriate coding is necessary. Insufficient or inaccurate documentation eventually leads to loss in revenue.

Method/Approach: Auditing every chart which meets the inclusion criteria is usually not feasible, so a good rule of thumb is to choose approximately 20 percent of the eligible charts to review. Next step is to develop recordkeeping file electronically to organize the results in a way that allow evaluating individual records as well as aggregate data. Then coordinate the details of the audit: date and time to be performed, the number of charts to be pulled, the individuals involved, etc. Enlisting the assistance of the medical records manager to help procure the charts and ensure HIPAA compliance. Thereafter, perform the audit and collect the data. In the end reflect on how the findings will be used and summarize the data in the way which will be most impactful.

Outcomes/Results: Three audits were completed between 9/4/2018 to 12/1/2018. The first audit in September showed that out of 20 percent of the eligible charts only 68.4 percent were complacent with VITAS Healthcare standards. October showed an improvement by 74.2 percent, November reached 82.7 percent and December was 85.1 percent. Equating to an average 77.1 percent of complacent rate.

Evaluation/Conclusion: Preceding notes lacked structured format for admission clerking. Therefore, a process of improvement plan was developed including an education of all allied health professionals, separation of old and new notes to enable easy access and most importantly new templates were designed for initial clerking. In the re-and post-audit comparison of three months there was an improvement by 16.9 percent. The audits will be held monthly until we reach an improvement score of 95 percent. When the monthly audits are complacent there will only be a steady surveillance of the files.

Title: Safety and Trauma Informed Care Initiatives, Intern

Name: Kayla Cullari

Preceptors: Aldina Hovde Director, Safety and Trauma Informed Care Initiatives

Agency: NJ Chapter, American Academy of Pediatrics

Purpose: To educate health providers with a free training on child abuse and neglect prevention.

Significance: In New Jersey alone, there have been over 42,000 cases of child abuse within the last five years. This does not include child neglect or cases that were not investigated. In 2015, New Jersey reported 23 child deaths resulting from child abuse and neglect. For the last 15 years, these trainings have shown knowledge gain among participating pediatric healthcare teams. Pediatric healthcare teams now understand the signs and the necessary steps to take if they suspect child abuse or neglect. With more pediatric healthcare team members aware of the signs of child abuse, cases should begin to decrease not only in New Jersey but nationwide.

Method/Approach: The approach to editing the child abuse and neglect training manual starts with looking at each presentation one at a time. After reviewing each presentation, handwritten notes are made for each slide of the presentations to keep tabs on statistics that need to be updated, photos that should be changed and overall format and order of the presentations. After all notes of changes are made, the changes are reviewed by the supervisor. Once changes are approved by the supervisor, edits are made in the computer on PowerPoint. Research on current child abuse and neglect data is done to update statistics within the slideshow. Once changes have been approved to all presentations and all slides are updated, all slideshows are printed out and put into training binder for trainers.

Outcomes/Results: The training manual will be completed by December 5, 2018 and used for the upcoming year 2019. Training manuals will be distributed to Pediatric Medical Champions from NJAAP's statewide network of pediatricians, who will study the updated data and then go onto to teach this information at local hospitals and educational sessions. Once the training is over, participants are asked to complete a short survey about the training. The surveys include a "pre/post change in knowledge" that gives the healthcare providers a chance to let NJAAP know how much they already know about child abuse and neglect before the training, and how much knowledge they gained after the training. At the end of the year, all surveys are put into an online survey tool that will calculate the healthcare provider's thoughts about the overall training, how valuable the training was and how much knowledge they gained after the training.

Evaluation/Conclusion: The ultimate goal for this updated training manual is prevention, as well as helping pediatric healthcare teams better understand how to identify and respond to suspected child abuse and neglect, the signs to look out for, as well as who to contact if they come across a possible case of child abuse. The end conclusion is to help save children from child abuse and neglect. If more health practitioners are involved in the educational sessions, we hope that it can help save more children.

Title: Misconceptions about the Influenza Vaccination in Middlesex County

Name: Katherine Drum

Preceptors: Direct Supervisor: Margaret Drozd, Director of Community Health Services

Project Supervisor: Robert LaForgia, Community Health Improvement Plan Coordinator

Agency: St. Peter's University Hospital, Community Health Services Department

Purpose: To educate people in Middlesex County on common misconceptions about the flu vaccine.

Significance: In the United States, the Centers for Disease Control and Prevention (CDC) has estimated between 9.2 and 35.6 million influenza illnesses, between 140,000 and 710,000 hospitalizations and between 12,000 and 56,000 deaths annually since 2010. The severity of the illness can vary, but factors considered include whether it is the peak of the season, how effective the vaccine is against the illness, and how many people get vaccinated. The vaccine has been shown to reduce symptoms and other serious complications related to the flu virus. Preventative actions are less costly and help slow the spread of infection. Vaccination is one of the most cost-effective interventions.

Approach: A review of common myths was compiled using information from the CDC. Nine common myths were chosen, based on which are most common. Using this information, a poster was created to be brought to different sites that the department visits to administer health services, including flu vaccinations. The poster featured nine myths, with the correct information to properly educate the public. A short survey was conducted face to face with participants and was used to analyze the success of the poster. The survey had 2 questions, which were answered with either yes or no. The first question was, "after reading this information, did you learn something new about the flu vaccine?" The second question was, "would you be more likely to get the flu shot in the future?" Participants were then asked to point out the myth they hear most often, as a reason people choose not to be vaccinated.

Outcome: The results of the questions were compiled. For the first question, 49 (94.2%) participants responded "yes" and 3 (5.8%) responded "no". For the second question, 41 (78.8%) participants responded "yes" and 11 (21.2%) responded "no". The most popular myth was "the flu vaccine makes people feel sick", which received 40% of the votes. Other popular myths were "people who get the flu shot end up getting the flu anyway" which received 30% of votes, "the flu vaccine can give you the flu" which received 26.7% of votes, and "the flu vaccine causes serious allergic reactions" which received 3.3% of votes.

Conclusion: The most common misconceptions people have about the flu vaccine are that it makes people sick, can give you the flu, and is ineffective because you can still get the flu virus. A majority of people responded that they both learned something from the poster and would be more likely to get vaccinated in the future. Therefore, this board will be brought to future sites that the Community Health Services Department visits, in a continued effort to address these misconceptions in the community and promote vaccination.

Title: Mexican American Council of New Jersey Demographic Analysis

Name: Brandon España

Preceptors: Direct Supervisor: Teresa Vivar, Executive Director

Agency: Lazos America Unida

Purpose: To analyze the presence of Mexican American immigrants in the state of New Jersey since the early 1990s and understand their growing social power, among other demographic trends.

Significance: People of Mexican descent have had a long history not only within the United States but also in New Jersey. This population has increased dramatically within the state, comprising the second largest group of Hispanics in New Jersey, as well as largest growing community in the same state (Rutgers 2018). Because of this increase, the social, economic, and cultural effect that the Mexican community has and will continue to have will only grow. The purpose of such research would serve to highlight the existence of people of Mexican descent in New Jersey and to serve as a form of empowerment through acknowledgement. The results of this task would provide empirical data that would confirm the large scale presence of the Mexican community around the city and in local structures such as counties to exhibit the influence that this community has and the need for its recognition as a statewide social force.

Method/Approach: In order to collect this data and create a demographic profile, U.S. census data on the NJ population of Mexican descent will be accessed and analyzed. The breakdown of individuals of Mexican descent will include an analysis of counties and cities of interest to better understand the dispersion and growth of this community throughout New Jersey. Other factors including poverty rate, average household income, number of children, among several others will also be analyzed and reported upon to provide for a better understanding of the characteristics that comprise this specific community.

Outcomes/Results: After an analysis of U.S. census data, it was found that the Mexican population in New Jersey is about 260,000 as of 2017. This represents an increase of 766% since 1990, when the population was around 30,000. While its population is much smaller, the Mexican community exhibits a higher fertility rate than other races, with 7.2% of all women aged 15 to 50 giving birth to a child in 2017, compared to 4.7% in Black or African Americans and 4.6% in White Americans. Other characteristics of this community include a median household income of approximately \$47,000 and an average family size of 4.21 individuals, compared to 3.50 in Black or African Americans and 3.23 in White Americans.

Evaluation/Conclusion: The findings of this project were able to indicate the large presence of the Mexican community in New Jersey and emphasized how this community will continue to grow at a rapid pace due to high fertility rates and large family sizes. The project succeeded in illustrating why the Mexican community is a rapidly growing social force in the state which will have important effects on economics and policy as this community's influence grows larger. One limitation of this project was the use of 2017 estimates based on U.S census data that can only approximate populations and other info.

https://docs.google.com/document/d/1UKbx3fiJfwhlU8e-HZA Mo8XuFzQaPoV8f0UZgPni9U/edit?usp=sharing

Title: Transportation Barriers as a Social Determinant of Health Awareness

Name: Dawud Hamdan

Preceptors: Direct Supervisor: Marge Drozd, Director of Community Health Services

Project Supervisor: Robert LaForgia, CHIP Coordinator

Agency: Saint Peter's University Hospital-Community Health Services

Purpose: To raise awareness and provide recommendations to policy makers and government officials on the barriers that people without private transportation face when attempting to utilize public transportation services, especially when seeking medical treatment.

Significance: Public transportation barriers are a growing concern in public health. The American Hospital Association announced that, each year, an estimated 3.6 million people in the United States struggle to receive medical care due to transportation issues, and it is the third most commonly cited barrier to health services. Transportation barriers can result in missed/delayed medical appointments, increased expenses, overall poorer health outcomes and limited options for medical care. A study, by Skinner et al, was conducted among 38,866 households consisting of children with special health care needs, such as physical disabilities. The study sought out reasons for unmet medical needs among this population and found that lack of transportation was 58% more likely to be the cause of unmet needs than any other reason (2004).

Method/Approach: Important stakeholders (private and public) were gathered at a regional transportation conference to address the issues that make public transportation a social determinant of health. Following, a series of self-made presentations (verbal or visual) were performed in an attempt to advance the discussion of public transportation to local and state government. A New Brunswick City Council Meeting (verbal) and two private meetings with New Jersey State Senator and Chairman of the State Transportation Committee, Patrick Diegnan Jr. (PowerPoint), and a representative from the NJ/NY Port Authority (PowerPoint) were utilized as platforms of discussion. The 5-45 minute presentations consisted of anecdotal accounts of transportation barriers, relevant statistical data on transportation, and potential remedies.

Outcomes/Results: Throughout the awareness campaign, four presentations were conducted and an estimated 100 people were educated on transportation barriers as a social determinant of health. Based on evaluations affirming knowledge gained and verbal feedback, these presentations adequately delivered relevant and significant information on transportation barriers.

Evaluation/Conclusion: The awareness campaign was successful in increasing knowledge about transportation as a social determinant health. As a result of the campaign, Senator Diegnan has called for a hearing with his chief of staff and representatives of the Department of Transportation, to develop a master plan for the future of statewide transportation. Lack of time was a limitation to this project.

Title: Code Blue Volunteer Recruitment Drive

Name: Robert Hayes

Preceptors: President: John El-Maraghy

Agency: Archangel Raphael's Mission

Purpose: To research New Brunswick's need to provide resources to homeless persons and develop an event aimed at staffing Code Blues.

Significance: Code Blue is the term used to describe when the weather reaches deadly unsafe conditions for individuals to be in the elements for an extended period of time. A Code Blue authorizes a municipality to open public facilities to house the homeless population in the city. The program has placed a strain on resources and is almost entirely supported by volunteers. Any particular Code Blue event is expected to service upwards of 50 individuals seeking shelter in New Brunswick; Archangel Raphael's Mission wanted to assist in the recruitment of more volunteers for this important service.

Method/Approach: Recruiting for Code Blue events included an informational type event hosted in a prominent business that has good exposure to the community at Rutgers University. The main focus was the Rutgers University student population as there are many organizations on campus that take great interest in community service. Foot traffic in and out of the chosen business was an important factor to be considered. The chosen business needed to have a great reputation in the community and be receptive to the mission of ARM. Because there was no budget to provide incentives to volunteer commitals the strategy was then to capture contacts and form a listsery.

Outcomes/Results: At the end of the two hour event 15 contacts showed interest in volunteering during Code Blue events by signing up for the listserv. An additional 5 individuals sent email inquiries expressing their interest after being exposed to either ARM's social media campaign or flyer distribution. A connection with a community organizer of the city of New Brunswick as well as officials at other public service organizations in New Brunswick were also made. They offered support to ARM in this endeavor by providing word of mouth advertisement as well as volunteering during the events themselves.

Evaluation/Conclusion: The Code Blue recruitment event by and large was a success by the standards set by the President of ARM. The event resulted in 15 individuals signing up for the listserv, 2 of which has since volunteered during the first Code Blue event declared this season. In the future this type of event would be more successful if the location was closer to the demographics that was advertised to. The shop where the event was hosted in was within a 10 minute walk from college ave and douglas campuses however there were more convenient and socially relevant locations that may have allowed ARM to take greater advantage of walkins.

Title: Trauma Flow Sheet Audit Review

Name: Tyler Henderson

Preceptors: Direct Supervisor: Diana Starace, Injury Prevention Coordinator

Project Supervisor: Cathrine Filippelli, BSN, RN, CEN

Agency: Robert Wood Johnson University Hospital Trauma Center, New Brunswick

Purpose: To perform manual audits of trauma flow sheets in the hospital to ensure that proper procedures, documentation and standard of care are completed timely and correctly.

Significance: When a Trauma Code, Alert, Transfer or Consult arrives at Robert Wood Johnson's Level One Trauma Center, a five-page flow sheet document is used to record the event. This can include time of arrival, clinical staff, condition on arrival, type and location of injury, radiology, treatment, vitals, assessments and many more important details. This document records a clear clinical picture for a high stress and fast paced event. The flowchart becomes part of the patient's permanent medical record. Data from this document are also abstracted and utilized for reports to the state and federal trauma registries.

Method/Approach: A physician rounding report from the trauma team is provided in the morning, listing all inpatient and emergency room trauma patients. The patient's charts are located in the main hospital or in the children's hospital next door. A chart audit form allows errors to be quickly recorded and lists what is missing from the trauma flow sheet. By the time the patient has been admitted, they are either in the SICU or on a floor and the entire flow sheet should be completed and signed by at least two clinical staff members. Measures of percent complete by each category, average complete per month, and trends in missing data can be derived by utilizing the chart audit data. At the start of this project it was hypothesized a Code Triage would have more documentation errors because there is a shorter time for alerting staff about the arrival of the patient, and the seriousness of the injuries are typically more severe. Conversely Alerts, Transfers and Consults may have a higher completion percentage as staff have more time to prepare for the patient and the injuries are usually less severe.

Outcomes/Results: Ninety audits were completed between 9/11/2018 and 11/1/2018. September showed an average completion of 85.03% (38 audits) and October 83.79% (52 audits), equating to an average 84.41% completion rate. Eighteen audits were Codes with 107 errors = 14.15% error rate. Fifty audits were Alerts with 346 errors = 15.84% error rate. Twenty audits were Transfer or Consults constituting 134 errors = 15.95% error rate. Overall there were 587 errors and omissions out of a possible 3,780 or 15.31%.

Evaluation/Conclusion: Contrary to the initial hypothesis, the Codes were actually the most complete and accounted for the least amount of errors. After consulting with our trauma nurses the unit came to the conclusion that since Codes are the most critical of traumas that enter the hospital, extra care must have been taken to ensure completion of the trauma flow sheets. This is supported by the fact that Alerts, Transfers and Consults have essentially the same completion percentage.

Title: Mobilizing the Relocation Industry to Fight Hunger

Name: Shruti Jadhav

Preceptor: Kasia Lenart, Events and Intern Coordinator

Agency: Move For Hunger

Purpose: To determine whether the success of a Move For Hunger food drive is impacted by the type of organization hosting the food drive.

Significance: Over 15% of US households with children were affected by food insecurity in 2017. Move For Hunger fights food insecurity by maintaining a network of moving companies, apartment communities, and community organizers who work together to donate to food banks across the nation. The organization's food drives vary greatly in the type of organization hosting them, the locations and dates they are held on, pounds of food collected, and impact on the local community. It is beneficial to examine whether some organizations tend to hold more successful food drives than others, so that strategies can be developed to optimize food drives.

Method/Approach: Salesforce event archives were used to export data for 628 food drives that were conducted from November 1, 2017 to October 31, 2018. Each food drive was assigned to an organizer category indicating the type of organization that hosted the drive. The data was analyzed to determine the number of food drives, total food drive donations, and average pounds donated per drive for each category. Since mover food drives comprised a significant proportion of donations, they were sorted by theme to identify the most common and successful food drive themes.

Outcomes/Results: Organizers in the housing & relocation and real estate categories held 48.56% of the food drives in the sample, but averaged only 143.63 pounds per food drive. Movers held only 8.92% of the food drives, but averaged 2,103.43 pounds per drive. Also notable were the National Association of Letter Carriers (NALC) Food Drives, which averaged 9,4631.51 pounds per food drive, and gleaning events, which averaged 2,299 pounds per event. Among mover food drives, the most common and most successful theme was the Fill-A-Truck theme, which averaged 2,590 pounds per food drive.

Evaluation/Conclusion: Food drive success is impacted by the type of organization hosting the food drive. Movers were extremely successful due to their ability to host large-scale Fill-A-Truck food drives using their own trucks, which drew public attention and garnered many donations. Gleaning events were also productive because they featured excellent collaboration between organizers and local farmers markets that accepted the food donations. Similarly, the NALC Food Drives were successful because the organizers collected donations at numerous locations nationwide. To maximize food drive donations, it is recommended that Move For Hunger prioritize mover food drives and large-scale, multi-location food drives over smaller drives. Organizers should be encouraged to scale up food drives when possible, and connections with food pantries should be strengthened so that food drives run smoothly.

Title: Preemptive Analgesia to Reduce Opioid Use Post Hip and Knee Replacement

Name: Jan, Saddaf

Preceptors: Kyala Pascual, BSN, RN, ONC

Agency: Robert Wood Johnson University Hospital

Purpose: To evaluate the results of pain medication given before a hip or knee replacement

Significance: According to the National Institute on Drug Abuse, more than 115 people die of an opioid overdose everyday. About 21-29% of these people were prescribed opioids for pain management (NIH, 2018). And 4-6% will become heroin users. getting patients out of pain and back to the comfort of their own home is one of the goals of the Orthopedic Unit. Research has shown that patients receiving preemptive analgesics had a decreased hospital length of stay and reduced likelihood of discharge to a skilled nursing facility. Research has only shown that opioids do not make the pain go away but rather convinces the brain that the pain is not there thus, once it wears off, the patient needs more.

Method/Approach: Review of patient's charts of April and May without pre-emptive analgesia, and July and August with pre-emptive analgesia. The data being collected presents the number of patients each month(n), the patient's use of opioids, age, gender, comorbidities, opioid use and pain levels.

Outcomes/Results:

For the month of April, there were 33 patients, the average milligrams of morphine was 66.1 and the patients who did not use opioids was 12%. For the month of May, there were 32 patients, the average milligrams of morphine was 92 and the patients who did not use opioids was 12.5%. For the month of July, there were 24 patients, the average milligrams of morphine was 75.6 and the patients who did not use opioids was at 8%. Lastly, for the month of August, there were 11 patients, the average milligrams of morphine was 82.3 and the patients who did not use opioids was at 18%

Evaluation/Conclusion:

Based on the evidence, there were no visible effects of the pre-emptive analgesia however, there was an increase in the percentage of patients who did not use opioids. Given the opportunity, more time for more data collection would possibly yield the results anticipated.

Title: Trinitas Marketing Outreach: Brother Bonaventure Extended Care and

Rehabilitation Services

Name: Chachoune Janvier

Preceptors: Director/Project Supervisor: Joanna Gorczyca, Director of Senior Services

Agency: Trinitas Regional Medical Center: Brother Bonaventure Extended Care & Rehab

Center (BBECC)

Purpose: To analyze BBECC census patterns and propose marketing strategies that will increase physician referrals and patient admissions.

Significance: According to WHO, the number of people ageing 65 or above is estimated to grow from 524 million in 2010 to 1.5 billion in 2050. Most of the ageing population growth is occurring in developing countries which are plagued with ready-to-collapse healthcare systems. The BBECC is a non-profit, catholic, long-term care facility located in the urban city. Their mission is to serve the underprivileged, underserved, and underinsured population. As a result of an ageing population long-term care is needed due to comorbidities among the elderly, financial restraints, and lack of family support. Despite, the need of care within the community BBECC struggles with census and name recognition.

Method/Approach: To combat the challenges presented an organization and physician database will be created as a potential referral source for the BBECC. Meetings will be scheduled to market to these organizations and physicians. Also, a brief presentation will be developed and utilized when meeting with these prospective referral sources. Lastly, a tri-folder stand will be utilized during community outreach events and testimonial cards will be mailed to our residences in the local area.

Outcomes/Results: Both quarter 2 (April, May, and June) and 3 (July, August, and September) will be compared. In quarter 2, n(1)=145 patients have been accepted and n(2)=73 of those accepted patients (new and re-admits) have been placed at BBECC for quarter 2. In quarter 3, n(1)=148 patients have been accepted and n(2)=97 of those accepted patients (new and re-admits) have been placed at BBECC for quarter 3.

Evaluation/Conclusion: Our measure of success is based on our quarter admissions report. BBECC's ultimate goal is to increase patient admissions. Success has been noted thus far. Our plan is to build upon this success and continue to meet the needs of the underprivileged, underserved, and underinsured ageing population. Progress will be noted on a quarterly basis. Quarter 2 ratio computes to 50.3% compared to quarter 3 at 65.5%. There was a 15.2 increase in referrals between the two quarters. Effort is underway to continue on the progress made thus far by utilizing the tools we've developed. Quarter 4 data will be collected and analyzed in January 2019.

Title: Content and Scenario Integrated Marketing and Brand Advertising

Name: Ying Ji, Operation Specialist Intern

Preceptors: Direct Supervisor: Wanfu Zhang, Leader of Resource Group, Planning

Department, Content and Scenario Marketing Center

Program Director: Jingjing Pan, MD, Content and Scenario Marketing Center

Agency: Guangdong Advertising Group Co Ltd (GIMC)

Purpose: To collect advertising resources across the media industry, integrating them into the Company database for marketing and then work with clients on designing advertising proposals for their brands with the wise usage of the resources.

Significance: GIMC is one of the oldest advertising group in China. Its competitive advantage is the ability to provide customers with highly effective marketing solutions in the fields of various types of marketing such as brand marketing, digital marketing and media marketing. Due to the emergence of data analytics and the fierce competition among advertising industry, GIMC needs to perfect its big data ecosystem (G-NOVA) to launch smarter, more personalized and creative marketing solutions for clients.

Method/Approach: 1) Collecting competitive advertising resources: communicating with various companies in media industry through various ways (company's promotion meeting, relationship management with company representatives) 2) Fulfilling Company database: entering the significant information of potential resources into G-NOVA database with highlights and labels; 3) Designing creative and personalized advertising proposals for clients: face to face talking with clients, matching clients with suitable resources through database, in-group brainstorming for creative usage of resources and summarizing the thoughts into formal proposals; 4) Advertising for Company: learning about the Company especially its competitive advantages through internal developing program, summarizing them and spreading them with various advertising methods (TVC, social media) to the potential clients.

Outcomes/Results: During the Internship, with the help of colleagues in GIMC, the following outcomes are achieved: 1) Communication and resource collection with seven different media companies; 2) Entry of over 50 different resources into company database (including TV shows, dramas and films); 3) Seven advertising proposals for clients from various industries (Diary, Car, Department Store, Supermarket, Detergent...); 4) Three promotion slides for company advertising (database introduction and digital marketing, advertising in celebrities and TV series, advertising proposal for 2018 World Cup)

Evaluation/Conclusion: The company database is continuously updated. It saves time on resource and receiver selection, so more time can be used to improve the ideas, increasing the creativeness of advertising contents and methods. Also, the advertisement can reach the potential customers more precisely. Therefore, the working efficiency and the competitiveness of our company is improved, more clients are attracted and more creative advertising proposals have been designed.

Title: Academic Growth and Achievement of the Project Learn Initiative

Name: Safiyyah Johnson

Preceptors: Chief Executive Officer: Michelle Carrera

Director of Operations: Natalie Devonish

Agency: The Boys & Girls Club of Atlantic City

Purpose: Analyze The Project Learn Initiative success between October 10, 2018 and November 26, 2018

Significance: AmeriCorps and The Boys & Girls Club of Atlantic City (BGCAC) teamed up to formulate The Project Learn Program which aims to provide academic support to youth participants while bridging the gap between the resources available in Atlantic City's impoverished communities versus wealthier surrounding areas. Ninety-three percent of youth within BGCAC are living under the poverty level. Only 29% of students between K-12 grade in Atlantic City school district academically met/exceeded the expectations of the English Language Arts/Literacy PARCC Exam and 23% met/exceeded the expectations in math. AmeriCorps will also continue to encourage academic excellence by awarding the tutors and selected members that are hired a stipend and education award towards higher education. This program is very important to BGCAC because it encourages the youth and families to grow educationally and enhance the probability of the community that will seek higher education, gain successful employment, and live an overall healthier lifestyle while earning a salary that is higher than the poverty rate.

Method/Approach: Twenty randomly selected Project Learn students' interim reports were collected on October 10, 2018 and compared to the report cards from November 26, 2018. There was an analysis of the percentage of students whose grades has increased and how much it has increased due to the continued tutoring programs of Project Learn. This was compared to the same club member's grades during the prior academic school year when this program was not in place.

Outcomes/Results: The average grades of the 20 students for the prior school year was 88.2%. The interims collected on Oct.10th averaged at 89.4%, while the report cards that came in on Nov. 26th, after the same students were tutored by The Project Learn Initiative was at an average of 95.2%.

Evaluation/Conclusion: The students had a total average grade increase from the prior year of 7% and a total increase from the interim report of 5.8%. This analysis suggests that the students' grades have increased as a result of being tutored and having the support of the Project Learn Initiative. BGCAC plans to continuously be of support to their youth in order to increase the overall health and have a healthier lifestyle while earning a salary that is higher than the poverty rate.

Title: Improving Patient Satisfaction Through Daily Patient Rounding

Name: Natasha Khatri

Preceptors: Yaniris Garcia, Patient Advocate

Agency: Trinitas Regional Medical Center, Elizabeth, NJ

Purpose: To improve quarterly HCAHPS scores by conducting daily rounds on newly admitted patients and performing service recovery when needed.

Significance: The main goal of Trinitas Regional Medical Center is to provide quality care and treatment to their patients. The purpose of daily patient rounds on newly admitted patients is to obtain feedback about the services received and perform service recovery when needed to improve patient satisfaction. One tactic for measuring improvement in patient satisfaction is through HCAHPS scores. The patient will have a better perception of the facility through rounds which will lead to increased HCAHPS scores. The NRC Health average for the specific dimensions that hold the most significance are: 65.4 for Cleanliness/Quietness, 64.5 for Communication about Medication, 81.4 for Communication with Doctors, 79.5 for Communication with Nurses, and 73.8 for Overall Rating of Hospital.

Method/Approach: To improve and maintain patient satisfaction, newly admitted patient rounds are conducted daily. During rounds, patients are asked if they're satisfied with the services that are being provided as well as if they have any questions or concerns. After their visit, patients receive a survey in which they rate the hospital on various HCAHPS dimensions. Once each quarter closes, that information is compared to previous quarters to see if the 2018 NRC Health benchmarks are met. By comparing quarters from different years to the NRC average, the hospital can monitor their improvement.

Outcomes/Results: The quarters from 2017 and 2018 that are being compared are Quarter 2 (Q2) which runs from April to June and Quarter 3 (Q3) which runs from July to September. That information is compared to the NRC national average for 2018 which is the benchmark that the hospital wants to achieve. Cleanliness/Quietness decreased by 1.5% but remained above the benchmark. Communication with Doctors increased by 3.4% putting it above the benchmark. Communication with Nurses stayed the same and therefore remained below the benchmark. The overall rating of the hospital increased by 2% and is nearing closer to the NRC average. The only dimension that fell below the benchmark is Communication about Medicine which decreased by 2%.

Evaluation/Conclusion: Many of the HCAHPS scores for each quarter from 2017 to 2018 either increased slightly or remained nearly the same. Although this may make it seem like there was not an improvement, improving hospital scores takes time and is a slow moving process. Some ways in which the hospital is working towards improving scores is through daily patient rounds, mandatory educational programs for employees, and the distribution of service recovery gifts for patients.

Title: Innovative Mobile Smoking Cessation Intervention for Latinos

Name: Michelle Kim

Preceptors: Direct Supervisor: Ana-Paula Cupertino, Ph.D., Associate Director of CPC

Project Supervisor: Ciara A. Torres, Ph.D., Research Coordinator

Agency: Hackensack Meridian Health

Purpose: To examine the efficacy of *Decidetext*, an innovative mobile smoking cessation intervention for Latino smokers by promoting a community-based randomized clinical trial.

Significance: Latinos are the second-largest ethnic group in the United States and make up approximately 17.4% of the national population. Cigarette smoking is the leading preventable cause of illness and death for U.S. Latinos and over six million Latinos are current smokers. Cigarette smoking increases the risk for heart disease, cancer, and chronic respiratory diseases. Unlike other ethnic groups, such as non-Hispanic whites, Latinos are less likely to have access to high-quality healthcare, pharmacotherapy use, smoking cessation programs and knowledge of existing medical/financial resources. In addition, there are limited effective smoking cessation interventions designed specifically for Latino smokers.

Method/Approach: Adult Latino smokers (N=618, age 18 years or older) will be recruited through clinic and community-based outreach and then randomly assigned to the *Decidetext*, a culturally-accommodated intervention or standard care control condition. Participants in the *Decidetext* group will receive a tablet-based interactive educational session that includes collection of basic smoking history data, individualized quit plan, and text-messaging based counseling. Participants in both groups will receive an adapted version of standard printed smoking cessation educational materials, which include information about the health risks of smoking, benefits & strategies for quitting and access to free nicotine replacement therapy (patches or gum). Participants in both groups will be required to complete follow-up assessment at the end of the treatment at Week 12 and a point prevalence check at Month 6.

Outcomes/Results: During the internship, the following tasks were completed: (1) Prepare educational and promotional materials for recruitment events; (2) Attend community-based events to promote cancer prevention; (3) Lead community-based participatory research health education sessions on the importance of quitting smoking, recruiting *Decidetext* study participants and tracking recruitment efforts; (4) Create a database to quantify COE efforts and efficiency in order to advance future strategies for Latino recruitment in Northern New Jersey.

Evaluation/Conclusion: *Decidetext* will have greater efficacy for smoking cessation than standard care by increasing therapeutic alliance, use of pharmacotherapy, and self-efficacy to quit. This study is currently an ongoing smoking cessation intervention that is estimated to be completed by December 31, 2021. Positive results will lead to reducing treatment disparities, reducing tobacco-related morbidity and mortality, and establishing intervention in different settings including, communities, clinics, and pharmacies.

Title: Healthy Lifestyle Choices for High School Scholars

Name: Jihyun Koo

Preceptors: Aaron Reevey, Mentoring Coordinator

Agency: Rutgers Future Scholars Program

Purpose: To collect data on RFS students' current healthy lifestyle choices and implement programs and activities to enhance their physical and mental well-being.

Significance: Every year, the Rutgers Future Scholars Program offers the opportunity for college education to 200 first-generation, low-income students from New Brunswick, Piscataway, Newark, Camden, and Rahway. Several studies have shown correlation between healthy lifestyle choices and students' self-efficacy. For this reason, it is vital that students are exposed to different methods of enhancing their daily habits.

Method/Approach: An anonymous survey, borrowed and condensed from the Health Behavior in School-Aged Children (HSBC) student questionnaire, was given to 20 Freshman scholars at the New Brunswick High School. This assessment was used to determine the scholars' current lifestyle habits. Questions from the survey included 39 items concerning positive thinking, body image, and relationships with friends and family. Data collected from the survey were organized using the IBM SPSS software, which we then utilized to construct mentoring sessions that included anger management, emotional intelligence, and stress management. The implementation of these different programs were used to guide scholars to having healthier physical and mental well-being.

Outcomes/Results: Of the 20 Freshmen (n=20) that completed the survey, 16 scholars (80%) reported their happiness level as "above average," and 4 scholars (20%) as "below average". However, when asked about their relationships with family and friends, 18 scholars (90%) reported that it is "very difficult" to talk to anyone (friend, sibling, mother, father, etc.) about things that bother them. 4 scholars (20%) rated their body to be "a bit too fat" while the remaining 16 scholars (80%) identified their body to be "about the right size".

Evaluation/Conclusion: Although the participating students were not cooperative or willing to engage in the activities at first, they eventually opened up as we brought up more discussion topics from our own personal experiences. Through a series of open discussions and debates among the scholars, we were able to empathize with them and act as role models for the time being. Going forward, the Rutgers Future Scholars will implement more strategies to connect with scholars to help them heal and manage their physical and mental well-being.

Title: 2018 RWJ Safety Ambassador Program Safety Summit Evaluation

Name: In Young Lee

Preceptors: Injury Prevention Coordinator: Diana Starace

Safety Ambassador Program Coordinator: Jay Okesola

Agency: Robert Wood Johnson University Hospital, New Brunswick

Purpose: To evaluate the change in knowledge and attitude of high school students from the safety education provided at the Safety Summit.

Significance: About nine million children are treated in hospitals for unintentional injuries each year and each hour more than 9,000 die from these preventable injuries. The National Action Plan for Child Injury Prevention (NAP) provides an action plan to reduce childhood injuries by using the public health model. The public health model includes educating and providing a variety of resources/injury prevention related strategies to communities. Although informing parents demonstrates improved results, the better approach is to directly involve children and teens. Data from the Trauma Registry demonstrates that the four major mechanisms of injury for kids under the age of 20 admitted to RWJ are falls, motor vehicle crashes, pedestrian, and bike related injuries - the topics covered in the Safety Ambassador Program.

Method/Approach: On October 5th, 2018, 300+ high school students participated in a five-hour training event (Safety Summit) which started with a pre survey to test the safety knowledge of the students. This was followed by sessions from guest speakers providing educational presentations on the the four safety topics. The event concluded with a post survey assessing student knowledge acquisition that can lead to behavioral changes.

Outcomes/Results: When comparing the aggregate of 300+ students, based upon eight knowledge questions, the pre and post survey results showed a significant improvement in safety knowledge (i.e preprogram answered correctly 67% of the time; post program answered correctly 84% of the time). The question used to measure high school students' attitude was "In an emergency, I would consider being a passenger in a car being driven by someone who is under the influence of drugs/alcohol". The analysis of this same attitudinal survey question from the pre and post test showed an increase of students choosing the more appropriate answer, "Strongly Disagree". We can make the assumption that this significant change is based upon the education received at the Safety Summit.

Evaluation/Conclusion: Pre and post surveys were used to measure knowledge acquisition and safety attitudes using multiple choice and Likert scale. In conclusion, there was a significant increase in questions answered correctly from individual pre to post surveys and aggregates for each school.

Title: Assessing the Eligibility of Individuals Interested in Participating in an Alcohol

Treatment Outcomes Research Study

Name: Sherin Mathai, Research Intern

Preceptor: Christine M. Davis, PhD, Assistant Professor, Co-Investigator, Project Manager

Agency: Rutgers School of Public Health

Purpose: To assess the eligibility of individuals interested in participating in the National Institute of Alcohol Abuse and Alcoholism (NIAAA)-funded Alcohol Treatment Outcomes Program (ATOP) being conducted through the Rutgers School of Public Health.

Significance: Problematic alcohol use is the third leading preventable cause of death in the United States and is a major public health concern. The NIAAA provides funding for clinical trials that investigate the efficacy and effectiveness of treatments for individuals with an alcohol use disorder (AUD). As with all human subjects research, risk/harm to potential study participants must be minimized for clinical trials involving individuals with AUD. To accomplish this, the current study developed a screening process that consists of not only assessing eligibility based on study criteria, but also the physical (e.g., possible need for detoxification prior to stopping alcohol consumption), cognitive (ability to provide informed consent), and psychological status of potential study participants.

Method/Approach: Study participants for ATOP are recruited from the community via direct mail, social media, local and online advertisements/flyers. These recruitment materials provide brief information on who may be eligible and what study participation will provide, along with the ATOP phone number and email address for requesting further information. Interested individuals are given a brief Phone Screen to assess whether or not s/he meets certain study criteria (e.g., ≥18 years of age, drinking at risky levels, not using IV-drugs). Those individuals deemed "likely eligible" are scheduled for an In-Person Screen (IPS) at the ATOP offices. The In-Person Screen consists of several reliable and valid assessment instruments that allow study staff to evaluate whether an individual is physically (i.e., is not in alcohol withdrawal), cognitively, and psychologically fit to participate, thus minimizing any potential risk/harm associated with study participation.

Outcomes/Results: Sixteen people were screened via the Phone Screen. Of those, 11 were deemed "likely eligible" and 5, ineligible, for the ATOP study. The reasons for ineligibility were: court order, does not drink enough, homelessness, and enrollment in another treatment program. Of the 11 "likely eligible", 5 never came for their scheduled IPS; 1 was deemed ineligible during the IPS (already enrolled in another treatment program); and the remaining 5 were deemed eligible based on the IPS, provided informed consent, and were enrolled into the study.

Evaluation/Conclusion: The screening process and screening instruments utilized in the ATOP study appear to have been beneficial in evaluating whether individuals were eligible for participation with the benefits of participation outweighing any potential risk. Providing training to research assistants/staff in the proper assessment of potential research participants is critical to the safe and successful conduct of clinical trials and human subjects research.

Title: 2018 FitKit Curriculum Development

Name: Maithri Mathew

Preceptors: Executive Director: Rob Church

Agency: DoughMain Financial Literacy Foundation, Princeton, New Jersey

Purpose: To develop advocacy for greater financial literacy in schools across the United States.

Significance: The 2016 Council for Economic Education Survey conducted a worldwide study and found that there is a significant deterioration in financial literacy comprehension over the past 8 years. On a comparative level, the United States ranks below several developing nations such as China, Poland, and Lithuania. Children are not receiving instruction to make financial decisions that are beneficial to themselves on a personal level.

Method/Approach: Development interns are charged with the task of outreach and development of the curriculum. With respect to outreach, development interns are responsible for compiling research that shows the effectiveness of the curriculum, called the FitKit. Meetings with legislators in the NJ and greater PA areas are conducted with the purpose of promoting advocacy for financial literacy curriculum in schools that do not currently offer adequate financial literacy electives. Additionally, development initiatives include researching grants and writing boilerplates to for-profit and nonprofit charitable organizations that can contribute to DoughMain Financial Literacy Foundation.

Outcomes/Results: NJ Assembly bills 1414, 2773, and 3572 are bills that require the implementation of financial literacy education and personal finance to be taught to students at the the k-12 level. After meeting with NJ Assemblywoman Angela V McKnight (Hudson County), PA Deputy Board of Education Directors, as well as educators at the NJEA teachers' convention, DoughMain Financial Literacy Foundation is working quickly towards implementing FitKit curriculum in over 45 new school districts.

Evaluation/Conclusion: Personal Finance is imperative for good economic health. The push for DMFLF curriculum to be implemented in school districts is derived from the lack of cohesive financial literacy programs. Through the use of large scale advocacy initiatives, the FitKit continues to be implemented in more high schools throughout the NJ and PA areas.

Title: Medication Adherence Education and Screening Tool

Name: Joann Matthews

Preceptors: Christopher Rogers, Project/Program Manager

Agency: Hackensack UMC Accountable Health Communities

Purpose: To develop a screening tool and resource that will allow community health navigators to identify and help patients who do not adhere to provider instructions for medications.

Significance: The current Accountable Health Communities program screening tool screens for five areas of health-related social needs; housing, food, utilities, transportation, and interpersonal violence. However, research shows that addressing health-related social needs alone without attention to patients' health needs, specifically medication adherence, proves to be not as beneficial to patient health development. Lack of medicine adherence may cause complications in patients' health leading to increased costs and creation of barriers to recovery. Interventions from community health workers documented improvement in medication adherence and overall health according to NCBI study. By educating the navigators at Accountable Health Communities on medication adherence, navigators will be able to address this health need. By implementing screening questions in the Personal Interview step of the patient intervention process, navigators will be able to detect patients who do not adhere to medication instructions.

Method/Approach: Background research was conducted to gain knowledge on medication adherence and what tools have previously proven to be beneficial to patients. Medication adherence screening questions were developed and incorporated into the existing Personal Interview tool. Using solutions previously proven beneficial according to studies, three types of interventions were created to address the two forms of medication nonadherence: educational, motivational, and organizational. Resources and training programs were compiled to equip current and future navigators with necessary tools to educate and motivate patients on medication adherence.

Outcomes/Results: Medication adherence was found to be an important factor in assisting high-risk patients with resolving their medical needs. A training presentation was created to train the navigators and future interns on screening for medication nonadherence, the types of medication nonadherence and the reasons why patients do not adhere to medication provider instructions. Patients identified as nonadherent were provided with several resources such as medication reconciliation forms, pill reminder applications and list of home-delivery pharmacies to overcome medication nonadherence.

Evaluation/Conclusion: The new screening tool for medication adherence will be implemented imminently. Navigators will be able to use the resources and information that was compiled. In the next six months, patient response to the new area of the screening should be monitored to track success and to evaluate the effectiveness of the resources given to them. Screening tool questions and navigator responses should be rephrased to fit the needs of the patient.

Title: The First New Oral Treatment for Sleeping Sickness in 25 Years

Name: Sarah Meade

Preceptors: Direct Supervisor: Julia Pittorino, Sleeping Sickness Campaign Coordinator

Agency: Drugs for Neglected Disease *initiative* (DNDi)

Purpose: To measure the effectiveness of oral Fexinidazole, the first new oral treatment for human African trypanosomiasis (HAT), known as sleeping sickness.

Significance: Sixty-five million people in Africa are at risk of sleeping sickness and about 10.8 million people live in areas that are at high risk (DNDi). If left untreated, sleeping sickness is fatal. Doctors Without Borders developed the first treatment, but only 1 in 20 patients survived. DNDi then discovered a second treatment, nifurtimox-eflornithine combination therapy (NECT), but it was not accessible for many patients. DNDi has now discovered an oral treatment that patients take for ten days at home. This treatment is currently under review, but the clinical trials have had much success. This project measured the effectiveness of oral Fexinidazole.

Method/Approach: Data collected between October 2012 and November 2016 was analyzed using SPSS. The data compared Fexi treatment and NECT treatment. Data for three hundred and ninety-four patients was exported into a SPSS spreadsheet. Then, the data was analyzed using descriptive statistics and cross tabs. Of the three hundred and ninety-four patients, two hundred and sixty-four were randomly assigned fexinidazole and one hundred and thirty were assigned NECT. The data was organized into six variables: Given_Fexi, Fexi_Pos, Fexi_Neg, Given_NECT, NECT_Pos, NECT_Neg. The FEXI Reaction Table produced two results: Given_Fexi*Fexi_Pos and Given_Fexi*Fexi_Neg. The NECT Reaction table produced two results: Given_NECT*NECT_Pos and Given_NECT*NECT_Neg.

Outcomes/Results: Of the sample size (n=364), two hundred and sixty-four patients were assigned fexinidazole and one hundred and thirty patients were assigned NECT. Of the FEXI group (n=264), two hundred and thirty-nine patients (90.5%) had a positive reaction to fexinidazole treatment and twenty-five patients (9.5%) had a negative reaction to the fexinidazole treatment. Of the NECT group (n=130), one hundred and two patients (78.5%) had a positive reaction to the NECT treatment and twenty-eight patients (21.5%) had a negative reaction to NECT treatment. A limitation of this clinical trial is the lack of participants due to death. Death was included in the negative reactions results for each group.

Evaluation/Conclusion: More than 90% of the fexinidazole group responded positively to the treatment. Oral fexinidazole proved to be an effective treatment for late-stage HAT patients when compared to oral nifurtimox effornithine combination therapy. Oral Fexinidazole is the first oral treatment for human African trypanosomiasis. It is not only effective, but it is accessible for many patients who live in remote areas and do not have access to hospitals or other health resources.

Title: Research for Food Waste Bill Proposal

Name: Jessica Murray

Preceptors: Direct Supervisor: Robert Zuckerman, Chief of Staff

Agency: Legislative Office of Assemblywoman Nancy Pinkin, LD18

Purpose: To research the causes and implications of food waste on a statewide, national, and global scale, and to propose legislative solutions to remedy such consequences.

Significance: About 40% of food produced and sold in the United States goes uneaten. This uneaten food waste is the number one material sent to landfills and incinerators. The excess of food waste in landfills has caused an increase in levels of methane, a gas twenty times more potent than carbon dioxide and that contributes to global warming by augmenting overall greenhouse gas levels. The reduction of both generated and discarded food waste will reduce methane production, save consumers both time and money, and protect the environment for generations to come. As she is the chair of the State Assembly's Environment and Solid Waste Committee, addressing large-scale environmental issues such as climate change and food waste are a priority for the Assemblywoman's office.

Method/Approach: A review of over twenty related academic and journalistic sources was completed. Research initially aimed to define food waste and its causes in order to propose a method of reducing such waste. Research expanded to three different and specific case studies: New York City, Denmark, and France. The approach of each case in reducing food waste (as well as such consequences) were studied, analyzed, and posited for replication in New Jersey given current political atmospheres, geography, social norms, and budget constraints, as well as social factors.

Outcomes/Results: The research concluded that legislators can propose multiple options to reduce food waste and therefore reduce methane emissions. About half of articles provided scientific background on greenhouse gases, methane production and biogas, and food waste, and the rest of articles provided case study information. From the New York City case study, legislators can replicate the statewide distribution of food waste bins in households. Before the end of the year, NYC saw a household participation rate of 43%, a waste contamination rate of less than 1%, and over 2000 businesses participating in food waste reduction measures. Legislators can also clarify food labeling practices (i.e. "best by" and "use by") that confuse customers [France case] and encourage discounted food-surplus supermarkets [Denmark case]. To make such changes could potentially face pushback from Americans that resent government supervision of private practice and social welfare.

Evaluation/Conclusion: An effort shared between the legislators of New Jersey and the Office of Legislative Services in Trenton has yielded a final draft New Jersey food waste bill. The bill has already passed through one Senate Committee with amendments. It may need additional amendments and continued improvements but it has certainly started passing through the New Jersey legislature.

Title: Tobacco Audits in Egg Harbor Township, NJ, Atlantic County

Name: Oanh Ngo

Preceptors: Direct Supervisor: Kathy McFadden, Associate Director

Project Supervisor: Kim Burns

Agency: Atlantic Prevention Resources in partnership with Tobacco Free for a Healthy NJ

Purpose: To conduct tobacco and vape retailer audits in convenience and gas stores in Egg Harbor Township, NJ

Significance: Smoking is the leading cause of preventable death. According to the Center for Disease Control and Prevention, cigarette smoking is responsible for more than 480,000 deaths including more than 41,000 from secondhand smoking exposure. The average smoker will die 10 years prematurely than a non-smoker. Approximately 5.6 million Americans under the age of 18 could die early from a smoking-related illness. In 2016, \$9.5 billion was spent on advertising and marketing for cigarettes and smokeless tobacco. Through the Point of Sales strategies, evidence can be gathered to help gain support for policies restricting advertising and product availability.

Method/Approach: Product availability and exterior/interior ads for flavored products were the basis for the data collection. A sample of tobacco retailers and vape stores were targeted in Egg Harbor Twp, NJ, Atlantic County. An electronic device recorded all information. Data analysis focused on product availability and flavorings.

Outcomes/Results: Twenty-seven tobacco and vape retailer stores were audited in Egg Harbor Twp, NJ, Atlantic County between November 20, 2018 and November 28, 2018. Five stores had exterior flavored advertisements and eight stores had interior flavored advertisements. 100% of stores sold tobacco products. 74% sold flavored cigars, 63% sold E-Cigarettes, 51.9% sold smokeless tobacco, 29.6% sold E-Liquids, and 14.8% had E-Cigarettes displayed on the counter. A few of these retailers were located in close proximity to residential neighborhoods and school zones.

Evaluation/Conclusion: These audits helped paint a better picture of what tobacco products were advertised and where they were placed. Although some of the stores did not sell vapes and E-liquids, those that do sell do not advertise outside of their stores. The goal for this information was to educate the members of the community and local city officials of the potential risks these stores have on their community.

Title: Rethinking Delirium Management in the Hospital Setting

Name: Austin Nguyen

Preceptors: Christopher Rogers

Agency: Hackensack Meridian Health

Purpose: Improving patient outcomes in Delirium Management.

Significance: Delirium is a disease that causes confused thinking, reduced awareness of the environment, and cognitive impairment caused by an underlying medical condition. Delirium affects about 15% of the elderly inpatient population. It is a mental disorder that can lead to higher mortality and morbidity, and a higher risk in falls. One of the most common ways of treating delirium in a hospital setting is through the use of psychotropic drugs; this study will analyze the effectiveness of this approach. The one year health care costs attributed to delirium range from \$143 billion to \$152 billion. Reducing this economic strain is imperative from a public health perspective so that more resources will be available to help those in need. Managing delirium properly is important to Hackensack Meridian Health to maximize efficiency.

Method/Approach: A retrospective electronic medical record review was conducted to identify patients 70 years and older on 4 St. John, 3 PE, 4 PW, 4 North, 4 South, and 4 West for years May 2010 through September 2011 (control group) and May 2012 through September 2013 (intervention group). The total sample size of this data set was 16,949 patients. The Hospital Elder Life Program (HELP), is a standardized program aimed at minimizing delirium in the hospital setting was used for the intervention group. Chi-square bivariate analysis assessed the relationship between intervention and control group categorical patient characteristics. Independent-samples t-test compared means from different groups of patients. Variables with a p < .05 are considered statistically significant. All analysis was performed using SPSS software, version 24 for Windows.

Outcomes/Results: Of the 9041 patients in the control group, 1.1% experienced falls. Of the 7908 patients in the intervention group, .01% experienced falls. 51.4% of the control group took psychotropic drugs while the intervention group took no psychotropic medication. Length of stay of the control group averaged 6.40 days while the length of stay of the intervention group averaged 7.17 days.

Evaluation/Conclusion: The correlation of the control group having a higher rate of falls is statistically significant. This attests to the effectiveness of the HELP program is working. An interesting facet of the HELP program is that it does not administer psychotropic drugs to treat delirium as they have shown to be ineffective. One area the HELP program can improve in is length of stay. The program can focus on shortening the length of stay in order to cut costs. Delirium is a large public health concern because although it is one of the most expensive costs to the healthcare system it is reversible and treatable.

Title: Social Support and Suicidal Ideation Among US Chinese Older Adults

Name: Angelica Nicosia

Preceptors: Stephanie Bergen, Senior Research Specialist

Agency: Rutgers Institute for Health, Health Care Policy, and Aging Research

Purpose: To examine the association between social support and suicidal ideation among US Chinese older adults.

Significance: In China, the prevalence of suicide among those 65 and older was between 50-200 per 100,00 which is 4 to 5 times that of the general population. Suicidal ideation can be particularly common among elderly Chinese immigrants who face low levels of acculturation and high levels of social and cultural isolation. This study aims to examine the correlations and associations between social support and suicidal ideation at different time points among Chinese older adults in the U.S.

Method/Approach: Data was collected from the Population Study of Chinese Elderly (PINE), a community- based participatory research approach, interviewing Chinese older adults aged 60 and older in the greater Chicago area (N=3,157). Data was derived from this study by members of the Institute for Health. Social support was measured by overall, positive, and negative social support with spouse, family, and friends (Chen, Simon, Chang, Zhen & Dong, 2014). The outcome of suicidal ideation was measured at 2-week, 1-month, 1-year, and lifetime time points by PHQ-9 and GMS-A.

Outcomes/Results: Of the 3,157 participants interviewed, 58.9% were female and the mean age was 72.8 years. After adjusting for covariates, higher overall social support was significantly associated with lower odds of reporting and 2-week (odds ratio [OR], 0.81 [0.76, 0.87], p<.001), 1-month (OR, 0.80 [0.75, 0.85], p<.001), 1-year (OR, 0.81 [0.76, 0.86], p<.001), and lifetime (OR, 0.83 [0.80, 0.87], p<.001) suicidal ideation. Higher positive social support was associated with reporting 2-week (OR, 0.80 [0.74, 0.87], p<.001), 1-month (OR, 0.81 [0.75, 0.87], p<.001), 1-year (OR, 0.81 [0.76, 0.86], p<.001), and lifetime (OR, 0.86 [0.82, 0.90], p<.001) suicidal ideation. Higher negative social support was significantly associated with higher odds of reporting 2-week (OR, 1.28 [1.11, 1.48], p<.01), 1-month (OR, 1.36 [1.20, 1.55], p<.001), 1-year (OR, 1.30 [1.15, 1.47], p<.001), and lifetime (OR, 1.37 [1.25, 1.50], p<.001).

Evaluation/Conclusion: The findings of this study show that negative social support is associated with higher likelihood of reporting suicidal ideation among U.S. Chinese older adults across different time frames. Increased positive and overall social support is associated with lower reports of suicidal ideation at any point in time. Future research should examine the longitudinal aspects of potential socio-cultural risks and protective factors surrounding suicidal ideation across the life course and other social wellbeing outcomes.

Title: Analysis, Development and Amelioration of Marketing Strategies

Name: Jessica Pallante

Preceptors: Dr. Douglas Zimmel, Head Physician and Owner

Agency: Life Comprehensive Healthcare

Purpose: To analyze and improve company marketing strategies including cost-effectiveness and follow-up rates.

Significance: Initial evaluation of current marketing materials revealed old, un-updated information being communicated to the public, poor cost-effectiveness and low follow-up rates. With the incorporation of new treatment protocols, treatment of ailments that were formerly not able to be addressed are now available. A new targeted marketing program was necessary to reach a new audience of people with these now treatable conditions.

Method/Approach: Paperwork from the last year was analyzed to identify the inquiries including Facebook, TV ads and other sources. A monthly call log was created to record patient inquiries to improve follow-up rates. A newsletter was also created to assist in improving follow-up rates. To evaluate cost effectiveness of these strategies, the total amount spent per month was compared to the average amount brought in by each per month, based on an average visit profit of \$153.85 per patient. The next step was to focus on updating the information in the TV ads and Facebook page to better inform potential patients of more recent therapies available. First, new TV ads were filmed and aired. Second, updated information was added to the Facebook page and lastly, a new relationship with the East Brunswick Mall allowed the business to inform the public face to face.

Outcomes/Results: Initially, 89.5% of patient inquiries came from Facebook, 5.2% from TV ads and 5.2% from other sources. The patient follow-up rate was 3%. After implementation, 81% of patient inquiries came from Facebook, 15.5% from TV advertisements, and 3.5% from face-to-face interactions.. Follow-ups such as the call log and newsletter increased the follow-up rate to 18%.

Evaluation/Conclusion: Implementation of lasting procedures including a call log and newsletter lead to a 500% increase in follow-up rate. Although not executed yet, evaluation of cost-effectiveness lead to the proposition of cutting the TV ad budget in order to focus more on Facebook and possible implementation of other social media marketing strategies. Lasting relationships were made to progress the company's marketing programs in the future.

Title: The Importance of Medication-Assisted Treatment (MAT) in Counseling Programs

Name: Dave Patel

Preceptors: Dean Labollita, MS, CSW, LCADC, CJC Executive Director / Clinical Director

Agency: Seashore Family Services of New Jersey (SFSNJ)

Purpose: To analyze urine drug test outcomes among intensive outpatient (IOP) clients dependent on opioids who rely on MATs with IOP clients who attempt to recover without MATs.

Significance: According to the Human Health Services (2018), 2.1 million people had an opioid use disorder in 2016-2017. There is an Opioid Epidemic in the U.S. In New Jersey, there were 1409 opioid-related overdose deaths in 2016; a rate of 16 per 100,000 persons, compared with the national rate of 13.3 deaths per 100,000. In the U.S. those prescribed opioids between 8 and 12 percent develop an opioid use disorder; "NJ providers wrote 55 opioid prescriptions per 100 persons" (NIH, 2018). Professional groups like the American Medical Association and the American Psychiatric Association indicate adding medicine to a counseling program for dependence can help increase chances for long-term recovery.

Method/Approach: Through Redwood Toxicology Laboratory ToxAccess system, used by counselors of SFSNJ, quantitative data within August 1, 2018, through November 27, 2018 were collected from urinalysis from twelve randomly selected IOP clients who were receiving counseling through SFSNJ. SFSNJ has two sites, the random sampling was conducted at Toms River office. Of the twelve collected, six clients engaged in MAT, and six clients were not. All positive drug tests and types of drugs were noted to evaluate comparison between the two groups with counseling to view one aspect of MATs efficacy.

Outcomes/Results: Of the sample size cohort (n=12), evenly split, starting in August, 88% of IOP clients who rely on MATs had a positive urine drug screen (UDS), while 33% IOP clients who attempted to recover without MATs had a positive UDS. From a total of 27 UDSs for clients who attempted to recover without MATs results are as followed for positive UDS: 0% for Amp., Bup., Bzo., Coc., Mtd., Op., and Oxy, and 19% for EtG., and 4% for THC. IOP clients who attempt to recover with MAT's resulted in the following from 42 UDS: 2% for Amp., 14% for Bzo., 7% for EtG., 19% for OP., 17% for THC., and 0% for Coc. and Oxy.

Evaluation/Conclusion: Randomly selected IOP Clients dependent on opioids, who rely on MATs, showed only 12% benefitted while 77% of randomly selective IOP clients stayed clean without MATs assistance. Clients who attempted to recover without MATs for opioid addiction during counseling were less likely to relapse by 55%. Further research should study a wider span of time to effectively evaluate MATs for opioid addiction and eliminate variables such as quantity of UDSs, gender, SES, and geographic area.

Title: Diabetes Education Outreach in the South Asian Community

Name: Priyanka Patel

Preceptors: Serena Collado, Director of Community Health

Agency: RWJ Somerset University Hospital Community Health Department

Purpose: To educate the South Asian community on the prevalence, complications, risk factors, and lifestyle changes for better health associated with diabetes via culturally-tailored education sessions.

Significance: Diabetes is a growing concern among all racial/ethnic groups around the world. Specifically, diabetes prevalence in Asian Indian (AI) immigrants in the U.S. is as high as 17%, higher than prevalence in U.S. populations of other racial ethnic groups (Misra et al., 2010). Asian Indians are developing Type 2 Diabetes Mellitus (T2DM) at ages much younger than other racial/ethnic groups in the U.S. are even though AIs have lower Body Mass Indexes due to a combination of various biological factors in the Asian Indian population and cultural lifestyle factors such as exercise and diet (Shah & Kanaya, 2014). Education is key to driving lifestyle changes and reducing the burden of diabetes prevalence in the Asian Indian community.

Method/Approach: A series of educational sessions on diabetes was conducted at several locations where members of the Asian Indian community gather regularly. The sessions started off with a pretest to assess attendee's knowledge of diabetes. The pretest was followed by an educational presentation that was culturally tailored to the Asian Indian community by mentioning Indian foods and exercises and by showing pictures of people of Indian descent. The presentation was followed by a post-test that measured the same concepts that the pretest measured. All materials were collected and analyzed to understand if the culturally-tailored presentation helped raise the scores on the post-tests.

Outcomes/Results: There were 38 total people who attended the three diabetes sessions and 25 completed pre and post tests. Of the 25, 22 (88%) completed tests had improved scores from pre to post or had the same high scores on both. Only 3 people's scores declined from pre to post test. There will be an additional education session on 12/8/2018, but those numbers are not represented in the abstract.

Evaluation/Conclusion: The large majority of completed tests that increased or stayed the same in score indicated that the culturally-tailored education sessions effectively taught members of the Asian Indian population about the prevalence, complications, risk factors, and lifestyle changes for better health associated with diabetes. Limitations include language barriers between the intern and some attendees, which may have contributed to the few tests that declined in score. The learnings from these education sessions can provide support for the idea that culturally-tailored education sessions are effective when considering future outreach methods in the Asian Indian community.

References:https://docs.google.com/document/d/11AU4IRY1_JProrgZsxFJNjMxOMWRkt43hlPnEoOReGA/edit?usp=sharing

Title: Assisted Living Competitive Analysis

Name: Ryan Persaud

Preceptors: Nancye Snyder, Administrator

Agency: Brandywine Living at Middlebrook Crossing

Purpose: To identify pricing as well as amenities at competing facilities to better market the amenities at Brandywine.

Significance: Brandywine's census numbers are currently the lowest they've been in two years. This is mostly due to residents passing on or moving to a nursing home. Different amenities at assisted living facilities can be a deciding factor for residents. Pricing is an important factor for families considering an assisted living facility, but contextualizing what's included in those prices is important for educating potential residents and their families This comparative analysis will help identify ways that Brandywine can stay competitive in the region.

Method/Approach: The director identified five competing facilities within the region to be compared with Brandywine. Data about prices and services from the competing facilities were then collected by shopping at each facility. An analysis was completed via Google Sheets. The different factors of comparison were chosen based on feedback from potential residents and families during the selling process. The factors of comparison included a nurse on site 24/7, advanced standing status, willingness to keep residents who go on Medicaid, different room rates per day, how many levels of care are offered, and medication management.

Outcomes/Results: Four assisted living facilities have an advanced standing status including Brandywine. Brandywine is one of two facilities that have a nurse on site 24/7. Brandywine offers the most levels of care at six. From a pricing standpoint, the advantages of one facility over another ends up being a case by case basis. Brandywine has the highest price for medication management. Brandywine is the only facility that has a guarantee to keep residents who go on Medicaid.

Evaluation/Conclusion: Direct comparison of pricing on paper is not a reliable way to determine what is a better deal due to different factors that go into that price, as well as factors that are left out of that price. Brandywine's high price for medication management could be due to a nurse who administers medication in comparison to a Certified Medication Aide which is the regulation required. NJ requires assisted living facilities to have at least 10 percent of their residents be on Medicaid. Brandywine is the only facility that has a written guarantee to keep residents who go on Medicaid if it exceeds the 10 percent mandated. Facilities have their own systems for determining levels of care. However, Brandywine has the most levels of care which is more accurate from a consumer perspective regarding "getting what you're paying for." Brandywine should focus on marketing around it's guarantee to maintain residents who are going on Medicaid, it's advanced standing status, as well as having a nurse in the building 24/7.

Title: Building a Website and Online Community Presence

Name: Rebecca Pytell

Preceptors: Bryan Stevens, Chief of Glen Gardner Fire Department

Agency: Glen Gardner Fire Department

Purpose: To build a functional, modern, up-to-date website for the Glen Gardner Fire Department.

Significance: As technology and online communication becomes the primary resource of information, building trust, and providing knowledge to the public, having a functional and current website for organizations, such as the Glen Gardner Fire Department is an essential resource for the community they serve. However, the Glen Gardner Fire Department does not have a functioning and up-to-date website for their community to access. The current site had not been updated since 2013, had no relevant or accurate information, and was of no benefit to the community.

Method/Approach: Meetings with the Glen Gardner Fire Department officers were set up to go over the goals and desired outcomes of a new functional website. A checklist at the beginning of the project was passed out to community members for feedback on what they would find beneficial on a new website. This included easy to find contact information and forms, current events, and leadership. With feedback and goals in mind, current information about the Glen Gardner Fire Department, photographs, and branding was collected. These components were used to develop a new, modern, and functioning website with Squarespace that could easily be kept relevant and managed by an officer.

Outcomes/Results: A new website was created that met stated goals, with relevant information, such as contact info, members, apparatus, memorials, events, joining information, and consistent branding and functionality throughout. The new website now encourages the community to frequent its information to stay up-to-date and allows the Glen Gardner Fire Department to easily manage the content for relevance and ongoing upkeep which the old website did not allow for due to its non-functioning backend and lack of accessibility.

Evaluation/Conclusion: The qualitative goals and desired outcomes of what was to be included on the website were met and the Glen Gardner Fire Department now feels more confident in their ability to manage their website and build trust with the Glen Gardner community through the new website. In the future the website will need to be kept updated with upcoming events, gallery photos, as well as up-to-date registers of active members. A new email server needs to be set up for a complete and final transfer of the 12fire.com domain and assets to take place.

Title: Reduce opiate use/misuse in 12 -18-years-old

Name: Ashley Rhea

Preceptors: Direct Supervisor: Kathy McFadden, Director

Project Supervisor: Laurie Smith, Community Initiatives Coordinator

Agency: Atlantic Prevention Resources Absecon, NJ

Purpose: Plan and implement "5 minute Visit" program to reach physicians to reduce opioid prescribed to youth.

Significance: The Misuse of opioids is defined as taking a medication in a manner or dose other than prescribed. An example would be taking someone else's prescription or taking a medication to feel euphoria also known as getting high. (National Institute on Drug Abuse,2018). In 2016, there was more the 42,000 people killed by opioids. This opioid epidemic within the adolescence population is one of the fastest growing dilemmas in the United States. There are two products that Atlantic Prevention Resources and Join Together Atlantic County supports for prevention which is, Deterra and locking medicine cabinets. Deterra is a drug disposal pouch that provides an easy way for people to deactivate and dispose of unwanted, unused, or expired, medications in the home or offices. There is a simple three step process to safely dispose of the drugs which is: tear open the pouch and place unused medication inside, fill the pouch halfway with warm water, wait 30 seconds, and seal the pouch tightly, shake and throw it away in a regular trash can. The locking medicine cabinets protects opioid misuse by securing prescription medications in the home. Atlantic Prevention Resources provides a free locking medicine cabinet to any Atlantic County resident.

Method/Approach: Presenters will go through the JTAC physician lists and identify pediatricians and orthopedists in the Atlantic County area. Once a target list has been created, an elevator speech and a 5 minute presentation are created. At scheduled informational meetings the presenter will give the presentation to the physician's and execute the pitch..

Outcomes/Results: 4 pediatricians have been shown how to secure and dispose of opioids properly. They have signed a contract to provide patients with information and tools to prevent opioid misuse. Locking medicine box posters and brochures with disposal information have been placed in waiting rooms. More people will have an understanding on how they can lock up their unused medication and how they can dispose of their medication for free.

Evaluation/Conclusion: "5 minute visits" to physicians with proper information about Deterra and medicine cabinets. By filtering through the JTAC physician list a focus group was able to be accomplished. There were twelve physicians targeted in the program and four physicians have been presented to. All four physicians agreed to display lockbox signs in their waiting room for patients to learn where they can receive their free locking medicine boxes.

Title: Alcohol and Drug Use and Sexual Health Prevalence on the Rutgers University New

Brunswick Campus

Name: Brionna Robinson

Preceptors: Project Supervisor: Francesca Maresca PhD, Director

Agency: Rutgers Student Health, Health Outreach, Promotion and Education (H.O.P.E.)

Purpose: To analyze data from the National College Health Assessment of alcohol and drug use and sexual health prevalence on the Rutgers New Brunswick campus in Fall 2017.

Significance: Risky behavior such as sex and drug use is very prominent on college campuses. With the analysis of the data from the National College Health Assessment the goal is to identify what are the key issues that need to be addressed with regards to alcohol and drug use and sexual health prevalence such as binge drinking, condom use, sex under the influence, etc. and which populations need to be targeted for interventions.

Method/Approach: Utilizing data from the 2017 Rutgers National College Health Assessment, SPSS Data Statistics Analysis was used to analyze data in key areas including alcohol, tobacco and other drug (ATOD) use and sexual and reproductive health. Data was examined by creating crosstabs between the key areas and demographic groups (gender, race, sexual orientation, year in school, and residence) to identify areas of concern.

Outcomes/Results: In the ATOD areas, it was noted that high-risk behaviors increase in the second year of school. Year in school did not impact sexual and reproductive health. However, lack of consistent condom use was identified as a concern.

Evaluation/Conclusion: Continued assessment of outreach and education efforts by the University need to continue. Other forms of data should also be considered such as Conduct Reports and Rutgers Student Health data.

Title: MyInnerView Satisfaction Assessment & QAPI focus

Name: Patrick San Andres

Preceptors: Tamara Moreland, Senior Administrator

Agency: Francis E. Parker Memorial Home, Piscataway, NJ

Purpose: To analyze resident and family satisfaction survey data as well as collaborate with teams of each home to develop necessary action plans.

Significance: The main goal of Francis E. Parker is to provide quality care and an overall excellent experience for elders. One way to measure Parker's services is through MyInnerView, a company that provides senior care leaders with evidence-based management tools to help measure nursing home, assisted living and adult day care satisfaction. The main goal of the MyInnerView Survey is to identify areas where each home excelled and could improve upon.

Method/Approach: The MyInnerView service provides Francis E. Parker with satisfaction surveys that are to be distributed to resident's families as well as residents. Families receive these surveys through the mail while competent residents are assisted with a volunteer to complete these surveys. Results are categorized into items that display areas of quality at Parker Home. The major items include *Recommendation to others* and *Overall Satisfaction* while broader items cover a wide range of areas including quality of laundry, dining, safety, and activities. The 2018 results are analyzed by comparison with previous years as well as the national database, which contains results from respective facilities across the nation using MyInnerView.

Outcomes/Results: During the internship, the following tasks were completed: (1) Ensure all completed surveys are mailed out on time back to MyInnerView headquarters; (2) Analyze and compile Resident and Family results from all seven facilities into a presentation; (3) Present MyInnerView Results presentation to Executive Leadership Team; (4) Collaborate with Quality Action Teams and the Executive Leadership Team in performing a root-cause analysis in areas requiring improvement; (5) Act as a liaison between Quality Action Team leaders from each home and Senior Administrator to gather information on progress

Evaluation/Conclusion: The results of the satisfaction surveys showed positive trends in the major items - *Recommendation to other* and *Overall Satisfaction* for the majority of the facilities. Reoccuring items of requiring improvement on among facilities include quality of dining experience and meaningfulness of activities. Through root-cause analysis, the consensus was to use a tool from the MyInnerView service. Instead of implementing an immediate action towards the respective areas of improvement, Parker Home is sending out a follow-up survey to the resident's families. Also known as a drilldown survey, the purpose is to gain a better understanding of what is lacking in the particular areas they scored poorly on the initial survey. These surveys are to be sent out to the families by December 15th and the QAPI programs will be in full-effect come January 2019.

Title: Human Trafficking 101 for RU Students

Name: Sara Sayed

Preceptors: Diana Starace

Agency: Robert Wood Johnson Trauma and Injury Prevention Services

Purpose: To educate Rutgers students going into health professions in order to: raise awareness of the scope of Human Trafficking, identify red flags and understand how to report suspicion/evidence of Human Trafficking in the general community.

Significance: Human Trafficking does not discriminate. It is important for anyone, especially those going into social work and other health related fields, to understand the signs in order to identify and refer victims to resources or to protect themselves and those close to them. The New Jersey Coalition Against Human Trafficking Healthcare Committee, based at Robert Wood Johnson University Hospital, is facilitating Human Trafficking education for their entire staff to raise awareness among their employees. Targeting Rutgers students who intend to enter the field of healthcare will give them the benefit of this knowledge prior to their experience in the field.

Method/Approach: A survey tool was used pre and post the educational session to measure college student knowledge acquisition and perceptions. This tool was created based upon a similar survey tool utilized at RWJ to assess knowledge of employees on the New Brunswick campus. Four presentations were scheduled during the Fall 2018 semester: Phi Delta Epsilon Medical Fraternity, Rutgers Red Cross, Eta Sigma Gamma Honors Society, and Sex and Reproductive Health class. The objective was to reach a minimum of 100 students with the educational workshop. The pretest assessed their previous education, if any, about HT in the past. The posttest measured what they learned from the HT 101 presentation. The presentation was interactive to help engage the audience and answer any questions they may have.

Outcomes/Results: To date, (November 14^a) the results of the completed presentations show significant improvement. In the pre-test, 85% of the students (n=74) reported that they had average to no knowledge about Human Trafficking and when surveyed again, 75% of students stated that they had above average knowledge. An additional question was added to the post-test which asked about their potential to recognize the signs and behaviors of an HT victim, to which 97% of students responded they are now able to do.

Evaluation/Conclusion: More students entering the healthcare field are now more aware of how to identify and report HT incidences and can spread their knowledge to their friends and family. With more people being informed, more traffickers may be reported and more victims may be recognized and saved. After having conversations with students before and after the presentation, many students were shocked by the information and showed interest in volunteering to help spread more awareness. There is one more presentation scheduled for early December which will allow 35 more students to participate in the presentation, increasing my sample size to over 100 students.

Title: Providing Daily Enrichment, Interpersonal Connections, And Individualized Interaction

To Those With Barriers

Name: Kristin-Leigh Schurott

Preceptors: Arvid Agosto

Agency: The Elms of Cranbury

Purpose: To provide individualized care to members of the community that are otherwise unable to engage in therapeutic recreation and interpersonal interaction.

Significance: The population of America is aging, and with age comes age related issues. Common issues for this age group that inhibit abilities to interact with others are Alzheimer's disease, which is expected to nearly triple by 2050, disabling hearing loss, which effects nearly 25% of 65- to 74-year-old adults and 50% of those 75 and older, and difficulty communicating with those around them. (NIDCD, 2016) These issues can cause individuals to be unable to access and engage in activities that they were once able to take part in. The Elms of Cranbury Subacute Rehabilitation and Nursing Facility is reaching out to members of their community that have a barrier to overcome to be able to interact with others by offering individualized one on one visits with the intern and a resident and small group activities facilitated by the intern. With this, more members of the community are interacting with others, communicating, socializing, and taking part in cognitive activities on a daily basis.

Method/Approach: Individualized companionship was provided by the intern for the residents to allow participation in a comfortable environment. A log of daily activities was kept by staff at The Elms, tracking what each member of the community participated in that day, such as one on one visits, exercise, gardening, and other stimulating activities. There were a total of 70 long term residents of The Elms. Of these 70, only 36 participate daily in activities offered to the general population. Through individualized visits and personalized activities, 9 residents were reached out to and participated daily in activities.

Outcomes/Results: Overall, there has been a 25% increase noted in recorded participation levels due to the small group and one-on-one interaction that are now being offered. From the original pool of 70 residents, only 36 were participating and interacting with others daily. Through individualized visits from the intern and time spent with residents in a place where they felt comfortable interacting with others, nine more residents have begun to participate daily. There has been an increase in willingness to engage in an activity once it has been established that there will be more individualized attention available.

Evaluation/Conclusion: Through examining participation logs that are filled out daily by the staff of The Elms, there is a 25% increase in participation that can be observed. Community members that were less likely to participate in group activities are more likely to engage in similar activities if they are offered in a smaller group setting. Furthermore, this is a positive outcome that will be beneficial to be continued for the community members who are now receiving greater mental stimulation.

Title: Maternal and Infant Mortality in New Jersey

Name: Mariah Smith

Preceptors: Project Supervisor: Elaine Zundl, MA, BA, Research Director

Agency: Rutgers Center for Women and Work

Purpose: To research and analyze infant and maternal mortality data in the state of New Jersey and propose initiatives to improve rates.

Significance: New Jersey is ranked 35^a out of 50 states for maternal mortality and nearly 500 babies die before their first birthdays with Black babies having nearly three times that infant mortality rate. The racial disparity for infant mortality is larger in New Jersey than it is in other states which raises concerns for New Jersey policies and barriers regarding prenatal care, racial disparities, postpartum checkups, breastfeeding initiation, and other maternal health related practices.

Method/Approach: This report is a comparative literature review analyzing the research on why New Jersey's maternal and infant mortality rates are higher than the national average. Eighteen articles were reviewed and the findings suggested that maternity care quality varied among states.

Outcomes/Results: The research showed that the existing problems like the over-reporting of maternal deaths, preterm births and cause-specific pregnancy related mortality, as well as the prevalence of issues regarding social inequality and quality access to care for all women. The addition of the pregnancy question checkboxes on death certificates, and the update of the *National Vital Statistics Systems (ICD-10)* have increased detection of maternal deaths and may have led to overreporting (Molina & Pace, 2017). The rising maternal age at first pregnancy coupled with chronic medical conditions such as cardiovascular disease, the increasing prevalence of obesity, hypertension, and diabetes in young women has contributed to the increase in maternal morbidity and mortality (Molina & Pace, 2017). Another factor that was looked into was health disparities between infant and maternal mortality was the disproportionate health disparities between races. According to statistics reported by the U.S. Department of Health and Human Services, infant mortality rates for babies born at term (37-41 weeks gestation) was higher for American Indian/Alaskan Natives which is almost two times the rate for non-Hispanic white women and the infant mortality rate for Black women was 67% higher compared to non-Hispanic white women (JAMA, 2007).

Evaluation/Conclusion: The inconsistency in reporting of maternal deaths highlights the need for standardized case definitions, consistent reporting, and comprehensive review of maternal mortality cases. The wide gaps in health disparities regarding infant and maternal mortality only prove that further research on reducing the gap and creating equal access to health care for all women is needed. Maternal deaths deserve increased scrutiny so that we may better understand the underlying causes and make whatever systematic changes are needed to further reduce the number of preventable deaths.

Title: GMO, Factory Farms and Fracking Waste New Jersey

Name: Zachary Wong

Preceptors: Matthew Smith, Senior Organizer

Agency: Food and Water Watch

Purpose: To promote public health issues related to fracking and factory farming in New Jersey communities through two events.

Significance: Fracking and factory farms are two major contributors to climate change. Fracking wastewater is filled with chemicals that can turn into more toxic substances and puts the Delaware River Basin at risk (Horwitt, 2018). Factory Farms cause major damage to the environment by polluting nearby water sources and cause chemical runoff to downstream water sources (Mallin, et al., 2014). Factory Farm animals produce more than three times the amount of raw waste that all Americans produce each year, and contribute to air pollution by releasing hydrogen sulfide, ammonia, and methane. The two events, *Tom Steyer Anniversary Town Hall* in Newark and *Food Sustainability Fair* aim to educate the populace about each one of these environmental issues.

Method/Approach: Reviewed each events' list of activities to gather appropriate material. For the Newark event, fact sheets and flyers regarding fracking, along with petition forms were gathered for distribution. For the *Food Sustainability Fair* fact sheets about GMOs, factory farms, super viruses and Bayer were supplied. Prepared registration sheets and recorded those who were interested into the database. The *Food Sustainability Fair* was promoted to friends and family, coworkers and classmates through word of mouth. Responsibilities were to run a Food & Water Watch table at each event while attempting to get the attendee's attention to environmental and public health causes.

Outcomes/Results: The first event was run by NeedtoImpeach, the second event was run by Dorothy Lee, from Rutgers New Brunswick. The first event, *Tom Steyer Anniversary Town Hall in Newark* was attended by about 200 people and featured six panels held on October 20th. It was a formal sit down event. Food and Water Watch was the only environmental table. The second event, *Food Sustainability Fair*, had just over 200 participants and featured 11 panels, held on October 16th. This event was a fair, people walked through the various tables with a presentation later in the event that promoted food sustainability.

Evaluation/Conclusion: The first event checked in attendees before allowing entrance. The event reached max capacity, overall interest for the Food and Water Watch panel was low. Only 4 people took the material, and 7 were actively interested. The second event was casual, shorter and more fluid, plenty of people checked the event. Almost all of the material was taken, 7 people registered for Food and Water Watch newsletter. There was no set goal, but interest from the NeedtoImpeach crowd was much lower than expected while *Food Sustainability Fair* attendees showed at least slight interest at all panels. For future events, sending an extra person may increase overall interest, one person can wander the venue and hand out flyers to garner interest while the other runs the table.

Title: RWJUH Bariatric Center Standardized Patient Pathway

Name: Anna Zhang

Preceptors: Thompson Varghese, Bariatric Program Coordinator/Clinical Reviewer

Agency: Robert Wood Johnson University Hospital New Brunswick

Purpose: To create a standard patient pathway for the Bariatric Center that drives high-quality care through following standardized best practices set by accrediting bodies and reduce variation between clinical providers.

Significance: A clinical patient pathway is defined as a "document outlining a standardized, evidence-based multidisciplinary management plan, which identifies the appropriate sequence of clinical interventions, timeframes, milestones, and expected outcomes for a homogenous patient group" ("Clinical Pathways"). They are "promoted for standardizing patient care and decreasing resource use without compromising outcome" (Yeats et al., 2005). The Bariatric Center at RWJUH is undergoing review from several accrediting bodies, including The Joint Commission, Metabolic and Bariatric Accreditation and Quality Improvement Program (MBSAQIP), commercial insurances, and so on. A standardized patient pathway will be a guide to clinical and non-clinical staff and help achieve or improve designation status.

Method: An assessment of the existing patient pathway, clinical education, and communication between clinicians was initially conducted. Guidelines regarding evidence-based practice from Medicaid Managed Care, The Joint Commission, and Metabolic and Bariatric Accreditation and Quality Improvement Program were collected and integrated into the patient pathway. Findings from the initial assessment and guidelines from accrediting bodies were incorporated into the pathway for three primary procedures: gastric bypass, gastric sleeve, and gastric band.

Outcomes/Results: The initial assessment showed variation between clinical providers. While clinicians were very proficient in their own tasks, increased collaboration and standardized documentation during transitions could benefit patient care. A document detailing the patient pathway was created including information on pre-operative education, pre-admission testing, indications, and contraindications, diet, and post-operative recovery. This document was integrated into a clinical training manual and communicated to all clinical providers. The document was also reviewed and submitted as part of the Joint Commission Disease-Specific On-site Review of the Bariatric Center.

Evaluation/Conclusion: After a thorough assessment of the patient pathway, The Joint Commission Disease-Specific Certification was achieved. The project should be evaluated again in January 2020 based on accreditation from the Metabolic and Bariatric Accreditation and Quality Improvement Program. The patient pathway document should be updated annually based on new research and best practice findings.

Citation: https://docs.google.com/document/d/1pVv6RjnmJ-H9-s-L3yxDGcbpXcvxCGWn0b4w1Ej H8Q/edit?usp=sharing

Field Work Internships

Title: Outpatient Care Coordinator

Name: Ashleigh Anderson

Preceptors: Direct Supervisor: Brendan Proper

Agency: Memorial Sloan Kettering Cancer Center, NY, NY

Work Duties: The MSK Evelyn H. Lauder Breast and Imaging Center has 6 patient floors, in which Care Coordinators are present on each floor to conduct the check-in and check-out processes. Care Coordinator interns are responsible for serving as a "warm welcome" role through mainly running the check-in process for all patients. The check-in process includes understanding the HIS system to enable a smooth patient check-in by updating patient medical records, coordinating their appointments for the day, answering patient questions, relaying messages to the appropriate point of contact (clinicians and other Care Coordinators), and preparing for the following day's appointments.

Techniques: Care Coordinators are responsible for understanding and navigating through the HIS systems in order to organize patient data. EPIC, a system that holds patient medical records, enables the user to check in the patient, view their appointment desk and their health information and notes. Patient notes give direction towards resolving scheduling conflicts in order to provide a smooth patient check-in process. The Clinical Information System (CIS) is utilized to view orders, look up patient medical forms as well as the necessary information to print reports and labels for loose patient information.

People Skills: MSK continuously integrates its values of dedication and compassion through its selective staffing. Daily, the BAIC 4th floor treats around 150 patients who require various services and accommodations. With such high patient volume, there are many patient conflicts and delays that occur daily. The Care Coordinator position enables an MSK employee to put forth dedication and compassion for healthcare in empathizing with the patients according to their unique situations. Maintaining composure during high stress situations is imperative in successfully delivering patient-centered care.

Results: During periods of high stress and patient volume, it is the dedication in the field and the compassion for others that keeps MSK employees coming back to work. Often, not all patient issues may be resolved. There are some days where patients are upset and/or frustrated, but if one showed attentiveness, patience and empathy to the patient's situation, patients are generally understanding. Experiencing many different scenarios enables one to practice empathy from different perspectives.

Lessons Learned: MSK eliminates the stigma around administrative work, because in healthcare, it makes all the difference in providing quality care. It's the patient face-to-face experience that is considered the biggest takeaway. An initial welcome goes a long way for a patient, because when one shows willingness, patience and a sense of urgency to care, the patient will more than likely be at ease. Everyone can learn a robotic task but not everyone can integrate their passion into the work that they enjoy in order to impact one's life. Empathy is a skill that can transform one's career in healthcare.

Title: Care Coordinator, Intern

Name: Mariama Diallo

Preceptors: Direct Supervisor- Maxine Butler

Project Supervisor- Jacqueline Beresky

Agency: Memorial Sloan Kettering Cancer Center, Basking Ridge Regional Site

Work Duties: The Care Coordinator at Memorial Sloan Kettering serves as a liaison between the patients and clinical team. A patient's perception of the hospital is impacted by the person that a patient sees when they walk into the building. The Care Coordinator is in charge of checking in patients, updating patient medical records, confirming appointments, answering phone calls, and releasing labs. At the Basking Ridge Outpatient Center, Care Coordinators are located on each floor, greeting all patients and staff with a smile and assisting them with any questions and directions they may have.

Techniques: In order to effectively and accurately do assignments the Care Coordinator is responsible for navigating the Health Information Systems at MSK. Epic allows the Care Coordinator to view patient's schedules, check them in and out, and update patient information. Clinical Information System (CIS) is the system that allows the Care Coordinator to add patient notes and release labs. These programs help tremendously with organization and workflow within the cancer center.

People Skills: Teamwork and interpersonal skills are used on a constant basis at MSK. Maintaining composure in emotional situations is a crucial skill that each team member has. Staff are in constant communication with each other over emails and or phone regarding patients in order to know wait times, answer to questions, directions, etc. The Care Coordinator deals with many face to face interactions with patients and must keep a strong composure when dealing with emotional patients and stressful situations.

Results: MSK is able to provide leadership in the prevention, treatment and cure of cancer through excellence, vision and cost effectiveness in patient care, outreach programs, research, and education.

Lessons Learned: Memorial Sloan Kettering cares about their patients and staff, going above and beyond for their experience. Cancer affects almost everyone and the team at Basking Ridge is determined to give patients the most satisfaction and positive results as they can.

Title: Care Coordinator to Cancer Patients at Memorial Sloan Kettering

Name: Michelle Hayek

Preceptors: Direct Supervisor- Dottye Miller, Clinical Practice Supervisor

Project Supervisor- Jacqueline Beresky, Training Manager

Agency: Memorial Sloan Kettering Cancer Center, Monmouth Regional Site

Work Duties: The Memorial Sloan Kettering Cancer Center Regional Site in Monmouth, New Jersey offers care in surgical, medical, and radiation oncology as well as outpatient procedures, chemotherapy and radiation treatments, and imaging. Care Coordinators at this location are responsible for check-in, which includes standard check-in through the Health Information System (HIS), releasing laboratory orders through Clinical Information System (CIS), and assisting patients with paperwork from the financial department or with medical history surveys requested by the doctor for the patient. In addition to these standard procedures, Care Coordinators are required to assist any patient with directions to the various departments and any questions patients may have regarding future appointments or procedures while also serving as the central messenger between the Physician and the patient.

Techniques: A Care Coordinator must seamlessly balance check-ins through HIS and the laboratory waiting list through CIS, which requires concentration, organizational skills, and accuracy, and is essential for success in the position. The Care Coordinator cross checks appointment notes in HIS to ensure the correct labs are ordered in CIS. Laboratory orders must be released promptly and accurately for the safety of the patients. Customer service and problem-solving skills are also utilized to guarantee patient care, comfort, and overall service.

People Skills: Memorial Sloan Kettering centralizes patient care and consistency above all else. They strive to provide each patient with a personal experience or a "warm welcome." Care Coordinators are the first representatives of the hospital that the patient sees, and they set the tone for the patient's experience that day. Each patient is greeted, comforted, listened to, and informed of any appointments and treatments to anticipate for the day. Once their visit is completed, Care Coordinators assist with transportation arrangements and inform patients of upcoming appointments when inquired. The ability to combine the above skills is essential of all MSK employees.

Results: Through the combination of the techniques and people skills required of a Memorial Sloan Kettering employee, along with exposure to various situations, Care Coordinators gain more confidence when approaching patients in need and can continue to successfully provide each patient with personalized care. These fundamental skills can then be applied in both the professional and personal lives of employees long after their time at MSK has ended.

Lessons Learned:

Memorial Sloan Kettering trains employees on standard procedure but the real lessons of understanding and compassion are learned through patient interaction. Each role, no matter how seemingly small and insignificant, is crucial to the "warm-welcome" machine of MSK. There comes a time where every single person will be a patient somewhere and the insight that is gained as an employee at MSK will promote tolerance and gratitude for all caregivers in the healthcare industry.

Title: Care Coordinator for Cancer Patients at Memorial Sloan Kettering

Name: Kenny Jiang

Preceptors: Direct Supervisor-Roman Maluchnik Clinical Practice Supervisor

Project Supervisor- Jacqueline Beresky, Training Manager

Agency: Memorial Sloan Kettering, Rockefeller Outpatient Pavilion

Work Duties: The Memorial Sloan Kettering Cancer Center at Rockefeller Outpatient Pavilion located on 160 E 53rd St, New York City offers medical, radiology, and chemotherapy services in a comfortable, supportive setting. On the 10th floor, there is a combination of neurology, thoracic and melanoma clinics. Care coordinators serve the role of "warm welcome" on this floor and are required to check patients in, release any blood work that the patients may have and take care of necessary paperwork requested by doctors or financial department.

Techniques: To effectively execute my duties at Rockefeller Outpatient Pavilion, I must be able to work with the HIS program at Memorial Sloan Kettering. The two main programs used are EPIC, which holds patient's appointment information from the past and present, demographic information and general overview of the patient. EPIC is the first program we use to look up patients and to check them in. Cadence is the other main program we use which contains patient's medical records. Any medical forms, home medicine list and lab works can be found within Cadence.

People Skills: At Memorial Sloan Kettering, clinics could get really busy depending on the day and location. Care coordinators and other personnel are good with communication, problem solving, multitasking and working under pressure. From care coordinators scheduled for "warm welcome" to care coordinators scheduled for "thoughtful sendoff", teamwork is needed at all levels within the floor. Depending on the clinic and the volume of patients it has that day, delays may be inevitable. Being able to communicate with patients about wait times is essential and would reduce frustration later on.

Results: Having your own system down, seeing and doing what works best for you increases efficiency and flow of the clinic. It's hard to get everything down all at once, because there is a lot to remember. Learning as you work, asking questions along the way is more valuable than just memorizing tasks that we are responsible for. Being transparent with the patients from the start about wait times could definitely reduce frustration later on.

Lessons Learned: It's easy to greet and say "how are you", but it's hard to put into perspective and grasp as to how the patients are really doing. As care coordinators, even as interns, we play an essential role for patient experience at MSK. Making sure we are efficient with our tasks at hand, but also have to do it accurately. A simple mistake can set a patient back to more wait times. The clinic can't be run with just one person, it requires the cooperation and teamwork from everybody on the floor. No question is a bad question; we rather be safe than sorry.

Title: The reality of the Outpatient Care Coordinator

Name: Sebastian Maldonado

Preceptors: Clinical Practice Supervisor: Corinne Clauss

Practice Leader: Lindsay Cowen

Agency: Memorial Sloan Kettering Cancer Center, NY, NY

Purpose: MSK prides itself on the quality of patient care it provides. At the Main Campus, there is care coordinator on every department floor. The Care Coordinators are responsible for greeting, checking in and orienting patients during their visit at Memorial Sloan Kettering. They must use the hospital's clinic and scheduling system to ensure the patient is in the correct location and that all appropriate tests, procedures, treatments, and consultations are in accordance with the physician's orders. The care coordinator becomes the liaison between the patient, family, and clinical team during the visit. By providing an incredible, unique service, the Care Coordinator has become a crucial component of patient care at MSK.

Techniques: An outpatient care coordinator is responsible for checking in patients by using the Hospital Information System (HIS). It starts by finding the patient's scheduled appointment in EPIC. EPIC displays all the patient's appointment location, time, specific service, and notes. After ensuring the patient is in the correct location, reviewing their notes and checking them in, the care coordinator must then access the Clinical Information System (CIS). CIS holds all the patient's orders and medical records. It is crucial that all the correct labs are released and are entered in the queue in CIS. Failure to release labs, read the notes for each specific patient, and enter them in the queue can result in the patient spending hours in the waiting room and leaving a negative impression on MSK's service.

People Skills: The Care Coordinator at the front desk conducting check-ins is the first person the patient interacts with after exiting the elevator. The 'warm welcome' from the Care Coordinator sets the tone of the entire visit by showing the patient how valuable they are to MSK. It is imperative that the Care Coordinator can empathize with the patients in order to effectively communicate with them even under stressful circumstances.

Results: Effectively greeting, checking in, and guiding patients to the correct locations reduces the patients' wait time and provides a prestigious patient experience like no other. Based on patients' feedback about the care provided, it is evident that Care Coordinators are improving the overall experience of a doctor's visit. Due to the medical excellence and the quality of patient care, many come from all over the country and the world to be treated at MSK.

Lessons Learned: Interns at MSK develop a new appreciation for the administrative side of a hospital. And learn about medical treatment and testing depending on the department they work for. They also develop superb communication, organization, and multitasking skills.

Title: Outpatient Care Coordinator

Name: Zoya Rashid

Preceptors: Direct Supervisor: Marcus Garone, Clinical Practice Supervisor

Agency: Memorial Sloan Kettering Cancer Center, NY, NY

Work Duties: The MSK Rockefeller Outpatient Pavilion has 11 patient floors in which various sorts of treatments and procedures are conducted every day. Outpatient care coordinators are present on all floors in order to facilitate the checking in and out process for patients. Care coordinator interns are responsible for giving a warm welcome to patients that are coming in and to make their experience at MSK as pleasant as possible. The check-in process consists of utilizing the HIS system and checking in patients for their appointments, updating patients' medical records, and letting the clinicians know that the patient has arrived for their appointment.

Techniques: Care coordinators are responsible for understanding/mastering the Healthcare Information Systems (HIS), known as EPIC, in order to access patient information as well as schedule appointments. EPIC is used to manage patient medical records, patient appointment schedule, as well as check patients in and out of their appointments. Alongside EPIC, MSK also utilizes a system called Clinical Information System (CIS), in order to look keep track of the patient's medical information as well as print any medical forms needed. CIS also contains orders for any tests that need to be conducted such as EKG's or ECHO's, and any blood work.

People Skills: At MSK quality service and care is something that is highly prioritized and something that they are very proud of. Everyday there are over a 1000 people coming in seeking various sorts of treatments from all over the world. With such a large number of people coming in delays and problems are natural, and this can cause patients to become upset. As a care coordinator, it is necessary to be compassionate and provide high quality patient care by understanding the patients' frustration, as well as doing everything possible to ensure that their experience is as efficient as possible.

Results: With such a high volume of people coming in for treatment daily, there can be many periods of rush and long waiting times. During this time, MSK employees have to remember the core values and remain calm, as well as provide the best service possible. There can be times where patients get frustrated or an error happens where a patient comes in and there is no appointment scheduled, during this time showing empathy and care can really help settle the situation and allow for a solution to be found.

Lessons Learned: At MSK quality care and service is something that is prioritized over everything else and it is truly something that they abide by. Quality care and the attitudes of the staff can really make a huge difference in how the patient reacts when they come in for treatment. When the patient is welcomed with excitement, a smile, and a sense of care they are more likely to be happy and hopeful, which makes their overall experience at MSK memorable.