

# Spring 2019 Abstract Book

Traditional Internships

Field Work Internships

Title:	NJCBIR Commission Return on Grant Investment Project
Name:	Amna Abbasi
Preceptors:	Direct Supervisor: Christine Traynor, Administrator
Agency:	New Jersey Commission on Brain Injury Research, NJCBIR, New Jersey Department of Health

**Purpose:** To analyze the grant money that the NJCBIR commission gave out throughout the fiscal years of 2007-2017 and calculate the return on investment.

**Significance:** Since 2007, the NJCBIR commission has given out approximately \$37 million to independent scientists at various New Jersey universities and institutions and has approved numerous scientific research projects that focus on brain injury research. The goal of the commission is to develop effective interventions and cures for the disabilities associated with traumatic brain injury. The return on investment showcases the impact made by the Commission's investment in New Jersey's researchers and demonstrates a direct benefit to the State of New Jersey through the Commission funded researcher's ability to successfully seek out and obtain additional external grant funding and resources.

**Method/Approach:** In order to gain insight on the specific researchers, follow ups through email for each researcher/grant awardee were done to see what was done with the money provided to them. After going through the documentation and emails, an excel sheet was compiled which was broken down based on researcher, institution, and fiscal year. Each grantee was shown to either get more money through other grants, have academic success, or stayed stagnant. For example, Rongo was awarded \$299,024 through the NJCBIR commission and later got more grants which totaled to \$1,697,000. After, pivot tables were made based on what factor needed to be focused on, like the type of grant per year or the grant award per institution. Following that, bar and stack charts were made for infographic purposes.

**Outcomes/Results:** At the end of the project, there should be easy to follow tables and charts that showcase the return on investments made by the NJCBIR commission. The data itself, after being analyzed, would show the total amount of dollars amounted and demonstrate how that initial NJCBIR commission investment brought back additional external grant funding investments and opportunities through the fiscal years of 2007-2017. Through the follow up emails, each grantee was shown to have some sort of academic success. For example, O'Neill from the Rutgers Department of Cell Biology, was awarded 5 more grants as well as 6 other awards and honors.

**Evaluation/Conclusion: :** Pivot tables and bar charts will show numerical and visual figures that gauge whether the NJCBIR commission awarded grantee was successful in obtaining additional external grant funding in a concise manner. Almost all the grantees had academic successes in their respective roles in their careers or monetary successes with more grant awards. The commission awarded the grantees \$37,383,938. Those awarded grantees then took that initial investment and successfully brought back into the State of New Jersey new grant dollars from external funding sources in the amount of \$46,048,594.

Title:	Language/Interpreter Program Performance Assessment
Name:	Celia Accardi
Preceptors:	Direct Supervisor: Glenn Jenkins, Executive Director of Embrace Kids Project Supervisor: Andrew Alvarado, Language Interpreter
Agency:	Embrace Kids Foundation (in the pediatric clinic at the Cancer Institute of NJ)

**Purpose:** To analyze effectiveness of language interpretation for patients and patient families involved with the Embrace Kids Foundation.

**Significance:** Communication can be difficult between hospital/clinic staff and the patients and their families. There are various ways to address this, whether it be an in person interpreter or a phone interpreter. At the Embrace Kids Foundation, there is a bilingual program, which includes employees who can communicate to various families in their native language. This is beneficial in order to make them feel more comfortable with a support system like Embrace Kids during this difficult time in their lives. It can also help when needing assistance with translation in emails. Oftentimes hospitals and organizations can overlook the importance of having a bilingual program and identify changes needed in the future.

**Method/Approach:** Among three interpreters, the following factors were scored: Fluency of delivery, sense of consistency with original information, native accent, pleasant voice, and completeness of conversation. These factors will be scored on a scale of 1-5, 1 being most inefficient/incomplete and 5 being efficient/complete. Five conversations were evaluated per interpreter. These conversations were split among 13 families. The main method of contact with families was through direct phone calls. Other forms of communication included hired bilingual staff who discuss relevant topics in person, and emails.

**Outcomes/Results:** The outcomes of the evaluation determine the amount of future training to be given by the main interpreter. Of the sample size cohort (N=3 [interpreters]), interpreters consistently had complete conversations with patients and their families. Combined, the interpreters scores averaged on a scale of five as follows: Fluency of delivery: 4.3/5, sense of consistency with original information: 3.3/5, native accent: 4.3/5, pleasant voice: 5/5, and completeness of conversation: 5/5. The phone calls tend to be the most effective in assisting families with problems, while in person conversations create a sense of community. All forms of communication are effective.

**Evaluation/Conclusion:** The interpreters at Embrace Kids vary (though not greatly) in the various categories assessed. Various forms of communication are very useful to those using the bilingual program, and could be more beneficial with improvements made by the interpreters. The program itself could use a training program for all interpreters to alleviate stress on the main interpreter. Improvements could also be made with more direct guidelines for bilingual employees from the supervisor.

Title:	Health Education Workshops
Name:	Annie Aguilar
Preceptors:	Site Director:Opal Montes, Coordinator:Alicia Laikhram
Agency:	BayWay Family Success Center (BFSC)

**Purpose:** To engage with families in the community of Elizabeth and provide educational health workshops while conducting observational analysis.

**Significance:** Low income families have a higher probability of developing chronic diseases due to lack of resources, education and health care. Barken (2019) found that lack of social and economic support services explains why low families are less healthy. BFSC works closely solidifying partnerships with other organizations to offer educational workshops like the diabetes management course, and the financial literacy course. Providing support and resources can strengthen families to help them acquire a healthy lifestyle.

**Method/Approach:** When BayWay Family Success Center is hosting a workshop, the BFSC staff is responsible to actively engage with the participants while conducting a observational analysis. As the program is in session the staff focuses on attendance and participation, two factors that determine the effectiveness of the program. Attendance is important because it shows the number of participants which enables the staff to contact specific health organizations. As a result, it benefits the participants because specialist from the organization provide informative and helpful information that participants can use to improve their daily lifestyle. Participation determines the participants engagement, whether they are actively listening, asking questions, or sharing their thoughts and ideas. At the end of the program a retrospective analysis is conducted by the BFSC staff to improve future workshops. Health workshops are successful at the center because they teach and inform residents how to improve their lifestyle. For example, BFSC hosted two workshops, the diabetes management course, and the financial literacy course. The six week diabetes management course taught residents the basic concepts of diabetes such as, the importance of eating healthy, taking their medications and finding support. The financial literacy course taught residents the fundamentals of saving, budgeting, credit cards, and mortgages.

**Outcomes/Results:** The diabetes management course had the most participants compared to the financial literacy course. Week one of the diabetes course had 10 participants, week two had 5 participants. Week one of the finance course had 2 participants, week two had 3 participants. Although there was a decrease in participants in week two for the diabetes course it had more participants then the finance course. The drastic decrease of participants was due to the change of schedule, the diabetes course was originally held Tuesdays instead of Thursdays. Going forward, workshops should be held at the beginning of the week after 3pm.

**Evaluation/Conclusion:** Completing a needs assessment and researching the community before hosting a workshop will increase the number of participants. BFSC staff should research current health issues in the community. The diabetes workshop was a success because the participants or their family member had diabetes or at risk. Moving forward, after the workshop is finished surveys should be completed by the residents to determined how helpful the program was. BayWay Family Success Center wants to help the residents improve their lifestyle but we need their feedback to service them.

Title:	Examining Patient-Centered Care in Clinics 1-Year Post Empanelment
Name:	Sara Ali
Preceptors:	Direct Supervisor - Marsha Gordon, Research Administrator Project Supervisor - Dr. Elizabeth Clark, Physician
Agency:	Rutgers Robert Wood Johnson Medical School- Department of Family Medicine and Community Health Research Division

**Purpose:** To analyze the difference of demographics of those patients that were easily empaneled versus those patients who were the most difficult to empanel.

**Significance:** To achieve aims of healthcare quality, population health, and reduced health expenditures, physicians are being called on by employers, payers, regulators, and patients to provide care that is high quality, patient and family centered, coordinated, population based, and cost-effective (Angelotti,2015). The clinic in Memorial Square started this process through empanelment (assigning a one primary care physician to each patient) one year ago as part of their CPC+ program, which a government funded a program that encourages clinics to focus on patient care initiatives. One of the goals of CPC+ is continuity of care. Continuity of care can save doctors time, clinics money, increase patient satisfaction and improve the care of chronic conditions (Chritiansen et al., 2016). The first step to improve continuity of care is empanelment so it is clear to both clinical staff and patients who are assigned to their case.

**Method/Approach:** Billing reports for 2018 were downloaded. The following patient data was pulled for analysis: age (using DOB), gender, number of visits, insurance type, race/ethnicity, practice site, provider match, and risk level (people which chronic conditions who would benefit from continuity of care).Visit scores were calculated first, as follows: Seen within the past 3 months (1.0); between 3-6 months ago (0.6); between 6-12 months ago (0.5). Next, a "Four Cut" method was used to assign patients. Cuts ranged from 1 (the easiest to assign) to 4 (the most difficult to assign). Cut 1 and Cut 4 were analyzed to determine if there is a significant difference between the least and most difficult groups to assign. Cut 1= only one servicing provider-assigned to that patient, and Cut 4= multiple providers with equal visits and equal visit scores and no physical provider who has seen patient most recently. Cuts were made using

**Outcomes/Results:** The following chronic conditions were identified in patients in Cut 4 - 59 with hypertension, 23 with diabetes, 1 with cancer, 3 with chronic kidney disease, 1 with dementia, 1 with COPD, 39 with asthma, 3 with obesity, 6 smokers. The demographics between Cut 1 and Cut 4 are statistically different in all the categories, most significantly race, age and insurance type. In the category of age, Cut 4 is 11.34% patients between the age 11-20 while Cut 1 is only 3.16%; Cut 1 is 22.19% people 61-80 years old and 5.16% people older than 80; versus cut 4 which is 11.82% and 0.80% respectively. When it comes to insurance, 18.28% of Cut 1 has Medicare insurance compared to 7.99% in cut 4; in Cut 4 31.33% have Medicaid insurance versus 17.74% in Cut 1. Lastly when we look at race, Cut 1 is 40/93% white or caucasian while Cut 4 is 31.47%; Cut 4 is 28.75% black or African American and 17.57% Hispanic compared to Cut 1 which is 16.61% and 12,43% respectively.

**Evaluation/Conclusion:** The demographics of Cut 1 and Cut 4 are significantly different. There are a large number of patients with chronic conditions in Cut 4 that would greatly benefit from increased continuity of care. There needs to be a different approach to ensure that these patients are receiving the most optimal care. The next step is to design target programs to reach this population.

Title:	Middlesex County Regional Chronic Disease Coalition Lung Cancer Initiative
Name:	Patricia Amarilla
Preceptors:	Direct Supervisor: Carrie Johnson, Program Development Specialist Project Supervisor: Viviana De Los Angeles, Regional Chronic Disease Coordinator
Agency:	Middlesex County Office of Health Services

**Purpose:** To assess how primary care providers identify tobacco use and to measure the awareness of cessation resources in Middlesex County.

**Significance:** According to the CDC, smoking and tobacco are the leading causes of preventable death in the United States (CDC, 2019). In New Jersey, it is estimated that a total of 17.0% of adults are current smokers, with an average of 14.1% adult smokers residing in Middlesex County (RCSHP, 2016). The National Cancer Institute goes on to state that 29.2% of all cancer survivors aged 18-44 continued smoking after their diagnoses (NCI, 2015). Improving the identification of current smokers by primary care practices, will allow an increase of cessation resources to be provided to this at risk group.

**Method/Approach:** A database of primary care practices in Middlesex County was created, with a total of 140 facilities. An outreach packet was then compiled including a letter, survey, and informational literature about smoking and tobacco use in New Jersey. A subset of 17 outreach packets were emailed and another subset of 20 primary care practices were called to conduct telephone surveys. All of the survey responses from the Primary Care Practices were then analyzed. The data collected related to the practices' tobacco-use assessment systems, the frequency of cancer survivors who are current smokers, if patients are aware of cessation resources, and if the practice is familiar with the New Jersey Quitline.

**Outcomes/Results:** Of the total number of primary care practices considered (n=140), there were 12 packets returned by mail. Of the returned packets, only 2 surveys were fully completed, 10 had no response due to invalid addresses, and there were 0 email survey responses. Of the subset group (n=20), there were 11 survey responses and 9 practices declined to participate. Of all the survey responses combined (13 total), 53.8% (7) responded that they currently have a tobacco use assessment system at each patient encounter, 61.6% (8) said that they come across cancer survivors who are current smokers, 84.6% (11) responded that patients are aware of the cessation resources available in NJ and 92.3% (12) said that they are familiar with the NJ Quitline. Finally, about 90% of the original primary care practice sample size and 45% of the telephone subset group did not respond to the outreach by any means.

**Evaluation/Conclusion:** A majority of the primary care practices considered did not respond to the mail or email outreach, with only a 10% response rate in total. Limitations include gathering accurate contact information and reaching medical professionals. Based on those who did respond in the subset group, we concluded that telephone outreach, follow up reminders and in person canvassing may be strategies to increase survey response rates. In addition, these methods may be used to increase interest in cessation resources for patients at every interaction in the primary care facilities.

Title:	Walk with a Doc: Promoting Health Through Physical Activity
Name:	Virly Aspili
Preceptors:	Direct Supervisor: Carrie Johnson, Program Development Specialist Project Supervisor: Twyla Paige, Health Educator
Agency:	Middlesex County Office of Health Services

**Purpose:** To provide a local population with an event which features physical activity, health check-ups, and health awareness and to measure the factors influencing the decision of participants' engagement in the program.

**Significance:** According to the World Health Organization (WHO), 60 to 85% of the population worldwide does not engage in enough activity, making physical inactivity the fourth leading risk factor for global mortality. A sedentary lifestyle can have negative effects on overall physical and mental well-being. It increases the risks of certain cancers, contributes to anxiety and depression, and plays a major role in adult obesity. The trend in New Jersey's obesity rate has been increasing steadily since 2000 from 17% to 27.3% today. Starting in 2017, the Middlesex County Office of Health Services has been collaborating with the national outreach program, 'Walk With A Doc' (WWAD). The purpose of this program is to promote health and improve community wellness by increasing physical activity in the community. Walking was recently recognized by the Surgeon General of the United States of America as one of the single most important things we can do for our health.

**Method/Approach:** In this program, walking events were organized where physicians and other health professionals give a brief discussion on a certain health topic and participants are welcomed to converse with them in an informal setting. Participants then may walk with the health professional for forty-five minutes, and additionally they are offered giveaways and free blood pressure checkups. Interest in the events are generated through social media, email, flyers, employee outreach in public places and is inclusive of all ages. At the end, participants of the event are asked to fill out a brief survey inquiring their age group, how they heard of the event, why they attended, how they felt prior the event and which health topics they are interested in learning about in future events.

**Outcomes/Results:** Of two WWAD events, 33 out of 58 total participants were able to fill out the survey form. Survey responses indicated that participants are generally familiar and have heard of the program prior to attending. 45.5% of participants stated they came to fulfill suggested daily physical activity, 42% came for the presentation topic, and 24% came for social purposes. Moreover, participants' mood prior to participating was measured using a five-point emotional scale. 84.9% of participants reported feeling energized, motivated, happy, and inspired, 9% were feeling neutral, and 6% were feeling empty and unmotivated. The most sought health topic of discussion in the future was nutrition.

**Evaluation/Conclusion:** The WWAD program achieves its mission by providing NJ residents with a physical activity, health education, and physical examinations that can effectively improve the community's overall health. More effective means of marketing should be utilized in the future to garner additional participants.

Title:	Creating Early Detection to Reduce Non-Urgent Hospital Visits
Name:	Mohammed Attiyeh
Preceptors:	Direct Supervisor: Dr. Jayshree Bhaskara, Internal Medicine Physician
Agency:	Robert Wood Johnson University Hospital (RWJ)

**Purpose:** To discuss the importance of why young individuals (Under 50) are not visiting their local primary physicians (even if they do not have insurance) for a variety of preventative measures.

**Significance:** During the winter of 2018, the RWJ Hospital in Somerset was over-occupied by 300 beds. The majority of these visits pertain to young patients exhibiting cold/flu symptoms and initial stages of chronic illness that could have been prevented if addressed earlier. This evidence indicates that a majority of these patients are not educated enough in prevention measures and the importance of seeking primary care prior to illness. The analysis of the psychological health behavior change model of these patients will examine and predict how patients see a health-care provider for preventative measures and also lower the prevalence of severe forms of chronic illness. Not only will there be better care provisions to patients, but also random spikes in prices and total charges for hospital visits will be greatly reduced.

**Method/Approach:** A Health Belief Model will be used to assess the modifying variables, perceived seriousness, and perceived susceptibility of young individuals under the age of 50 seeking primary care prior to becoming ill. This change behavior model will also look at their perceived benefits/barriers, perceived threats, self-efficacy, and cues to action in their likelihood to seeking primary care. A multi-part validated online survey will be sent to 150 young individuals from the Rutgers student and alumni community to assess these factors of the Health Belief Model. The results would then be assessed by hospital staff to find commonalities.

**Outcomes/Results:** Of the sample size cohort (n=121), the main the demographic consisted of 111 individuals between the ages of 18 and 25 (91.7%). 104 (86%) individuals out of the sample saw their primary care physician or obtained a physical at least once a year. 69.4% (84) of the sample believed that their chances of developing a chronic illness in the next 10 years was very minimal or not likely at all. 80 (66.1%) have someone in their family with a chronic illness. Despite having a family history of chronic illness, 76 (62.8%) did not think that chronic illness was a serious concern to them. What was most intriguing was that 78 (64.5%) went to a primary care physician related only to sports physicals, 55 (45.5%) needed clearance for sports, 63 (52.1%) went for vaccines. Only 21 (17.4%) went for acute causes. 84 (69.4%) said they mostly sought primary care to help prevent the spread of acute illness. When they were asked if better accommodations were provided, would they be more likely to see their primary care, 108 (89.3%) agreed that if the resources available to them could better accommodate scheduling matters, that they would seek primary care more often.

**Evaluation/Conclusion:** Young adults don't see the importance of getting annual exams and how impactful it is for preventative medicine. Despite 104 (86%) young adults from our sample (n=121) claiming they seek primary care; the majority are going for reasons not relating to personal wellness. young adults only see their doctor if it helps them fulfill another requirement for school, work, sports, etc. If more primary care physicians were to make better accommodations towards when to see patients, more young adults would seek primary care and as a result not develop serious chronic illness that would lead to them having to go to the hospital.

Title:	Increasing knowledge of ACE's and its relation to Human Trafficking
Name:	Annume Ayaz
Preceptors:	Diana Starace, Injury Prevention Coordinator
Agency: Prevention	Robert Wood Johnson University Hospital- Department of Trauma and Injury

**Purpose:** To educate a diverse range of healthcare professionals on the relationship between adverse childhood experiences (ACEs) and human trafficking in order to improve outcomes for patients (victims).

**Significance:** Human trafficking is the second most profitable crime industry in the world after drug trafficking and affects roughly 25 million people worldwide. A 2013 cohort study revealed that 65% of women human trafficking survivors suffered physical abuse, and 71% experienced emotional abuse in their childhood. According to research human trafficking victims often faced adverse childhood experiences, and an individual with a higher ACE score is more likely to be susceptible to being trafficked. Health care professionals are in a unique position to provide care for individuals who are exploited by fraud or coercion. In fact, studies have shown 87.8% of sex trafficking victims have come in contact with health care providers, while being trafficked (Lederer & Wetzel). The Trauma and Injury Department at Robert Wood Johnson, in collaboration with the NJ Coalition Against Human Trafficking (NJCAHT), aimed to combat this issue by educating and training healthcare providers to recognize the red flags of human trafficking to better aid victims.

**Method/Approach:** Research was conducted to learn more information on ACEs and its relation to human trafficking. Meetings were scheduled in collaboration with NJCHAT and the NJ Chapter of American Academy of Pediatrics to organize the Human Trafficking Symposium. Preparation for the symposium included creating marketing plans to be executed on social media, finalizing content, and reaching out to speakers. Self-care kits were also created from fair trade and made in the USA vendors only to support the cause. The layout of the symposium included a human trafficking informative session, ACEs overview, survivors' story, and a self-care session. Following these were group case-study discussions on victim's cases, to utilize the knowledge discussed earlier. A pre and post program evaluation was created using SurveyMonkey which was accessed online utilizing QR codes. The evaluation measures the attendees' level of understanding on the information at the Symposium.

**Outcomes/Results:** A total number of 51 attendees answered pre and post survey questions, one of the questions asked on a scale of 1-5 they rate their knowledge of human trafficking. Before the symposium 35% rated themselves to have little to know knowledge of human trafficking (1-2), after the symposium 71% rated their knowledge of human trafficking on a scale of 4-5. In a true/false question asking if most survivors do not seek medical care while they are being trafficked, 71% believed this to be false, when in reality this is true. After the symposium 82% said this was in fact true. 67% of people attending the symposium felt it was true ACE's are the most preventable cause of serious mental illnesses, by the end 80% believed this to be true. After the symposium 85% of healthcare professionals were also able to identify BEFREE, as the national hotline for human trafficking while before only 43% could.

**Evaluation/Conclusion:** A knowledge retention evaluation will be sent to participants 6 months post Symposium. This evaluation will measure the effectiveness and understanding healthcare professionals have on human trafficking and ACEs. Additional conferences and workshops will be held with healthcare providers to better identify the signs and increase their reach to assist victims of human trafficking.

Title:	Patient and Family Surveys Programmed Using DatStat Illume
Name:	Asseelah Azimi
Preceptors:	Sara Frederick, Program Coordinator
Agency:	Rutgers Cancer Institute of New Jersey

**Purpose:** Use DatStat Illume, to create participant surveys for a melanoma patient and family research study.

**Significance:** First degree relatives (FDRs) of patients diagnosed with melanoma before the age of 40 (young onset melanoma patients) are a growing population at elevated risk for melanoma. The current study aims to examine the impact of two Facebook-delivered interventions. Because the interventions are delivered online, the study team is utilizing survey development software, DatStat Illume, to deliver and collect study data. Rutgers Cancer Institute will download survey data from DatStat to conduct analyses to examine the impact of the intervention arm vs. the control group in behaviors such as skin self-checks, physician exams, sun protection behaviors, and healthy lifestyle behaviors.

**Method/Approach:** The team will use an advanced online survey system --Datstat Illume-- to create the surveys. Surveys for both patients and their FDRs covering three study time points need to be programmed-- a baseline survey and two follow up surveys. To ensure accurate and complete data collection, it is important that the surveys are user friendly and easy to complete. The surveys will undergo user testing within the population science department and revisions will be as necessary. Sample questions of the baseline survey will be included in the poster presentation.

**Outcomes/Results:** The team is still in the process of programming surveys, which are expected to be completed by April 30th, 2019. Slight modifications need to be made in order to proceed with recruiting participants for the intervention study. Thus far, five staff members from the population science department have reviewed and given feedback on the baseline survey. The primary investigator thought the grouping of some of the survey questions were "confusing." Other staff members also found issues in the formatting of the questions which will be resolved before routing surveys to participants.

**Evaluation/Conclusion:** The feedback from the user testing have been used to make necessary changes, minimizing participant error. For example, page breaks have been implemented to space out the questions. This will help lessen participant burden.

Title:	Determining the Programmatic Impact of the Rutgers Connection Network Mentoring Program (AY 2017-18 Cohort)
Name:	Yasmen Baidoun
Preceptor:	Dr. Crystal Bedley, Research Manager
Agency:	Rutgers Office for the Promotion of Women in Science, Engineering & Mathematics

**Purpose:** To determine the effectiveness of the Rutgers Connection Network Mentoring (RCN) Program at achieving its programmatic goals, such as improving participants' goal setting/meeting skills, increased sense of community, active listening, self-awareness, and related professional development abilities.

**Significance:** Structured mentorship in academia has been shown to positively impact doctoral students, postdoctoral fellows and junior faculty by fostering a supportive environment that results in mentees being more likely to publish articles, present at national conferences, experience greater satisfaction with graduate school and continue the tenure track (McLaughlin, 2010). While junior women and minority faculty tend to experience higher dropout rates in academia, mentorship has been shown to aid in retaining such vulnerable groups and for them to be more likely in achieving tenure (McLaughlin, 2010). By exposing structured mentorship to less-seasoned academics, the RCN Program aims to increase the engagement and scholarly productivity of faculty by providing resources, training, and facilitation that enable effective cross-departmental collaborative partnerships.

**Method/Approach:** A survey was administered to RCN participants (mentees, peer mentors, mentors) of the 2017-2018 academic year cohort at the end of the program in order to self-report progress in programmatic criteria. Since the total cohort (n=64) experienced a 63% survey response rate, this resulted in the sample size (n=40) being slightly smaller. Ensuring confidentiality, all survey responses were de-identified and variables were re-coded in SPSS for statistical analysis, then transferred in Excel for data presentation. A group-level analysis of survey responses of mentoring skills, markers of success for RCN participants, networks, and sense of community were presented in the final report for administrators.

**Outcomes/Results:** 84% of participants state that RCN helped them learn how to become more effective in mentoring relationships (n=33). Of psychosocial and community building skills, mentees (n=11) scored above the cohort mean in feeling encouraged to pursue goals (mean=4.5; cohort mean=4.2), having a greater appreciation for formal mentorship (mean=4.7; cohort mean=4.3) and increased self-awareness of others personal styles (mean=4.5; cohort mean=4.2). Mentors (n=14) reported less growth than other participants regarding self-efficacy (mean=3.5; cohort mean=3.9) and awareness of well-being (mean=3.4; cohort mean=3.9), remaining consistent with the cohort average on other criteria. Post-doctoral students (n=5) experienced the greatest overall growth, such as thinking more critically about mentoring (mean=4.8; cohort mean=4.4), increased self-awareness (mean= 4.8; cohort mean=4.2), greater open-mindedness (mean=4.8; cohort mean=4.2), and appreciation for formal mentorship (mean=4.8; cohort mean=4.3).

**Evaluation/Conclusion:** Overall, there is evidence that RCN met its programmatic goals and expectations for participants. Given that postdocs experienced the greatest growth compared to all groups, a recommendation going forward for recruitment is to obtain mentors with postdoc experience. A follow-up analysis on alumni is also suggested to analyze the long-term impact of the program since RCN will mark its 5th year anniversary with the next cohort.

Title:	Improving the Workflow, Featureset, and Marketing of Zoobook EMR
Name:	Joseph Bajor
Preceptors:	Direct Supervisor: Earl Lipphardt
Agency:	Zoobook Systems LLC

**Purpose:** To assist in the prototyping and development of new Zoobook features to help integrate the software into the workflows mental health facilities and, building out its potential user base.

**Significance:** Medical records have been a staple of medical bookkeeping since the early ages of medicine. However, there has been no one-size-fits all solution to EMR's (Electronic Medical Records) fragmentation of records used across different fields of medicine, which grows worse as you cross state lines due to differing regulations and standards. Zoobook is an EMR designed specifically for rehabilitation clinics, and aims to fix a bit of this fragmentation by expanding its reach to mental health facilities. Additionally, this will allow Zoobook systems to expand their potential user base into the field of mental health, effectively doubling their potential clientele.

**Method/Approach:** Potential areas of improvement within the current system were identified, and a list of required features that needed to be implemented before roll out to mental health facilities was created. System changes focused on useability and flexibility with concerns to the intake process. A new question set and UI was developed for the general information sections of a client's profile, bed management was reworked, and multiple email marketing campaigns were developed to introduce users to Zoobook's abilities. Parent services were implemented, a necessary feature for use in partial care facilities.

**Outcomes/Results:** The updated intake questions were implemented. In total, 24 new question fields were added to this section of the system, saving on average 2-3 sheets of paper that would have been used per client pre-digitization. Zoobook was rolled out to its first mental health facility, Sunrise Care LLC.

**Evaluation/Conclusion:** Although the success of the system in this environment cannot be determined yet, the features developed to reach this goal have potential applications elsewhere in the software. The ability to create parent and child services potentially solves an issue with the billing system where multiple versions of the same services would have different HCPCS codes based on the time the service ran for. The EMR has successfully deployed it's first implementation within a mental health facility, which will serve to test the changes that were made in the system to function in this environment.

Title:	HIPAA Policy Implementation and Education
Name:	Lorena Batallas
Preceptors:	Direct Supervisor: Yeong Choe, Executive Director Preceptor: Sara Culang, Manager, Community Outreach and Volunteer Services
Agency:	The Martin and Edith Stein Hospice, Somerset, NJ

**Purpose:** To collaborate with the Privacy and Security Officer to implement and educate hospice workforce about HIPAA policies and compliance.

**Significance:** Health Insurance Portability and Accountability Act (HIPAA) is an important federal law that was enacted to protect the privacy of the patient's health information. This federal law requires that all organizations or personnel that has access to medical records, comply with its federal privacy and security regulations. The Stein Hospice currently offers outpatient services only, so the risk of a breach of information is higher. Therefore, the company is implementing and educating their administrative staff, nurses and home aids about HIPAA Compliance.

**Method/Approach:** Stein Hospice is using the service of the Compliancy Group, a consulting company, to assist them in becoming HIPAA compliant. The Compliancy Group provides general privacy and security policies that can be tailored to the Stein Hospice needs. These policies and procedures were carefully read and review by three different people, two members of the board of directors and myself, to determine the need for Stein Hospice. Physical and IT audits were also performed to assess the risk of the organization. Through these audits, it was discovered that the staff need more training in complying with HIPAA privacy policy. The privacy policy was created and uploaded in the Compliancy Group portal called "The Guard" to start training the personnel. PowerPoint presentation was created with the most important parts of each privacy and security policies as additional help for the nurses and the hospice aids.

**Outcomes/Results:** These new privacy and security policies will be implemented in the Summer of 2019. The online training will be individual and an online coach will track that each employee read the policies. This training will not only help employees to understand the process of complying with HIPAA, but also prevent any breaches that can put in jeopardy the operations of Stein Hospice. The PowerPoint presentation will serve as reference to assist the personnel to remember key parts of the privacy and security policies. The results will be tracked and reviewed by the Privacy and Security Officer of Stein Hospice every year to make the necessary adjustments.

**Evaluation/Conclusion:** As these policies and procedures are implemented, the Stein Hospice employees will sign an electronic agreement stating they read and understood the privacy and security policies of the hospice, and they will follow these new regulations. The yearly report provided by the Compliancy Group will help measure the effectiveness of the implementation of these policies. https://compliancy-group.com/hipaa-compliancy-group/

Title:	Patient Care Coordinator
Name:	Dawinder Bawa
Preceptors:	Dr. Varinder Singh, Cardiologist
Agency:	Central Jersey Cardiology, Metuchen, NJ

**Purpose:** Assist fellow employees to ensure patient call-backs are performed to increase patient satisfaction.

**Significance:** It is crucial that patient satisfaction and patient quality are at high standards. This includes, office wait time, confirm appointments and meet the needs of patients. There are many patients throughout the month that miss appointments. Calling patients and figuring out a way in which they can make another appointment helps ensure and understand in how the office can better suit the needs of their patients.

**Method/Approach:** Calling patients is very crucial to make sure that each patient comes in and have regular check-up. This helps with keeping the community healthy. There is a folder which contains a callback log, in which there is a sheet for each month. Each day is checked once patients are notified regarding missed appointments. This helps keeps the call log organized and communicated with staff to ensure patients have timely check-ups. Eclinical is the program that is used to check-in and schedule patients in for appointments. Previous visits are visible through Eclinical and is easy to monitor the number of patients who check-in to the office on a daily basis.

**Outcomes/Results:** There are a number of reasons why patients end up missing their appointments or cancelling them. Many patients that were questioned about missed appointments, had new phone numbers. Another main reason for missed appointments were changes in insurance. Along with the elderly, who have no means of transportation. However, there were many patients who did not feel the need to come back for a visit. Other reasons included, moving to a new state, traveling due to work reasons, and inclement weather. It is important to keep the cardiologist notified and updated with the number of patients coming in for the week. Communication is key when it comes to organization and being a step ahead.

**Evaluation/Conclusion:** After call-backs were performed and as a result there was an increase in new appointments from previous patients. Patient satisfaction and patient needs were accommodated. This benefits the overall health of the community. In short, after call-backs, there was an improvement with patient satisfaction and improved flow of patient visits.

Title:	Wayfinding: Improve in Patient Experience through Medical Service Pass
Name:	Britnae Belcher
Preceptors:	Dawn WrightStuart, Manager of Patient and Family Centered Care
Agency:	Hackensack Meridian Health - Raritan Bay Medical Center

**Purpose:** To help improve patient navigation by creating a more accessible pathway to direct patients in Raritan Bay Medical Center-Perth Amboy.

**Significance:** According to the National Center for Biotechnology Medicine, annually missed appointments has cost the United States healthcare system more than \$150 billion. Everyday patient experience quickly declines due to inflation of wait time in a hospital campus. Hundreds of patients every day in Raritan Bay Medical Center can potentially suffer from adverse health effects such as anxiety caused by disorderly lines. The aim is to help improve in the overall patient and guest experience, by making it easier for patients to navigate to their destination more quickly. The implementation of Medical Service Passes can help decrease in loss of cost, readmission rate and help improve in overall patient satisfaction.

**Method/Approach:** Post-visit patient satisfaction surveys were drafted and administered to scheduled patients with passes in the Medical Day Stay department, evaluating patients on their satisfaction with the implementation of Medical Service Passes. The passes are aimed to decrease wait time by allowing frequent patients to skip the frustration of waiting in line to be registered. As a result, patients experience will be analyzed to implement Medical Service Passes within other departments such as Physical Therapy located in the Blue Wing of the hospital can be one of the most tedious to navigate to in Raritan Bay Medical Center -Perth Amboy. The post survey intends to measure satisfaction by evaluating patient's usage of the pass and improvement in the length of wait time in line, to be further used in other departments.

**Outcomes/Results:** Over 30 surveys(n=38) were distributed and completed by patients. Responses in regards to satisfaction levels showed that 86.84% of patients were *satisfied* with the pass. 10.53% voted to be *somewhat satisfied* with the pass and 2.63% *neither satisfied nor dissatisfied*. Results also showed 57.69% *always* used the pass, 26.32% *usually* and 15.79% *sometimes* used the pass. 89.47% found the pass *useful*, 5.26% found it to be *somewhat useful* and 5.26% described the pass as *not so useful*. In regards to the improvement of wait time in line, 81.58% believe the medical service passes helped to improve the amount of wait time during registration and 18.42% believed the Medical Service Passes did not improve in the amount of wait time in line.

**Evaluation/Conclusion:** Overall, given the results to the post-visit survey, Medical Day Stay patients show a high satisfactory percentage of their use of the passes. As a result, the Medical Service passes has shown to be an effective tool to improve in the length of wait times, quality of hospital service and enhance overall patient experience. Due to the efficiency of the passes the Physical Therapy department has implemented the same system of passes. Now ongoing for 3 weeks, there are hopes that this system of passes will be taken up within more departments in the future.

Title:	Strengthening Families Program (SFP)
Name:	Dolicia Benjamin
Preceptors:	Kathleen McFadden, Associate Director
Agency:	Atlantic Prevention Resources, Inc

**Purpose:** To educate families that a healthy family structure is a protective factor that helps build strong relationship bonds and prevents the risks of unwanted behaviors.

**Significance:** The Strengthening Families Program (SFP) is an outcome based program that offers parenting skills, children social and life skills, and family skills training courses offered by Atlantic Prevention Resources. Many of the delinquencies and violence faced by society today can be linked to a breakdown in family structure. Kumpfer and Alvarado (1997) found that when high-risk families are provided with intensive and repeated family and youth interventions by professionals, aggressive and violent behavior in youth can be reduced. Therefore, high-risk families, identified by the school counselors, are taught strategies to reduce conflicts, improve communication skills, and improve family bonds.

**Method/Approach:** The Strengthening Families Program was held for 7 weeks between January 8th and February 19th. At the beginning of the 7 week sessions, a list of 14 questions were given to 10 participating families to assess family strength and youth behavior. At the end of the 7 weeks, families were given the same assessment to evaluate whether there were improvements in four main categories: making house rules, using consequences, showing love and limits, and encouraging good behavior. Once all the data was collected anonymously, I assessed the data to determine the results. IRB approval was exempted as this survey was done anonymously.

**Outcomes/Results:** For the 10 families evaluated during the 7 week sessions, making house rules increased by 25%, using consequences increased by 20%, showing love and limits increased by 25%, and encouraging good behavior increased by 30%.

**Evaluation/Conclusion:** Strengthening Families Program is an important tool to help improve parenting skills, build relationships, and lower unwanted behaviors. Families who committed to the program saw remarkable improvements in their child(ren) behavior which led to a better family structure. One limitation to the study is that lost to follow-up made it difficult to evaluate how successful families are in implementing the tools learned. Future application should include allowing Strengthening Families Program to become part of the school curriculum.

Title:	Flu Vaccination Effectiveness Database Evaluation
Name:	Allyson Bielawski
Preceptors:	Enas Hasan, Lead Pharmacy Technician
Agency:	CVS Pharmacy - Edison, New Jersey

**Purpose:** To evaluate the effectiveness of the 2018-2019 flu vaccine administered at a single CVS Pharmacy by assessing the correlation between receiving the flu shot and contracting the flu.

**Significance:** Influenza is caused by a single stranded RNA viral infection, which leads to debilitating effects that can negatively impact the daily lives of individuals (Blut, 2009). The intradermal flu vaccine contains inert segments of the virus causing our immune system to build antibodies to prevent the flu (Sacadura-Leite, 2012). According to the Centers for Disease Control and Prevention, the most effective flu vaccines are able to best match the antigens associated with the current circulating flu strain (Influenza, 2019). Therefore, it is important to test the effectiveness of the flu vaccine to ensure that it is suitable for the current flu strains and benefits the population to reduce the burden of disease.

**Method/Approach:** A quantitative cohort study was completed for individuals who received their flu vaccine and/or filled a prescription for Tamiflu, an antiviral medication used to treat suspected/confirmed cases of the flu, from September 2018 to March 2019. at CVS Pharmacy Store #02456 in Edison, NJ 08817. The sample size n=1053 is comprised of 510 men and 543 women who received the flu shot from the specified CVS pharmacy with the requirement that the individuals be over the age of 18. Additionally, there is another cohort n=290 consisting of individuals who filled a Tamiflu prescription, also over the age of 18. This information was extracted from CVS's central database (according to NDC data), and exported to a spreadsheet consisting of each individual's name. These individuals and data were then sorted into three result categories: 1) flu shot with flu symptoms, 2) flu shot without flu symptoms, and 3) no flu shot with flu symptoms. The predictor variable of this study is the flu vaccine, as it relates to prevention of flu-like symptoms.

**Outcomes/Results:** Of the people that received the annual flu shot (n=1053) at the specified pharmacy, 15 (1.40%) also received a prescription for Tamiflu. Of the remaining individuals who received the flu shot, 1038 (98.57%) did not fill a prescription for Tamiflu. Of the 290 patients who filled a prescription for Tamiflu, 15 (5.17%) did receive their flu vaccine, while the remaining 275 (94.83%) did not receive their flu shot at this pharmacy.

**Evaluation/Conclusion:** This study determined that the influenza vaccine for the 2018-2019 flu season was effective at this particular pharmacy, as individuals who received their flu shot were less likely to contract the flu/flu-like symptoms, shown by a reduction in filling a prescription for Tamiflu. Limitations of this study include the assumption that individuals who received their flu shot and filled a Tamiflu prescription did so at this pharmacy and nowhere else.

Title:	Assessing Patient Satisfaction and Experience Surveys at Eric B. Chandler Health Center
Name:	Kai Bingham, QA/QI Intern
Preceptors:	Rose Jean-Baptiste, MPH, Program Manager, QA/QI
Agency:	RWJ Eric B Chandler Healthcare Clinic

**Purpose:** To analyze the general knowledge and experience of patients entering the Eric B. Chandler Healthcare Clinic, in order to improve their overall appointment experience.

**Significance:** Patients perceptions of the quality of care and services that they receive in a healthcare facility are extremely fundamental when assessing the progression of an establishments procedures. Through administering a well drawn out survey, analytical data and vital information can be collected from patients to serve as a fundamental tool of effective communication. The primary goal of the Patient Satisfaction Survey that we, the QA/QI team, administered was to gain an overall understanding on the lack of information given to patients and their experience throughout their clinical visit.

**Method/Approach:** A Patient Satisfaction Survey was created and administered by the QA/QI team from the Eric B. Chandler Health Clinic in New Brunswick, NJ. Nearly 300 Patient Satisfaction Surveys were administered to patients, then collected by the QA/QI team and assessed, providing the team with vital information about the patients accessibility to the health clinic (virtually and physically), patients knowledge about their Primary Care Physician, the patient's overall health/wellness and an overall assessment about the health clinic site they attended. The surveys were administered in the different sectors of the health clinic, including: Pediatrics, Family/Internal Medicine as well as OB/GYN. The results varied in categories separated by gender (men, women, other), age (children and adults), ethnicity and reasoning for their clinic visit.

**Outcomes/Results:** Among the patients who were studied, (N=~300) 50% provided feedback to the QA/QI team on the Patient Satisfaction Survey about how we could improve the overall experience they had within the health clinic. Among the patients surveyed, ~23% of the respondents were male (N=~69) and ~77% were female, allowing the contrast between genders to be shown. In regards to ethnicity, approximately 76% were Hispanic/ Latino (N=~228) and 40% (N=~120) were not educated past the 8th grade. Overall, 88% (N=~264) of the patients reported that they would recommend the health clinic to other individuals, being that they rated the health clinic as an "Excellent" facility.

**Evaluation/Conclusion:** The findings from the Patient Experience Survey allowed for the QA/QI team to implement important changes that will change the quality of care administered. The patients who were surveyed, (N= $\sim$ 36 or 12%) expressed that there needed to be an improvement within the health clinic as a whole. The limitations of surveying the community included only being able to reach some people in the New Brunswick community. A continuous evaluation of how patients' experiences will be further conducted to track the progress of the newly implemented improvements.

Title:	The Impact of Tropospheric Ozone Exposure
Name:	Matthew Birney
Preceptors:	Kathleen Black, PhD, MPH
Agency:	Rutgers Environmental and Occupational Health Sciences Institute

Purpose: To understand the effects of ozone exposure on lung capacity in human test subjects.

**Significance:** Present in higher concentrations during higher temperature days, ozone has been linked to adverse reactions in the pulmonary system (Frumkin, 2016). Symptoms of ozone exposure include, but are not limited to: shortness of breath, inflammation of the airways, and damage to the lungs making them more susceptible to infection (Health Effects of Ozone Pollution, 2018). Those most susceptible to the effects of ozone are children, elders, asthmatics, and individuals who are active outdoors. Although the acute effects of ozone exposure are still being studied, long-term exposure has been linked to the potentiation of chronic obstructive pulmonary disease (COPD) as well as an increased risk of mortality. Additionally, researchers suggest that the number of days exceeding the set eight-hour ozone standard (0.070 ppm) will increase to 20 days per year (60% increase) by 2050, due to global warming, (Patz and others, 2004). A better understanding of the mechanisms of ozone toxicity is needed in order to prevent and treat ozone associated acute and chronic diseases.

**Method/Approach:** A comprehensive Microsoft Access database was compiled using main study subject information from *Activated Macrophages and Ozone Toxicity*. This study aims to analyze the mechanisms of ozone injury in the lungs, more specifically macrophage response. Forced expiratory volume (FEV1) measurements were taken using an EasyOne Spirometer. Subjects completed three spirometer maneuvers at their screening visit to set a baseline value. During exposure visits, subjects were asked to complete three maneuvers prior to exposure as well as post exposure. The exposures themselves took place over 3 hours, releasing 0.2 ppm ozone (much greater than the standard) in a controlled exposure facility, requesting intermittent moderate exercise on a cycle ergometer. A paired-sample t-test was conducted to examine FEV1 at baseline and post-ozone exposure.

**Outcomes/Results:** Data were collected from 28 subjects. A significant difference exists between FEV1 scores for baseline spirometry in comparison to post-ozone exposure spirometry, p-value = 0.048. Moreover, based on these results, we can expect that short-term exposure (3 hours) to a high level of ozone will cause a decrease in FEV1 values among human subjects.

**Evaluation/Conclusion:** The results are consistent with prior research (Folinsbee et al., 1988) regarding ozone inhalation and reduced spirometric values. There are a number of limitations in this study including small sample size, limiting generalizability. I would like to emphasize the observed changes in FEV1 may be due to other factors, such as exercise during exposure; future analysis will compare the change following ozone exposure to the change after exposure to clean air to mitigate this.

Title:	Development of After-school Programs for Young Girls
Name:	Akua Boachie
Preceptors:	Direct Supervisor: Ashton Burrell
Agency:	Zone 6 Teen Center, Highland Park

**Purpose:** To facilitate and implement innovative, interactive programs for young girls to participate in post school dismissals.

**Significance:** Zone 6 teen center was opened September 2018 to promote healthy, age appropriate development for teens in Highland park by providing an environment designed to help develop social skills, foster moral development, and social competence. Unfortunately, the rate of students attending the center has been unfavorable for the goal to be achieved. On average 4-6 boys attend the center daily and it's usually the same individuals. This exemplifies that inclusivity and community connections have yet to be developed. No girls are attending therefore the first "Girl empowerment group" event will be established to recruit more young women to the program.

**Method/Approach:** A survey was conducted to evaluate the status of the center. The objective of the survey was to gather student feedback about ZONE 6. It is very essential for the Director Ashton Burrell to understand what the students need and desire for their growth. The feedback received was used as an instrument in deciding where to improve and how to improve. Some questions mentioned in the survey stated," What sort of activities do you enjoy" or "What topics interest you the most ",with array of answers data was collected to conduct discussion topics pertaining to that matter. An approach to fulfill some of the recommendations made by students was to create a "college night" event. The purpose for the event is to engage with students whose questions are about their future preparedness.

**Outcomes/Results:** The outcome is to meet the needs of the students and to propel the center forward. As a result, the creation of "college night" themed event. It would include three of Rutgers interns to host a panel discussion of tips and advice about the college experience. Director approves of the event, will be hosted on May 3rd, based on the outcome of the event will ultimately determine the success of the project.

**Evaluation/Conclusion:** Evaluations of the project would include the number of students who attends. The projected number of students to attend are around 15. If the goal is met the project will be a success. The project itself was challenging, the planning, advertising and reaching out to students all had a role to play to create a successful event. Moreover, when the event has been completed I will then be able to evaluate the outcome of the project.

Title:	Marijuana and Lactation and its Effect On The Developing Child
Name:	Claudia Boateng
Preceptors:	Direct Supervisor: Dr. Gloria Bachmann. Director of Women's Health Institute
Agency:	Women's Health Institute at Robert Wood Johnson Hospital

**Purpose:** To investigate the effects of the use of marijuana during and after pregnancy on lactation, and how that affects the developing child.

**Significance:** Marijuana also known as Cannabis sativa is a greenish-gray dried flower, smoked by individuals either rolled up as joints, in pipes or sometimes brewed in team or cooked to make what is called edibles. The recreational use of Marijuana as a nation is currently illegal, however on the state level there has been a move for the legalization of recreational marijuana use. States like Colorado and California have made this shift and states like New Jersey are in the works of following the same footsteps. Though Marijuana can be beneficial for medicinal use, it stands as a huge risk for the rest of the population, specifically for pregnant woman. The prevalence rates of marijuana use during pregnancy is as low as 3% on one spectrum and high as 34% on other spectrum (Metz, Stickrath). With the move to make recreational use marijuana legal, we can expect that percentages of these rate to increase as time goes by, Therefore it is important to seek and find out how this new trend will affect these women and their developing offspring.

**Method/Approach:** A literature review of journals and articles using Pubmed as a search catalogue was used to research printed work on the studies done on the issue of marijuana use during and after pregnancy and how that affected lactation and the developing child. There was two parts to this search. First a search was done with the keywords marijuana, lactation and pregnancy. The second search was done with the keywords marijuana, lactation and development of infants. About 22 articles was gathered from this search to formulate a literature review on this topic.

**Outcomes/Results:** From this literature review, it was discovered that use of marijuana affects the mother's milk during lactation which then exposes the nursing child to marijuana. This exposure has been correlated with the decrease in infant motor development. Delta-9-tetrahydrocannabinol (THC) which is the primary psychoactive content in marijuana, has the capability of passing on to the lactating mother's milk at levels reported at eight times that in the mother's blood (Astley, Little). The baby then takes in and metabolizes THC which then affects their growth and development. This is due to that fact that, these infants are exposed at a time were their central nervous system is developing at a very progressive rate.

**Evaluation/Conclusion:** Breastfeeding has a lot of advantageous benefits for the nursing child, and should been recommended to mothers as a source of nourish for their infants. Due to this, women who use marijuana need to be educated on the possible effects of THC on the development of their infants and encouraged to stay away from the recreational use of the drug when breastfeeding.

Title:	Understanding the Emotional Needs of Your Patient with Cancer
Name:	Mindy B. Bowens
Preceptors:	Professor Ann Marie Hill
Agency:	Edward J. Bloustein School of Planning and Public Policy

**Purpose:** To orient healthcare support staff on the importance and significance of empathy and compassion with each patient and family member through the healthcare continuum.

**Significance:** A study published in the Canadian Medical Association Journal, have shown that practicing empathy and compassion in healthcare has a strong correlation to positive patient outcomes. In one study published by JAMA (Journal of American Medicine Association) found that after discussing threatening diagnosis, patients offered many opportunities for empathetic responses, and doctors responded to only 10% of these emotional needs. Responding to the emotional needs of patients and families can be challenging due to the emotional toll it may take on the clinician. Compassion and empathy is a critical component of any healthcare support staff and clinical members relationship with the patient and family. Lack of empathy and compassion can be related to trust issues, poor patient satisfaction, decrease in compliance and negative outcomes.

**Method/Approach:** Ensuring support staff and clinicians engage in compassionate, empathetic patient care, significantly influence the patients or family members overall experience. Open body language, active listening, eye contact and facial expression can demonstrate empathy and set the stage for a positive experience. The use of mirrors on desks and practice session will allow the healthcare member to see how they look when interacting with another individual in person or on the phone.

**Outcomes/Results:** When interactions include compassion and empathy patients are more willing to share information about their symptoms which leads to quicker and more exact diagnosis and treatment. Anxiety in the patient is decreased without pharmaceutical assistance. Positive interactions touch the heart and lead to positive attitudes and emotions.

**Evaluation/Conclusion:** Etymologically, "compassion" means to "suffer" with and has been defined as "a deep awareness of the suffering of another coupled with the wish to relieve it." (Sinclair 2016) Compassion and empathy fosters a patient or family members feeling of being understood and recognized.

Title:	Increasing Healthier Food Options for New Brunswick Residents Through Restaurant Market Analysis
Name:	Alyssa Brantley
Preceptors:	Director Supervisor: Manuel Castañeda, Director of Community Health
Agency:	New Brunswick Tomorrow

**Purpose:** To conduct a market analysis based on a set of guidelines and incentives to determine how to best implement the Eat Well Healthier Restaurant Menu Initiative to promote a culture of healthier eating in New Brunswick by increasing the availability of healthier food options in local restaurants by encouraging restaurant owners to increase the number of healthier menu options for patrons

**Significance:** According to the 2016 New Brunswick Community Survey, 50% of residents claimed "sometimes" for "we can always afford enough to eat, but not always healthy". 56% of residents do not eat fruits and vegetables every day, 35% of which eat fruits and vegetables less than 5 times a week. 43% say they eat fast food once a week, another 16% eat it twice a week, and 4% eat it 3 times a week. Almost 1 in 10 eat fast food anywhere from 4 to 6 times a week. The Live Well Vivir Bien Campaign of New Brunswick Tomorrow is seeking to expand the number of restaurants offering healthier meal options to promote a culture of healthier eating.

**Method/Approach:** Create a questionnaire that provides an analysis of whether or not restaurants would be interested in joining the movement based on a set of guidelines and incentives. Speak with 15 restaurant owners about the movement and have them complete the questionnaire. Restaurants were chosen by location, ideally five restaurants located on George Street, five from Easton Avenue, and five from French Street. Analyze the responses and determine how to best implement the Eat Well Healthier Restaurant Menu Initiative.

**Outcomes/Results:** Out of the 15 restaurants approached, 9 said they would join the movement, 5 said were very interested but did not want to give a definite "yes" just yet, and only 1 said they would not join the movement. All 15 restaurants found the guidelines to be doable and all 15 restaurants found the incentives appealing. The only aspect that some restaurants were hesitant about was the promotion incentive. They were not aware of how many followers we had on our social media and how active users were with our mobile application and this was most likely the reason for the 5 restaurants not giving a definite "yes".

**Evaluation/Conclusion:** As per the market analysis conducted, a majority of the 15 restaurants (over 60%) responded positively about joining the movement and all restaurants gave positive feedback for the guidelines and incentives of the program. The only factor I would add would be to provide restaurants with data analytics of our social media presence and activity of our mobile application. With that being said, I recommend moving forward with implementing a pilot for the initiative.

Title:	Evaluating the Health Information on Wheels (HILoW) Program
Name:	Taqwa Brookins
Preceptor:	Camila Comer-Carruthers, MPH, Manager of Community Education
Agency:	Robert Wood Johnson University Hospital New Brunswick

**Purpose:** To evaluate participant utilization and satisfaction with the *Health Information Library on Wheels* (HILoW) program and its aim to increase health literacy, awareness, and appropriate use of health resources within Middlesex County, NJ.

**Significance:** According to the Middlesex and Somerset Counties Community Health Improvement Plan (CHIP) of 2016, there is a prevalence of low health outcomes across demographics in the population surveyed. Issues range from the inability to manage chronic conditions in the older population, difficulty accessing and navigating the health care system in young adults, to a high percentage of avoidable emergency room visits in the Hispanic population of Middlesex County. The focus of the HILoW program is to employ trusted resources (libraries) in the community to increase health literacy and usage of health resources of the population. This is achieved through training of the counties' librarians to provide culturally and linguistically appropriate health information to residents who come to the library or attend any number of community organizations, events, and programs.

**Method/Approach:** Six hundred and twenty-two (n=622) participants utilized the HILoW program from January to March of 2019. The events that the librarians provided health information at included community bowling night, senior centers, blood drives, opera talks, and more. The program conducts optional table side surveys as well as three month follow-ups over the phone. At the time of data collection, only the table side surveys were available for analysis. To measure participant satisfaction, responses from the following questions were used: 'have you used this service before' (Q1), 'was it helpful (Q1a)', 'I found what I was looking for' (Q2) and, 'I feel more confident in talking to a doctor/healthcare provider'(Q3).

**Outcomes/Results:** Of the 17 table-side surveys, 5 participants had used the service before (Q1). Nine (9) participants indicated that the information was helpful, even if they had not used the service before (Q1a). Thirteen (13) participants said that they had found what they were looking for (Q2), and 4 participants reported increased confidence in talking to a doctor/healthcare provider (Q3).

**Evaluation/Conclusion:** The preliminary data suggests that the HILoW program is received well and is helpful to participants. Increased confidence in speaking to a healthcare provider suggests higher health literacy as a result of the information received from the librarians. However, only 2.7% of participants over the three-month period conducted the table-side survey. Therefore, the results are not representative of the entire participant population. Participants who were not satisfied with the service may have been unwilling to fill out a survey. In addition, the format of the variety of events that the librarians attend may serve as a barrier to data collection. Data received from the three-month follow-up may or may not support this initial data analysis. However, the high number of participants over the three-month period suggests that this service is filling a demand for accurate and unbiased health information.

Title:	The "Public Charge" Proposal and Public Health Implications in New Jersey
Name:	Ahmed Butt
Preceptors:	Direct Supervisor- Hera Mir
Agency:	New Jersey Alliance for Immigrant Justice, Newark NJ

**Purpose:** To evaluate the impact of the proposed public charge changes on government service use by immigrants including undocumented New Jersey residents.

**Significance:** In September of 2018, the Department of Homeland Security proposed changes to how "public charge" rulings would operate. Public charge rulings apply to immigrants seeking to be legal permanent residents and to foreign-born persons seeking to move to the U.S.; the status of public charge refers to a likelihood of being dependent on the government for subsistence and is currently determined by a combination of personal factors (age, sex, income, dependents, etc.) as well as use of federal cash assistance. Under the new proposal, non-cash public benefits such as Medicaid, CHIP, SNAP and public housing would also be considered in making public charge determinations.

**Method/Approach:** After receiving reports that families were no longer using programs necessary for their health, such as the children's healthcare program, CHIP, a survey was created to reach out to statebased service providers and advocacy groups. Respondents were asked to identify services used by undocumented populations declined due to fears of public charge changes. Respondents were also asked if state or local program use has been affected, as these are not included in the proposed changes but have been reported to be impacted. Other questions were included that identify misinformation, such as a question asking if program use by family members is believed to be a factor in public charge determinations.

**Outcomes/Results:** Fears of using public services are widespread among New Jersey's immigrant population; misinformation about the proposal, such as a belief that current use of services could have an impact on a future ruling, is prevalent. The survey results demonstrate that fears stemming from the proposed changes to public charge rulings are likely to have negatively impacted the use of public services among immigrant populations in New Jersey.

**Evaluation/Conclusion:** While not yet having been enacted, the public charge proposal has stoked fears of using public health assistance and may have caused a decline in the use of health programs. Although the changes would make use of such programs a negative influence on public charge decisions, current use of these programs does not have an impact on public charge hearings. This suggests that misinformation surrounding the use of these services should be cleared in order to ensure that immigrant communities are not withdrawing from necessary services due to a fear of the public charge proposal being implemented. Further research is recommended to determine the extent to which the use of these services is impacted.

Title:	Opportunity Research for Government Contracts
Name:	Jacob Callahan
Preceptors:	Direct Supervisor: Tahira West, Project Supervisor: Vidhi Pandya
Agency:	Sabre88 LLC

**Purpose:** Research and analyze procurement opportunities the government offers to figure out which ones to apply for, win, and adequately carry out.

**Significance:** Consulting and Government Contracting are trillion dollar industries that are integral to national security, and the ease of government work in general. Small businesses make up a core subset of this industry, and often governments (mostly at the Federal level) will issue opportunities and awards to small businesses to level the playing field. This project enabled Sabre88 to understand what the government requirements are, and how to provide the best work.

**Method/Approach:** Using Customer Relationship Management (CRM) software called Zoho, coupled with research portals such as FBO and Govwin, past, current, and future government contracts valued at \$25,000,000 or less were evaluated. In January 2019, Zoho had about 475 total contract profiles, each with specific data on any given contract that fell under our Past Performance (with GSA, Navy, and Health and Human Services) and NAICS codes. FBO and Govwin were used to find the latest updates on these contracts, or to discover new possible contracts (in the form of a Sources Sought or a Request for Information). Contracting Officers were contacted in order to glean more specific contract information. Lost bids to 12 competitors were also studied.

**Outcomes/Results:** The 2019 goal was to submit more proposals and CS. In Q1 in FY 2019, 9 proposals were submitted so far at a value of \$6.9 million; compared to only 6 proposals submitted at the same time last year. There has been a 37.5% increase in Capability Statement submission, potentially valued at \$136.64 million. In the entire first quarter for 2018, only 16 CS' with a value of \$77.77 million were submitted. the base we have setup by submitting proposals and CS' should exceed last year's total winnings. More than 200 contracts were added to the sales database, increasing our potential to submit new proposals.

**Evaluation/Conclusion:** Researching possible competitors led to more succinct proposals and identified more, possible partners on contract worth more than \$25,000,000. Sabre88 began a new focus of increasing Proposal and Capability Statement submission and expanded its list of customers to Health and Human Services and the U.S. Navy. All of these components, when combined, make winning contracts easier, and enhance the quality of work we do on each contract.

Title:	Footprints for Life
Name:	Caroline Capriccio
Preceptors:	Direct Supervisor: Ezra Helfand, Executive Director Program Supervisor: Helen Varvi, Deputy Director
Agency:	Wellspring Center for Prevention

**Purpose:** To educate 2nd and 3rd grade students in Middlesex County schools about healthy behaviors and attitudes to prevent early childhood addiction to alcohol and drugs.

**Significance:** Research has demonstrated that students who showed early initiation of problem behavior drank alcohol or tried marijuana before the age of 13. Thus, it is imperative that drug education services are available for young children. Footprints for Life is a six-week, classroom based primary prevention program. The program is research-based and designed to build developmental assets and teach social skills through the use of puppets and stories that feature real life situations.

**Method/Approach:** The program began mid-March and ended mid-April. A prevention educator taught 5 classes a day for six weeks in two elementary schools in the township of North Brunswick. Each class lasted 40 minutes. The lessons were designed to help young children build a strong foundation of life skills rooted in five key competencies: interpersonal skills, peaceful conflict resolution, planning and decision-making practice, resistance skills, and cultural competencies. Teacher pre- and post-surveys were collected in order to evaluate student outcomes and learned behavior.

**Outcomes/Results:** Of the sample size (n=10), 90% of teachers found their students to be very engaged in the Footprints for Life program. Post-survey results found that 100% of teachers believed their students were very likely to consider consequences before making decisions, 90% of teachers believed their students were very likely to appreciate what it is like to be "different", 70% of teachers believed their students were very likely to express needs and feelings appropriately, and 60% of teachers believed their students were very likely to resolve conflicts with peers in a peaceful manner. Teachers found that students considering consequences was the most learned behavior trait, with 100% increase from somewhat likely to very likely. In addition, 60% of teachers found the alcohol and tobacco information to be appropriate and understandable for their student's age.

**Evaluation/Conclusion:** Overall, teachers are satisfied with the Footprints for Life program. Survey results found that 70% of teachers observed a positive change in student behavior since participating in the program. They also enjoyed using puppets to learn about social competencies. However, post-survey results show students may benefit from an additional lesson on conflict resolution and expressing needs and feelings. These lower percentages may be a result of the short amount of time the prevention educator is given to teach each class.

Title:	Process Improvement Intern
Name:	Kylie Carrion
Preceptors:	Direct Supervisor: Lydia Stockman, Vice President of Operations
Agency:	Robert Wood Johnson University Hospital Patient Experience Project

**Purpose:** To observe/assess patient's experience and their level of satisfaction throughout their stay at the hospital and propose recommendations for Patient Satisfaction Volunteer roles.

**Significance:** Patient satisfaction is an important part of how hospitals should and should not run. It will indicate the quality of care given. That can include time efficiency, navigation trouble, level of care and more. The level of satisfaction begins from the hospital parking lot and ends at the moment of leave. Robert Wood Johnson must implement that all employees are well equipped and trained to help patients at all times. However, the research done with this project shows patients find it difficult to navigate through the hospital when they arrive. This may be improved through rigorous training to employees and volunteers which involves a volunteer navigation program.

**Method/Approach:** An overview of staff and patient information was needed to begin data findings. Personal experience, employees, and visitors/patients at the hospital were surveyed concerning patient navigation experiences. The findings indicated commons locations where patients and visitors have the most traffic, portals of entry/exit, parking lot/deck locations, time of most and least traffic, patient/visitor daily count, and what can be done to improve patients experience. Survey questions included questions that ask patients/visitors whether they have been helped, what was helpful, how often they were helped, signage and recommendations.

**Outcomes/Results:** Of the employees asked, the common locations visitors and patients get lost is in the main lobby, same day surgery, and the emergency department. There are 7 portals of entry/exits, parking lots, most traffic increases as the day does, and there are approximately 18,000 people checking into the hospital. As a whole, data found to improve patient experience was that patients should be given clear directions and instructions of where they are going and how to get there. From the surveys collected 12/30 people said they found RWJ signs to be confusing (about 40%), 25/30 people were helped to their destination, 9/30 rated excellent experience and 11/30 rated good experience.

**Evaluation/Conclusion:** In implementing this new system in the hospital it can be created to improve patient experience and satisfy the hospital itself. Robert Wood Johnson Hospital in New Brunswick is a big campus where many patients and visitors get lost so this is the reason why patient navigation is such a hot spot. Implementing new ways with the data collected can help target this issue and improve the patient navigation satisfaction score. These surveys will help in do so to show the board of directors at Robert Wood Johnson Hospital what needs to be changed and what needs to be ongoing for employees and the hospital itself to work efficiently with everyone coming to RWJ Hospital.

Title:	Addressing Stigma and Mental Illness Among High School Freshmen
Name:	Jennifer Castro Eugenio
Preceptors:	Aaron Reevey, Senior Program Coordinator
Agency:	Rutgers Future Scholars

**Purpose:** To develop and evaluate a workshop to address stigma and mental illness among a small group of New Brunswick high school freshmen.

**Significance:** The Rutgers Future Scholars program offers 215 academically promising first-generation, low-income students from several cities across central and northern New Jersey school districts an opportunity to obtain a college education. High school students are able to participate in a unique pre-college program designed to help them prepare for college. According to the National Institute of Mental Health's (2019) most recent date "in 2017, about 2.3 million adolescents between the ages of 12-17 in the US had a least one major depressive episode with severe impairment", yet about "60% did not receive treatment". Gulliver et al. (2010) systematic review stated that one of the top barriers for treatment among youth was perceived stigma and embarrassment. Chandra and Minkovitz (2007) stated "that students who had limited or inaccurate mental health information held more stigmatizing attitudes about individuals with mental health disorders". For these reasons, it is vital that students are exposed to accurate information about mental illnesses and the effects of stigma.

**Method/Approach:** A one-hour workshop was developed to discuss the stigma around mental illness. The workshop included a short discussion on stigma, an overview of the factors that can cause mental illness, and a session addressing common misconceptions regarding mental illness. Prior to the workshop, a 21 question survey was given to the 10 New Brunswick freshmen who attended the mentoring session as a means to collect baseline data. Immediately after the workshop, a 20 question post-survey was administered to the students. Survey questions used a Likert-scale to measure the level of agreement.

**Outcomes/Results:** A total of 10 students completed pre/post surveys. Excel was used to recode the pre/post data in order to determine averages and differences. Based on the pre-workshop survey question: "List three mental illnesses", only 1 student (10%) could list three mental illnesses while 6 students (60%) could list one mental illness. In contrast, post-workshop surveys demonstrated that 5 (50%) students could list three mental illnesses while 2 (20%) students could list two illnesses. Baseline data collected showed that only 40% of students felt confident or very confident in their ability to refer a friend to help. Post evaluation showed that 60% of students felt confident or very confident in their ability to refer a friend to help.

**Evaluation/Conclusion:** The general average differences between pre and post-test showed a trend in the theorized direction. Results show that significant gains can be achieved in students' knowledge and attitudes toward mental illness that may impact their ability to seek help. Limitations of this study include a small sample size thus efforts are being made to incorporate additional high school students from other programs within the Future Scholars Program.

Title:	Creating Internship Procurement Documentation
Name:	Emily Cataldi
Preceptors:	Ann Marie Hill, Internship Coordinator
Agency:	Edward J. Bloustein School of Planning and Public Policy

**Purpose:** To improve the process and documentation for internship acquisition by students taking the leadership seminar class at Rutgers University.

**Significance:** The Edward J. Bloustein School of Planning and Public Policy has a robust online learning presence, allowing students from all walks of life- despite outside commitments- to complete their degree on their own time around their own schedules. In creating these online classes, course material was adapted for the unique features of online learning. Within the school however, professors have identified that an inconsistency exists in timely internship acquisition and placement quality between in-person and online students taking the Leadership Seminar Class. This has created a need to improve the processes and documentation surrounding the internship acquisition process for remote learning students. These improvements will help give online students the resources they need to find quality, beneficial internships during the leadership seminar class which is of great importance as online enrollment in continuously increasing.

**Method/Approach:** The goal of the project was to create two supporting documents to be used by leadership seminar students and professors. In doing so, existing documentation from over 8 sources including career services, Rutgers University undergraduate websites, and professor feedback was reviewed, and compiled. The information was then targeted towards public health, policy and administration majors. Additional material was then added based on the recommendations of the internship supervisor. The information was formed into a Internship handbook google document using written text, pictures, google document tools and adobe animation. A second Internship Check-In spreadsheet was created to be used in the leadership seminar class. Discussions with Professor Hill provided feedback and ensured the information was accurate and complete.

**Outcomes/Results:** At the end of the term, two completed documents were delivered to Bloustein School staff to be used in curriculum. The first, a four-page spreadsheet titled Internship Check-In. Each page contains directions for completion, a proposed due date, a column for student name, and a column for student feedback. The second document, titled Undergraduate Internship Handbook for Public Health, Policy and Health Administration Majors is a google document containing internship overview, instructions, a timeline, and resources for use in the Leadership Seminar class.

**Evaluation/Conclusion:** Both completed documents received positive feedback from professors and will be used in future sections of the online Leadership Seminar class. Improved quality of internship placements through use of the documents is hopeful and expected.

Title:	Adherence to Wearable Activity Monitors in African American Breast Cancer Survivors
Name:	Prashanti Champaneri
Preceptors:	Direct Supervisor: Marsha Gordon, MPH, Research Administrator Project Supervisor: Jeanne Ferrante, MD, MPH, FAAFP
Agency:	RWJMS - Department of Family Medicine and Community Health Research Division

**Purpose:** To analyze adherence to wearing activity monitors and compare physical activity levels among African American breast cancer survivors.

**Significance:** Compared to women of other racial/ethnic groups, African American (AA) breast cancer survivors have a greater risk of developing second cancers or comorbidities that contribute to poorer survival rates.<sup>1</sup> Weight gain after breast cancer diagnosis is associated with premature mortality.<sup>2</sup> Physical activity and other lifestyle interventions can help provide better outcomes for AA breast cancer survivors. The use of activity monitors, such as Fitbit, have been found to encourage physical activity, but little is known regarding use of activity monitors in AA breast cancer survivors.

**Method/Approach:** Physical activity levels of 45 AA breast cancer survivors participating in a weight loss trial were downloaded directly from the Fitbit server. Individual data were aggregated into one file, and daily average steps and weekly number of fairly to very active minutes over a 6-month period were calculated. Adherence was defined as the number of days spent wearing the Fitbit in which the average number of steps were over 1000. Independent sample t-tests/ANOVA or Mann Whitney U/Kruskall Wallis tests assessed significance of differences in adherence, mean number of steps per day, and active minutes per week by 13 demographic and clinical variables. Pearson correlation or Spearman's rho were used to determine the correlation between adherence and steps or active minutes, respectively. Analyses were conducted using SPSS; significance level of 0.05 was used.

**Outcomes/Results:** Overall, participants had high adherence to wearing the Fitbits with mean days per week of 6.22 (SD 1.21) at 0-3 months and 5.63 (SD 1.71) at 4-6 months. Participants with higher number of comorbidities had lower adherence during 0-3 months (mean 6.55 days [0-4 comorbidities] vs. 5.05 days [ $\geq$  5 comorbidities], p=0.039). Overall, mean number of steps per day from 0-6 months was 6890.61 (SD 3037.49) and mean active minutes per week was 95.35 (SD 117.81). Adherence was correlated with average steps (r=.365, p=0.015) and active minutes ( $\rho$ =.410, p=0.001) from 0-6 months. There were significant differences in activity by baseline BMI and comorbidity. The average active minutes and average steps increased as BMI increased, but then decreased when the BMI was above 40 (p=0.029 and 0.027 at 0-3 months, respectively). Mean active minutes decreased as the Charlson Comorbidity Index (CCI) score increased (mean 122.65 [CCI score: 0], mean 90.11 [CCI score: 1], mean 25.38 [CCI score: 2], p=0.016 at 0-6 months).

**Evaluation/Conclusion:** The high levels of adherence seen throughout the study sample demonstrate that African American breast cancer survivors are motivated to monitor and increase their physical activity. Adherence and activity levels decrease with increase in comorbidity, which can be due to lower overall health contributing to less activity. Activity levels increase with higher BMI only until a BMI of 40, which can be contributed by the physical inability to participate in activity, or even a lack of motivation due to the difficulty of weight loss in those participants. Promoting the use of activity monitors among African American breast cancer survivors can help increase physical activity. However, patients with a BMI of over 40 and more than 5 comorbidities may require other interventions that can facilitate physical activity.

Title:	Daily Operation at Physician Office
Name:	Wai Ying Chan
Preceptors:	Tina Chen, Office Manager
Agency:	UniMed Center

**Purpose:** To discover which of daily tasks and interactions can help increase the efficiency of running a busy physician office.

**Significance:** Front desk daily tasks are to be responsible for maintaining a calm and efficient environment for fielding phone calls, answering patient questions, scheduling new and follow-up appointments, registering new patients and updating records. Different daily tasks are essential touchstone for both the staff and patients of a healthcare practice (Hicks, 2018).

**Method/Approach:** In order to ensure each patient to have an excellent experience and keeping a smooth flow at the office. I have to be constantly checking the sign-in sheet and checking patients in when they have arrived to the office. I also have to pay attention to patient's insurance information before charging for copay. Simultaneously, I have to help patients who are checking out to make their future appointments by looking into the notes that the doctor has made for that day's visit. Beside checking patients into and out of the office, I have to answer phone calls from other health facilities, doctor offices, patients, and pharmacies. Furthermore, it is also my job to check the faxes and assign them to the right patient's documents so the nurses and doctor would be able to view it. Lastly, one of my daily tasks is to help patients who are in the weight loss program to pack the food that they need, and carefully process each payment.

**Outcomes/Results:** By using the specific scheduling software, eClinicalWorks help accessing patient's information more efficient and effectively. With the smooth flow of teamwork, the office is able to serve about eighty to ninety patients a day. The front desk's job is to have a close interaction between patients, and to be a good communication bridge between other facilities.

**Evaluation/Conclusion:** During the 225 hours of interning at the doctor office. I have improved my communication skills, time management, and learned new medical abbreviations. I am able to answer phone calls and greet patients with professional manner. Also, I am able to schedule patients into different time slots without overbooking appointments by applying time management skill. By the end of the internship I have learned many new medical abbreviations that help maximized efficiency. For instance, pt means patients, r/s means reschedules, rx means prescription. In short, the time in UniMed Center I gain lots of experiences of multitasking and teamwork which I can apply on my future adventure in the medical field.

https://docs.google.com/document/d/1rFMIdp0qhUlBR\_LiDy\_OPqBWGYS5LJJtpiQn0AUNDXQ/edit

Title:	Process Review of Patient Status Changes and Administrative Denials
Name:	Marisa Chiappini
Preceptors:	Mary Kelso, Director of Patient Access
Agency:	Robert Wood Johnson University Hospital New Brunswick (RWJUH-NB)

**Purpose:** To evaluate the effects of multiple status changes on the revenue cycle and to perform a process review on status changes in admitted patients to see whether a denial occurs.

**Significance:** A typical healthcare organization can lose up to 3.3% of net patient service revenue, or about \$4.9 million per hospital due to denials. To combat high rates of denials, The Robert Wood Johnson University Hospital Patient Access Department implemented significant process improvement protocols in March of 2018. Through their process improvements, they identified major root causes of denials such as registration errors, late insurance changes made pre-bill, the way systems communicate and work with one another and multiple patient status changes; patient acuity. A focused review on the effect of multiple status changes allows for targeted process improvements in an effort to reduce or mitigate denials. Whenever there are multiple status changes within the patient's admission, it increases the risk of not securing an authorization and/or delaying the notice of admission to the payer.

**Method/Approach:** Isolating and evaluating one root cause such as patient status changes allows for focused process improvement. It was important to shadow the workflow in several areas where patients have a point of entry into the hospital. The risk for denials due to status changes begins at the patient's entry into the hospital. After understanding the path a denial takes, the next step was collecting the patient data that would be analyzed. The data was focused on patients with frequent status changes during their admission. These accounts from 2018-2019 were input to an excel spreadsheet and included the patient's account number, admit date and status. These accounts were followed further to determine the status of their payment and to determine if they were paid or denied. If the account was denied, the reason for the denial was input to the excel spreadsheet as well as the lost net revenue.

**Outcomes/Results:** Of the total patient accounts analyzed (n=32), 15 (46.9%) of the accounts were billed without a denial. The remaining 17 (53.1%) accounts were denied. The 17 (53.1%) accounts were denied due to the reason of failing to secure an authorization for services or a late notice of admission to the payer. The 17 (53.1%) accounts that resulted in a denial due to patient status changes totaled \$260,477 of lost net revenue.

**Evaluation/Conclusion:** The low number of denied accounts due to status changes (n=32) validates that process improvement plans implemented by RWJUH-NB are proving to be effective. Failing to secure an authorization and a late notice of admission to the insurance company is a direct result of multiple patient status changes. Failing to enter patient status information into the financial system in real-time to secure a payment is a major gap in the workflow related to multiple patient status changes. While RWJUH-NB has made several improvements in denials prevention, process improvement continues to be ongoing. Daily denial reports continue to occur as well as meetings with the CFO to address denials, find trends, and update process improvement action plans. In addition to current process improvement initiates, the health system will integrate all hospital information systems into one platform ensuring that clinical and administrative staff will function on one real-time integrated operating system. Pre and post process evaluations will be completed.

Title:	Evaluating Peace Corps Recruitment Strategies at Rutgers University
Name:	Ariel Chun
Preceptors:	Rick Lee, Director of Global Programs and Partnerships
Agency:	Rutgers Global, 30 College Avenue, New Brunswick, NJ 08901

**Purpose:** To evaluate the effectiveness of the Peace Corps' recruitment strategies for undergraduate public health and nursing students at Rutgers-New Brunswick

**Significance:** Since the establishment of the Peace Corps in 1961 by John F. Kennedy, over 700 Rutgers graduates have served in the Peace Corps. This number is relatively low in comparison to Rutgers' peer and peer-aspirant institutions. For example, the University of California-Berkeley has succeeded in sending over 3,500 alumni to the Peace Corps since 1961 as a result of its Peace Corps Prep Partner program, which is a program that enhances the undergraduate experience by preparing students for potential Peace Corps service. Therefore, in order for our volunteer numbers to increase, Rutgers University has to design and implement an improved and targeted recruitment strategy, and also consider becoming a Peace Corps Prep Partner school.

**Method/Approach:** Piloted a 15-question pre-presentation survey and a 16-question post-presentation survey reviewed and approved by Rick Lee; Kim Pernice, Assistant Director of Partnerships and Returned Peace Corps Volunteer (RPCV); and Ryan Jeter, the on-campus Peace Corps Recruiter and RPCV. Two PowerPoint presentations, specific by major, were created and presented with printed surveys. Six nursing professors and six public health professors were emailed to schedule a presentation. This data was inputted and analyzed in Google Spreadsheets.

**Outcomes/Results:** A total of 6 presentations, 3 nursing and 3 public health, were held from March 6th to April 10th. Of the 6 presentations, 1 was held by Ryan Jeter. A total of 300 surveys were collected from 84 (28%) freshman, 29 (10%) sophomores, 94 (31%) juniors, and 93 (31%) seniors. Of these students, 163 (54%) are nursing majors, 114 (38%) are public health majors or minors, and 23 (8%) are from other disciplines. Freshman showed the most changes in serving in the Peace Corps after hearing the presentation, with a 71% increased interest in the Peace Corps, and 55% increased likelihood of applying or joining the Peace Corps within or after 5 years with most students responding "might or might not apply or join." There was a 55% increase in interest from nursing and public health respondents, with most students also responding "might or might not apply or join" within or after 5 years. When students were asked if they would be interested in being part of a Peace Corps Prep Program, there was no substantial change in interest, but most students across both majors and class years responded "neutral".

**Evaluation/Conclusion:** Freshman demonstrated more changes in interest in comparison to the other class years, while seniors showed the least impact. Based on these findings, steps of recruitment targeted at freshman students will be important to increase volunteer numbers in the future. These findings will also help shape Peace Corps recruitment and outreach for the following school year. For future recruitment, it is essential to perform outreach to all respective schools and majors, because Peace Corps offers opportunities in addition to health, such as agriculture, community economic development, education, environment, and youth in development.

Title:	Lowering A1C levels in patients with Diabetes
Name:	Katelyn Cooney
Preceptors:	Angela Mills, MSN, RN, BC
Agency:	Dr. Mills Family Practice

**Purpose:** Provide education to diabetic patients with A1c starting values of above 9 to lower their A1c to below 9 within 90 days.

**Significance:** There are an estimated 23.1 million people living in the United States have a diabetes diagnosis. Additional health risks linked to diabetes can be dramatically decreased by keeping glucose levels within a normal range. People with an A1c level of above 9 are highly likely to develop or worsen a pre-existing serious complication of diabetes. Working directly with patients with A1c values of 9 or above could give them the tools they need to lower their glucose levels and increase their quality of life.

**Method/Approach:** Data was pulled from the electronic medical record system used in the office highlighting diabetic patients with A1c values of above 9. This information was transferred to a spreadsheet where the patient's next appointment was listed, as well as any interactions that occurred with the patient regarding lowering their A1c. Face to face meetings were held with patients before the doctor came in where their current A1c value was discussed, including how they wanted to improve it and addressing any concerns they may have had. The office's HIPPA compliant online patient portal system was used to send these patients personalized diabetic medication lists, as well as weekly meal plan suggestions and diabetes-friendly recipes.

**Outcomes/Results:** Of the 18 individuals who's test results showed an A1c of 9 or greater, six had dropped over the course of 90 days. Three of those six reached the initial goal of dropping under 9. Ten were not re-tested within the 90-day frame, and two had slight increases in their second test. Of the 18 individuals involved, six had not came in for a visit during the period of 90 days at all.

**Evaluation/Conclusion:** Focusing on the 12 individuals who had face to face interactions in the office 50% showed a decrease in A1c value. Of the 8 that were retested, there was a 75% decrease in A1c values. Face to face meetings which provide education, guidance and assistance used in combination with electronic messages and phone conversations suggest this may be an effective method for working with diabetic patients on lowering their A1c. Of the six individuals who did not have a visit at all during the 90 day period, 0% of them were retested, so one not able to determine if electronic and/or phone counseling is enough to have an impact on one's A1c. Future studies should include a control group to compare A1c levels after 90 days.

Title:	Friends of St. Jude Social Media Marketing Campaign
Name:	Angelisa Cunniff
Preceptors:	Direct Supervisor/Project Leader: Melissa Byrd
Agency:	ALSAC/St. Jude Children's Research Hospital

**Purpose:** To launch a social media marketing campaign in order to increase user engagement and promote ticket sales for the Friends of St. Jude Spring Gala.

**Significance:** Families never receive a bill from St. Jude for treatment, travel, housing, or food-because all a family should worry about is helping their child live. It costs \$300,000 on average to treat just one child with acute lymphoblastic leukemia (the most common form of childhood cancer). The Friends of St. Jude Gala is a key event that raises money for the children of St. Jude, and this social media campaign is intended to boost ticket sales and awareness of the event, as well as increase user engagement on the regional Facebook page.

**Method/Approach:** The key metrics to measure are user reach, responses, and ticket clicks. First, a content creation timeline and advertising budget of \$100 will be established for Facebook boosted posts. The next step is to create content highlighting the ticket sales website, prior footage and videos from last year. Sponsor posts with the sponsored business page tagged on Facebook will be individually posted to represent each business that has contributed over \$2,500. Video posts will be boosted to promote maximum reach. These steps will ensure user engagement on the regional Facebook page and direct clicks to the ticket landing page, where they will be able to purchase a ticket to the Friends of St. Jude Spring Gala. These posts will be created with the social media management tool Sprinklr and organically on Facebook.

**Outcomes/Results:** At the end of the project, there will be a significant number of increases in "likes" and "follows" on the Facebook page, as well as an increase in user engagement, responses, and ticket clicks on the Friends of St. Jude Spring Gala event page. From February 4, 2019 to April 25, 2019, 7,300 people were reached, 346 people responded through comments or likes, and 323 clicked on the direct link to tickets for FOSJ Spring Gala through the event page. This data represents a significant increase in user engagement as a result of the social media marketing campaign as compared to a similar event without a campaign, Gold Coast Cares. For this event, 3,800 people were reached, 121 people responded, and 143 people clicked on the link to tickets.

**Evaluation/Conclusion:** When user engagement, responses, and ticket clicks are compared to a prior event that did not use a social media marketing campaign, there is a significant increase in numbers across all categories. Limitations include difficulties in tracing click rates directly to ticket sales. One suggestion to combat this limitation is to include a targeted survey during ticket purchases that asks whether or not Facebook directed the user to the ticket landing page.

Title:	Veterans Mental Health Project
Name:	Natalie da Silva
Preceptors:	Meredith M. Blount, Direct Supervisor
Agency:	National Alliance on Mental Illness (NAMI) - New Jersey (NJ)

**Purpose:** To identify the current landscape of services available to veterans and work towards improving the landscape as it pertains to the mental health of veterans and addressing their needs more effectively.

**Significance:** Everyday thousands of veterans are suffering from mental health illnesses and hundreds are committing suicide as a result of their service to the United States. From 2008-2016, there were more than 6,000 veteran suicides each year. Furthermore, almost 3 million service members have been deployed and out of these millions, many are living with invisible wounds such as depression, PTSD, alcohol dependence and more.

**Method/Approach:** In order to better understand and help the veteran population throughout New Jersey, NAMI-NJ has decided to reconvene their Military Veterans and Families Advisory Council (MVFAC). This support group was formed to help NAMI-NJ identify ways that NAMI can best support veterans, military members and their families throughout New Jersey. The MVFAC will be undertaking a qualitative assessment of issues in order to prepare for upcoming meetings by discussing current challenges and next steps and also identifying and selecting of areas for support.

**Outcome/Results:** On April 3rd, the first Military Veterans and Families Advisory Council (MVFAC) meeting was successfully held. The meeting consisted of 15 council members representing counties throughout the state of New Jersey. Council members included veterans, mental health providers, county officials, NAMI volunteers, university personnel, and support group representatives. Furthermore, members discussed major problems that exist among veterans and sought to identify steps to remediate these challenges. For example, how to get veterans to seek help and how to connect veterans to resources. Following this meeting, the MVFAC will continue to work together to help military members, veterans, and their families.

**Evaluation/Conclusion:** The MVFAC meeting facilitated council members to develop a more formalized network of resources in an effort to formally address the specific mental health issues veterans of the state of N.J. face. A limitation of this project was that this meeting provided only the beginning to a long-term solution for mental health issues facing our veterans. In the long-term, MVFAC council members will be looking to create a standard schedule of meetings and resource guide for veterans designed to educate and encourage them on the services available while, helping them to overcome the stigma associated with veterans seeking necessary help.

Title:	Survivorship and Outreach Intern
Name:	Yaniv Dahan
Preceptors:	Direct supervisor: Evelyn Robles-Rodriguez, APN Director of Survivorship and Outreach Project supervisor: Roxanne Berger
Agency:	MD Anderson Cancer Center at Cooper Health System, Camden, NJ

**Purpose:** To analyze patient information and propose strategies for loss of follow up, barriers to information, and cancer screenings for cancer survivors.

**Significance:** About 1 in 8 women in the United States will develop breast cancer over the course of their lifetime. An estimated 606,880 people will die from cancer in 2019. Screening for prostate cancer using the prostate-specific antigen (PSA) test gives a 20% relative reduction in prostate cancer mortality among men aged 55 to 69 years. Screening for cancer gives people 50% more of a chance to survive for at least 5 years. Making sure that people periodically screen for cancers and follow a healthy diet, and exercise is essential to minimize the risk of death from cancer.

**Method/Approach:** A retrospective review by staff was completed to assess cancer screening and survivorship appointment rates among cancer patients at MD Anderson Cancer Center in 2018. Data for 578 men and women were collected and entered into a spreadsheet. Investigative protocol probed clinical notes, pathology reports, and self-reported patient medical history to determine whether: 1)completed a Survivorship careplan appointment 2) did not attend a careplan survivorship appointment: a) completed recommended screenings for another cancer b) completed recommended screenings for one other cancer 3)completed recommended screenings for multiple cancers.

**Outcomes/Results:** Of the sample size cohort (n=578), 355 men and women (61%) had scheduled or attended their survivorship careplan appointment, 216 (37%) had not scheduled or canceled, and 7 (1%) unfortunately passed away during the study. Of those who did attend their survivorship careplan appointment, 29% did screen for any other cancer, 32% screened for one cancer, and 38% for multiple cancers. Of the men and women who attended their survivorship appointment 21% did not get any screening 24% screened for one other cancer, and 55% screened for multiple cancers.

### **Evaluation/Conclusion:**

Around one quarter of cancer survivors (n=578, 24.5%) did not undergo any recommended cancer screening procedure outside of the recommended screening for their initial cancer diagnosis. Those who attended a survivorship appointment were 17% more likely to screen for multiple cancers. Secondary cancer screening rates can be improved by attending survivorship appointments. Telephone counseling, letter/e-mail reminders, interactive information websites will serve as effective strategies to increase attendance of survivorship appointments and secondary or tertiary cancer screening rates.

Title:	Outbreak Awareness Toolkit Distribution
Name:	Patricia Davis
Preceptors:	Enrico Cabredo, MPH, Public Health Epidemiologist
Agency:	Monmouth County Health Department

**Purpose**: To raise awareness about communicable diseases and outbreaks by distributing an Outbreak Awareness Toolkit for school nurses and health administrators.

**Significance**: Communicable diseases and outbreaks in New Jersey are on the rise. Thirty-three cases of measles were identified in New Jersey between October 2018 and January 2019. The New Jersey Department of Health (NJDOH) reports between 2017 and 2019 the flu has resulted in 208 pediatric deaths in the US and a total of 9 pediatric deaths in New Jersey. Research shows an under reporting of communicable disease amongst school-aged children. The Outbreak Awareness Toolkit is a pilot program conducted by the Monmouth County Health Department to evaluate for reportable disease communication between schools and the health department within the past month.

**Method/Approach:** Twenty-five 25 (n=25) Outbreak Awareness Toolkits were distributed within 5 municipalities between 2/8/2019 and 3/29/19, during immunization audits in Monmouth County. Kits were distributed during immunization audits and during school nursing workshops. Thirty day follow up phone calls were made to gauge effectiveness. Results were analyzed using a quantitative assessment.

**Outcomes/Results:** Analysis revealed 18 schools (72%) felt the toolkit increased their awareness of disease and outbreak reporting. Four (16%) said they were already using the practices in placed separately but felt the toolkit was easier because it had all the information in one place. Two (8%) schools surveyed felt it had no impact in their facility to date and one school (4%) was uninterested or unresponsive about the toolkit.

**Evaluation/Conclusion:** Evaluation shows that the Outbreak Awareness Toolkit abetted the reporting of communicable disease. Informally, MCHD staff internally noted that the amount of tracking has increased, due to enhanced knowledge and accessibility to the MCHD. This measurable data indicates that nurses are receptive to the reporting of communicable disease to the health department in a timely manner. This is a model that works for nurses, school-aged children families and the board of health. The Monmouth County Health Department will expand distribution by targeting those being audited for immunization within our jurisdiction to ensure continual increases in the future.

Title:	Indication of Intellectually Disabled Women with Sexual Education Knowledge
Name:	Tanya Deepesh
Preceptors:	Director and Project Supervisor: Gloria A Bachmann, MD, Director of Women's Health Institute
Agency:	Robert Wood Johnson Women's Health Institute

**Purpose:** To analyze whether or not women with intellectual disabilities receive the adequate amount of sexual education that a woman should have.

**Significance:** Health disparities are present throughout many populations including the disabled. According to the American Association of Intellectual and Developmental Disabilities, being intellectually disabled (ID) is "a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills". Health disparities are commonly associated with race or gender but it is important to realize that ID women do not have the same amount of access to healthcare than non-ID women. All women should be educated about their sexual health because it is a vital part of their lives. The topic is unpopular and "the literature that does exist is often from the perspective of support workers and family members" (Greenwood et. al, 2013). There has been a recent increase in the number of women with ID who receive care, but not an increase in the number of ID women who are educated about their sexual health (Greenwood et. al, 2013).

**Method/Approach:** After conducting a literature review through PubMed of 20 articles, there are three articles in particular that summarizes useful findings that are referred to throughout the abstract. To have a basis for the review, it is essential to identify the characteristics of an ID person. Common topics that are reported to be taught to ID women include: safe sex, condom use, and STI's (Schaafsma et. al, 2016). To understand their lack of sexual education, this information is then compared to sexual education topics that non-ID women are taught. Not all programs go into detail with each topic so therefore, there is a gap of sexual education among the ID women population itself.

**Outcomes/Results:** Women without ID are mainly taught about human sexuality, HIV, STI's, and pregnancy prevention (Hall et. al, 2016). ID women and non-ID women are educated about similar topics except for sexuality. This creates the main gap between the two populations because many ID women are not encouraged to embrace their sexuality. Another disparity is that many ID women cannot recall all of the information they were taught or specific details, such as the different types contraceptives or how one knows if they have an STI (Schaafsma et. al, 2016).

**Evaluation/Conclusion:** The sexual education that ID women receive is limited which does not allow them to be as independent as they can be. The topics that are covered in depth (safe sex) are not taught in a way that allow the participants to retain the information for a long period of time.

https://docs.google.com/document/d/1AzNMq3jjUg0-Hhvf7XpjplR6U9yFOt9M6D6KOTRDsk0/edit

Vaccine Administration in Richmond County, New York.
Taylor De Feis
Phyllis Maida, RN
Premier Pediatrics of Staten Island, New York.

Purpose: To analyze vaccine administration for school-aged students in Richmond County, New York.

**Significance:** Vaccine administration has rapidly become a health concern among health professionals and the general public. Research has revealed that many school systems in the United States are requiring students to receive the mandated vaccinations before entering school. In the event of noncompliance, the child is unable to attend school or camp programs because of the potential threat to fellow students. The pediatricians at Premier Pediatrics of Staten Island seek to promote vaccines for all their patients. With this in mind, this investigation seeks to explore what vaccines are at the top of the list for refusal in Richmond County schools and will impact their community.

**Method/Approach:** The Citywide Immunization Record (CIR) is used to gather immunization status of New York City residents. This information is accessible to healthcare providers, families, and public health agencies. Variables used to collect immunization status are age, sex, parent/guardian of individuals, home address, consent forms >19 years, immunization lot and expiration, VFC eligibility, patient insurance coverage and healthcare providers. The Citywide Immunization Record (CIR) mission is to provide data and raise awareness of the immunization status of New York City residents. The data of enrolled students in Richmond County was collected and compared to reveal immunization rates of each school.

**Outcomes/Results:** The study sample focused 13.301 Richmond County, New York City private school students. Results showed 97.3% received Polio vaccine, 96.5% received Measles vaccine, 97.2% received Diphtheria, and 97.3% received Hepatitis B vaccine. This data supports pro vaccine arguments in relation to the recent Measles outbreak of 704 cases throughout the United States in 2019. Throughout the study, it has also been revealed that Electronic Health Records (EHR) like the Citywide Immunization Record (CIR) have improved vaccine fulfillment in New York from 75% to 82% through the use of complementary public data.

**Evaluation/Conclusion:** After careful data analysis, and based on sample results, promotion and awareness of immunizations are key. Scheduled vaccinations of school-aged pediatric patients is vital for preventative community health efforts. Through the navigation of Citywide Immunization Records (CIR) and complementary New York immunization data, it has been revealed that vaccinations need to be a parental priority, both for their child's health and the health of other students.

Title:	County Provider Outreach and NAMI Awareness Assessment
Name:	Komal Desai
Preceptors:	Direct Supervisor: Lynne Malloy, Affiliate Liaison Project Supervisor: Lisa Powell, Program Outreach Coordinator
Agency:	National Alliance on Mental Illness (NAMI)

**Purpose:** To gather a comprehensive list of mental health providers to assess the NAMI awareness of providers, results of distribution, and the estimated number of people reached through outreach events.

**Significance:** According to the National Institute of Mental Health, there are 46.6 million adults that are affected with a mental illness each year. Of those 46.6 million adults, over half of them do not even receive treatment. The NIMH portrays how mental illnesses have the ability to negatively impact an individual's life. These mental illnesses include depression, bipolar disorder, schizophrenia, etc. The prevalence of mental illnesses leads to an increase in suicide rates, eating disorders, and a co-occurrence with other mental illnesses and addiction. This data demonstrates the lack of awareness and understanding that people have on the detrimental effects on mental illness. Through advocacy, education, and support, the goal is to spread mental health awareness to improve the lives of those affected by mental illness.

**Method/Approach:** An input google form and excel output database sheet was created to assess the NAMI awareness of Morris County mental health providers and community members. Response outcomes for each contacted provider was logged into the google form and excel output database to keep track of the respondents. Each provider that responded was asked these questions: if/how they have heard about NAMI and its services, what services do they offer, an estimate of how many clients they serve, and what region do they serve. Additionally, through outreach events, community members were given NAMI material such as brochures and other educational materials regarding mental health.

**Outcomes/Results:** Through email and via phone, a total number of 343 mental health providers were contacted. Of those 343 mental health providers, only 19 providers responded back. 15 of of those providers were aware of NAMI's free services and programs. These respondents included 6 treatment centers, 3 medical health providers, 2 law enforcement organizations, 4 counseling services. Through outreach events, 150 community members were informed of NAMI through word of mouth, professional collaboration, and other NAMI materials. Of those community numbers, less than half were already previously aware of NAMI and utilize NAMI's services.

**Evaluation/Conclusion:** Although, many mental health providers were contacted, the response rate was very low. The limitations included shortage of time, lack of resources, and this being a pilot project which concluded to a low success rate. Attending community outreach events, contacting health care providers, and re-evaluating interactions with other mental health providers will continue to deliver efficient methods to assess NAMI awareness. Persistent observation of the database shall be utilized to guarantee continuous assessment to develop a comprehensive resource list for NAMI NJ and community members.

Title:	Identifying Effective Practices for Supervision of Peer Specialists within Mental Health Services
Name:	Kendra DeSomma
Preceptors:	Ana Stefancic, PhD, Associate Research Scientist in the Department of Psychiatry, Columbia University Medical Center
Agency:	Columbia University, NY, NY

Purpose: To identify supervision practices and processes that facilitate the work of peer specialists.

**Significance:** Peer specialists are individuals who have experiences with recovery from mental health or substance use conditions and have received training to provide services to others with similar challenges. As the peer workforce grows, several concepts have emerged as integral to peers' satisfaction in their roles, including workplace integration and supervision. Workplace integration describes the degree to which peers are perceived as valuable and essential to the agency by non-peer staff. A positive peer-supervisor relationship is central to successful integration. Results from this study help us understand how to effectively support peers and improve policies surrounding peer specialist employment.

**Method/Approach:** A trained research assistant conducted semi-structured qualitative interviews that lasted one hour with peer specialists and non-peer staff supervisors. A grounded theory approach was used to analyze data whereby transcripts were analyzed without predetermined ideas about outcomes. Two independent investigators reviewed transcripts to identify emerging themes and develop a finalized codebook. Investigators independently coded transcripts and met for consensus. Discrepancies between coders were resolved by a third investigator. After the codebook was finalized, transcripts were entered into Atlas.ti and reviewed by a senior investigator. Reports of all codes were reviewed and analyzed.

**Outcomes/Results:** Seven codes were identified for analysis. Two sample codes include peer integration and peer influence. Peer integration describes how peer specialists are received by fellow staff members. Results from this code showed that words of affirmation, open availability and consistent communication between supervisors and peers were key factors that created a positive employment experience. The Peer Influence code measured peers' influence on supervisors' clinical practice. Results from this code demonstrated that peers challenged traditional approaches to clinical work, and peers' positive attitudes gave supervisors a renewed enthusiasm for their own work. Analysis is ongoing.

**Evaluation/Conclusion:** Strong peer-supervisor relationships have a positive effect on employment experiences for all employees. Potential policy recommendations include a certification process for peer specialist supervisors. Currently, there are no certification requirements for peer supervisors. Standardized training and education would ensure that peers have a strong, structured support system as they integrate into the workplace. Creating and maintaining structured procedures will be crucial to facilitate expansion of the peer workforce.

Title:	Flex Building Site Plan and Development Review/Oversee
Name:	Robert DiLeo
Preceptors:	Vice President of Development, Adel Merdan
Agency:	DiLeo Property Group

**Purpose:** To review and give input on site plans and floor plans while helping oversee the development process to maintain ultimate efficiency and effectiveness of the construction process

**Significance:** The significance of this project is to maintain the safest, fastest and most efficient ways a Flex building can be developed. If tenants have a prospective move-in date, it is crucial to have construction finished on time. Designing and constructing a workspace optimal for prospective tenants is important. Ensuring a tenant's happiness can be achieved by providing ample parking, loading docks, among other amenities as well as making sure buildings have the latest in modern systems, like HVAC, plumbing, electrical, and lighting.

**Method/Approach:** The approach used for site plans is fairly straightforward. It is significant to make sure that the proposed building meets all of the requirements and specifications. There are scheduled meetings weekly to review the scope of work. Once everything is approved, the construction aspect of the project revolves around managing and coordinating the construction stage. We must efficiently organize the construction process and coordinate with contractors while inspecting their work. Aiding the project manager in getting contracts, the bidding process and having another set of eyes (me) to visually inspect and help the project manager with time is necessary. It is also important to work with the township, regarding rough and final inspections. As the construction process goes on, if any problems arise, the team will try and fix them as soon as possible. Some members of the team will be at the site daily to make sure that everything is running smoothly and correctly.

**Outcomes/Results:** While shadowing the project manager, the main thing that was learned was how to correctly develop a flex building. It is not an easy task, as there were some mishaps along the way that had to be dealt with. For example, the neighboring building had underground electric lines running on our property. Contacting PSE&G to remove the lines and fix the issue was necessary so the sitework could be completed on time. Weather also plays a huge role throughout the building process, some days preventing construction from happening. The development is currently complete, fully tenanted with certificates of occupancy.

**Evaluation/Conclusion:** In conclusion, while working for a property management firm that was developing a building, there is a lot of work involved from start to finish that often goes unseen. It may not seem like a lot, however, there is a complex web of tasks and people that all need to be on the same page to accomplish this as efficiently as possible. Dealing with contractors and making good relationships is key for any future developments. Throughout the process, it may be lackluster, however, in the end, is satisfying.

Title:	Eliminating Waste, Fraud, and Abuse in City Government Assessment
Name:	Kevin Donegan
Preceptors:	Direct Supervisor - Ms. Felicia Minerva, Intelligence Analyst Project Supervisor - Mr. Philip Hung, Deputy Inspector General
Agency:	NYC Department of Investigation/Office of the Inspector General for Health + Hospitals

**Purpose:** To assess NYC Department of Health + Hospitals' operational policies, which can range from implementing new policies or modifying old policies to keep operating procedures up to date.

**Significance:** At the Office of the Inspector General (OIG - H+H), their main objective is investigating criminal complaints involving facilities, employees, and contractors that work for NYC Health + Hospitals, a public benefit corporation that oversees New York City's public hospital system. A major factor in these investigations can include reviewing policies and operating procedures that are currently active within the system. Having well–written and up-to-date policies is essential in any agency, especially one as large as NYC's Health + Hospitals. Health + Hospitals has over 19 facilities across New York City, as well as the individual departments that make up each facility. With this large structure, these facilities need to be proactive in improving and implementing policies that will better their operations. The OIG accomplishes that by offering policy & procedure recommendations - or PPRs for short - which help in reviewing and refining operational policies, and, in turn, operational efficiency. Failure to abide by these recommendations can lead to H+H employees needing additional oversight from OIG. Without these additional resources and a structure that helps prevent agencies from wasting or abusing valuable resources, these agencies will be inefficient and ineffective in their services they provide for the people of New York City.

**Method/Approach:** In this study, policies that are being utilized system wide throughout NYC Health + Hospitals were reviewed. These current policies include topics involving, but not limited to: Compliance, Human Resources, Labor Relations, Finance, Emergency Management, and Legal Affairs. The dates in which these policies went into effect for H+H ranges from the early 1970s to present day. The data was divided into groups of 10 years that covers any policies for Health + Hospitals that went into effect within that respective time.

**Outcomes/Results:** Of the sample size cohort (n = 183), 76 policies (42%) went into effect between 2000 and 2009. Following that, there was 54 policies (30%) implemented between 2010 and 2019. Between 1980 and 1989, a total of 23 (13%) policies went into effect. Next, 16 policies (9%) were implemented between 1970 and 1979. Lastly, 14 policies (8%) were enacted between 1990 and 1999. All of the percentages are rounded up to the nearest hundredth.

**Evaluation/Conclusion:** As stated in the data, a majority of the operating procedures have gone into effect more recently. About 1 in 3 policies currently in place for H+H operating procedures (53 policies) date back to the 1970s up until the late 1990s. These policies, however, mostly entail procedures that don't need repetitive refining (i.e. job descriptions, general duties & responsibilities). While it is the goal to make sure policies are up-to-date, we need to understand that there isn't always a need to revise operating policies. If operating procedures are always adjusted, it will hinder employees and the service they provide for the people of New York City. When cases do arise that bring certain operating policies into question, NYC Health + Hospitals and the OIG work together to review and refine the concern.

Title:	Somatic Chronic Diseases Health Education Intervention
Name:	Bethany Dorwart
Preceptors:	Direct Supervisor/Project Supervisor: Christopher Rogers, MPH, Accountable Health Communities
Agency:	Hackensack Meridian Health, Accountable Health Communities

**Purpose:** To provide patients with secondary and tertiary prevention health education on five of the somatic chronic diseases in order to improve patient health conditions.

**Significance:** Secondary and Tertiary preventative measures can help diminish disease. Secondary prevention includes screenings to identify a disease before the onset of symptoms, while tertiary prevention includes treatment and self-management to slow or stop disease progression. Heart disease, cancer, diabetes, chronic lower respiratory disease, and stroke are the five somatic chronic diseases that are in the health education intervention. These chronic diseases are targeted because according to the Centers for Disease Control and Prevention (2018), they are the leading causes of disability and death in the United States. Health education should help educate patients on maintaining healthy lifestyles.

**Method/Approach:** Research was conducted in creating educational brochures on the five somatic chronic diseases. The brochures were sent to the patient's homes where an Accountable Health Communities worker motivationally interviewed and reviewed the material with the patient, in order to better educate the patient on self-managing their disease. Two questions were added to the patient personal interview to assess the patient's health status. The first question asks, "Have you ever been told by a doctor or other health professional that you had any of the following diseases? Heart disease, Cancer, Chronic lower respiratory disease, Stroke, Type 2 Diabetes, none of the above." The second question states, "Please specify the extent to which this statement applies to you. My "blank" self-care is poor. Applies to me very much, applies to me to a considerate degree, applies to me some degree, and does not apply to me." A training session was held with the Accountable Health Communities Program to notify the employees of the newly added questions and educate them on the five somatic chronic diseases.

**Outcomes/Results:** Based on the results of any given interview, patients are provided self-management brochures on their specific disease(s). Patient's that answer "does not apply to me" are asked if they would like to receive information on their disease. In doing so, patients will now have more access to integral health education insights, allowing for a more proactive approach in fighting somatic diseases.

**Evaluation/Conclusion:** Satisfaction surveys and focus groups would be beneficial ways to evaluate the project to know that the brochures are actually educating patients on their disease(s). Surveys would help the program understand whether or not the brochures have relevant information and if the patients understand the material being presented. Focus groups would allow for patients to be face-to-face with an employee to better understand the material and, allow for an impactful relationship to grow.

Title:	Site Plan Development and Land Development Reviews
Name:	Austin DuBlois
Preceptors:	Direct/Project Supervisor: Jim Lentino, Principal Planner
Agency:	Middlesex County Office of Planning

**Purpose:** To review proposed plans for site plans or land development giving input on what is required to reach approval from the county to begin the developing or building process.

**Significance:** The significance of this project is to maintain the safest and most efficient ways a site can be developed. Site development on county roads can have large impacts on traffic patterns, drainage systems, etc., so it is important to ensure that these developments are done in a way that does not affect major change in these areas, and if major change does happen to any of these areas, it is done so in a way that is safest and most beneficial for the county and its residence that will be affected by the site development.

**Method/Approach:** The methods used for site plan review is fairly straightforward. Engineers and applicants must follow a relatively strict guideline when they send in plans with hope of approval. The first Tuesday of every month there is a board meeting where the new set of plans that have been sent in are distributed to the planners (a few were then given to me) for review. Reviews follow a checklist that set in place specifications for plans. If a plan fits all of the specifications on the checklist, then it is given approval to go to the township and seek approval to start building. If a plan fit most specifications with a few that needed changes it can be given a conditional approval seeing that they fix what was flagged by the planner (me). If the plan is not meeting most requirements it is denied and must be updated and resubmitted. After completing the checklist planners then filled out a staff report where recommendations are given on the plan if anything needed to be fixed and what type of approval it was getting.

**Outcomes/Results:** 10 plans were reviewed. The most common mistakes found in plans were things like not meeting ADA requirements on sidewalks, having parking spaces to close to driveway entrances, or a minor lack of a written detail on the plan. All but two plan reviewed were given a conditional approval as they met most requirements but had a few blemishes. One was given total approval and one needed to be updated and submitted as it was rejected. The most recent plans reviewed were used in the latest board meeting and have begun the next steps toward the start of actual construction of the plan.

**Evaluation/Conclusion:** Construction of the plans reviewed will not take place for some time making it hard to evaluate the work completed. However, based on the mock reviews that were done that construction had already taken place for, it can be see that things that were flagged were also flagged by past planners and fixed leading to the optimal development for the site and the community it is in.

Title:	Pets and Mental Health
Name:	Toka Elbeyali
Preceptors:	Program Director, Professor of Obstetrics and Gynecology and Medicine in Robert Wood Johnson Medical School, Associate Dean for Women's Health, Dr. Gloria Bachmann
Agency:	Robert Wood Johnson Medical School - Women's Health Institute

**Purpose:** To assess the relationship between individuals having pets and their overall health, not only their mental health.

**Significance:** Three in four Americans suffer from loneliness that manifests into more pertinent health problems. It has become such a common part of most Americans' lives, to the point that it has been deemed a health epidemic, rather than mere social circumstance. Loneliness and isolation are mitigated when one feels like they have someone to share it with, which can also lead to better health outcomes. Therefore, it has been found that there is a positive association between having pets and better mental and physical health. The project will discuss and highlight how important pets are for health, and the relationship between those who do have pets and those who do not with feelings of loneliness and overall health.

**Method/Approach:** The data was collected through researching articles thoroughly highlighting the relationship between pet ownership and health, and by examining the frequency and severity of doctors' and hospitals' visits and whether or not the person owns a pet The data was also gathered by reading "Handbook on Animal Assisted Therapy," by Audrey H. Fine in order to examine the human-animal bond in animal-assisted therapy in depth.

**Outcomes/Results:** The unique effect of the human-animal bond was proven in 1980 by Friedmann, Katcher, Lynch and Thomas. The study involved 92 victims of heart-attacks, in which about 53 had one or more pets. Of the 39 patients who did not own pets, 28% died after one year, and only 6% of the 53 pet owners died within 1 year. The study was further examined to determine if the result was due to a confounding variable, such as that owning a pet simply exerts more energy and therefore requires a healthier person. However, when they removed dog owners but still measured the effect of having other pets, the "pet effect" was constant. This relationship has also been highlighted by animal-assisted therapy with people with disabilities, and veterans with PTSD. It has been found that veterans who were paired with PTSD service dogs had a better ability to cope with anxiety attacks, had less nightmares, and had lower levels of depression. Additionally, evidence has introduced the possibility that having a dog early in life can positively affect immune development for children, and can reduce the development of certain allergies later on in life, as well as help children develop empathy and social skills, and experience less loneliness.

**Evaluation/Conclusion:** There is a positive association between having pets and having better mental and physical health. The effect of therapy dogs and seeing eye dogs on human health was examined as well, and a positive correlation was found. Owning pets means less doctors' visits per year, and less risk of heart attack. In the event of a heart attack, owning and caring for a pet can even mean better postoperative recovery for the patient, and a better chance of surviving a major medical event. Owning a pet reduces anxiety and PTSD, and is equally as beneficial to you as it is to them. Therefore, having a pet can lead to overall better health.

Title:	Mental Health Personal Survey
Name:	Melissa Elezi
Preceptors:	Christopher Rogers, MPH - Project/Program Manager
Agency:	Hackensack University Medical Center

**Purpose:** To implement a self-management intervention through the addition of 2 questions to the AHC Personal Interview specified for patients that fall under the five prevalent categories of mental health diagnoses including Anxiety, Depression, Bipolar Disorder, Schizophrenia, and Dementia among the Medicare and Medicaid beneficiaries who may be at risk.

**Significance:** Approximately 1 in 5 adults in the U.S.—43.8 million people, experiences mental illness in a given year (NAMI, 2015). Many of those diagnosed have lost a sense of empowerment to their mental condition which impacts their lives in some way. Self-management has the ability to put patients in direct control over their condition. It is vital for those diagnosed with a mental health illness to know that they are not alone. The project places a prime focus on patients that poorly self-manage their diagnosis.

**Method/Approach:** The method/approach utilized to improve mental health self-management is the creation and implementation of mental health intervention. 2 questions will be added to the Personal Interview utilized by the AHC team that follows up on previous patient cases that screened positive for health-related social needs. Those that are poorly managing their self-management will receive specified intervention materials via mail or email that provides methods to better handle the stated condition. This intervention is created on the basis of five specified resources that can assist a patient toward taking control over their condition that may not have the resources or awareness of the power of self-management. This requires patient accountability which is emphasized. If a beneficiary has been told by a professional that they had one of the mentioned mental health conditions as well as state that their self-management is poor to some degree, then the team will proceed with intervention. If the beneficiary states "Does not apply to me" then to proceed to the next section of Personal Interview.

**Outcomes/Results:** The overall goal for outcome and results of this intervention is for improved mental health self-management. For substantive data-driven results to be collected, the intervention and method of action must first be introduced to the team then accurately trained as an imperative step to the Personal Interview. The outcome for the intervention is for the beneficiary to receive the sheets of information and most importantly, take action and accountability for their mental health self-management. This will be measured through the Action Plan that monitors and tracks patient steps, outcomes, and overall improvements toward self-management goals and objectives that are set.

**Evaluation/Conclusion:** The implementation of these 2 questions in the Personal Interview allows the team to address the subject of mental health that was not previously intact. The team will regularly monitor/update the interventions and assess the outcomes of improvement through future use. This is a preventative health enactment that wholly benefits the healthcare system by addressing another determinant of health. Success will be determined by accomplished mental health self-management.

Title:	Patient Navigation Protocol
Name:	Stefany Enriquez
Preceptor:	Project Supervisor: Sarah Rubinstein, Outreach Coordinator
Agency:	NJCEED, Atlantic Health System

**Purpose:** To develop a protocol to ensure follow ups and timely treatments for individuals of Morris County who are interested in cancer screening but are not candidates for the New Jersey Cancer Education and Early Detection (NJCEED) program.

**Significance:** Twenty-two percent of deaths in the United States in 2016 were from cancer, making it the second leading cause of death in both men and women. Almost 1 in 2 U.S. men will get cancer in their lifetime. About 1 in 3 U.S. women will get cancer in their lifetime. Compared to the U.S. cancer incidence rate (441.2), Morris County is in the 2nd worst quartile of counties. In Morris County, 11% of the population have reported to have poor or fair health compared to New Jersey overall (17%). The NJCEED program provides free cancer screening tests to those in the community that do not have health insurance and fall under 250% of the federal poverty level. Those who are not receiving free screenings are less likely to be screened for cancer, and therefore, are at risk for later diagnosis and delayed treatment. This project will help navigate patients to increase early detection and prevention and screening rates for this county.

**Method/Approach:** In order to begin patient navigation, first a needs assessment was conducted on the target group, individuals who are encountered by the Morris County NJCEED Program but are not eligible for the free screenings. This was accomplished by visiting different organizations and groups that help the targeted population. A short questionnaire was provided which consisted of a variety of questions that range from their name and age to the type of health coverage they have and if they need an appointment for cancer screening. After the information is collected a list of ineligible people is created which determines who needs to be navigated to receive cancer screening or other health related services within the healthcare system. After providing a reasonable verbal recommendation for the individual, if granted permission, a callback will be conducted regarding his or her discussed medical visit after one month.

**Outcomes/Results:** On average, 6-8 participants were contacted weekly. In total, over the period of 12 weeks, 18 participants were further navigated within the healthcare system. Of these 18 participants, 5 reported having health insurance, 8 will continue their care at a local clinic, and 6 will try an internal medicine practice referred by NJCEED. Since the incorporation of the new method, the number of candidates who do not qualify for the program are receiving medical attention at a trusted health facility.

**Evaluation/Conclusion:** The majority of participants were pleased to know that his or her health conditions could be directed to another medical setting. The ability to provide basic information such as a physician's name or a specific test to a patient resolves communication problems, scheduling conflicts, and eliminates some barriers to timely care. The intervention of patient navigation will increase coordination of patient care and improve the patient experience across the healthcare continuum.

Title:	'Small Biz'
Name:	Sarah Evans
Preceptors:	Sarajane Blair, Executive Director
Agency:	Fairmount Community Development Corporation, Philadelphia PA

**Purpose:** To provide a business alliance that provides opportunities for growth through networking, discussions, workshops, and shared resources.

**Significance:** Small businesses are an increasingly crucial part of the economy. In 2015, small businesses across the country employed over 58 million people, accounting for 47.5% of the private workforce (SUSB). Being a small business owner, however, is no easy task. Many small business owners have a limited amount of human and financial resources available to them. This creates a need for educational, low cost services that will help them grow and expand their businesses. Small businesses, especially those in the new stages of creation, are more likely to survive economic adjustments and decline when they are supported by outside services (Hanlon, 2007). Therefore, it is essential to assess the strength of the existing Greater Art Museum Business Alliance (GAMBA) and analyze how useful knowledge might be better passed to owners through enriching programming.

**Method/Approach:** A google survey was created to assess the dynamics of current business owners in GAMBA, to understand their overall satisfaction with their membership, and to gauge success in this past year's events. The survey was broken into four key sections: basic membership information, basic business information, supports and benefits, and comments/suggestions. The first two sections consisted of questions, such as: 'How long have you been in business?' The third section asked in-depth questions that gauged membership satisfaction and interest, such as: 'What types of events have the most value for you?' The participant could rate each from 'no value' to 'very valuable'. The last section was open-ended. Here, the participant could voice any additional suggestions/comments. The survey was then emailed to all 76 GAMBA members and 6 responded.

**Outcomes/Results:** The results were produced by the sample size (n=6). Of the 18 questions in the survey, there were several important findings. 66.7% of participants reported 'Taxes' as being a beneficial workshop topic of interest to them. This was 16.7% more interest than any other workshop. Next, 83.3% of participants surveyed that Corridor Meetings and Mixers would be the most beneficial networking event. Of those surveyed, 100% expressed interest in webinars and online tutorials for their businesses. Finally, only 16.7% of participants surveyed to be 'very familiar' with Fairmount CDC's values and mission. Of those surveyed, 50% were very satisfied with their GAMA membership and 50% were extremely satisfied.

**Evaluation/Conclusion:** The positive results show than Fairmount CDC should continue to support small business and entrepreneurial programming in the future, with a focus on Corridor meetings and online-inspired workshops. One recommendation is to have more members participate in the survey in order to achieve more accurate results in the future, as only 7% of members participated in the survey.

https://docs.google.com/document/d/1JXKgePjIEVhN2oHwByNIrbq\_Bw9Hu\_owYHCHtp2HuNo/edit?u sp=sharing

Title:	TNVM Program (Track Neuter Vaccinate Manage Program)
Name:	Vincent Far
Preceptors:	Internship Supervisor-Carrie Johnson; Project Lead-Lester Jones
Agency:	Middlesex County Office of Health Services

**Purpose:** To assess existing TNVM programs with the intent of feasibility of implementation in South Brunswick.

**Significance:** Feral cats pose a significant public health concern. The Australian Government Department of Environment and Energy have found that feral cats are known to spread diseases to wildlife, humans, and livestock (2016). It is also known that feral cats are a serious predatory threat to birds and other local wildlife (Hildreth 2010). The iconic TNVM Program provides a humane alternative in reducing the feral cat population. A cost-benefit analysis will fully review its practicality for the South Brunswick area.

**Method/Approach:** Four TNVM programs were selected and evaluated for cost and effectiveness. Locations examined were Edison Township in New Jersey, Newburyport in Massachusetts, Port Orange in Florida, and San Jose in California. Data for all four programs were put into a spreadsheet and compared across the following factors: human population size, feral cat population size, costs, implementation, maintenance, logistics, and medical costs.

**Outcomes/Results:** All of these programs successfully measured dramatic decreases in feral cat population size and/or growth. In Edison, NJ, the feral cat population is estimated to be somewhere between 8,000 and 15,000. Although Edison was not able to provide exact estimates on current feral cat population, the shelter recognized that the impounded cat population has significantly decreased within the past two years. Edison Township's medical cost per feral cat is \$55. Annually, Edison Animal Shelter & Animal Control spent approximately \$20,000 per year which is offset by donations and grants. In Newburyport, MA, the feral cat population was 300-400 cats in 1992. By 2009, the feral cat population was zero. There were no records for total medical costs. In Port Orange, FL, the feral cat population significantly decreased from 214 cats. The annual costs per year was approximately \$40,000. Data was not available for medical costs. In San Jose, CA, the impounded cat intake has dramatically decreased. The medical cost per feral cat was \$72.

**Evaluation/Conclusion:** TNVM programs started as solely a humane alternative to euthanasia. Statistical data was not a priority in the early years of implementation. Due to the lack of consistent data recording, data for some factors were not available. However across all programs, the feral cat population has decreased significantly. There seems to be very few instances of failed TNVM programs in the US. It is recommended that South Brunswick follow the successful programs' examples and action. For longevity of program, it is recommended to keep accurate data collection for future municipalities to utilize.

### Citations

https://docs.google.com/document/d/1pSWwzioe5wvV5kpCmjJAlgYV8bLXpHNs79uyGwXIkpM/edit?u sp=sharing

Title:	Disseminating Colorectal Cancer Education Through Community Outreach
Name:	Kayla Farah
Preceptors:	Direct Supervisor: Nicole Hernández, Community Outreach Coordinator Project Supervisor: Emily Carey, Program Administrator for ScreenNJ
Agency:	Rutgers Cancer Institute of New Jersey

**Purpose:** Research, design, and distribute colorectal cancer educational materials to community members in collaboration with the Cancer Health Equity and Engagement Department; participated in health and outreach events.

**Significance:** Colorectal Cancer (CRC) is the second leading cause of cancer-related deaths in the United States in both men and women. For people whose CRC is detected at an early, localized stage, the five-year survival rate is greater than 90 percent. To compare, CRC cases that are not detected until its late stages, when treatment is most difficult, the five-year survival rate is at a mere 13 percent. As of 2016, the mortality rate for colorectal cancer was 14.5 per every 100,000 cases in New Jersey. Rutgers Cancer Institute of New Jersey (RCINJ) and ScreenNJ are fighting to combat this daunting mortality rate through outreach, engagement, and education, aiming to increase CRC screening rates throughout New Jersey.

**Method/Approach:** The prevalence of Colorectal Cancer was analyzed by researching its risk factors, prevention methods, and screening options. This information was used to create flyers which were distributed at health events to educate the public. Feedback on these flyers was given by outreach event attendees, as well as the Patient Education Committee at CINJ, ensuring accuracy and efficacy of the material. To showcase the knowledge gained, the Cancer Health Equity and Engagement department staff was educated on the current colorectal cancer trends. In addition, to test the effectiveness of ScreenNJ's educational inflatable colon, pre and posts surveys were conducted among community members. Lastly, calls were made to various Health Department Offices within New Jersey to foster partnerships and broaden CINJ's outreach network.

**Outcomes/Results:** Of the participants at community health events that were given informational flyers on several types of cancers (n=593), 71 (12%) Breast cancer flyers, 228 (38%) Colorectal cancer flyers, 72 (12%) Cervical cancer flyers, 60 (10%) Lung cancer flyers, 47 (8%) Prostate cancer flyers, and 115 (19%) were given prevention/screening flyers. Colorectal cancer was the outlier because of the confounding variable that March is Colorectal Cancer awareness month, therefore many of the flyers distributed were focused on that one type of cancer. In regards to the pre and post surveys for the inflatable colon, participants' knowledge of colorectal cancer was improved. To exemplify a growth in knowledge of colorectal cancer, those who rated their knowledge a 10 (most knowledgeable) had increased from 18% in the pretest to 36% in the post test.

**Evaluation/Conclusion:** Education strategies will be assessed and evaluated through reviewing the number of educational flyers disseminated. Through the evaluation of the pre and post surveys, CINJ staff will be able to discern the level of education gained by the community members that engaged with the inflatable colon.

Title:	New Jersey Marijuana Legalization Pathway
Name:	Kalli Faulkner
Preceptors:	Sam Weinstein, Lobbyist
Agency:	Princeton Public Affairs Group

**Purpose:** To track the legislative process of a measure that would legalize marijuana for recreational use through the New Jersey Legislature.

**Significance:** Currently, the District of Columbia and ten states have instituted laws that allow the retail sale, adult consumption, cultivation, and distribution of recreational marijuana. According to Pew Research Center 62% of Americans believe in legalizing adult-use recreational marijuana (Hartig, 2018). The State currently allows medicinal marijuana and has six Alternative Treatment Centers for distribution. Current measures dealing with recreational marijuana plan to expedite an expungement process for previous offenders and deschedule marijuana as a Schedule I Controlled Substance (NJ Cannabis, 2019).

**Method/Approach:** Preliminary research included examining other States that have established a legal marketplace. This research also included reviewing bills pending in the New Jersey Legislature and studying their successes and shortcomings. Senate Bill 2703, the "New Jersey Cannabis Regulatory and Expungement Aid Modernization Act" was chosen because it was identified as a compromise before the Legislature. The bill was litigated and considered during the Senate Judiciary Committee on March 18, 2019.

**Outcomes/Results:** Senate Bill 2703, "The New Jersey Cannabis Regulatory and Expungement Aid Modernization Act," was released from the Senate Budget and Appropriations Committee on November 11, 2018 by a vote of **7-4-2** with Republicans voting in opposition. Following negotiations between Legislative Leaders, the bill was amended and recommitted to the Senate Judiciary Committee. On March 18, 2019 the Senate Judiciary committee meeting released the bill by a vote of **6-4-1**. The bill was posted for Senate Floor vote on March 25, 2019. However, the measure did not garner enough legislative support and was removed from consideration. The Legislature intends to reconsider the measure in May 2019, and if passed it is expected to be signed by Governor Murphy.

**Evaluation/Conclusion:** Senate Bill 2703, "The New Jersey Cannabis Regulatory and Expungement Aid Modernization Act," legalizes personal use cannabis for adults; creates the Cannabis Regulatory Commission; and provides expungement relief for certain past marijuana offenses. The primary issue moving forward is strong opposition from the New Jersey Black Caucus, who raised concerns over how this measure would affect minority communities and pushed Legislature to consider a decriminalization bill prior to legalization. It is unlikely legislation will move forward until compromise is made with this group, either amending the bill or drafting new legislation that better suits the desires of interest groups.

Title:	Early Detection of Dementia in Low-Income Neighborhoods
Name:	Ayesha Fayyaz
Preceptors:	Supervisor - Beverly Prempeh
Agency:	Act Now Foundation-Dementia Center

**Purpose:** To raise awareness of dementia in low-income neighborhoods by holding educational seminars and performing memory screening for early detection.

**Significance:** In the United States, almost 5 million people are currently living with dementia. The cumulative incidence of Alzheimer's disease has been estimated to be as high as 4.7 percent by age 70, 18.2 percent by age 80 and 49.6 percent by age 90. This number is expected to increase as population increases, therefore, early detection of dementia is extremely important to slow down the process and maintain mental health. Neighborhood and racial disparities are a few of the contributing factors in the prevalence of dementia. Low income and disadvantaged neighborhoods are at a greater risk of having this disease due to lack of proper health care, healthy foods, safe exercise options, and toxin-free environments. Act Now Foundation is helping combat these diseases specifically in the low-income communities by providing free memory screenings, educational seminars, resources, and support groups.

**Method/Approach:** The Act Now Foundation collaborated with different senior centers and senior housing authorities in low-income neighborhoods such as Hudson and Bergen counties. PowerPoint presentations were used to deliver educational seminars. The topics discussed included essential information such as the different types and stages of dementia, along with its causes and risk factors. Additionally, brain imaging was shown to help the audience get a better understanding of how dementia alters brain cells. Finally, helpful mental exercises to slow down memory loss processes were demonstrated. Educational material such as brochures and dementia-related books were distributed. The team performed free memory screenings on people in different senior centers and held events at senior housing authorities for the early detection of dementia. Two instruments were used for memory screenings: The KATZ index, which assesses the activity of daily living, and the MIS, a Memory Impairment Screen tool used to evaluate the cognition and memory of the participant.

**Outcomes/Results:** The memory screenings discussed above were performed on 305 males and females, in the age range of 60-85 in Hudson and Bergen counties over the past 4 months. Our results showed that seniors in the study exhibited a range of dementia symptoms. According to the study, 21 people were found to have mild dementia, 13 seniors had moderate dementia, 47 had MCI, and 3 were found to have severe dementia. The remaining of the 221 results of the study were found to be inconclusive.

**Evaluation/Conclusion:** More attention is needed to address this issue in low-income neighborhoods, in order to better detect traits of dementia early on. In addition, memory screenings should be included as part of the medical evaluation of patients over the age of 40, especially in clinics operating in low-income neighborhoods.

Title:	Certified Home Health Aides (CHHA) Recruitment Project
Name:	Cecilia Ferreira
Preceptor:	Sandra Manobanda, Case Coordinator Supervisor
Agency:	E&S Home Care Solutions

**Purpose:** To increase recruitment of Certified Home Health Aides through a series of outreach methods and determine the most effective means of recruitment.

**Significance:** The U.S. Census Bureau projects that older adults will continue to increase in population size. People age 65 and over are expected to number 78.0 million. Starting in 2030, older Americans will make up 21 percent of the population, up from 15 percent today. By 2060, nearly one in four Americans will be 65 years and older, the number of 85-plus will triple, and the country will add a half million centenarians. With this increasing number of older adults, the country faces greater demands for in-home caregiving. Employment of home health aides is projected to grow 41 percent from 2016 to 2026, creating more than 4 million jobs.

**Method/Approach:** As E&S Home Care Solutions continues to grow there are many adjustments that must be made. As the company continues to gain clientele, there is an increased need for Certified Home Health Aides. Online job postings (Indeed) and sign on bonuses well as employee referrals were advertised to bring in applicants. Remind was used to reach out to E&S Academy graduates and NJ state certified CHHAs taken from databases. The amount of CHHAs hired in the 90-day period was recorded.

**Outcomes/Results:** By increasing the number of CHHAs employed by E&S Home Care Solutions is able to fill accommodate for the growing clientele. Fifty-four applicants were recruited and 38 new CHHAs were hired in the 90-day period of implementing new recruitment strategies. The remaining 16 applicants have been entered into the Rosemark database but are still awaiting cases that fit their schedules. Of these 38 new hires, 14 were direct hires from the E&S Academy. Seven new hires were recruited from current employee referrals. The remaining 17 employees hired were recruited from a combination of postings on Indeed and replies to Remind text messages regarding sign on bonuses.

**Evaluation/Conclusion:** Using the aforementioned recruitment methods 54 new CHHAs were hired. The ideal candidate was a licensed CHHA, able to bring in proof of PPD/Mantoux, annual physical exam, and provide evidence of immunization for measles, mumps, and rubella vaccines. This candidate would have 1-year prior CHHA experience and personal transportation. The best method for recruiting was shown to be a combination of Indeed postings, Remind messages, and direct hires from E&S Academy.

Title:15th Anniversary Voices Against Violence GalaName:Rukiyi FlorencePreceptors:Alex BoscoloAgency:Day One New York

**Purpose:** To generate awareness, interest and ultimately financial support for Day One through their 15th anniversary Voices Against Violence gala and silent auction.

**Significance:** The Gala raises awareness about dating violence confronting youth today, honors those whose work promotes safe and healthy relationships among young people, and develops resources to support Day One's vital services. The event brings together over 300 leaders, advocates, and supporters to celebrate those who speak out to overcome the silence surrounding dating violence. Guests of the event are from within the New York district and area who support or donate to Day One's purpose. Gathered and organized donation items are placed in preparation of silent auction. Strategize improved methods to raise money towards set amount goal. Money raised and support will allow clients of Day One access to improved programs, lawyers, and support team.

**Method/Approach:** Reach out to corporate professionals in philanthropy, marketing, human resources, and employee resource group leadership positions across financial, technology, media, telecom, pharm, healthcare, fashion, beauty, and other opportunistic sectors. Help solicit donations and create packages to post on Givergy auction platform for donors to bid on items or donate. Keep track and coordinate delivery items, along with items which were bid before and after event. Check-out winners of bid(s) and grant guest with winning item(s) in person or via email.

**Outcomes/Results:** The funds raised at the Gala support Day One's work to advocate for and assist thousands of New York City youth. The total of about 275 guest attended the event, not including staff/volunteers. As a result, Day One has raised \$21,225 in auction items, \$14,550 (not including cash call) in pledges through online, \$96,468 in cash call and \$36,500 in tickets. Together, the Givergy platform totaled Day One's earning to be \$168,743. This does include other in-person donations as well.

**Evaluation/Conclusion:** Future silent auction items should include items of the particle crowd and guests who are willing to attend. Majority of financial donations were given by board members, sponsors, and continuing supporters. Based upon the event survey, it would be best to test run necessary equipment such as tablets and Givergy system before event. Have important items set up ahead of time, such as package display in order. And promote Day One's events year around to committed supports and donors after auction. Even promote to other people outside of the New York district and area, if possible.

Title:	Increasing Inclusion at Harmony Family Success Center
Name:	Damaris Fonseca
Preceptors:	Direct Supervisor: Brian Rawls, HFSC Director Project Supervisor: Evelyn Reyes, Family Partner/ Community and Volunteer Partnerships Coordinator
Agency:	Harmony Family Success Center of PRAB

**Purpose:** To evaluate the serviceability of Harmony Family Success Center by understanding New Brunswick poverty demographics.

**Significance:** The U.S. Census Bureau, American Community Survey, 5-Year Averages, 2011-2015 for the Middlesex County Population by Municipality report, recorded that 56,338 residents are living in New Brunswick, NJ, 19,549 (34.7%) of which living in poverty. Poverty puts many families at risk of crisis like homelessness, poor housing conditions, drug and alcohol abuse, and much more. Harmony Family Success Center (HFSC) serves as an empowering program of crisis prevention resource which promotes family wellbeing and brings community members together to develop neighborhood pride and unity. By investigating demographic information of those living in poverty in New Brunswick, HFSC can better service its immediate community members.

**Method/Approach:** I reviewed monthly registration reports collected by HFSC from February 2018-February 2019 which included demographic information on registered and unregistered members who came into the center each month. Collected HFSC data on race and ethnicity was compared to the most recent 2013-2017 American Community Survey 5-Year Estimate on Poverty Status in the Past 12 Months of Families report. We compared the datasets to determine if HFSC is serving and advertising to the appropriate population groups at risk of falling into crisis.

**Outcomes/Results:** It was found that, 28.4% of African American families, 57.7% of Native American families, 32.9% of Hispanic/Latinx families, and 10.8% of Caucasian families in New Brunswick are living in poverty. However, according to the total participants seen at HFSC from February 2018 to February 2019 (n=692), 138 (20%) were African-American, 401 (58%) were Hispanic/Latinx, 103 (15%) were Caucasian, 6 (1%) were Asian, and 48 (7%) identified as Other.

**Evaluation/Conclusion:** Native American, Asian, and Caucasian families living in poverty in New Brunswick are low represented populations at HFSC. Proper promotion of services, increased networking with local schools and businesses, and increased programming which caters those specific populations will serve as effective strategies to (a) increase participation within these populations, and (b) help prevent family crisis. With this information, HFSC can provide more inclusive programming and resources to empower and encompass all community members.

Title:	New Jersey's Industrial Hemp Pilot Program: Regulatory Framework
Name:	Elizabeth Franco
Preceptors:	Chief of Staff, Jonathan Atwood
Agency:	Offices of Senator Andrzejczak, Assemblyman Land and Assemblyman Milam of the First Legislative District of New Jersey

**Purpose:** To analyze industrial hemp policies in order to recommend procedures and regulations for the State of New Jersey's industrial hemp state plan.

**Significance:** The 2018 Farm Bill changed federal policy regarding industrial hemp, including removing the crop from the Substance Act. To comply with the federal statute, a state must submit a plan to the U.S. Department of Agriculture (USDA). In November of 2018, New Jersey Governor Phil Murphy signed into law A1330, creating an industrial hemp agricultural pilot program. An analysis of the statutory and regulatory framework produced by other states that have a pilot programs in place will be used to assist New Jersey Legislatures with recommendations for creating New Jersey's State Plan.

**Method/Approach:** A review of section 297B of the 2018 Farm Bill was conducted to examine the federal requirements for individualized state plans. A data sheet was created to collect current statutes for the states that have passed industrial hemp bills. Further analysis of the regulatory authority over production was carried out for the ten states that had the highest number of acres licensed in 2017, including Colorado, Kentucky, Oregon, North Dakota, Minnesota, New York, North Carolina, Tennessee, Vermont and Nevada. The final research was conducted on the State of Kentucky's industrial hemp plan with references to KAR 50:020, KAR 50:050 and KAR 50:090.

**Outcomes/Results:** The final policy memo provides an analysis of the research findings for the provisions of a.) land use; b.) testing; c.) disposal of plants and products; d.) compliance with law enforcement; e.) annual inspections; f.) submission of information to the USDA and g.) certification that resources and personnel are available to carry out the practices and procedures described above. The policy memo provides greater details for the regulations and procedures set forth by the State of Kentucky since Kentucky is the first to submit the regulatory framework for industrial hemp to the U.S. Department of Agriculture (USDA) for approval.

**Evaluation/Conclusion:** Based on the state comparison research, it appears the State Plan produced by Kentucky should be used as the standard point of reference against which New Jersey statutes and regulations should be compared to or assessed. However, it should be taken into consideration that the USDA has not finalized a federal regulatory framework and in doing so adjustments to New Jersey's State Plan may be required if produced and adopted prior to the concluding resolution.

Title:	"Target Zero" Film Screening Educational Assessment
Name:	Hannah Fryczynski
Preceptors:	Gloria A. Bachmann, MD, Director of Women's Health Institute
Agency:	Women's Health Institute at Rutgers Robert Wood Johnson Medical School

**Purpose:** Collect survey responses to assess the educational aspect of the film "Target Zero" that will be screened at Rutgers University by the Women's Health Institute on March 13th to students, professionals, and community members.

**Significance:** Education on HIV is extremely important, as this major disease carries many implications both medically and socially for a diagnosed individual. It is essential that people know the science and transmission of the disease and what can be done to prevent it. CDC reports that 1,008,929 individuals were living with diagnosed HIV infection in 2016 (2019). An educational resource such as the documentary "Target Zero" which connects the viewer to the real people depicted in the film, rather than actors, can assist in informing the public on this topic. The film aims to bring to light the issues, but also the hope and clarity, of living with HIV in the United States. Evaluating survey responses will give a clearer picture on the effectiveness of "Target Zero."

**Method/Approach:** Women's Health Institute and Dr. Helen Berman, a professor at Rutgers University and director of the film "Target Zero," worked together to create a survey that would assess the film's desired goal to educate its viewers. Through Google Forms, students were asked to take part in a pre and post-survey with an incentive of achieving extra credit for both answering the surveys and attending the screening. On top of this, a paper questionnaire was given out the day of the screening after the audience had watched the film in order to assess their general thoughts on it. All question responses were close-ended. Many of the questions were opinion-based with a Likert scale used (strongly agree to strongly disagree) or had two answer choices (true and false or yes and no).

**Outcomes/Results:** The pre and post-survey sample sizes differed, with the pre-survey at 34 respondents (n=34) and the post-survey at 16 respondents (n=16). The questionnaire yielded a sample size of 34 respondents (n=34) which accounted for the audience that attended the screening the day of the event. The screening itself was successful with the turnout number and the number of survey responses. Of the 16 respondents who answered the post-survey, 15 reported improved general knowledge of HIV. However, we do not know how the 15 respondents answered in the pre-survey.

**Evaluation/Conclusion:** Limitations included the lack of responses in the post-survey, as this could not allow for definitive conclusions to be drawn. An identifier was not given to the respondents of the presurvey, therefore, the pre and post-survey could not be compared as accurately as possible. It was concluded through the surveys and questionnaire that this study proved "Target Zero" to be an educational resource for essential HIV information. Studies done thus far on the film's educational effectiveness can be used as a basis of new experimental design that will allow this work to be continued. With more continued work with "Target Zero," more individuals will have the opportunity to learn through watching this impactful film.

Title:	100% Renewable Energy Piscataway
Name:	Nicholas Fulginiti
Preceptors:	Matthew Smith, Senior Organizer
Agency:	Food and Water Watch

**Purpose:** Bringing cleaner and healthier air to Piscataway through the voting choice of 100% renewable energy on the November 2019 ballot.

**Significance:** New Jersey's new lung cancer patient rate is currently 59.4 out of 100,000 a year. The American Lung Association (ALA) has rated Piscataway air quality an overall F, due to the amount of power plant and transportation pollution in the area. These pollutants are directly linked to lung disease that is seen through the ALA rate of New Jersey lung cancer patients. Piscataway residents do not have the option of choosing where their energy supply comes from which is currently PSE&G fossil fuels. For Piscataway to achieve a higher and healthier air quality there needs to be options for clean renewable energy for all residents provided by the township.

**Method/Approach:** The method/approach that was taken to combat the low grade air quality is a petition of 1,200 Piscataway signatures for renewable energy. This petition is for the city of Piscataway to have the option to vote for renewable energy sources on the November 2019 ballot. If this is passed in November, this would allow for Piscataway to go fully 100% renewable by 2035. This would then allow for the air quality to improve since fossil fuels would no longer be the source of power in the Piscataway area. Canvasing is the main way to get as many signatures that are needed within the time frame. Myself along with other volunteers and employees canvas across the Piscataway area to spread word on the hazardous air quality. Another approach to this issue that has been executed is asking the Rutgers population of students what they believe the air quality to be in Piscataway and cross reference it with what the air quality truly is.

**Outcomes/Results:** The outcomes of this approach have been successful. So far, the Food and Water Watch campaign is about one third of the way to their goal. A total of 1,200 signatures is needed before the deadline in July. The method of canvassing has proven to be a success in the field when collecting signatures. One of the ways Rutgers Undergraduates were able to be affected by this project is their survey results on what they believed Piscataway air quality truly was. With 100 students surveyed to rate the air quality on a basis from A to F, the averaged answer was a B. This shows the concerning urge to students on to the change that is needed for our health and safety.

**Evaluation/Conclusion:** With the continuation of the renewable energy campaign, there will be the choice for Piscataway residents to opt-in to the renewable energy plan. This would allow for all businesses and homes to come off of fossil fuels. With this change, a healthier future is in store for everyone in the in the Piscataway area.

Title:	One Policy Project
Name:	Casey Gallagher
Preceptors:	Direct Supervisor: Eugenia Timm Project Supervisor: Donna Anders
Agency:	Hackensack Meridian Health, Physician Services Division

**Purpose:** To inventory, compare and unify the policies across all physician offices in the Hackensack Meridian *Health* network, while also creating new policies to fill gaps where there are currently none.

**Significance:** With over 300 practices in the state of New Jersey, Hackensack Meridian *Health* is focused on providing the same standard of care to all patients. Since the merger of Hackensack University Health Network and Meridian Health in 2016, unity has not been found in all aspects. The policies and procedures had not been standardized during the merger. The Physician Services Division has set a goal to align the policies and procedures for all practices companywide (Northern, Central and Southern regions). By creating a unified set of policies and procedures, patient care will not only become more standardized, but will also become more efficient. Practices will be fully aware of what policies and procedures they should be following to provide the best care possible to their patients.

**Method/Approach:** To begin this project, committees were created for each campus of the Hackensack Meridian *Health* Network. Working in the Southern region, with access to those policies, an inventory of the already existing policies in the South was created and sent to the committee members. Members were asked to review the list and send any policies that were of similar nature. These policies were then added to the inventory, which was divided by policy category. The committee members were also asked for policy suggestions in order to create new policies for issues that were not covered under existing ones.

**Outcomes/Results:** Once the policies were obtained, they were analyzed for differences. While some policies were the same in most or all regions, there were some in which the combination was more difficult and took more research. After the drafting process, roughly 125 policies are ready for committee review. They are standardized in terms of format and content. Once these are approved by the category specific committees, they will move forward to final approval from the Core Committee and begin to be implemented. The finalized policies will be distributed to each practice manager, who will be asked to review the policy themselves and to share it with their staff members.

**Evaluation/Conclusion:** This process for creating one set of policies is a lengthy one and is something that requires help from dozens of team members. At the conclusion of the policy project, Hackensack Meridian *Health* Medical Group will be familiarized with a unified set of policies and procedures. These will also be uploaded to an online database, where team members will have full access to them. The unified policies and procedures are vital to the practices' and patients' success.

Title:	Student Health Advocates Developing Educational Scenarios (SHADES) Theater Program Development
Name:	Jasper Gates
Preceptors:	Direct Supervisor: Mark Cruz, Health Education Specialist
Agency:	Rutgers HOPE

**Purpose:** To increase membership and event bookings for the SHADES Theater program in order to educate the public on a variety of health-related topics.

**Significance:** Many health-related topics can be uncomfortable to discuss or seek help for, which can negatively impact both individuals and communities. STD rates in the US have risen dramatically in the last few years, including a 67% increase in Gonorrhea diagnoses and a 75% increase in syphilis diagnoses in the last year (CDC, 2016) Only 26% of sexually active college students use condoms on a regular basis, with the vast majority using no form of protection (Certain et al., 2009). Health education for sexually active students will improve community sexual health outcomes. The focus of this project was to increase interest and membership in the SHADES Theater program.

**Method/Approach:** Last semester, there were 0 potential new members for the program. There was very little information available regarding the program, and no online presence. First, I provided more public information to Rutgers students about SHADES and what they do. To do this, I developed a presentation on the benefits of health education, created a social media page for Instagram, and had 4 tabling events to speak directly to students.

**Outcomes/Results:** These methods were able to generate a considerable amount of interest. 21 people expressed interest in joining the program, and 2 people attended meetings. Using the Instagram page, 70 followers were gained, and health education was promoted in social media feeds through informative graphics about alcohol, sexual health, and more. The tabling events brought the most interest to the program, likely because of direct interaction with students. Thirteen students requested information after speaking with us at tabling events, and eight students sent me direct messages or left comments on the Instagram page expressing interest. Events at the Livingston Campus Student Center seemed to be more productive than those at the College Avenue Student Center. This data may be skewed because there were 3 events on Livingston and only 1 on College Avenue. The presentation on health education was not given to any potential members, so while useful, it had little impact on recruitment.

**Evaluation/Conclusion:** The SHADES Program has historically been a small group, and often does not generate any new members during the semester. This semester, a strong base for recruitment was built, and a considerable amount of new interest was generated that will hopefully carry into the future. To do so, the social media pages and presentation will be left with the program organizers for future use.

Title:	NBEF Scholarship Program Assessment
Name:	Amir Gatlin-Colon
Preceptors:	Direct Supervisor: Emmanuel Ford
Agency:	New Brunswick Education Foundation

**Purpose:** To execute NBEF's scholarship program and offer New Brunswick students financial opportunity for their educational attainment.

**Significance:** New Brunswick has a median household income of around \$38,000, the average cost to attain a 4-year degree ranges from \$25-50k. Using the median income, the costs of attaining higher education are too financially damaging for households earning at or below the median. Implementing a scholarship program, offers bright New Brunswick students to pursue an educational opportunity they previously could not.

**Method/Approach:** Receive data from 95 scholarship applying students graduating local New Brunswick schools and NBEF 2019 scholarship amount. This will gauge student's average household income and NBEF's financial assistance to New Brunswick students. These findings in comparison with costs of attaining higher education will reveal student's financial need in order to pursue higher education.

**Outcomes/Results:** From the sample (n=95), the average household income of New Brunswick students was \$35,663. Of the sample, eight (8.4%) students reported having no income or only receiving government assistance. Thirty-six (37%) students reported having a household income of less than \$30,000. Finally, NBEF is offering twenty-eight scholarships totaling to \$31,600.

**Evaluation/Conclusion:** Thirty-six (n=95, 37%) students reported having a household income less than \$30,000. Given that the average cost to attain a 4-year degree ranges from \$25-50k, students who want to pursue higher education will suffer financially. Scholarship or grant aid would greatly assist New Brunswick students looking to further their education. NBEF offers twenty-eight scholarships that could potentially aid 22% of the sample size. Continued efforts to aid financially struggling New Brunswick students would greatly impact their lives.

Title:	Health Policy Analysis: Approaches to Reduce Medicare Drug Prices
Name:	Meredith Giovanelli
Preceptor:	Jennifer Grisafi, Internship Coordinator
Agency:	U.S. House of Representatives, Office of Congresswoman Mikie Sherrill

**Purpose:** To analyze possible approaches to reduce Medicare drug prices and propose a policy recommendation to Congresswoman Sherrill.

**Significance:** As of 2017, 58.4 million Americans were enrolled in Medicare [1], which constituted 20% of our health spending that same year [2]. Medicare is projected to experience an annual growth of 7.4% over the 2017-2026 period [3]. This projection is driven largely by increased enrollment as baby boomers reach retirement age. By 2030, the population age 65 or older will reach approximately 78 million [4]. In order to pay for an aging population, its is imperative the U.S. Government cuts costs to spending. The Government spent 15% of total Medicare spending on Part D in 2016, and that spending has only increased [5]. As of now, federal law prohibits Medicare from negotiating drug prices or making decisions about which drugs it covers. This research explores several approaches to reduce federal spending.

**Method/Approach:** A narrative literature review was performed to collect background knowledge on the U.S. Government's spending on drug. Additionally, research also included exploring proposed strategies and current legislation related to managing drug pricing. This literature review used Google Scholar to search for journal articles or Government reports, limited to articles published within the past ten years. Key phrases included "Medicare drug price negotiation," "prescription drug costs U.S.," and "policies to reduce Medicare Part D spending" After gathering sources, an analysis of available alternatives was used to make a policy recommendation.

**Outcomes/Results:** Research yielded five distinct policy options to reduce government spending on Medicare Part D. The first requires manufacturers to pay a minimum rebate on drugs under Part D for beneficiaries receiving low-income subsidies. The second option directly expands powers of the Secretary of Health & Human Services by allowing them to negotiate directly with manufacturers for high-cost, single-source drugs and to engage in competitive bidding. The third authorizes the Secretary to administer a Medicare-sponsored Part D plan to compete with private Part D plans. The fourth option strengthens incentives for drug adherence to decrease spending on health services. The last option is to repeal provisions in the Affordable Care Act (ACA) that close the Part D coverage gap.

**Evaluation/Conclusion:** An evaluation of each policy option's potential savings, possible consequences, and stakeholder interests concludes that the most effective legislative action is to focus on expanding the powers of the Secretary of HHS combined with introducing a public Part D plan. These changes would give greater negotiating power to the Secretary and lower administrative costs, without shifting costs to the beneficiaries. Next steps would include the Congressional Budget Office to estimate cost savings before drafting legislation. For Rep. Sherrill, whose district has a number of conservative voters, decreasing government spending would be appealing while still protecting the continued funding for federal health insurance supported by her more liberal base.

References: LINK

Title:	Preparing for The Joint Commission With The 5S Method
Name:	Elizabeth Goldberg
Preceptor:	Brian Borer, Site Supervisor
Agency:	Robert Wood Johnson Physical Therapy-Hillsborough location

**Purpose:** The purpose of this project is to educate healthcare administrators and employees in the facility about how to prepare for the Joint Commission review.

**Significance:** The significance of this project is to ensure a passing score from TJC each time they come without having to stress beforehand. Preparing for TJC requires Robert Wood Johnson Physical Therapy to be compliant with a series of over 250 standards. Some of these standards include: patient rights and education, infection control, prevention of medical errors, medication management, emergency preparedness, and more (The Joint Commission 2019). Providing the staff with a list of commonly overlooked Joint Commission criteria will allow for a more cohesive preparation process. This will ensure that the results of their visit will reflect the high standard of care that the physical therapy center provides for its patients. Losing this accreditation could result in complete shutdown of the organization due to loss of patients from insurance denials. If Robert Wood Johnson loses the current accredited status, they will no longer be able to accept most popular insurances including Medicare and Medicaid.

**Method/Approach:** A retrospective review was performed by using staff meeting materials from 2018 regarding the qualifications for TJC-such as; patient safety, overall quality of the facility, processes, and metrics. After analyzing the requirements, a strategy known as the 5S strategy was set into place. The 5S strategy consists of five quality measures to ensure that the facility is following the standards of TJC every day. The 5S method stands for: Sort, Set in Order, Shine, Standardize, and Sustain. Using these five condensed strategies ensures that all of the requirements that fall under the TJC can be easily accessible to the employees with a summary about these types of standards that TJC is looking for in an organization.

**Outcomes/Results:** A copy of the 5S Strategy will be hung in the office as a constant reminder for staff to be preparing for TJC year round. Having this set in place ensures that everyone is aware of the expectations for the organization and is preparing to pass the requirements of TJC well in advance. Results will be measured at the next Joint Commission review and future staff meetings regarding this subject.

**Evaluation/Conclusion:** The project was able to make the staff continuously aware of what TJC looks for in an evaluation, and how to ensure that the right procedures are being followed for future visits. The staff is continuing to use the 5S method and teach it to their new employees, making each individual aware of the expectations of the organization and TJC.

https://www.jointcommission.org/mobile/faq.aspx

Title:	Data Analysis for Community Health Needs Assessments
Name:	Elena Goldfarb
Preceptors:	Nancy Erickson, Principal Consultant
Agency:	New Solutions, Inc

**Purpose:** To analyze and interpret data related to various health indicators and create graphs and charts to report findings to clients in order to make meaningful suggestions on how to improve care for a population.

**Significance:** Most physicians are accustomed to assessing the needs of an individual patient that walks through the door of a practice. Yet, these individual needs may not reflect the needs of the community as a whole: "Health needs assessment is the systematic approach to ensuring that the health service uses its resources to improve the health of the population in the most efficient way. It involves epidemiological, qualitative, and comparative methods to describe health problems of a population; identify inequalities in health and access to services; and determine priorities for the most effective use of resources" (Wright 1998).

**Method/Approach:** Collect demographic data and health indicator data from the hospital and from the state about the communities served on a county or zip code basis. The data collected would include factors such as median household income for the community surrounding the hospital, race and ethnicity, percentage of the population diagnosed with a heart attack, etc. This data is then compiled in an Excel spreadsheet and graphs and charts are created in order to clearly show the hospital or client in what areas they are excelling in the care they provide, and in which they are lacking. We use indicator "traffic lights" to measure the hospital's performance against the Healthy People 2020 benchmark and the County Health Rankings benchmark for each of the given health indicators.

**Outcomes/Results:** Based on the PowerPoint, report, and data that we collect, we give the hospital a recommendation on how it can improve the care that it provides to its community. The traffic lights that we attach also provide a good indicator as to how the hospital is performing compared to its surrounding hospitals and the state as a whole. A green light indicates that the hospital is performing in the top quartile compared to its surrounding counties and state, a yellow light indicates it is performing in the middle two quartiles, and a red light indicates it is performing in the bottom quartile.

**Evaluation/Conclusion:** Community Health Needs Assessments are a valuable tool to help hospitals gauge the effectiveness of the care that they provide to their communities. It is important to constantly update and create new assessments of the population because it is always changing, both in terms of demographics and also in the needs of the community.

Wright, J., Williams, R., & Wilkinson, J. R. (1998, April 25). Development and importance of health needs assessment. Retrieved from <u>https://www.bmj.com/content/316/7140/1310</u>

Zero Hunger Campaign Efforts
Nishi Gonsalves
Direct/Project Supervisor: Amanda Agwuegbo, Campaign Coordinator
NJPIRG

**Purpose:** To raise awareness on food insecurity and the resources provided on campus for Rutgers students who are food insecure.

**Significance:** In October 2016, a study conducted by the U.S PIRG found that 25% of students in community college and 20% of students in four-year colleges qualified as being food insecure. Moreover, food insecurity is more prevalent among students of color. Food insecurity is defined as the lack of reliable access to sufficient quantities of affordable and nutritious food. A study conducted in March 2018, studied food insecurity among students at Rutgers University - New Brunswick. The findings of the study showed that more than a third of the students were food insecure, 36.9% being undergraduates and 32.2% being graduate students. This evidence indicates that there is a need for resources to combat food insecurity and awareness of the existence of these resources must be publicized.

**Method/Approach:** An initial survey was conducted to understand how many students knew of on campus resources for food insecure students, and where they got that information. A food drive was then done to collect donations that went to the Rutgers Food Pantry. A hunger panel event with relevant speakers and administration educated students on food insecurity and how to combat it through on-campus resources provided. The hunger panel also served as a platform for students to suggest ways in which they thought fighting food insecurity would be feasible to administrators who could make a change. Posters were circulated around campus asking for donations towards the pantry.

**Outcomes/Results:** Over 300 surveys were collected, which revealed that a vast majority of upperclassmen had not heard of on campus resources, whilst lowerclassmen had heard of it briefly at orientation but did not understand how to utilize them. An estimate of 100 donations of non-perishables and self-care items were collected and directed towards the food pantry. The hunger panel had 89 attendees who were made aware of food insecurity on campus and how to combat it. Many students suggested ideas for the improvement of current resources, as well as ideas for new ones such as a meal swipe donation program for excess meal swipes which could be recycled. In addition, through the circulation of physical and virtual posters awareness was raised towards the issue among students on and off campus.

**Evaluation/Conclusion:** Due to the large student population of Rutgers University - New Brunswick, there is a disconnect between students and on-campus resources that are provided, especially when it comes to food insecurity. This disconnect has to be bridged through awareness programs facilitated by the university not just to local students, but also to students who are out-of-state or international. Students also seemed dissatisfied with existing resources, and there was an overall consensus for the need of better resources. In the future, another survey will be conducted to evaluate changes in awareness of on-campus resources for comparison purposes.

Title:	Epic MyChart Patient Portal Tracking of Implementation Across Patient Demographics
Name:	John Gray
Preceptors:	Gilbert Baez, Manager of Oncology Services
Agency:	Atlantic Health System - Carol G. Simon Cancer Center

**Purpose:** To analyze the current use of Epic MyChart patient portal among population of Morristown Medical Center cancer patients and coordinate with social workers to increase use across the department.

**Significance:** In 2018, the patient resource navigators of the Carol G. Simon Cancer Center provided counseling and service assistance to over 800 patients. The Morristown Medical Center provides patients the option to use an Electronic Medical Record (EMR) through Epic MyChart. With this EMR patients can set up appointments, review test results, and better track their medical information. Currently there is no record of patients actively utilizing this service, limiting the resource navigation center's ability to increase implementation of the program. Introducing a record system for cancer patient demographics and EMR use will allow for more targeted efforts to increase use of the program across the patient population.

**Method/Approach:** A review of resource navigation provided for patients in 2018 was established for review of recording practices and department outcomes. Following review, two Excel files were created to track patient demographics and resources offered. Initial testing of both files showed that all formulas and data links are functioning properly and a new index for tracking MyChart use was added to the 2019 Log. A third Excel file was then created to track MyChart use based on demographics of age, ethnicity, and sex. A handout was prepared using MyChart promotional material and department iPads were reformatted with resources for MyChart education. A PowerPoint and presentation notes were prepared to review patient education of MyChart, recording practices for 2019 Log, and the goals of tracking this information. This material will be presented at a meeting held by senior staff at an undetermined date.

**Outcomes/Results:** Oncology Services staff can now track patient demographics, navigation provided, and MyChart use via three automatically updating Excel files. Files include all months for 2019 and template for future use. Following the upcoming meeting, volunteers will be properly educated in tracking of MyChart use among patient population and will assist patients with education of basic EMR use and troubleshooting. Staff can now refer to the Excel file throughout 2019 to track the quantity and percentage of patients of a particular age, ethnicity, or sex currently using or educated in the use of MyChart.

**Evaluation/Conclusion:** All Excel formulas were tested for functionality by manually entering test data into each monthly log and checking Excel files which use this data as points of reference. Manual review of information in all Excel files and the 2019 Log showed consistency of data in all locations. After manual data input and comparison showed all three Excel files were fully functional, a password protection was placed on all three files and the 2019 Log to ensure that formulas and recording practices can only be changed by senior staff with password access. Staff are now able to reference Excel files throughout 2019 to determine which resources and patient demographics require more navigation.

Title:	New Jersey Bill Proposal: "Integrating small businesses into marijuana legalization."
Name:	Samir Grover
Preceptors:	Aislinn Brennan, Senior Policy Advisor
Agency:	New Jersey's 11th District Office of Senator Vin Gopal, Assemblywoman Joann Downey, and Assemblyman Eric Houghtaling

**Purpose:** To research how to integrate small businesses into the marijuana industry I formulated a bill to propose to Senator Vin Gopal and Senior Policy Advisor Aislinn Brennan.

**Significance:** Across the U.S., in states that currently legalize the sale of marijuana, small businesses and local communities have lost opportunities for economic benefits due to the control of these sales by large corporations (Black 2017). The monopoly of marijuana sales leads to the promotion of off-market selling of legalized marijuana, often at a cheaper rate, thereby undercutting derived tax revenues (Davis 2019). In an effort to prevent this from occurring in New Jersey my bill, as based on data accrued from similar measurements taken in the states of California and Washington, proposes that small businesses and local communities rank first as deciding entities in determining where dispensaries and grow operations will be located as well as who will be permitted to have an investment stake in them.

**Method/Approach:** In determining how to incorporate small businesses into the potential marijuana industry, I first had to analyze quantitative methods that other states have utilized. First, I examined the benefits and costs of imposing a limit on the amount of caps provided by tracking the price of marijuana over a three year period and if there had been a monopolization of businesses in the marketplace (Isa 2017). Then, I looked at how taxation methods helped and hurt small businesses such as an excise tax or flat rate tax (Gunelius 2018). Lastly, I did some quantitative research on the incorporation of minorities, women, and veterans into the marijuana industry and qualitatively analyzed the access that low-income communities have to the marijuana industry, especially those that have been targeted by erroneous police practices in the past (Jan 2017). My approach assumed that this population would be the majority of those looking to invest in small businesses and rightly have incentives to do so.

**Outcomes/Results:** After my preliminary research and approach, I found that the best course of action was to provide a quota for licenses given to communities affected by unfair police targeting in the past. After this, I would allow for many licenses instead of having a strict number capped. My final result was to keep the tax low at about 25 percent in order to make sure that small businesses thrive.

**Evaluation/Conclusion:** To date, no marijuana legalization bill has passed in the New Jersey state legislature. My bill hopes to address limitations in previously proposed legislation. My bill would allow for small business opportunities given to the communities that deserve it by having many licenses so that the rich do not have a monopoly on the industry. Furthermore, when tax is raised to 25 percent or higher, small businesses are unable to compete with big business counterparts who are able to drive the price down since they have a bigger scale of production (Government 2015). In conclusion, the results of my findings illustrate why my bill to help small businesses in New Jersey involves the need for changes in current policies on marijuana legalization.

Title:	Disseminating Cancer Education Through Outreach (Concentration in Lung Cancer)
Name:	Fatema Haque
Preceptors:	Direct Supervisor: Nicole Hernández, Community Outreach Coordinator Project Supervisor: Emily Carey, Program Administrator for ScreenNJ
Agency:	Rutgers Cancer Institute of New Jersey (CINJ)

**Purpose:** Assess, develop, and evaluate educational tools for CINJ and ScreenNJ community outreach events; to disseminate information on prevention strategies and screening benefits of both Lung and Colorectal Cancer at statewide health fairs.

**Significance**: One in every 4 deaths in the United States is related to cancer, which makes cancer the second leading cause of death in the nation, after heart disease. For every 100,000 people, 58 new Lung and Bronchus cancer cases were reported and 41 died of cancer. Lung cancer is a leading cause of cancer deaths in not only the U.S, but also in New Jersey. The current rate of new lung cancer cases in New Jersey is 59.4 per every 100,000 people, which is similar to the national rate of 63.0. Only 19.7% of cases are caught early when survival is much higher. Methods involving early detection include screening and education, which are channeled through community outreach. With the collaboration of CINJ and ScreenNJ, community outreach is used to combat this problem by educating the public in an attempt to not only reduce cancer mortality, but also increase screening rates.

**Method/Approach:** Data was extracted through research about cancer signs, symptoms, prevalence, prevention, and risks, with a lung cancer focus. Flyers were personally assembled through the use of Apple Pages. Subsequently, the information for the flyer development was reviewed by CINJ's Patient Education Committee, comprised of members from various departments, to confirm content accuracy and ensure an appropriate reading level for community members. Furthermore, research findings were presented to the Cancer Health Equity and Engagement Department as a means to demonstrate the nation's current narrative for lung cancer. Additionally, phone calls were made to registries across the state in effort to network with different health departments and learn about their community outreach events. In attendance at events, program materials were distributed and surveys were completed as an evaluation tool. Pre/post surveys were conducted for the inflatable colon as a means to measure the public's range of knowledge.

**Outcomes/Results:** Out of the several types of cancer flyers offered at major health events (n=593), Colorectal Cancer flyers had the highest value of distribution (38%). This can be due to the confounding variable that since March was colorectal cancer awareness month, many of our events catered to a CRC focus only, leaving less room for education on other cancer types. Lung cancer was a mere 10% of the flyers distributed, which is ironic considering it is the leading cause of cancer deaths in the U.S. With regards to the pre/post survey of the giant colon, participants were asked to rate their CRC knowledge before/after walking through it (1-least knowledgeable; 10-most). To demonstrate a gain in knowledge, 25% of those that rated a 5 in the pre survey dropped to a low 2% in the post survey.

**Evaluation/Conclusion:** Program effectiveness is measured by performance monitoring. By surveilling number of attendants at health fairs/tabling events, counting the number of distributed printable materials, and generating real time feedback through pre/post surveys, ScreenNJ and CINJ's Cancer Health Equity and Engagement Department can assess its program's progress. Annual reviewal of flyers should also be conducted to ensure updated accuracy of information.

Title:	Healthcare Project Growth Coordination
Name:	Steffanie Haripersaud
Preceptors:	Margie Rodriguez
Agency:	Integrated Resources Inc, Edison, NJ

**Purpose:** Assessing the financial and recruitment viability of staffing contracts for Vendor Management Organizations to improve financial revenues over time.

**Significance:** Integrated Resources Inc is a healthcare staffing agency that works with a wide range of vendors to find qualified candidates to meet their needs. Every year, a new financial goal is set on a monthly basis within a Vendor Management System (VMS) and Medefis Managed Provider (MSP) accounts. These accounts provide healthcare jobs that need to be filled according to a given bill rate. The bill rate is paid by the vendor for each candidate we provide. The goal is to accept and fill more jobs with bill rates above \$50 so that the revenue and gross profit are higher than the previous year. According to January, February, and March of 2018, the revenue and gross profit were roughly \$2000.00 and \$200.00 with a total of 20-30 healthcare jobs above \$50 bill rate. With thorough investigation, there were a significant amount of healthcare positions under \$50 due to miscalculations and failure to find appropriate candidates. Proper calculations and coordination will address how to arrive at higher percentages of over \$50.

**Method/Approach:** An analytical review was administered to determine and measure how to improve revenue and gross profit. A higher bill rate generates a higher GP according to the following formula. [Bill Rate - Y Net Bill = Y - (Y x VMO fees %)] [Gross Pay = X + (X x 20%)] [GP = Gross Pay - Net Bill]. With the use of this formula, the pay rates for jobs were calculated to generate higher revenues by applying various VMO costs, bill rates and a 20% overhead cost. A second strategy was also adopted that shifted recruitment efforts from Careerbuilder and Monster to professional sites such as LinkedIn and Indeed.

**Outcomes/Results:** In January 2019, 50 healthcare jobs were accepted accruing a total revenue of \$4053.00 and GP of \$422.50. In February 2019, 62 healthcare jobs were accepted and the revenue and GP were \$4065.00 and \$426.00. In the month of March 2019, 60 jobs and the revenue and GP were \$4060.32 and \$424.00. With different combinations of pay rates used in the formula, January and February had a \$12 increase in revenue per contract and \$3.50 in GP. There was a slight decrease in March, however, it was similar to the month of February

**Evaluation/Conclusion:** Overall, the formula and using different approaches such as LinkedIn, and Indeed had an outcome of 30-50 healthcare jobs above \$50 with a pay rate that is appropriate for Registered Nurses, Medical Dosimetrists, Ultrasound Technologist, Sonographers, Siemens Technologists, Medical Writers and many more healthcare professions.

Title:	Quality Assurance Plan
Name:	Victoria Harris
Preceptors:	Project Supervisor: Toby Russell, Program Administrator/COO
Agency:	Eric B. Chandler Health Center

**Purpose:** To create and implement a quality assurance plan to improve adherence to the Association for the Advancement of Medical Instrumentation (AAMI) guidelines.

**Significance:** Infections acquired in health-care settings are the most frequent adverse event in healthcare delivery (WHO). The Office of Disease Prevention and Health Promotion stated that at any given time, about 1 in 25 inpatients have an infection related to hospital care. These hospital-associated infections can lead to the loss of lives and cost the U.S. healthcare system billions of dollars each year. There has been a growing concern in the medical community in regards to proper disinfection and sterilization of medical equipment and instruments within the United States because improper sterilization of equipment and instruments have been harming patients. Failure to properly disinfect or sterilize equipment may lead to transmission via contaminated medical surgical devices (Rutala and Weber, 2019). By following the highest standards for sterilization and disinfection practices, hospitals and health care facilities will have a much lower risk of spreading pathogens and microorganisms from patient to patient.

**Method/Approach:** The Eric B. Chandler Health Center hired a certified sterilization consultant to perform a dental and obstetric instrument audit of the sterilization process and visual inspection of the facility. The integrity of instruments and the documentation of required environmental temperatures were observed to check adherence to policy and procedures. The observations made by the consultant were used to determine whether or not the health center was in adherence to the (AAMI) guidelines.

**Outcomes/Results:** Based on the audit and the visual inspection performed by the outside consultant, eighty percent of the sterilization processes carried out at the assigned site need to be reviewed and restructured. The site lacks rounding tools that can be used to ensure compliance with (AAMI) standard practices.

**Evaluation/Conclusion:** By implementing a quality assurance plan for sterilization and infection control, the observations made by the consultant will be used to improve the adherence to (AAMI) guidelines and assist in the restructure of sterilization and infection control processes at the assigned site. The quality assurance plan includes a sterilization rounds checklist template, development of separate manual binders for instructions for use (IFU's) and safety data sheets, up-to-date training for staff on proper sterilization practices.

Title:	Performance Assessment on Volunteer Participation in AARP New Jersey's Speakers Bureau
Name:	Carly Heinlein
Preceptors:	Cristina Anastasio, Associate State Director of Community Outreach
Agency:	American Association of Retired Persons New Jersey

**Purpose:** Assess how to best allocate AARP program services, delivered by speakers, across the state of New Jersey, particularly in areas with lower volunteer representation.

**Significance:** Speakers Bureau is an AARP volunteer run speech offering program, where speeches are given surrounding different AARP initiatives to small community groups throughout New Jersey. Conducting a statewide performance assessment of AARP's volunteer participation, in order to determine areas of improvement for AARP representation as well as to determine where there are unmet needs and how they may be improved upon.

**Method/Approach:** Retrospective reviews of Speakers Bureau requests were compared between 2018 and 2019. Microsoft excel was used to collect speech requests from January 2018 to April 2019. Data from both 2018 and 2019 were collected and included: name of community group, contact info, date and time, county and volunteer speaker assigned to that speech. Various spreadsheets were created to compare and contrast data derived from 2018 and 2019 on counties where speeches have taken place and counties where volunteers lived. These variables were used to assess information regarding volunteer representation in counties where speeches are being requested.

**Outcomes/Results:** After reviewing these workbooks it was determined that county was the strongest determination for volunteer needs. After reviewing the comparison charts for requests in 2018/2019 to different counties in New Jersey, the results showed that the top county requesting speeches was Burlington County. The other charts comparing counties of volunteers and assigned speech counties showed that there are 75% more volunteers in North/Central Jersey than there are in South Jersey.

**Evaluation/Conclusion:** After analyzing these results it can be concluded that there is a strong presence of community organizations in the southern region on New Jersey that want information on AARP resources. However, after reviewing the amount of volunteers in the state by county it shows that there is a limitation, the demand of speeches cannot be met by the quantity of volunteers in that southern region of the state. This limitation can be remedied by focusing on volunteer recruitment for Speakers Bureau in counties in the southern region of New Jersey.

Title:	Factors Leading to Poor Nutrition in the Transgender Community
Name:	Danielle Hermino
Preceptor:	Gloria A. Bachmann, MD, Director of Women's Health Institute
Agency:	Women's Health Institute at Rutgers Robert Wood Johnson Medical School

**Purpose:** To research and analyze the various medical, mental, and social factors that result in poor nutrition and nutrition-based health issues in the transgender community.

**Significance:** Transgender people are those whose gender identity differs from their sex assigned at birth. According to a study performed by the Williams Institute, about 0.6%, or 1.4 million people, of the adults in the United States of America identify as transgender. This number could be even larger because many official records still do not include data on gender identity, so the reported number may be an inaccurate representation. The transgender community, along with the rest of the LGBT+ community, faces many health disparities, such as poor nutritional care, and many of these individuals have limited access to adequate healthcare. This community also faces disproportionately high rates of discrimination, mental health issues, and social issues, which may contribute to poor health outcomes. In order to help combat this, healthcare providers, such as doctors, nurses, and registered dieticians, must put aside any personal biases and be educated on the important issues regarding transgender health in order to provide culturally competent nutritional care.

**Method/Approach:** An extensive literature review was conducted to identify various risk factors that affect the transgender community and lead to poor nutritional status. In order to find relevant articles, various search engines were used, such as PubMed, Google Scholar, and Academic Search Premier. The specific keywords that were used included: transgender, LGBT, nutrition, and food insecurity. This search amounted to 15 articles that were pertinent to the subject. Each of the articles was individually reviewed and sorted according to what kind of risk factors were discussed in the article. These risk factor categories were: medical factors, mental health factors, and social factors.

**Outcomes/Results:** It was difficult to find articles relevant to this subject since nutrition in the transgender community is highly under-researched. Of the 15 articles that were studied, it was found that each of the different kinds of risk factors contributed equally to poor nutrition in the transgender community. Medical risk factors include an increased risk of HIV, diabetes, and cardiovascular disease, which is due to the intake of ethinyl estradiol, a common hormone prescribed to transgender women. Mental health risk factors include depression, anxiety, and body image issues, which can lead to eating disorders and becoming underweight or overweight to achieve their ideal body as they transition. Social risk factors include higher rates of food insecurity, unemployment, and poverty in the transgender community when compared to the general population. Another social barrier is the societal stigma that the transgender community faces.

**Evaluation/Conclusion:** Research and knowledge on the nutritional status of transgender individuals are still minimal, so further research must be done in order to understand and treat the transgender population better. Overall, healthcare providers, those working in public health, and even the transgender community must be made aware of all of these risk factors in order to prevent any poor nutritional outcomes.

Title:	Pediatric Mental/Behavioral Health & Substance Use Screening Data Analysis
Name:	Nasya Lynn Hernandez
Preceptors:	Marcela Betzer, MPH
Agency:	NJ Chapter, American Academy of Pediatrics

**Purpose:** To analyze mental/behavioral health & substance use screening logs submitted by participating pediatric primary care providers/practices across two years of the Pediatric Psychiatry Collaborative in order to compare and evaluate active participation rates in the statewide program.

**Significance:** With a shortage in pediatric psychiatry resources and accessibility, the DCF-funded Pediatric Psychiatry Collaborative *(PPC)* provides hubs in 21 counties where referrals, based on screening results, can be directed to and patients may visit for further evaluation and treatment. PPC participants are required to complete weekly screening logs, which monitor the frequency and results of their screenings. In analyzing and compiling the data from screening logs, the MHC at NJAAP can determine their usefulness to the PPC's aims, and compare the active participation and sustainability rates among MOC and non-MOC participants.

**Method/Approach:** A screening log data analysis of weekly screening logs required of the PPC's participating practices and providers across 21 counties in NJ was conducted via Excel, observing and comparing 5 months (October through February) of data from Year 3 (2017-2018) and Year 4 (2018-2019) of the program on both the practice-level and provider-level. The data was categorized into each month observed in the study, with sub-columns distinguishing which practices and specific providers from each practice submitted screening logs, as well as the number of submissions they made within the corresponding month.

**Outcomes/Results:** In Year 3, screening log submission rates by both MOC & non-MOC PPC participants overall remained fairly low over the 5 months observed. On average, screening logs submitted under the practice level, regardless of which/how many providers within that practice submitted their own, was inconsistent in submissions per month (ranging from 1 to 4 submissions). The total number of logs submitted per month did not deviate from an alternating 60/40 difference rate between MOC & non-MOC practices. On the provider level, non-MOC physicians submitted approximately double the amount that MOC physicians did per month. Both practice & provider level MOC rates gradually increased with each month, starting at 38.6% of the total practice-level & 19.3% of the total provider-level submissions & ending with 64.2% of practice-level & 39.9% of provider-level submissions.

**Evaluation/Conclusion:** By compiling this data from Year 3 to Year 4, we can see that as more practices/providers join & adjust to the PPC, weekly screening log submissions become a smoother, constant routine. Additionally, with more participants affiliated with the MOC program, submission rates significantly increase over time — inferring that with the constant guidance from the MHC's program, physicians are more motivated to submit their logs as required than they are without it. From October of Year 3 to January of Year 4, log submission rates across MOC & non-MOC participants remarkably became higher & more consistent. The decrease in February could be due to a change in the PPC log submission format.

Title:	Prompt Payment Process by Middlesex County
Name:	Caitlyn Hickey
Preceptors:	Joe Pruiti CFO & Treasurer of Middlesex County
Agency:	Middlesex County Finance Department

**Purpose:** To submit a Purchase Request (PR) on OneSolution, place and order with W.B. Mason, and promptly pay for supplies rendered to the Human Resources Department.

**Significance:** Once a Resolution is approved by the Middlesex County Board of Chosen Freeholders, a contract is created between Middlesex County and the vendor. If the contract creates a financial impact on the county, money will be budgeted for and allocated to certain offices stated within the Resolution. When an office requests to spend a portion of the contract on goods/services, the request must be approved by multiple offices. For purchases to be approved, a county employee will have to enter sufficient information and backup material onto the current financial system, OneSolution. The employee must to follow workflow procedures before a check is released to the vendor.

**Method/Approach:** For a check to be cut by the Middlesex County Treasury Department, a Financial Point of Contact (FPC) must enter a PR into OneSolution. Once the requisition is entered, it will be checked by the Office Director, and if approved, it is then sent to the Office of Budgets. A budget examiner will make sure there is sufficient funds to cover the purchase/services, and also verify that the money being held aside for payment is coming from the right account. Next, the request is sent to the Purchasing Department. During this phase, the requisition is assigned a buyer, who will check to make sure that the purchase is covered by the contract terms. Upon the buyer's final approval, the PR will become a Purchase Order (PO), and the goods/services can be ordered. When the order is physically received, the FPC will submit an original invoice, and a signed PO from the vendor to Accounts Payable (AP). The invoice is reviewed to make sure the amount being paid is correct and going to the right vendor. After AP approves the invoice, the information is sent to the Treasury Department, where they print the check and hold it for approval until the next Freeholder meeting.

**Outcomes/Results:** On April 14, 2019 a PR was entered for a W.B. Mason. It was approved through the office approval later that day, and awaited action to become a PO. On April 16, 2019, the Purchasing Department ordered the supplies, and sent the vendor and email which contained a copy of the PO. On April 17, 2019, W.B. Mason sent an itemized invoice to the Human Resources Department. The following day all the supplies were delivered from the vendor. A representative of W.B. Mason signed the Claimant's Certification and Declaration portion of the Middlesex County PO and emailed it to the FPC for payment. The FPC entered the vendor invoice, and signed PO onto OneSolution. The invoice was sent to AP on April 24, 2019, it was approved later the same day. W.B Mason will receive a check after the May 2, 2019 Freeholder meeting.

**Evaluation/Conclusion:** Using OneSolution is an organized way to keep track of PO's. As the requisition is passed through the workflow, the next person in line receives a notification that a pending task in their que. This helps expedite the process of purchasing, receiving, and prompt final payment.

Title:	Interview Series: Health Concerns within Undocumented LatinX Students
Name:	Syanne Hines
Preceptor:	Saskia Leo Cipriani, Assistant Director
Agency:	The Center for Latino Arts and Culture, Rutgers University

**Purpose:** To unveil health concerns within the undocumented Latinx student population at Rutgers University and propose tentative solutions and resources to address the matter.

**Significance:** The United States currently hosts approximately 11 million undocumented persons. Research shows that undocumented individuals have a risk factor for mental and physical illnesses due to the stigma of their citizenship status. In addition, achieving higher education is very difficult due to lack of access and those who are able to attend college face many significant hardships concerning financial, academics, future endeavors and deportation. Undocumented students have also reported negligence from the university, discrimination and denied access to educational opportunities, which are all social determinants that affect one's health. This demonstrates a need for Rutgers University to provide the necessary resources to protect the undocumented students on campus. (Enriquez 193)

**Method/Approach:** Several individual interviews were conducted with students associated with UndocuRutgers, a student organization that serves as a safe space for students who identify as undocumented as well as those who serve as allies to the community. The interviews were used to understand their experiences as college students and health concerns within their community. The students were between the ages of 19 and 30. Eight interviews were completed, either over the phone or in person, each lasted between 30 and 60 minutes. The students were administered a uniform, 5 question survey before engaging in further open-ended discussion.

**Outcomes/Results:** Of the sample size cohort (n=8), 100% reported that identifying as undocumented affects their academic studies and everyday life. 6 out of 8 students (75%) replied that they are fearful of seeking health care from a hospital,  $\frac{2}{3}$  (67%) were afraid of retaliation, while  $\frac{1}{3}$  (33%) were afraid of the financial burden, due to the lack of health insurance. When asked about the dire health needs and concerns in the undocumented student population, 75% (n=6) said mental health services, 12.5% (n=1) answered overall health and 12.5% (n=1) replied preventative health services. Finally, 7 students (88%) disclosed that they do not believe Rutgers University is actively providing the necessary services to undocumented students.

**Evaluation/Conclusion:** Of the 8 students interviewed, 75% reported that mental health services were a necessity within undocumented students, but the services are deficient. In order to conquer this disparity, Rutgers University must provide adequate services and resources for undocumented students. This would include counselors, resources and funding among other services. Rutgers needs to commit to fulfilling these needs and perform efficacy reviews with the students at the end of each term to ensure they are actively working to enhance the resources for this community of students.

Title:	Student Engagement in Global Health at Rutgers University
Name:	Amanda Hinton
Preceptors:	Angela Senger-Mersich, MS, Coordinator for Partnerships
Agency:	Rutgers Global Health Institute, New Brunswick

**Purpose:** To develop a web presence to guide student engagement in global health and the impact-driven work of Rutgers Global Health Institute.

**Significance:** Rutgers Global Health Institute is a university-wide entity established to advance global health at Rutgers and improve the health of vulnerable populations locally and globally. It is uniquely positioned to raise awareness and foster engagement in global health among students across all Rutgers campuses. A previously conducted student survey on global health with 1,673 Rutgers students revealed that 86% of the students surveyed were either very interested or somewhat interested in global health. Lack of information about global health and lack of information about possible careers in global health were mentioned as the top barriers to getting involved in the field. These barriers must be diminished.

**Method/Approach:** To gain an understanding of student interest and involvement in global health, the institute's student survey was reviewed and new feedback was provided. Based on the student survey and student focus groups, specific suggestions were made regarding the listing of student opportunities on the institute's website. A scan of all the student organizations involved in health was done through outreach to various schools across Rutgers. The list was then curated to include only organizations that fit within the institute's definition of global health to educate and better inform students of global health engagement opportunities. Local and global service opportunities and programs were also part of this search and identification process. Additionally, the Consortium of Universities for Global Health (CUGH) was contacted regarding information on CUGH student representation - an additional means for students to become involved in global health. This will also be featured on the website. Initial draft language for faculty outreach regarding the institute's Student Council was compiled. A conference call with the Rutgers Alumni Office was placed to garner information on how best to identify alumni currently working in the field of global health.

**Outcomes/Results:** The search for student organizations yielded 111 total organizations related to health. Of these student organizations, 41 of them fit the institute's definition of global health (To achieve health equity for all there must be reductions in health disparities among vulnerable populations to create long term solutions). A "For Students" tab was added to the existing institute website specifically for students to access information to engage in global health.

**Evaluation/Conclusion:** The targeted list of student organizations and opportunities identified through this research to be featured on the institute website will aid in the education and awareness of global health to the Rutgers student community. The list of organizations, easily available in one location (on the institute's website) will help reduce barriers to students who are interested in global health and provide them with resources they did not previously have. This is an ongoing process and the website will continue to be built out. A student post-survey could be conducted to evaluate the efforts made.

Title:	Passport to a Healthy Life: Expanding Community Access to Healthcare Services
Name:	Emily Hoang
Preceptors:	Direct Supervisor: Yesenia Hernandez, Program Coordinator
Agency:	RWJUH Community Health Promotions Program

**Purpose:** To gauge the significance of the "Passport to a Healthy Life" health fair at the New Brunswick Adult Learning Center based on the collected health status information of participants in addition to the feedback surveys completed by students of the Adult Learning Center who attended the event.

**Significance:** According to the US Census Bureau (2017), approximately 27.3 million people lacked health insurance in 2016. The findings by Bustamante and Philip (2012) show that almost 30% of the uninsured population in America is comprised of immigrant residents who are much less likely to utilize healthcare services than the native-born population. Since 29.5% of the overall New Brunswick population lacks citizenship and 36% fall below the poverty line, expanding access to healthcare services is essential to achieving more positive health outcomes regardless of each individual's insurance status (Data USA). The various free healthcare screenings and informational handouts provided at the "Passport to a Healthy Life" health fair event on February 28th, 2019 allowed participants to take progressive steps towards managing their personal wellness.

**Method/Approach:** An analysis of participant information was extracted from the health fair sign-in forms. The data requested on these forms included school, health insurance status, medical history of health complications, indication of an action plan, and the screenings that each attendee participated in. Additionally, personal feedback surveys consisting of 10 questions were conducted amongst students who attend the educational facility where the event was held. Data from 173 adult men and women were collected via sign-in forms and feedback surveys from 41 male and female students were acquired.

**Outcomes/Results:** Of the full size cohort (n=173), 129 people (74.6%) do not have insurance, 29 people have some type of insurance coverage (16.8%), and 15 people are unknown (8.7%). In addition, 87 people (50.3%) are students of the Adult Learning Center (ALC). Of those who participated in the cholesterol/glucose/blood pressure screening (n=64), 42 people (64.6%) indicated a medical history of major health complications in themselves or family members. Of the cohort that participated in the feedback survey (n=41), 39 people (95.1%) rated the event as "good" or "excellent" and 2 (4.9%) rated the event as "fair". Amongst the survey participants, 20 people (48.8%) indicated that they plan to make changes and 39 (95.1%) said that they would attend the health fair again next year.

**Evaluation/Conclusion:** About 3/4ths of the attendees from the full size cohort (n=173) indicated that they do not have health insurance. This suggests that the free screenings offered at the health fair benefits the majority of the attendees who rarely get access to affordable care. The majority (n=39, 95.5%) of those from the cohort (n=41) that completed the feedback survey were satisfied with the event and are planning on attending next year. In the future, the event should provide more information on other affordable care resources and options for healthcare coverage. All services offered at the fair should be brought back again next year along with other topics such as mental health, gynecology, drug addiction, and LGBT health. Given the abundance of uninsured individuals in New Brunswick due to lack of citizenship or low income, the health fair should remain an event that continues to offer free healthcare information and services to the community.

Title:	Employee Handbook
Name:	Sierra Howze
Preceptors:	Heather Haight: Provider Coordinator Zubair A. Syed: MD & Practice Co-Owner
Agency: Certified	William J. Morrow, D.O., FAOCO & Zubair A. Syed, D.O., FAOCO Board
	Ear, Nose, Throat & Facial Plastic Surgery

**Purpose:** To create an updated employee handbook based on updated regulations and policies put into place by the providers/ owners of the practice.

**Significance:** Issues, errors and misunderstandings can occur at any time in the workplace. Disputes, misperception and the potential of litigation can be avoided with a clear and concise employee handbook. An employee handbook can protect the employee, as well as the employer. For example, legal protection in a case where policies or practices are challenged in court. William J. Morrow & Zubair A. Syed are updating the employee handbook in relation to updates that have taken place in the daily operation of the practice. This project will help in completing the updates to the handbook as well as providing a learning opportunity for employee relations.

**Method/Approach:** Updating, revising and editing the employee handbook. Began with a review of the new information and policies to be added to the document. Made changes to the previous outdated document. Formatted the document based on the providers preferences and professional presentation of the information.

**Outcomes/Results:** The end product consist of an employee handbook containing new policies, practices, rules and regulations. Through evaluation of the practice and interaction with staff members and the providers I was able to produce an updated employee handbook. The handbook was recreated based on changes that the providers/owner have put in place. Overall the employee handbook will remain a reference guide to current and future staff to illustrate the policies, regulations and practices of this private specialty office.

**Evaluation/Conclusion:** The successful completion of the updated handbook was evaluated through a satisfaction survey. The survey was completed by the staff members of which are held responsible by the information within the handbook and required to sign off on it to insure acknowledgement and compliance. Of the staff members only 25% have been with the practice for 10 or more years, the remaining have been employed for 1-3 years. 100% of the staff member find the new employee handbook to be more organized and professional compared to the previous, along with the information being clearly stated and easy to understand. The majority of the staff feel happy with the responsibilities and task required of them and are satisfied with the changes made to the handbook.

Title:	Smoking Cessation Program
Name:	Sherry Huang
Preceptors:	Dr. Douglas Zimmel, Head Physician
Agency:	Life Comprehensive Healthcare

**Purpose:** To evaluate and launch a smoking cessation program at Life Comprehensive Healthcare, and educate patients about how the low-level laser therapy treatment for smoking cessation can improve their overall health.

**Significance:** Cigarette smoking is an epidemic health problem that poses a serious health threat to individuals of all ages and has significant implications for U.S public and economic health. According to Centers for Disease Control and Prevention, it is the leading cause of preventable death in the United States, accounting for more than 480,000 deaths every year of which 41,000 deaths resulting from secondhand smoke exposure. The alarming statistics indicate a need for a smoking cessation intervention. Research studies found that low-level laser therapy, combined with principles of acupuncture, can help smokers stop smoking. Applying laser energy dosages to optimal auricular and body acupuncture points increase circulation, stimulate the body's homeostasis, and enable the body to relax.

**Method/Approach:** Reviewed research studies on the effectiveness of low-level laser therapy for smoking cessation. A survey consisting of 8 required questions like "Are you a smoker?", "Do you have any friends or family members that smoke?", "Are you familiar with low-level laser therapy for smoking cessation?", and "Would you consider enrolling in the laser therapy program if it helped you to quit smoking?" was created and distributed to patients to determine the need for the program and assess the patients' knowledge on laser therapy. Informational brochures, infographics, and other graphics were created in order to educate the patients on the negative effects of cigarette smoking and inform patients on the laser therapy treatment for smoking cessation.

**Outcomes/Results:** (1) Online research studies indicated that low-level laser therapy is effective. Furthermore, acupuncturists at Life Comprehensive Healthcare indicated that they have seen successful results in their own practices. However, some research studies concluded that more scientific research is needed to determine the effectiveness of it. (2) 95 questionnaires were completed by the patients of which 15.79% indicated they are smokers, 63.16% indicated that they know a friend or family member that smoke, 82.11% indicated they are not familiar with laser therapy for smoking cessation, and 6.32% would consider enrolling in the smoking cessation program if it helped them quit smoking. (3) One brochure, two infographics, and seven social media graphics were created to educate the patients.

**Evaluation/Conclusion:** The survey indicated that most patients are not knowledgeable about low-level laser therapy as an approach for smoking cessation despite being smokers or knowing friends/family members that smoke. Future plans include participating in event campaigns in order to educate the public about the cutting-edge laser technology treatment for smoking cessation.

Title:	Sociopolitical Stressors and Rates of Cardiovascular events
Name:	Cody Hughes
Preceptors:	Director Supervisors: Dr. Moreyra, Dr. John Kostis, Project supervisor: Nora Cosgrove
Agency:	Cardiovascular Institute of New Jersey

Purpose: To examine the influence of sociopolitical stressors on cardiovascular events in New Jersey.

**Significance**: There is insufficient information on the increase of cardiovascular events such as myocardial infarction and stroke resulting from cataclysmic events like earthquakes and hurricanes. Also, there is scant information on the effect of traumatic events associated with mental and emotional stress. We will focus on the effects of presidential elections as causes or triggers of increased incidence in cardiovascular events.

**Method/Approach:** This study will be conducted utilizing the Myocardial Infarction Data Acquisition System (MIDAS) (IRB# Pro2013003225). This database includes information on all inpatient hospital discharges from 1/1/1994 to 12/31/2015 and out-of-hospital deaths due to cardiovascular causes. The incidence of admissions for MI, stroke, and heart failure by day and by 7-day period were each modeled using 3 components. The components were a yearly trend line modeled by a moving average, a seasonal component adjusted by a median smoothing, and noise. The noise was analyzed using SARMA (0,7,0) X (0,1,1) models for the daily mode. The noise for the 7-day period analysis was approximated by a normal distribution. Among the noise component, outliers were then analyzed to see if any of the outliers occurred during the 7-day period starting with the day of the election.

**Outcomes/Results:** From analyzing the data and the graphs it was concluded there was no significant relationship between the presidential election and cardiovascular events.

**Evaluation/Conclusion:** When the data was evaluated, there was no significant effect of socio-political events and cardiovascular events like myocardial infarctions and strokes. In the future, we will add additional years to the data and analyze further the outliers to identify possible trends.

Title:	Performance Analysis on Patient Wait Times with Ophthalmology Patients
Name:	Isham Huq
Preceptors:	Anum Asghar, Office Manager
Agency:	Patel Eye Associates

**Purpose:** To analyze and present solutions which will streamline processes in the ophthalmologic office in order to improve patient wait times and increase patient satisfaction.

**Significance:** According to a study done in 2013 by Clinical Ophthalmology, the average wait time at an ophthalmologist's office is about 43 minutes, with the study taking into account the time a patient waits between checking in and seeing the physician, and the time between doing tests and going back into the exam room. McMulland and Netland, et al. (2013) The average wait time for doctor's offices in general is about 15 minutes. There is an evident discrepancy in the wait times for a general practitioner and a specialty practice, specifically for ophthalmology. This is particularly significant since it is well known that patient wait times and patient satisfaction tend to have a negative correlation.

**Method/Approach:** A retrospective review of a particular week's schedule of patients was done, and the following information was obtained from the office's EMR system: the appointment times of about 370 patients, when these patients checked in, when and for how long they were screened, when and how long the patients were seen in the exam room with the doctor, and ultimately what time the patients were done with the exam. Using this information, the time between patients checking in and being screened, and the time between the end of screening and when the patient was called into the exam room was collected, as this is considered the wait time. It was observed that the time between the end of screening and when the patient was time. During this time, patients are usually seen in the testing rooms, thus this was the area that was targeted in an effort to reduce the total wait time. A recommendation was made to the staff that patients should be called into testing as soon as the equipment needed for them was available, instead of waiting to set it up before a patient was called in, or waiting 10 minutes for a patient to be fully dilated. The new total wait time was then calculated.

**Outcomes/Results:** After the new process was implemented, the average wait time was found to be  $\sim$ 33 minutes, compared to the previous week's average wait time of  $\sim$ 38 minutes.

**Evaluation/Conclusion:** The average wait time, which is an issue in this office due to the high volume of patients seen, decreased from ~38 minutes to ~33 minutes, about a 5-minute decrease in wait time. With this new approach, the idea is that patients are able to see that the staff is working for them, instead of being left in the waiting room wondering what the reason for their wait is, and this, in turn, should improve patient satisfaction. It is evident that having small changes implemented in the testing department yielded significant improvement. Slight changes in the screening process should also be considered in the future in order to bring forth similar results.

Title:	County Provider Outreach and NAMI Awareness Assessment
Name:	Sylvia Hyeon
Preceptors:	Project Supervisor: Lynne Malloy, Affiliate Liaison Project Supervisor: Lisa Powell, Program Outreach Coordinator
Agency:	National Alliance on Mental Illness (NAMI) New Jersey

**Purpose:** To analyze and promote the awareness of NAMI NJ and their services at the service provider level in order to create a report that will serve as guide for each NAMI affiliate throughout the state.

**Significance:** Every year in the United States, 1 in 5 adults experience a mental illness and nearly 60% of these adults did not receive mental health services. Depression alone is the leading cause of disability worldwide and cost \$23 billion in lost earnings due to decreased productivity. According to the National Institute of Health, access to treatment can effectively minimize symptoms of mental illness. Health providers are the gatekeepers for individuals to receive treatment and support. Mental health awareness by service providers can connect these patients to support groups, education programs, and advocacy. Spreading awareness to service providers helps people with mental illness get the support they need to live functional lives.

**Method/Approach:** An input form and database output was completed to assess the awareness of NAMI NJ by mental health providers and community members. NAMI NJ is a grassroots volunteer organization, thus we worked with local volunteers to customize our approach. Data for 848 mental health providers contacted were logged in google forms and excel sheets, mental health providers who did not respond back were logged in just the excel sheets. Providers that responded were then addressed 4 questions: how did they heard about NAMI, what are the types of services provided, what is the estimated service population, and what is the geographic area of patients served. At the outreach events, community members who approached our table received informational materials on NAMI NJ.

**Outcomes/Results:** A total of 846 mental health providers were contacted via phone or email in the Bergen County area: 759 therapists/psychiatrists/psychologists, 25 health providers, and 62 counseling/community services. Out of the 846 mental health providers contacted, 19 responded back and were aware of the services and programs provided by NAMI. The respondents were from 5 health providers, 8 counseling/community services, and 6 therapists/psychiatrists/psychologists. At the outreach events, 150 community members received informational brochures and pamphlets about NAMI NJ.

**Evaluation/Conclusion:** More than half of mental health providers who responded back were aware of NAMI NJ and their services. Limitations due to lack time, few resources, and this being a pilot project lead to a low success rate. Community outreach events, visits to healthcare systems, and re-evaluating interactions with providers will serve as effective strategies to analyze and promote awareness of NAMI NJ and their services. Continued monitoring of the database will be undertaken to ensure ongoing assessment in the future to develop a comprehensive report for NAMI members.

Title:	Safer Sex Spring Break Initiative
Name:	Chioma Ibediro
Preceptors:	Francesca M. Maresca, PhD, CHES© - Director
Agency:	Health Outreach, Promotion & Education - Rutgers University

**Purpose:** To raise awareness about rates of unprotected sex on campus, promote safer sex practices and determine the meaning of consent.

**Significance:** This project demonstrates how important it is for college students to remain protected at all times, especially during sexual activities. Most importantly, the use of condoms on campus has depreciated over the years and according to *CollegeStats.Org*, Rutgers is the second most sexually active campus in America. Rutgers ranks 9.33 on the scale of most sexually active college student bodies, which is almost 2 times higher than the national average. Safer sex includes protecting an individual and their partner(s) from sexually transmitted infections/diseases (STIs/STDs) and unintentional pregnancy.

**Method/Approach:** The steps used to serve the purpose of this internship involved looking for areas around all four campuses of Rutgers that were highly concentrated with students and that were permissible to advocate awareness. There was also a distribution of products such as pamphlets/brochures, health information, condoms, dental dams, quizzes and other activities. Tabling usually included talking to students about condom usage and instructions on how to use one, if necessary, and other safe sex practices. Condom knowledge-based quizzes were also given to determine if any information was retained. Consent definitions were also collected during the tabling processes.

**Outcomes/Results:** At the end of this project, the desirable outcome is to produce higher rates of safer sex practices on the Rutgers campus. According to the *National College Health Assessment* data, 60.4% of Rutgers students voted no to taking interest in obtaining knowledge about pregnancy prevention. But, when asked if the student knows how to properly use a condom during tabling, about 75% of students were unaware of how to use one. And, about 40% did not know how to use other safe sex items such as, dental dams. During each tabling session, about 10+ students were given condom instructions/quizzes and 60% were able to properly reiterate the instructions given and demonstrate demos. About, 15% of students denied to wanting to receive any safer sex knowledge and/or items. Similarly, 10% could not define what consent meant to them. These results come from majority men (55%) and (45%) women.

**Evaluation/Conclusion:** There are two ways in which success will be determined by this project. Knowledge on condom usage and awareness will be provided to the student at the beginning of an encounter, thereafter a short quiz will be given and evaluating the student's results will determine if information was effectively given. Second way to measure success is demonstrating the proper way to use a condom on a toy model then asking students to duplicate the same demonstration while repeating the steps taken. Success will be determined if student is properly able to list steps while performing activity.

Title:	Assessing the Impact of ParentCorps, an Early-Childhood Education Intervention Program
Name:	Vignesh Ilango
Preceptors:	Supervisor: Sylvia Segovia, Study Coordinator
Agency:	Westat

**Purpose:** To test the effectiveness of family-centered education by conducting on-site data collection through the administration of child assessments and analysis of assessment performance.

**Significance**: The detrimental effect of poverty, substandard living conditions, and poor family support puts minority children in urban communities at "high risk for school dropout, delinquency, and poor health." (McClure 2015) Significant findings from this NYU-SoM study will help support the NYU Langone Center of Early Childhood Development's "ParentCorps" Initiative, an evidence-based Pre-K intervention program for parents and teachers that promotes positive childhood behavioral, educational, and health outcomes. For the past decade, ParentCorps has supplemented educational curriculum in schools across NYC by teaching foundational social, behavioral, and emotional regulation skills to children and fostering family engagement by building strong home-school relationships. (CEHD 2018)

**Methods:** Data was collected through the administration of 95 one-on-one assessments with Pre-K children, ages 4-5, in schools throughout New York City using NYU's "Mirage" mobile testing software via Android tablet. The child participants were tasked with completing 8 sensory, tablet-based activities in succession to test their behavioral, social, and emotional regulation skills. (Kamboukos 2016) Upon completion, child assessor tracking forms were completed to evaluate the performance of the child through measures such as assessment completion and child behavior. Assessment completion was denoted by the child's assessment progress on their first attempt, without interruption.

**Outcomes/Results:** Regarding the measure of assessment completion, results among the cohort (n=95) were scattered. Data that was compiled from child assessor tracking forms yields that 59 children (62%) were able to successfully complete all 8 tablet-based activities during their first trial, 34 children (35.8%) were able to partially complete the assessment, and 2 children (2.2%) refused or did not attempt the assessment. Most children, 79 exactly (83.2%), did not impact the assessment through disruptions caused by behavioral issues.

**Evaluation/Conclusion:** Although the assessment completion data proved inconclusive, the behavioral outcomes of the study were positive overall with only 16.8% of assessments incurring instances of behavioral complication. The data derived from the assessment tracking forms corroborates a main initiative of ParentCorps; teaching children about behavior regulation. The level of emotional stability seen among the children since the program's inception has been highly positive. Evaluation of child assessment performance will be ultimately reinforced once the study's findings are publicly published, comparing the Spring 2019 student population statistics with those of previous students in non-ParentCorps settings. The final, multi-variable data sets extracted from the "Mirage" software over the following months will offer an enhanced, evidence-backed depiction of each child's level of social development, through responses to stimuli like emotionally-triggering images.

Title:	Case Reorganization and Status Updates
Name:	Alyssa Inghilleri
Preceptors:	Direct Supervisor: Dan T. Matrafajlo, Main Attorney Project Supervisor: Teresa Almeida, Office Manager
Agency:	Beninato and Matrafajlo Attorneys at Law

**Purpose:** To re-organize client files; to obtain missing documentation necessary for trial or completion of the case. Completion of files requires requesting and obtaining itemized bills, medical records, and insurance information for official records and to be presented in court.

**Significance:** Most clients come to the office for compensation for injuries; usually sustained through an accident at work, on the road, or a fall where a third party is liable. In order for a motion to be filed and for the case to go through litigation, the office has to compile documents that show that the extent of the client's injury was a product of the related accident and must provide the medical bills that resulted from that injury. Therefore, a client's file needs to be organized in such a way that the information is separated correctly and completely; otherwise, the client may not receive their fair compensation for injuries.

**Method/Approach:** First, I identified those cases that were in court and needed organization and/or attention as well as cases that would be complete upon identifying any outstanding balances related to the case and negotiating those payments. I then created a spreadsheet to be used for every file which outlines the unique and important details of the case as well as a record of all requests received and sent. I contacted the medical providers associated with each case and formally requested all necessary updated documents for our records. I identified the sub-folders that each case should have during the discovery process and listed the contents that should go in each. After the initial breakdown and reorganization of the documents already obtained, I worked directly with the paralegal assigned to the case acquire missing and crucial documents needed to amend interrogatories. I recorded all the actions taken on the spreadsheet.

**Outcomes/Results:** Currently, 10 total cases have been completed and the client was given their settlement checks. 8 cases are still in court and are currently going through the discovery process. Creating a spreadsheet for each file which outlines the features of the case and updates on the discovery process, has helped to avoid surpassing the 30-day time limit for providing documents and information on our client's behalf and has assured that we supply accurate and necessary information in a timely manner. Standardized filing has helped to keep documents organized and easy to locate.

**Evaluation/Conclusion:** The protocol for all new cases in our office is to organize files in a uniformed fashion. The informational spreadsheet which lays out the unique aspects of each case such as the client's type of insurance or lack thereof, policy limits, the extent of the injuries, medical providers, and requests/transactions made and received will now be created at the start of each case and updated throughout. The spreadsheet can be referred to in order to identify what has already been done and what still needs to be requested or followed up on. Now that we are organizing all files in the same way and updating each client's spreadsheet throughout, we are in a better position to provide the client with fair compensation upon completion of their case.

Title:	Assessing Personal Hygiene in Preschool Children
Name:	Mitesh Jariwala
Preceptors:	Direct Supervisor: Gina Stravic, Executive Director Project Supervisor: Preeti Srivastava, Senior Program Director (Child Care)
Agency:	Raritan Valley YMCA

**Purpose:** To measure the effectiveness of a personal hygiene education program for preschool children and propose interventions to enhance their health.

**Significance:** In many parts of the world, especially New Jersey, communicable diseases are associated with high mortality levels within the young population. The most efficient method to prevent infectious diseases is by improving personal hygiene. According to the New Jersey State Health assessment data in 2017, there were about 34,536 reportable cases of communicable diseases. Furthermore, Taware et al. (2018) identified that worm infestations, diarrhea, oral diseases, and other illnesses are linked to poor personal hygiene, which may affect the children's nutritional deficiencies leading to low academic performance. This research presents the significance of ameliorating hygienic practices to prevent communicable diseases. Although the Raritan Valley YMCA promotes healthy lifestyle habits, a comprehensive personal hygiene program will help preschool children learn multiple hygiene practices and to apply it on a daily basis.

**Method/Approach:** A set of pre and post observations were completed to assess the various personal hygiene concepts for young children from ages 3.5-5 years. The three criteria that were tested were the recognition of an event, application of a hygiene practice, and repetition of the same situation. Initially, an observation of the children was conducted to identify the insufficiency of hygiene areas they lacked. These findings then aided to design lesson plans using online resources including the American Dental Association, Centers for Disease Control and Prevention, and National Institutes of Health to essentially help children understand and successfully practice specific types of personal hygiene. Each lesson plan consisted of an interactive PowerPoint presentation, videos, and numerous activities. After the completion of the lesson plans, a post-observation was organized, using the same criteria, to view the changes that would occur.

**Outcomes/Results:** The participants (N=20) that were sampled delivered prodigious results. From the six personal hygiene lesson plans, three lessons (brushing teeth, washing hands (before), and washing hands (after)) generated a 100% success rate. Moreover, two lessons (showering/bathing and covering nose/mouth) produced a 90% success rate and lastly, one lesson (sleeping) yielded in an 85% success rate.

**Evaluation/Conclusion:** The positive results procured from the lesson plans convince the effectiveness of a personal hygiene education program amongst preschool children. After comparing the pre and post observations, it was evident how efficacious the lesson plans were. Some limitations to this project were that children did not consistently attend, have a short attention span, and few participants had learning challenges. In addition, due to the young age of the cohorts, many participants imitated the action, instead of fully comprehending the lesson. The success of these lesson plans can be determined in the future once they are implemented by other school programs and produce similar results.

Title:	Alcohol and Drug Education for Students of Rutgers University
Name:	Oluwadamilola Jinadu
Preceptors:	Francesca Maresca, Director of Rutgers H.O.P.E; Jeanne Bernard, Assistant Director of Marketing
Agency:	Rutgers Student Health Outreach Promotion and Education (H.O.P.E)

**Purpose:** To assess and develop new educational content for the Rutgers University Student Health Alcohol and Drug information website.

**Significance:** Informing students of negative health effects of drinking and substance abuse can help them make educated decisions regarding their alcohol consumption. Studies have shown that the percentage of college students who reported binge drinking declined from 42 percent to 37 percent by 2014. It has been hypothesized that problematic drinking has been reduced due to increased emphasis by college administrators on adopting interventions. Statistically, there have been trends, both at Rutgers and nationwide, of dangerous drinking percentages dropping and abstinence rising. By understanding what excessive alcohol can do to their bodies, students may choose to limit how much they drink. The Rutgers Alcohol and Drug Website aims to continue seeking innovative ways to provide and increase awareness of resources to support and promote healthy behaviors, informed decision making, and responsible choices which encourage resilience and safe drinking habits.

**Method/Approach:** An initial assessment of the Alcohol and Drug website, its ease of use, format, and educational content was conducted, as well as an examination of similar websites at Big 10 peer institutions. The observations from the initial assessment were used to formulate a web-based survey that would gather feedback from Rutgers students regarding their thoughts on the ease of use, current content and additional information they would like to see on the website. The survey was administered randomly and completed by a total of 40 students. The feedback from the survey was evaluated in order to compile a list of improvements needed to be made on the website to maximize the educational benefits for students regarding drug and alcohol information.

**Outcomes/Results:** Based on the overall results of the survey and taking into account the feedback and additional suggestions from students who took it, a final recommendation of changes and improvements to the website's appearance, ease of use and educational content was created in order to be presented to the Alcohol and Other Drug Prevention Committee.

**Evaluation/Conclusion:** Results of the survey revealed that more than 50 percent (57.5 percent to be exact) of students who were surveyed were not aware of the website at all prior to taking the survey. In order for students to be educated about drugs and alcohol, they will first need to know that this information is easily accessible to them. We will continue to explore methods for further promotion of the AOD website and create educational content that will benefits students' health.

Title:	Healthy Smiles Program
Name:	Sarah Johanek
Preceptors:	Direct supervisor: Serena Collado, Director of Community Health Project supervisors: Karolina Georgens, Program Coordinator Maria Cermenaro, Administrative Assistant
Agency:	Robert Wood Johnson University Hospital Somerset

**Purpose:** To create a dental hygiene education program centered around brushing and flossing techniques and healthy diets and to present it to 700 kindergarteners and first graders.

**Significance:** Tooth decay is the most common chronic condition within children in the United States. This can cause many problems in children's health relating to their ability to speak, eat, and learn. In children from the ages of 5 to 11, 20% have at least one cavity that has not been treated ("Children's Oral Health"). In addition, in low-income families, the percentage of children with untreated tooth decay is double the percentage of children in higher-income families with untreated tooth decay ("Children's Oral Health"). Fortunately, tooth decay within children is extremely preventable by properly brushing, flossing, eating, and visiting the dentist. Educating children and their families on the prevalence of this issue is the first step to decreasing its impact.

**Method/Approach:** A dental hygiene education program was created to target kindergarteners and first graders in Somerset County on the topics of brushing, flossing, and healthy eating. This program was made up of demonstrations, interactive activities, and questions for participation. This program was implemented in eight elementary schools, was taught 51 times, and reached 934 students. There was a pre-test and a post-test conducted before and after each lesson to measure the effectiveness of the lesson and the knowledge retention rates of the children. Each teacher also received an evaluation form to offer critique and recommendations to increase the impact of this program.

**Outcomes/Results:** Of the sample size cohort (n = 934), all classes improved the percentage of students who answered the post-test questions correctly. For the question, "*how long are you supposed to brush your teeth*?" there was a 21% increase in correct answers. For the question, "*how many times a year are you supposed to go to the dentist*?" there was a 33% increase in correct answers. The teacher evaluations (n = 51) showed an overall high satisfaction rating with the program. For the statement, "*the educator was clear in communicating the information*," 84% answered strongly agree and 16% answered agree. For the statement, "*the activities performed were effective in teaching the intended topic*," 88% answered strongly agree and 12% answered agree.

### **Evaluation/Conclusion:**

All students (n = 934) improved by an average of 16% on the questions asked at the beginning and end of class. Demonstrations, activities, and class discussions were effective practices to ensure the children retained knowledge about brushing, flossing, and healthy eating. The overall rating of the Healthy Smiles program was 4.82/5 from the teachers (n = 51), with all teachers agreeing that they would have the program back next year.

https://docs.google.com/document/d/1XmT99ZMOKMY293ZveqggfW6cr1csrTkDaX1ci6fdw8I/edit?usp =sharing

Title:	SHADES Theater: Health Education and Outreach
Name:	Payal Kadiwar
Preceptors:	Direct Supervisor: Mark Cruz, Health Education Specialist
Agency:	Health Outreach, Promotion and Education (H.O.P.E.)

**Purpose:** Increase outreach of SHADES (Student Health Advocate Developing Educational Scenarios) Theater throughout the Rutgers community through performances.

**Significance:** College students often do not receive the necessary health education regarding topics such as sexual and mental health. As of 2009, only 52.5% of college students reported receiving information from their college on HIV and sexually transmitted infections (NCBI 2013). This study provides an example of the disconnect at colleges between students and health educators, where health education and outreach are not achieved effectively. By increasing the outreach of SHADES theater, students will be more aware of the resources on campus, risk factors, and will feel more comfortable having conversations about difficult subjects that are often overlooked.

**Method/Approach:** This project has been conducted through tabling events, social media interactions, and emailing various on-campus organizations. The first step was creating an Instagram account in order to increase engagement and bring awareness to people about SHADES Theater. The Instagram posts promoted SHADES Theater and taught people about its mission, while also including general health-related posts. In addition to this, 2 tabling events took place every month to not only expand the crew, but also to potentially find people to book shows for SHADES Theater. Emails would be sent out to a list of on-campus organizations, in addition to interested people from tabling events, to set up presentations and meetings to schedule shows.

**Outcomes/Results:** The Instagram page that was created produced 70 followers, most of which were from Rutgers University and were students. Overall, the number of shows from last semester until now increased by 500%. There were 0 shows that were booked last semester and 5 booked this semester, which means that the outreach that was done this semester was quite impactful. As a result, there will be an increase in health education, as more students will be informed on various health topics that they otherwise would most likely not be.

**Evaluation/Conclusion:** The work done this semester will have a lasting impact on SHADES theater. With the new social media page and overall successful outreach that was done, SHADES theater will only expand more and increase its positive effect on the Rutgers community.

Title:	Environmental Health Community Food Safety Assessment
Name:	Alexander J. Kalmikoff
Preceptors:	Direct Supervisor: John Protonentis, Environmental Health Coordinator Project Supervisor: Daniel Regenye MPH, Public Health Coordinator / Health Officer
Agency:	Ocean County Health Department Environmental Division

**Purpose:** To assess the levels of community outreach the Environmental Health Department encourages throughout Ocean County while analyzing the effectiveness and successes of these interventions regarding food safety.

**Significance:** Environmental food hazards greatly affect the health and safety of communities. According to the Center for Disease Control (CDC), nearly 48 million Americans are affected by foodborne illnesses each year, while 128,000 are hospitalized and 3,000 are killed. This is often attributed to factors such as the mishandling of food, the inability to keep food at proper storage temperatures, or the miseducation of workers' and their attitudes towards food safety. Environmental health departments and REHS inspectors work to inspect these establishments to enforce code regulations and promote community outreach on these issues throughout Ocean County. Outreach has the proven capability to change behavioral attitudes and may prove effective in getting through to restaurant owners and managers regarding their hygienic food practices.

**Method/Approach:** A retrospective analysis of the OCHD annual report was completed to examine the extent of retail food establishments within Ocean County. Throughout 2017, over 2,000 food inspections had been completed by the department, and over 600 of these inspections focused on restaurants of the categories Risk III (regarding raw food handling) and Risk IV (regarding sushi). In addition, it was observed that inspectors investigated 248 complaints regarding foodborne illness or emergency conditions regarding food preparation.

**Outcomes/Results:** I assessed 20 retail food locations to note how the statuses of these facilities reflected proper or effective intervention by environmental health professionals. 95% of these restaurants were deemed satisfactory by the standards of the New Jersey Department of Health, while only one facility was closed due to fire damage and smoke contamination of food product. In addition, 3 formal foodborne illness complaints were investigated. After follow-up in each circumstance, employees and management were reasonably more informed about proper food practices and techniques to assure quality control and safety of these products. The facilities themself were also found to follow more state health regulations in comparison to that of the first initial inspection.

**Evaluation/Conclusion:** Effective environmental health interventions resulted in a higher percentage of observed cases in which proper food practices were inspected throughout Ocean County. Continued interventions and community outreach would therefore result in the increased likelihood of proper food practices conducted throughout the county, as well as a lower incidence of foodborne illness.

Title:	Healthy Moves Toolkit - Guide To Improving Food Concessions Stands
Name:	Zainab Kapadvanjwala
Preceptors:	Direct Supervisor - Gina Stravic, Executive Director
Agency:	Raritan Valley YMCA

**Purpose:** To develop a Healthy Moves Toolkit that will guide concession stand operators on how to change menu items to be more nutritious and advocate for better eating habits for all ages.

**Significance:** The CDC states that in 2015-2016 about 1 in 5 school age children and young people (6-19 years old) had obesity and increased risk of immediate and long-term negative health impacts (2018). The New Jersey Department of Health found that 9% of NJ children are obese and 14% of children are overweight and have high low-nutritional food intake (sugary-sweet beverages) and a low intake of fruits and vegetables (2016). The typical vendor food choices are french fries, pizza, nachos, burgers, pretzels, candy, and soda. The Raritan Valley YMCA wants to promote healthy eating by guiding contracted vendors on which foods are best for this population through a Healthy Moves Toolkit.

**Method/Approach:** An extensive literature review was conducted in order to identify other versions of healthy concessions toolkits. The review classified various health-oriented toolkits that catered to a varied audience. From the review, the selected audience was identified as the concession stand operator. The next step was to develop a toolkit that the YMCA would use to promote deliverable health information. The toolkit was then sent out to county coalition partners of the YMCA for a final review. The final toolkit was printed and distributed to the Healthier Middlesex Coalition for countywide dissemination.

**Outcomes/Results:** The toolkit is 12 pages, with 8 main topic sections. The sections generally cover goals, healthy sample menu, healthy food guideline standards, nutrition/serving size information, price comparisons, marketing tips, concession resource avenues, and a memorandum of understanding (MOU) for signing on to policies.

**Evaluation/Conclusion:** Implementation of the toolkit guidelines will encourage positive change among current stand operations, improve the outlook on nutritious eating habits, and promote potential policy change in the communities. Concession stand operators will also find the ease of use in following guidelines to appropriately modify their concession stands. It will also increase the number of current advocates for healthy eating standards and provide healthier food choices for the consumer.

https://docs.google.com/document/d/1BMckyj8Uyg2FRE7hFq9eaMOXkk0zH xQSTSkbNij VU/edit?usp=sharing

Title:	Improving Patient Satisfaction and Navigation
Name:	Prabdip Kaur
Preceptors:	Lydia Stockman, RN, MHA, FACHE - Vice President of Operations
Agency:	Robert Wood Johnson University Hospital

**Purpose:** To assess and improve patient experience in navigating the hospital campus and to develop a volunteer program to help patients and guests experience a higher level of satisfaction at the hospital.

**Significance:** Robert Wood Johnson University Hospital is a very large hospital structure, providing care for patients of all socioeconomic statuses. Medicare is an important component of funding at RWJUH. There are many rules and regulations set forth by Medicare, which include financial penalization for low HCAHPS score. A large facility not receiving this funding could prove to be detrimental and affect patient care. There is a need for all hospital employees to be trained properly as improvement can lead to better HCAHPS scores and more satisfied patients. Evidence-based interventions will address these gaps to improve patient experience.

**Method/Approach:** In regards to navigation and signage, a simple, eight question survey was created to assess the current situation at the hospital. Random visitors were selected in various locations around the hospital. The survey addressed the following questions: 1) Did any staff members help you with directions? Yes/No; 2) Did you find the front desk or other staff helpful? Yes/Neither/No; 3) How often did you receive help from hospital staff during your stay? Very often/Somewhat/Not at all; 4) On a scale of 1-5, what number would you rate your experience getting around this hospital? 5) Did the signs help you get to your location? Yes/Somewhat/No; 6) Are you able to read the signs? Yes/Somewhat/No; 7) Were there any confusing signs? Yes/Neither/Maybe; 8) Do you have any recommendations to improve signage (font, color, logo, position, etc.)?

**Outcomes/Results:** After conducting surveys around the hospital grounds, we found that patients and their visitors were satisfied with their experience at Robert Wood Johnson University Hospital. Patients and visitors were helped by staff as they were unsure of direction, providing evidence that a program of patient navigators would be beneficial. Signage was stated to be adequate but improvements should be made in regards to placement, specification of departments based on coloring, and font size.

**Evaluation/Conclusion:** More than half (n = 20, 67%) of patients/visitors stated that their stay at the hospital was pleasant. Research has shown that having navigators and assistance around the hospital at all main portals of entry is beneficial. The surveys provided a foundation for good service and showed that (a) improving signage will produce better navigation around the hospital for patients and their guests and (b) implementing a program aimed at easing patient navigation by having volunteers stationed around the hospital at trouble points will be more efficient for the system as a whole.

Title:	Understanding the Impacts of Policies: Birth and Abortion Rates Under the AFDC Program
Name:	Kakoli Kazi
Preceptors:	Direct Supervisor: Marsha Tonkovich, PhD Candidate
Agency:	Rutgers University - Edward J. Bloustein School of Planning and Public Policy

**Purpose**: To analyze and understand the spatial distribution of birth and abortion choices made by women who under the AFDC program (Aid to Families with Dependent Children, now known as TANF) from 1991 to 1996.

**Significance:** Since the mid-90's, there have been many efforts in past presidential eras to reduce the amount of people on welfare programs and cut costs. In 1992, New Jersey was one of the first states that established family caps within the ADFC program. These limitations prevent welfare recipients from receiving additional benefits after the birth of another child. This then became codified into current welfare reform policy in 1996, and is utilized in 18 states across the U.S. Such reforms were adopted to influence behavioral changes in poor and minority women to reduce the rise in non-marital births. In this study, we will look at the spatial diffusion of birth and abortion choices of these recipients, which has not been done in existing research. With this, we will build upon adoption-diffusion and public assistance literature to determine if and how such policies impact women's decisions.

**Method/Approach:** The study focused on a population (n=453,769) within Essex County, NJ. Household data were aggregated from the U.S. Census, NJ Dep. of Health & Human Services, Medicaid files, and other resources. The data runs from 1991 to 1996, with each year broken into quarters, and includes the number of births and abortions per quarter. Household zip codes were used to identify their latitude longitude coordinates for future spatial analysis. Heat maps were also generated for each quarter and year in order to illustrate the spatial change in birth and abortion rates over time.

**Outcomes/Results:** The heat maps indicated some level of reduction in births and increase in abortions after 1992. However, we were not able to assess a pattern from the maps. This may be due to some limitations in our data, ie, the data collected may not contain all records of abortions and births by welfare recipients during this time period. Also, a regression analysis on the panel data could not be run due to it currently being unbalanced.

**Evaluation/Conclusion:** Although prior research suggests there is a connection between spatial distribution and behavioral patterns, further data analysis is needed to confirm this. With additional research, these relationships could be used to assess future behavioral responses to other policy reforms. This would also imply that policy-makers could use these models to predict future social policy reactions.

Source:

https://docs.google.com/document/d/1muw2Wjq6Zw3ETcX5akrYcylkMM5Swzp2g4ZtAkEWTTw/edit?usp=sharing

Title:	Strategic Plan for Student Access and Educational Equity (SAEE)
Name:	Krissantonia Kerr
Preceptors:	Supervisors: Dr. James Whitney Ill and Jhanna Jean-Louis
Agency:	Student Access and Educational Equity "(SAEE)", Undergraduate Academic Affairs

**Purpose:** To refine best practices that better support, retain, and graduate low-income, first generation and/or historically underrepresented students (FGLI/ URM)

**Significance:** Currently, 32% of the Rutgers-New Brunswick student body self-identifies as FGLI (Rutgers Today). However, only 8% of this population is supported by federal and state comprehensive programs such as TRiO and NJ Educational Opportunity Fund. This data alongside an emergent idea that access and excellence are not mutually exclusive, (Reimagining the University, 47) suggest that FGLI/URM will continue to struggle to navigate on campus and perform poorly in classes, relative to non-FGLI/URM. To rectify this discrepancy, SAEE proposes this new strategic plan with steps to ensure that students gain access to more financial, academic and social support.

**Method/Approach:** Each staff reviewed institutional research that highlighted barriers to timely graduation for FGLI/URM at Rutgers. Following this, research was conducted on other universities to find appropriate student success models. Next, core objectives (steps to support FGLI/URM) were made in response to the available data. Meanwhile, a presentation on the RU1<sup>st</sup> initiative (support for first-generation students) was created as a recruitment tactic for incoming FGLI students at University Open House. Lastly, there were several revisions and student/staff feedback during follow up meetings.

**Outcomes/Results**: The RU1<sup>st</sup> enrollment tag has replaced self-identification of FGLI students. For the fall of 2019, there has been 55,000 accepted FGLI and those who decide to enroll will have their information listed in a Rutgers database so that they can be easily reached by campus support offices. Additionally, there is now a 2-day Student Success Conference for incoming students to have an overview of the university and available resources prior to their first semester. To accommodate students, SAEE is also making more of its modules available online and has incorporated the use of social media platforms for better communication.

**Evaluation/Conclusion**: This plan is aimed at recognizing FGLI/URM students as they enroll into the university as well as supporting them throughout their college duration. Insufficient funding and staffing are the most obvious limitations. Moving forward, SAEE will have to write and retain more grants as well as to hire more staff or give existing workers new responsibilities.

Title:	Medication Management Amongst Seniors Assessment
Name:	Nicholas Kessler
Preceptors:	David A. Henry MPH, Health Officer
Agency:	Monmouth County Regional Health Commission

**Purpose:** To analyze medication management amongst seniors in age restricted communities and propose education on when to take medication and ways to remember how much to take as well.

**Significance:** In the United States of America, an estimated 3 million older adults are admitted to nursing homes due to drug-related problems. The estimated annual cost for this problem exceeds 14 billion dollars. "Approximately 30% of hospital admissions of older adults are drug-related, with more than 11% attributed to medication nonadherence" (Antle and Marek). These costs and concerns make medication management an evident problem in the senior community. Evidence-based practices will be implemented to address the problem of medication management amongst seniors.

**Method/Approach:** A survey that was created personally for this assessment, validated by the health officer and completed by senior citizens to assess any difficulties they have regarding medication management. Data from 51 senior citizens was collected and all 51 senior citizens were able to complete the survey. A convenience sample study was done and the survey that was administered was a simple yes/no format that asked if the subjects were 65 years of age or older, if they took any medications, if they pick up the medication themselves, and if they were educated on the medications among other things.

**Outcomes/Results:** Of the sample size cohort (n=51), 51 (100%) subjects were 65 years of age or older, 46 (90%) took medications daily, only 5 (10%) picked up their own medication meaning 46 (90%) had someone else pick up there medication, 11 (22%) believed they were educated on the medications they took, and 34 (67%) thought the medication improved overall health. Forty (78%) senior citizens said they received some form of medical advice from either a doctor or pharmacist and fifteen (29%) managed their own medication meaning they were responsible for taking and remembering what times to take the medication. Finally, twenty-five (49%) believed they could skip their medication for a day without any serious consequences.

**Evaluation/Conclusion:** More than half (n=36, 71%) of senior citizens did not manage their own medication. Smartphone reminders, pill boxes, and better documentation will serve as effective strategies to manage medication more efficiently and to also assist in the betterment of education on the medications being taken. Continued visits to the doctor or pharmacy will help improve medication management and medication further. A proposed follow-up will occur during the summer to determine if the senior citizens utilized the strategies offered to help manage medication more efficiently.

Title:	Intake Eligibility Evaluation
Name:	Priya Khosla
Preceptors:	Direct Supervisor: Elyla Huertas, Intake Attorney
Agency:	The American Civil Liberties Union of New Jersey (ACLU-NJ)

**Purpose:** To analyze assistance requests to the ACLU from the public, and determine which cases are viable and may require further investigation.

**Significance:** Protection against discrimination, predatory policing, voting restrictions, limitations of free speech, and the treatment of incarcerated individuals is crucial in maintaining the civil liberties granted to Americans under the Bill of Rights (1791). By hearing from the people of New Jersey through intake requests, the ACLU of NJ becomes aware of trends regarding civil liberty violations pertaining to certain institutions. With this information, the ACLU can hold those accountable for infringements on civil liberties and works towards setting a precedent for the future.

**Method/Approach:** In determining which cases the ACLU takes interest in, a volunteer must first review and summarize each complaint. Then, cases are transferred to civil liberties interns to be evaluated and deemed for eligibility. In evaluating these complaints, civil liberties interns determine whether litigating this case would result in a lasting positive effect on New Jersey and whether someone's civil liberties were violated. To accomplish this task, interns must first label the type of complaints submitted. For the month of March 2019, cases were divided into the several categories listed below, Then, interns must identify if repeat institutions or individuals, such as specific jails or public officials, have resurfaced over time. If a specific entity is repeatedly identified, then these complaints must be flagged for review by the Intake Attorney. Otherwise, the complaints are then reviewed by the Intake Attorney and responded to within 4-6 weeks after the complaint was submitted. Usually a response takes the form of an email or letter. Although the ACLU of NJ is not able to investigate a large deal of intake requests, alternate resources and information sheets are provided for complainants as a form of assistance.

**Outcomes/Results:** After reviewing 50 intake requests in March of 2019, common complaint categories were identified and quantified for further research. The most common complaint category received in this time frame was "Discrimination" at about 26% of claims. Following "Discrimination" was "Speech" (14%), "Privacy" (14%), "Criminal Defense Issues" (12%), "Prison/Jail Complaints" (12%), "Police Misconduct" (10%), "Immigration" (8%), "Bullying" (2%), and "Voting" (2%).

**Evaluation/Conclusion:** In conclusion, the results of my findings are repeated patterns in violations of civil liberties/civil rights. After identifying these major complaint categories, such as "Discrimination" claims, the ACLU is then able to focus future litigation and advocacy campaigns on these violations. One limitation of my study was my one-month time frame. If I were to continue researching, I would expand my time frame further to account for patterns spanning over larger periods of time.

Title:	Somerset/Franklin Park and Middlesex counties Community Health Needs Assessment
Name:	Afi Kodjo
Preceptors:	Mariam Merced, Program Director; Yesenia Medina-Hernandez, Program Coordinator
Agency:	Robert Wood Johnson University Hospital/Community Health Promotions Program

**Purpose:** To assess the different health needs of Middlesex and Somerset (Franklin Park) counties by conducting Community Health Needs Assessment surveys, analyze the data collected and propose tools to tackle these health needs on a priority basis.

**Significance:** The Affordable Care Act (ACA) requires accredited Critical Access Hospitals (CAH) to conduct a Community Health Needs Assessment once every 3 years. The Healthier Middlesex is a comprehensive, regional health planning initiative for the Middlesex and Somerset counties. It is comprised of community-based partners, Academic institutions, Health Departments, Robert Wood Johnson University Hospital and St. Peter's, is a process that involves identifying and analyzing the health needs as much as the assets available within the community. Its goal is to develop more effective strategies to positively impact the health of the community by offering social, physical and mental wellbeing to all residents of different backgrounds and across all stages of life.

**Method/Approach:** Primary data through Community Health Needs Assessment surveys are collected within the Middlesex and the Franklin Park Section of Somerset by student interns and staff members. Each survey comprised of a combination of 23 quantitative and qualitative questions takes approximately 5 to 10 minutes to complete electronically on iPads. A handful of them were also completed on papers and served as a sample for this project. Secondary data will help implement a Community Health Improvement Plan (CHIP) to help prioritize, develop appropriate programs that meet the identified health needs of the community and also to evaluate the process and outcomes.

**Outcomes/Results:** The sample (n=74) includes 16 Males (22%), 48 females (65%) and 10 other/Unspecified (13%). A total of 5 African-Americans (7%), 6 Asians (8%), 17 Caucasian/White (23%), 32 Hispanic/Latino (a) (43%), 4 "Other" (5%) and 10 "Prefer not to answer" (14%). A total of 42% of participants ranked Obesity/Overweight as the top first health issue in the community followed by substance use, abuse, overdose (32%) and mental health issues (31%). A total of 43% of participants said Health Insurance made it difficult for them to get healthcare in the past few years; 41% said long wait times at doctor's office or clinics and 31% the ability to schedule an appointment at a convenient time of day/evening/weekend.

**Evaluation/Conclusion:** Based on the results, insurance remains one of the top issues and it makes it hard or almost impossible for residents to get proper care when needed. This results in the overuse of the Emergency Department and an increase in healthcare costs. Additionally, long wait time and the inability to schedule appointments at convenience are among other causes, is a result of physician shortage. Stakeholders could for instance encourage more students to go into the medical field through grants and less expensive schooling. Additionally, programs targeting the issues of obesity, substance use and mental health should continue to expand and be emphasized. Furthermore, having participants complete the surveys electronically as it has already been implemented contrary to the paper format, helps solve issues such misfiling and or misinformation.

Title:	Engaging Teenage Girls in Teen Center Activities
Name:	Rose Kostak
Preceptors:	Harry Glazer, Assistant to the Mayor/Public Information Officer
Agency:	Borough of Highland Park, Mayor's Office

**Purpose:** To make the Highland Park teen center a place where both boys and girls can come and develop themselves in a safe and healthy way.

**Significance:** The Borough of Highland Park constructed a Teen Center in fall 2018 to provide teens a safe place to go and develop themselves in in four aspects: everyday life; community connections, educational support, and mind/body wellness. The Borough wants a place where teens can interact with their peers, build connections and find support within the community. The teen center also wants to help students find academic success and reduce risky behavior. Since the establishment of the teen center, Borough administrators have noticed that there are significantly less girls coming to the center than there are boys. Since the Borough wants teens of all genders to find a safe space within the center, there is an initiative within the borough to find a way to appeal to girls as well as boys.

**Method/Approach:** Monthly meetings with Highland Park's teen council were held where the teens in the town talked about their vision for the teen center, as well as their concerns with it. At the meeting, interns held conversations about the events that the teen center can hold in order to get more girls to come. Research was done through searching online and at libraries, as well as interviewing teenage girls in Highland Park and contacting other teen centers to ask if they had the same problem and how they addressed it. Taking the research as well as the contributions of Highland Park residents into account, steps are being taken in order to address this issue and bring more teenage girls to the Highland Park teen center.

**Outcomes/Results:** The outcome happened in two parts. The first is the research paper, which includes articles and research that is published online, as well as testimonies from teens and other centers, and compiles all the information to get many perspectives. It details why teen centers are important, as well as addressing the issue of how to attract girls to teen centers. The second is an event that will be held on May 3rd at the teen center. After hearing the suggestions of the teen council, it was decided that a "College Night" where people can come in with their questions about college would be the best step, as it is something that many high school students, including girls, are interested in.

**Evaluation/Conclusion:** The event will hopefully be successful in showing Highland Park teens what the center has to offer and provide them with a fun and safe place to go after school. The outcome of the event and the turnout afterwards will determine how successful it is. If the event is not successful, other advertising strategies will be discussed, and ideas for other events will be discussed with the teen center.

Title:	Control Group Message Development for Facebook Intervention Study for Young Onset Melanoma Patients and their Families
Name:	Alexandria Kulik
Preceptors:	Program Coordinator: Sara Frederick Assistant Research Coordinator: Evangelynn Murphy
Agency:	The Rutgers Cancer Institute of New Jersey

**Purpose:** To develop, analyze, and categorize Facebook posts for a research study involving young melanoma survivors and their families in order to encourage a healthy lifestyle through engaging and informative posts.

**Significance:** First degree relatives of those young onset melanoma patients (diagnosed with melanoma before the age of 40) are a growing population in the United States that are at an elevated risk for melanoma. With an increase of total cutaneous skin examinations, skin self-examinations, and sun protection among first degree relatives of young onset melanoma patients and the patients themselves, we can decrease the amount of patients diagnosed with melanoma in the United States. The Rutgers Cancer Institute of New Jersey is conducting a study to examine the impact of an innovative Young Melanoma Family Facebook intervention versus a Healthy Lifestyle Facebook intervention on these behaviors. The aim is for these interventions to increase the frequency of these behaviors.

**Method/Approach:** A team of researchers, primary investigators, and social media specialists worked together to create a script for different educational Facebook posts to be used in the control group of the study. During this time period, the focus was on creating posts specifically for stress management. To do this, several established Facebook groups dedicated to stress management were joined and the types of posts that received the most interaction were analyzed. A list was made of the different types of posts used in Facebook groups, and the amount of engagement they received from Facebook users. On a weekly basis, this list of various Facebook posts was edited, revised, and added to based on the feedback from social media experts on the team.

**Outcomes/Results:** A list of 5 main categories of Facebook posts were found: text posts, images, videos, link outs to articles, and polls. It was also determined that 2 posts a day for 7 days was the formula to use for the Facebook group, for a total of 14 messages per topic. A total of 20 messages were created for the topic of stress management in order to have more to choose from if certain ones were not approved by the social media experts on the team. Of these 20 posts, 4 were text posts, 4 were video posts, 4 were image posts, 4 were polls, and 4 were posts containing links to articles. One text posts asked group members where they felt stress most physically in their body. One video posts included a video of how to practice deep breathing techniques. One image post contained an image of a "stress scale" and asked group members to comment their placement on the scale. One article post contained a link to an article about stress eating and one poll post asked group members to select what causes them the most stress.

**Evaluation/Conclusion:** Messages for 4 other Facebook topics will be created and is intended to be completed by August 2019. When this group is launched, it is intended for there to be a group moderator who will reply to comments and questions posed by group members daily. There will be a pre-test and a post-test administered to every member of both the control and experimental group. Our goal is for sunsafe habits and behaviors to increase and improve following the end of this study, and for them to increase moreso in the experimental Facebook group.

Title:	Therapy Orientation Tool (TOT) Audit
Name:	Lawrence Kuris
Preceptors:	Direct Supervisor: Kristen Naples, Therapy Education Project Coordinator
Agency:	Children's Specialized Hospital of New Brunswick

**Purpose:** To review and audit the Hospital Therapy Orientation Tool (TOT) in order to have it functional for all therapists in all Children's clinical sites.

**Significance:** Children's Specialized Hospital is a multi-location clinical system with 6 different therapy disciplines (Physical therapy (PT), Occupational therapy (OT), Speech therapy (ST), Psychology (PSY), Recreational therapy (RT), and Child Life (CL). Currently, there is no standardization between these disciplines as far as education and orientation. Overall, there is a need for organization in order to improve the introductory processes for every new clinician. The TOT catalogue will organize and streamline the internal education and training provided to new therapists within each discipline and across all sites.

**Method/Approach:** The TOT was designed as an Excel document that is accessible through Sharepoint on the hospital Intranet. An audit was performed to catalogue all objectives of every discipline into a concise and comprehensive Excel spreadsheet. Each objective was linked to relative files/educational material. All damaged file paths were repaired and tested from the user standpoint. Confirmation fields were added to all subsections for instant notification/confirmation between clinicians and supervisors.

**Outcomes/Results:** All 1,184 objectives within 6 disciplines (outpatient, inpatient, and long-term care) were made accessible to clinicians in the hospital system. Fifty files were modified and corrected. All feedback, confirmations, and data were added. The orientation/review process was streamlined reducing minimum wait time on either side (clinician or supervisor) as well as simplifying communication between all users. The TOT now made all learning tools accessible to all 41 new therapists and their respective supervisors.

**Evaluation/Conclusion:** Future updates to associated files risk creating new errors in the TOT. The error catalogue can serve as a starting point for anyone who may need to update the TOT but that is limited to the current state and size of the database. Any new expectations and learning objectives added to the TOT cannot be accounted for and must be recorded and audited from scratch.

Title:	Community Physical Activity via Ciclovia
Name:	Henry A. Lahanmi
Preceptors:	Direct Supervisor: Mariam Merced, Director Project Supervisor: Yesenia Hernandez, CHPP Program Coordinator
Agency:	Robert Wood Johnson University Hospital Community Health Promotions Program

Purpose: To promote and emphasize physical activity within the New Brunswick Community.

**Significance:** Middlesex county has a 10 percent diabetes prevalence, and 26 percent obesity prevalence. There is a need for healthcare professionals to encourage physical activity and provide the appropriate information about health education to diminish these numbers. Physical fitness is important because it helps control weight, boosts energy and promotes better sleep. It's important to RWJ to incorporate physical activity within the community to diminish the high lifestyle choice diseases that ravage the area.

**Method/Approach:** The Ciclovia program has been in New Brunswick since 2013. Around 40 organizations within the Middlesex community that offer health services were contacted to see if they wanted to participate, and programs were chosen based on the needs of the New Brunswick community. At Ciclovia there were 5 "zones" which included the Fun Fit Zone, Cultural Zone, Hot Zone, Get Fit Zone, and the Health Zone. The focus of this project was the Health Zone, which contained all of the organizations with health affiliations. The goal of the event was to provide participants with free screenings and tests.

**Outcomes/Results:** The event was held this year on April 14th and roughly 14,839 people participated. Compared to years past, the Health Zone expanded to provide helpful services for the community. In 2017 the Health zone attendance was 12 with 12,272 attendees, 2018 had 14,582 attendees with 14 health organization, and 2019 had 16 health organizations within the health zone. All groups that were placed within the health zone attended the event.

**Evaluation/Conclusion:** Overall, the event as a whole went smoothly and there was active participation from the community with people on foot and riding their bikes through a closed street route. The limitations of the event were that we were limited to Middlesex county organizations and businesses. The local attendance was high but not many elderly individuals, nor Rutgers students were in attendance.

Title:	Engaging Community Residents About Ash Borer Infestation
Name:	Anna Lee
Preceptors:	Harry Glazer, Aide to the Mayor/Public Information Officer
Agency:	Borough of Highland Park, Mayor's Office

**Purpose:** To assist in promoting the Borough initiative to inform residents about the threat of the Ash Borer infestation and eliminate Ash Trees.

**Significance:** The Emerald Ash Borer (EAB) is an exotic beetle that disrupt the tree's ability to transport water and nutrients, resulting in the death of hundreds of millions of ash trees in North America. This is a major concern that cost municipalities and homeowners hundreds of millions of dollars. Within a few years, ash trees can die and damage property or injure people when they fall. As of October 2018, it is now found in 35 states across the country. Informing residents about the symptoms of EAB infestation and how to identify Ash Trees will help manage this threat and decrease the risk of injury or death.

**Method/Approach:** A formal meeting with the Shade Tree Advisory Committee (STAC) was held to discuss the safety concern regarding the Ash Borer infestation and identify the steps to address the issue. An initial survey was also conducted to measure how many residents were aware of the problem regarding the ash trees in town. A poster was designed to be mounted on the ash trees that were identified for removal in Highland Park. The poster includes a QR code, which redirect users to the New Jersey Department of Agriculture website that provides more information about Emerald Ash Borer. In addition, a few changes were made to the original EAB flyer by simplifying the information to engage residents. The updated flyer was distributed around the Highland Park Community Center, Borough Hall, and the Teen Center to inform residents about the threat.

**Outcomes/Results:** The Ash Borer infestation is a time-sensitive safety concern that needs to be addressed quickly. 20 brief in-person surveys were held around town, which revealed that a vast majority of residents (95%) were unaware of the Ash Borer infestation. The tree poster and flyer were designed and distributed around town to build awareness about the ongoing threat of the Ash Borer infestation. 100 copies of the flyer were distributed around the Community Center, Borough Hall, and the Teen Center. In addition, a dozen posters were mounted on the ash trees to be removed in the next few weeks. The purpose of the poster and flyer is to get residents to recognize the problem and take action by contacting the Borough or a professional arborist. So far, 25 Ash Trees along the Borough streets have been removed and roughly 48 are remaining.

**Evaluation/Conclusion:** The updated poster and flyer encourage residents to contact the Borough with any questions or concerns regarding the issue. The number of calls will be monitored in order to measure the effectiveness of the Borough initiative to eliminate Ash Trees and inform residents. In addition, the removal of ash trees along the Borough streets will be an ongoing event throughout the year.

Title:	Addressing Youth Sugar Intake through Heart Health and Other Education
Name:	Sharon Lee
Preceptors:	Executive Director, Gina Stravic
Agency:	Raritan Valley YMCA

**Purpose:** To influence the way preschoolers and their families think about sugar, in order to encourage healthier eating habits.

**Significance:** Cardiovascular disease is the leading cause of death in the United States. It is also the leading cause of death in New Jersey. The New Jersey Department of Health stated that more than a quarter (25.4%) of all New Jersey deaths were caused by cardiovascular disease in 2016. Prevention is the ideal strategy for chronic diseases such as cardiovascular disease. YMCAs all over the country hold fast to HEPA (Healthy Eating and Physical Activity) standards. One effective way to prevent chronic diseases such as diabetes and cardiovascular disease is to teach children how to take care of their bodies at a young age.

**Method/Approach:** A series of qualitative surveys were completed with the preschool class to assess their prior knowledge and note their learning progress. Questions were very simple. The age range was for children anywhere between 2.5 to 5 years of age. First, the class was asked what they knew about the two types of hearts. Then, various activities were conducted with the class to teach them more about the differences between the two. Children learn best when they can see, hear, and touch, so an air pump was used to exemplify the way the heart functions. On top of learning about the heart, children learned about sugar. They were taught a very simple lesson on glucose and fructose. They were taught to recognize that glucose is a sugar that comes from healthy foods and turns into energy while fructose is a sugar that will turn into fat. After learning all of this, children were taught how to make different kinds of healthy snacks.

**Outcomes/Results:** Preschool classroom size vary depending on the circumstances of the day from anywhere between 5 and 15 children. There were a total of 12 classes over the course of 12 weeks. It began with two preschool classes, one for ages 2.5-3.5 and the other for 4-5 years of age. As the material became more difficult, focus was shifted to the older preschool classroom. The YMCA prides itself in following HEPA (Healthy Eating and Physical Activity) standards. The lessons taught were in accordance to these standards to engage the students in learning about their own bodies. Through verbal questioning and direct observation, students are able to recognize that sugar is an energy source, and very simply that there are different types of sugar. Students are also able to recognize that there is a heart that pumps blood through your body, and there is a heart that is used to express love.

**Evaluation/Conclusion:** There are many limitations to this project. One of those limitations is that the target audience for this project is young. They are easily influenced to repeat after their peers rather than fully understand the material. Also, only one of the preschool students has any reading capability, so all of the data collected for this project was verbal or observation based meaning there is high risk for bias. Future projects similar to this would be improved by focusing on the specific age groups. For the younger preschool class, it is more appropriate to pick a single topic and consistently repeat it while using hands on learning materials. For the older class, making the lessons even simpler and having more hands on learning activities would improve information absorption. Also, following a given summary report, the Y can focus on further parent education to augment classroom teaching at home.

Title:	System-wide Oncology Needs Assessment
Name:	Chelsea Liay
Preceptors:	Direct Supervisor: Michael Wargo, AVP of Corporate and Foundation Relations Project Supervisor: Saleena Marria, Grant Writer
Agency:	RWJ University Hospital Foundation

**Purpose:** To interview key oncology staff at each RWJ's oncology departments to compile the service line needs into a comprehensive, internal document to be used as a guide for fundraising purposes.

**Significance:** RWJBH is a system of 11 hospitals, and each of the hospitals have their own Oncology department. As the system continues to integrate, the Oncology departments for each individual hospital are collaborating to improve best practices and patient care. However, there are specific capital and program needs for each of the hospitals. The RWJBarnabas Health Foundations works on fundraising and writing grant proposals to secure funding for cancer-specific needs at each site. This oncology needs assessment will strengthen communication between each of the RWJBH's cancer departments to ensure system-wide quality patient care. In addition to providing guidance to the fundraising staff for potential donations.

**Method/Approach:** Oncology department heads were identified by the VP of oncology services for the system. Interviews were conducted either in-person or by conference calls. During the interviews, we spoke at length about each location's cancer-related specialties and growing population needs based on their demographic. These were translated into a document that provided an overview of each of the hospital's oncology departments, and detailed their specific capital and social impact needs.

**Outcomes/Results:** The needs assessment is a 20-page, continuous document that outlines and explains the need for increased capital in oncology personnel and recruitment. Each RWJBH site (n=11) is given their own dedicated section that highlights their site-specific needs. All hospital sites indicated the need for increased community health outreach (screenings and diagnostics), marketing (awareness events), and patient comfort enhancements (holistic medicine approaches).

**Evaluation/Conclusion:** RWJBarnabas Health is committed to providing superior and "close-to-home" cancer care in the state of New Jersey. Through their strategic plan of the oncology service line and with the assistance of the fundraising efforts of the RWJBarnabas Health Foundations, RWJBarnabas Health will achieve their mission in becoming a nationally recognized comprehensive cancer care center. Grant applications and funding from individual and corporate donations will be essential in achieving this mission.

Title:	HIV Testing Awareness in Middlesex County
Name:	Claire Licata
Preceptors:	Director: Margaret Drozd, MSN, RN, APRN-BC
Agency:	Saint Peter's University Hospital Community Health Services

**Purpose:** To increase knowledge of the importance of HIV testing and HIV testing centers through education and conducting a pre- and post-assessment of knowledge gained

**Significance:** Currently, there at about 1.1 million people living with HIV in the United States. According to the CDC, f these individuals, 162,500 (15%) were unaware that they were infected at time of diagnosis. In New Jersey, annual rates of HIV testing are decreasing. This decline in testing poses a significant threat to the overall incidence of HIV and HIV/AIDS mortality rates since about 40% of HIV transmissions occur during the first six months a person is infected, a time when they are unaware of their infection and therefore do not seek treatment or take proper preventative measures.

**Method/Approach:** Information regarding HIV testing was gathered into an organized into a 5 minute educational presentation in poster format. This information included the importance of early HIV detection, information about rapid HIV tests, location of free HIV testing sites, and contacts for HIV support services. Contact was made with local HIV testing sites and with the local Ryan White HIV/AIDS Program representative in order to gather more information for the presentation. A pre- and post-test was created in both English and Spanish in order to assess individuals' level of knowledge about HIV and HIV testing before and after the presentation. This information was presented to Rutgers students in a variety of settings and to New Brunswick residents at the Ciclovia event in downtown New Brunswick.

**Outcomes/Results:** Of the sample population (n=32), 18 (56.3%) correctly identified what was not a symptom of acute HIV infection on the pre-test and this number rose to 32 (100%) on the post-test. On the pre-test, only 4 (12.5%) reported they felt very confident in locating an HIV testing center. After the presentation, this increased to 26 (81.3%) of the sample population. On the pre-test, 14 (43.8%) were aware how long a rapid HIV test takes, which rose to 32 (100%) after the presentation. 25 (78.1%) of the sample population correctly identified the services covered by the Ryan White HIV/AIDS Program on the pre-test and this rose to 32 (100%) on the post-test. Lastly, only 3 (9.4%) correctly identified that the risk of transmitting HIV is significantly lowered when daily treatment is received on the pre-test. After the presentation, 29 (90.6%) answered this correctly.

**Evaluation/Conclusion:** A significant increase in knowledge about HIV, HIV testing, and resources was observed as a result of the educational presentation. Significant increases in knowledge were observed in the effectiveness of daily antiretroviral therapy treatment and the location of HIV testing sites. This demonstrates that most were unaware of the extent to which daily treatment manages symptoms and risk of transmission, as well a lack of awareness of available local resources. This presentation will remain with Community Health Services to be used for future educational purposes.

Title:	NBEF Innovative Teacher Grants Program
Name:	Gina Lee
Preceptors:	Direct Supervisor: Emmanuel Ford, Executive Director of NBEF
Agency:	NBEF (New Brunswick Education Foundation)

Purpose: Implementation of NBEF's Innovative Teacher Grants Program

**Significance:** New Brunswick, NJ has a population of roughly 55,000 people with an average household income of \$40,000. The majority of the families that reside in New Brunswick are composed of Hispanics and African Americans. The mission of NBEF (New Brunswick Education Foundation) is to level out disparities and provide equal education and opportunities for everyone. A key objective of NBEF is to fund programs in STEM (Science, Technology, Engineering and Math), visual and performing arts, cultural enrichment, career development, and other disciplines through funding grants to teachers who implement innovative teaching styles.

**Method/Approach:** Review of the Teacher Grants applications for the 2018-2019 was executed by analyzing 25 submitted grant proposals. The Review/Selection committee, community volunteers and interns took into consideration of the grant amount requested by the teachers, and the supplies that were needed for the projects while also considering the organization's budget and how much their project would affect the students. Proposals were ranked to allow NBEF to choose 12 teachers for funding. The Assistant Superintendent of Curriculum and District Supervisors added information related to curriculum and lasting impact.

**Outcomes/Results:** The Innovative Teacher Grant program at NBEF is tenable and NBEF has awarded 12 projects in total for 2018-2019. After completion of some of the projects that were implemented by the teachers, NBEF was invited to attend site visits to see the students in action. The budget for the Teacher Grants Program was \$9,500 and the program came under budget at approximately \$8,000 which entailed allocations for project funding and materials such as Tri-Fold boards, marketing, printing, program reception, review/selection process, etc. NBEF will continue to identify new sources of support to provide for a more sustainable operation, one that covers the program for at least 3 years.

**Evaluation/Conclusion:** Since 2008, NBEF's Innovative Teacher Grants Program has funded 125 projects and supported primarily novel concepts and outcome-based initiatives designed to help enhance the district's curriculum and overall educational experience of New Brunswick youth. The program encourages educators to be inventive and proactively engage with their students beyond the classroom, through projects that further their educational experience and extend their learning.

Title:	Recommendations for Census 2020 Outreach in New Jersey
Name:	Riley Link
Preceptors:	Direct Supervisor: Michael Chang, Special Assistant Office Supervisor: Jasaun Boone, Chief of Staff
Agency:	Office of the Secretary, Department of State

Purpose: To develop recommendations on how the state of NJ should promote the 2020 Census.

**Significance:** The U.S. Constitution requires a decennial enumeration of the population known as the Census. Census data is used to apportion federal and state political representation, to allocate federal funding, and for other research. NJ receives approximately \$22 billion dollars in federal funding dependent on Census data. Pending ongoing litigation, the 2020 Census will include a new question on citizenship status which is predicted to depress Census response among already hard-to-count (HTC) groups. The New Jersey Complete Count Commission (NJCCC) was statutorily created under purview and staffing of the Secretary of State's (SOS) office to lead outreach efforts on the 2020 Census and produce a report for the Governor, state Legislature and the public.

**Method/Approach:** A review of publicly available information on Census outreach was conducted to assess the scope and potential of various communication strategies for the 2020 Census including Census outreach activities in other states; U.S. Census Bureau reports and presentations on Census logistics and communication strategies for HTC groups; response rates and demographics in NJ by county and municipality; litigation regarding 2020 Census; media coverage on the 2020 Census; NJCCC testimony from advocacy groups and the public. All notes on the 2020 were communicated to the SOS office internally. Summaries and conclusions contributed to the NJCCC report.

**Outcomes/Results:** The NJCCC report features my findings on the potential undercount implications of the citizenship question, suggestions for a communications strategy that encourages high response and a factsheet on HTC populations by demographic and area. I also surveyed state logos and developed a NJ Census 2020 logo and FAQ answers on the 2020 Census which will be included on the NJ Census website and in other publication materials.

**Evaluation/Conclusion:** Census outreach will resonate best if the communications campaign is as individual targeted and locally executed as possible. The state can serve by informing efforts with modifiable toolkits, supporting through informative workshops and constant communication; activating groups while coordinating to prevent duplication, providing grants to community organizations and funding large efforts. The NJCCC will continue contributing to the report which will be published by the end of June, 2019. The report should fuel existing appeals for increased NJCCC budget and establishment of grants for community organizations.

Title:	Volunteer Hub Database Recommendations
Name:	Yaneiry Lora
Preceptors:	Anthony Capece, Associate Director
Agency:	Elijah's Promise

**Purpose:** To find a new database system that tracks the amount of hours volunteers work, runs reports that are easy to comprehend and estimates the amount of individuals who come to eat at Elijah's Promise Soup Kitchen.

**Significance:** Elijah's Promise fights to end hunger by serving food at their community soup kitchen. Almost 300 meals a day and over 100,000 meals a year to individuals who would otherwise go hungry. Each year, Elijah's Promise works with over 2,500 volunteers from our community to enact our mission of food changes life.! Unfortunately, keeping track of the information and running reports on the current database has become difficult. Finding a database that obtains easy to read reports and tracking information will improve the workflows for this organization. Selecting a more modern database will allow management and staff to better understand the reports and keep track of important information.

**Method/Approach:** After a meeting with my supervisor Drew a list of features were determined. These features included easy use, data transfer, messages sent to volunteers, and easy to use reporting. Research was conducted on 10 different database systems that provide the needs that would be beneficial. After looking at the features of the different databases and comparing them to what was needed, three were selected to go to the trial stage. The three that were selected were Volunteer Time Tracking, Volunteer Kinetic, and Volunteer Local. During the trials, data were imported to see how easily it was to manipulate, search, add, and update the information.

**Outcomes/Results:** Once all the trials were completed we had a meeting to select a database. In this meeting we compared database flexibility, how simple it was to search, and its ability to send emails. A proposal was then written to showcase which database was best. After the assessment and the proposal were completed it was determined that Volunteer Kinetic would be the best database for the program. A presentation took place to compare the different databases with the leaders of the internship program. Each database was explained and the trials were shown. They decided to move forward with Volunteer Kinetic.

**Evaluation/Conclusion:** This database will allow management and staff to have a easier way of running reports and obtaining the information needed to update or make any changes. It will allow the volunteers to keep track of the amount of hours completed. Along with keeping track of the amount of individuals that come to eat at Elijah's Promise Soup Kitchen.

Title:	RWJ Stop The Bleed Program- Assessment & Expansion
Name:	Drew Lubber
Preceptors:	Diana Starace, Injury Prevention Coordinator; Catherine Filippeli, Trauma Educator
Agency:	Robert Wood Johnson (RWJ) - Trauma and Injury Prevention Department

**Purpose:** To create a method and evaluate the effectiveness and success of the Stop The Bleed program at Robert Wood Johnson University Hospital.

**Significance:** Massive bleeding can be the result of shooter related incidents, non-shooter related incidents, motor vehicle collisions, work-related incidents, assaults and many more. A delayed response to massive bleeding incident can result in death. Similar to how the general public learns and performs CPR, the public must learn proper bleeding control techniques, including how to use their hands, dressings, and tourniquets. Victims can quickly die from uncontrolled bleeding, within 5 to 10 minutes. Active shooter situations or any incident resulting in massive bleeding have been gaining more and more traction as true public health issues, some of which have been addressed by implementing programs such as the Stop The Bleed initiative.

**Method/Approach:** To test the effectiveness of the course being provided, a pre and post-test was developed to determine if the participants' basic knowledge improved, especially those who may have never been exposed to this topic. Clinical Healthcare Professionals who complete the course can then apply for Instructor Certification. This was accomplished within the first few weeks of the internship. Marketing fliers and registration links were created to streamline the registration process. Four classes were scheduled and marketed towards hospital staff, visitors and vendors within the Hospital. Two classes were scheduled specifically for Rutgers students. Nursing continuing education hours were approved and the process to approve Emergency Medical Services continuing education hours was started. Stop The Bleed at RWJ was marketed at a Public Health Symposium which was held the RWJ Medical School and Rutgers Day.

**Outcomes/Results:** In 2018, throughout the nation, there were 32,557 registered courses that reached 547, 798 individuals. RWJ Stop The Bleed program has been in operation for a little over 12 months. Since its inception at RWJ, over 20 professionals earned instructor status and the course has reached hundreds of students ranging in age from teenagers to adults. There were 42 responses to the pre and post surveys administered at RWJ STB courses. There was an overall increase in confidence in handling excessive bleeding situations and the number of people who identified themselves as willing to help in a situation where bleeding control was needed rose from 71% to 90%. There were no responses which reported a participant did not learn something new.

**Evaluation/Conclusion:** Anecdotal feedback from classes has been positive, and now with the evaluation tool this information will be quantifiable. Courses are continuously being scheduled to teach and re-evaluate the material. Evaluating the acquisition of knowledge by participants as well as their rating of the course will substantiate future efforts at growing this program. The department's involvement in this course is part of a much bigger picture that has made an instrumental impact on bleeding control, worldwide. A grant application has been filed in order to grow the RWJ STB program and to provide the community with bleeding control kits to prepare them to respond to bleeding emergencies in the future.

Title:	Healthy Schools, Healthy Children Performance
Name:	Janice Ly
Preceptors:	Director Supervisor: Laura Engelmann Community, Health and Wellness Manager
Agency:	AtlantiCare: Health Engagement

**Purpose:** To improve the health and wellness of staff, students and their families, with a vision of building a healthier school community by analyzing School Health Survey annual scores.

**Significance:** According to the Center of Disease Control and Prevention, 18.5% or 13.7 million of children and school aged children are affected by obesity. It is also projected that as many as 1 in 3 children in the United States could have diabetes, (CDC). With school being known as a home away from home, school plays a role in the health of children. The AtlantiCare Healthy Schools, Healthy Children program is actively combating these statistics through education, activities and policy efforts. With more than 100 participating schools in Atlantic, Southern Ocean and Cape May counties, Healthy Schools, Healthy Children assists with the implementation of fitness, nutrition and wellness programming, and making resources available to schools, students and families; also providing contests with grant incentives that are used to make partnered schools a healthier environment to get motivated and participate in.

**Method/Approach:** During the academic school year, Healthy Schools, Healthy Children supports its partner schools by providing the resources and tools necessary to establish and sustain healthier school environments, including grant funding to support initiatives such as adopting new fitness curriculum, nutrition lessons, chef's demonstrations of healthy food, and school gardens. For schools to be considered for annual grant funding by this program, Healthy Schools, Healthy Children requires schools to submit a grant application as well as a School Health Survey to measure the health of their school community. This tool allows the school's health & wellness committee to create actions to address areas where scoring is low.

**Outcomes/Results:** Of the Health Survey sample (n=96) over the academic school years of 2004-2019 schools were tested for their school's health index which included school wellness policies, health & physical education and activity, nutrition-related policies and practices, family and community involvement, collaboration, and professional development. It was found that of the 96 schools, the scores of 12 partner schools would fluctuate. For example, Pineland Regional High School scored 72 for 2014-2015, 87 for 2015-2016, 43 for 2016-2017, 94 for 2017-2018, and 73 for 2018-2019.

**Evaluation/Conclusion:** AtlantiCare's Healthy Children, Healthy Schools continue to provide aid and resources to their schools to promote healthy lifestyles to children and their families both inside and outside of schools by granting schools aid to improve the health of school children, staff, and families. A pattern of fluctuating and low scores were seen when schools were asked about the provision of tobacco/smoking prevention education to students. The scores from the School Health Survey aid the school's health wellness team to create and initiative that will address educating students about the dangers and prevalence of tobacco use through a primary prevention program. AtlantiCare Healthy Schools, Healthy Children recognizes this issue and in turn are in partnership with the Atlantic Prevention Resources "Don't Get Vaped In" program and will provide education to partnered schools in the upcoming school year.

Title:	YMCA Health Messages Marketing Campaign
Name:	Neha Madadi
Preceptors:	Gina Stravic
Agency:	Raritan Valley YMCA

**Purpose:** Improve YMCA digital engagement and attendance by creating a marketing campaign with a focus on increasing the health of the community.

**Significance:** A healthy community is one in which local groups from all parts of the community work together to prevent disease and make healthy living options accessible. Creating a medium where people can be educated on their health will help the overall well being of children, adults, and seniors. The Raritan Valley YMCA is committed to building strong kids, strong families and strong communities throughout our area. A stronger web and social media presence will allow for stronger connections between the YMCA and its various audiences.

**Method/Approach:** The focus of this project was to increase overall engagement and interest in the YMCA and increase swim lesson registrations. A plan was created to modernize and update the website, and create a marketing campaign for Facebook that emphasized general health messages, including water safety to encourage healthier living through the YMCA.

**Outcomes/Results:** There was a notable difference in digital engagement and membership sign ups. Post engagement on Facebook in February was 10%. Engagement from March 19-April 15th went up to 39% (29% increase). Previous social media interactions did not result in notable website referrals or registrations. One specific marketing campaign focused on swim lesson registration. Prior to the March 3rd deadline there were roughly 70 people registered for swim lessons. Through paid Facebook advertisements (153 clicks), Google Ads, water safety Facebook posts, and an email blast, swim lesson registration equaled 75 people in the first week (107% increase). A total of \$105 dollars was spent on advertising to multiple towns in the YMCA region, and an approximate \$7,800 was returned in revenue.

**Evaluation/Conclusion:** The Raritan Valley YMCA has found difficulty in improving digital engagement. This semester, a strong online community was created, making it easier to provide the community with important health messages and opportunities for healthier living. Continuation with such marketing campaigns will only further increase registrations numbers in the future.

Title:	Anxiety in New Brunswick and Rutgers Communities Assessment
Name:	Julia Magliaro
Preceptors:	Director Supervisor: Manuel Castañeda, Director of Community Health
Agency:	New Brunswick Tomorrow

**Purpose:** Collect and analyze data from the Rutgers student body and the residential New Brunswick community to ascertain the best platform for mental health aid available on the Live Well New Brunswick mobile app.

**Significance:** New Brunswick Tomorrow, a non-profit organization, is working to develop a mental health platform centered around anxiety on their mobile app "Live Well New Brunswick" for both Rutgers students and New Brunswick Residents. Mental health is ranked one of the most prevalent health concerns within New Brunswick (28% of the population) according to the New Brunswick Community Survey (2016). According to the Spring National College Health Assessment (2018), 63% of college students have reported feeling overwhelming anxiety in the past 12 months. Evidence-based interventions will address this to improve the resources available to the New Brunswick sub-communities.

**Method/Approach:** A mental health survey consisting of 6 questions was developed to determine the understanding of anxiety within college and residential communities, as well as evaluate coping mechanisms. Additionally, survey questions were used to determine obstacles that may impede on the treatment of anxiety in each community. The survey pool was limited to on/off campus Rutgers University students and New Brunswick residents. It was administered online and at community events including Ciclovia. Data was exported into a spreadsheet and tabulated to determine the best platform to address anxiety issues within New Brunswick.

**Outcomes/Results:** Of the sample size cohort (n=134), 115 (86%) indicated belonging to the Rutgers University community and 19 (114%) belonging to the New Brunswick residential community. 27 individuals (20%) reported regularly experiencing lasting feelings of anxiety, 26 (19%) reported often experiencing, 36 (27%) reported sometimes experiencing, 28 (21%) occasionally, and 17 (13%) never experiencing anxiety. When faced with anxious feelings 64 (28%) Rutgers students practice self help strategies, and 8 (4%) seek professional help. 8 (29%) of New Brunswick residents practice self help strategies and 2 (7%) seek professional help when faced with anxious feelings.

**Evaluation/Conclusion:** Twenty-one percent (28) of individuals indicated they feel uncomfortable with seeking treatment, and 16% (21) of individuals indicated not knowing where to seek treatment. A platform that consists of information about the stigmas around mental health treatment, and locations within New Brunswick that both residents and students can obtain treatment will become available. Ongoing monitoring of use of the app will be undertaken to ensure these changes are effective in providing mental health aid.

Title:	Deltek Costpoint Accounts Payable ACH Invoice Payment System
Name:	Edward Malley
Preceptors:	Controller: Pamela Carringer
Agency:	SciTec

**Purpose:** To implement an automated vendor accounts payable processing system incorporated within the company's finance organizations to process quicker vendor payments, create smoother financial operations, and most importantly, add increased security to financial transactions.

**Significance:** Currently the SciTec accounting and contracts department operates using Deltek Costpoint systems, one of the most secure and accurate finance systems for government accounting in the country. Despite this however the company still uses paper cheques for payments and a physical filing system. This presents issues in both the amount of time it takes to process vendor and subcontractor payments which slows down internal operations, and also increases the risk of a security breach. SciTec continually makes updates to its security policies and technology, and the implementation of the ACH invoice payment systems will make significant contributions to all areas of issue.

**Method/Approach:** Working with an consulting specialist from a company called Infotek, the first steps were to set up the company in Costpoint to be able to process ACH payments while also simultaneously working with PNC to allow ACH payments to process. This included setting disbursement parameters and creating a test payment and workflow within Costpoint. Once this initial foundation was established, using a form designed under the preceptor supervision, all applicable vendor banking and account information was compiled into SciTec's vendor database and within Costpoint systems. The database will be continually updated as vendor information changes, and new subcontractor agreements are made. Once the database contained enough vendor information, a file-send-test was initiated with the bank. With the successful completion of the final test, Costpoint settings have been activated to indicate readiness to go live.

**Outcomes/Results:** Vendor payments can now be send instantaneously, significantly reducing internal processing time and possibility for error. Additionally, the ACH system increases security protections on all financial payments by eliminating any paper trail and by removing the possibility of intercepted mail.

**Evaluation/Conclusion:** Using SciTec's testing accounts, a small amount of funds will be sent between accounts to verify that the design and programming between SciTec, Costpoint, and the primary bank is successful. Once it is verified that the funds were successfully transferred both in the appropriate time and amounts testing with vendor accounts can take place. Using what is known as a "penny test" SciTec will send a \$.01 amount to select vendors and verify that they successfully received the test amount within the expected timeframe. Once this level of testing is complete, full authorization will be granted and continuing evaluation will occur as the ACH system is utilized for all future financial payments.

Title:	Mock CAHC Audit of a Home Health Care Agency in Preparation for Re-accreditation
Name:	Samantha Martinez
Preceptors:	Direct Supervisor: Linda Moran, RN, Director of Nursing Project Supervisor: Kim V. Ruiz, Esq., CEO
Agency:	Puerto Rican Association for Human Development, Inc. (PRAHD) REFIL Home Care Program

**Purpose:** To prepare for re-accreditation by the Commission on Accreditation for Home Care (CAHC) through revision of the Resources for Independent Living (REFIL) Home Care Program policy manual and maintenance of patient and personnel files so that PRAHD may continue to provide Middlesex County residents with quality home health care.

**Significance:** In the United States, over 43 million informal caregivers provide unpaid care to a child or adult every year. This is equivalent to an invaluable economic cost of nearly \$500 billion in total services rendered. Informal caregivers often dispense physical, emotional, and economic support without receiving many of these same supports in return. And as New Jersey's population continues to age, the need for these kinds of services shall only follow suit. At PRAHD's REFIL program, most personal care services (PCS) provided by the Certified Home Health Aides (CHHAs) are a respite care supplementary to that of informal caregivers. CHHA hours, though limited by insurance providers according to need, offer caregivers a chance to take some much needed care of themselves for a change.

**Method/Approach:** Establishment of a plan of action demanded taking into account the fact that reaccreditation is a legal requirement preceding the availability of financial partnerships with insurance providers. Services offered by REFIL would continue being funded only in the event of re-accreditation, the legal assertion of the agency's commitment to providing safe and quality home care. Therefore, preparatory activities were directly sculpted from eligibility requirements set forth by CAHC. A few of the major requirements involved (1) the inclusion of written policies and job descriptions in the updated Policy and Procedure Manual, (2) maintenance of patient and CHHA-centered documentation going as far back as 18-months prior to the date of audit, and (3) provision of quizzes during annual instructional CHHA workshops known as "in-services" so as to gauge comprehension. Each component was carefully scrutinized for accuracy during a mock audit upon completion. All insufficiently completed work was subject to reassessment and correction.

**Outcomes/Results:** Thus far, 44 client and 49 personnel binders have been reorganized and mock audited, 77 inactive and 182 old files stored away, and 4 of the policy manual's 6 sections have been updated.

**Evaluation/Conclusion:** All work will be mock audited one final time by Director of Nursing Linda Moran, RN prior to official CAHC audit. Audit by CAHC is liable to occur at any point throughout May 2019. PRAHD should have all requirements necessary for re-accreditation completed by then. Similar work will need to be done on an annual basis to prepare for future CAHC audits.

https://docs.google.com/document/d/13DtpYXr1mG8GMdHrPJFpP-G\_0jFmpSlsjboSqVQiSps/

Title:	Shortcomings of FAERS (FDA Adverse Event Reporting System) in Regard to the Most Prevalent Opiates in the United States
Name:	Reyna Maybloom
Preceptors:	John Ruskey, Rutgers University, MHA Candidate
Agency:	Edward J. Bloustein School, Rutgers University

**Purpose:** To analyze reporting elements to the FAERS system and assess the validity and reliability of reports affecting brand name and generic opiates in the United States.

**Significance:** Post-market monitoring is a method used by the FDA to track the safety of drugs once they have been released on the market. FAERS (FDA Adverse Event Reporting System) is the database used for this safety surveillance. Reports can be submitted by either a consumer of the drug or a healthcare professional. From 2012 to 2018 there were 108,612 reports submitted to FAERS for the top 5 generic opiates on the market: Buprenorphine, Fentanyl, Hydrocodone, Methadone, and Oxycodone. Between 2017-2018, there was a 149% increase in the number of adverse event reports submitted to FAERS related to these opiates, and a 597% increase in the number of reports resulting in death. When submitting adverse events to FAERS, only four reporting elements are required but twenty-four elements are tracked. Since many data fields are incomplete or inconsistent when submitting reports, the reliability of the data can be skewed. The number of reports and the quality of the data may not be an accurate depiction to judge the safety of these drugs.

**Method/Approach:** Research was conducted to find the top 5 post marketed generic opiates and top brand name drugs related to each generic. Raw data for adverse events of all 22 drugs were exported from FAERS and filtered to reflect only adverse events occuring in the United States between 2012 to 2018. Comparative analysis of death-related reports to all adverse event reports was completed, as well as analysis of reports submitted by healthcare professionals and consumers. Average age of reports were also analyzed based on when the report was received by the FDA and when the adverse event took place.

**Outcomes/Results:** All top 5 generic opiates in 2017 to 2018, reflected an increase in the number of consumer reports. Fentanyl and Buprenorphine in particular, yielded a 2,792% increase and 4,303% increase respectively. From 2017 to 2018 there was a 597% increase in the number of death-related reports. Lack of reporting elements were observed in all consumer reports from 2012-2018 (i.e. patient age was reported 26% by consumers compared to 60% by healthcare professionals, patient sex was reported 39% by consumers compared to 91% by healthcare professionals). In 2018, the average report was received by the FDA 2.4 to 6.6 years from the year the adverse event occurred.

**Evaluation/Conclusion:** Due to the simultaneous increase in the number of consumer reports and deathrelated reports, it is inferred that the FAERS system is receiving these reports from secondary or tertiary sources. The lack of reporting elements and large interval of time allowed for report submission suggests that FAERS is not a reliable post-market reporting source to assess the safety of opiates.

Title:	Educating Grade School Students in Union County on Pedestrian Safety
Name:	Daria McClamb
Preceptors:	Caitlyn Foelsch, Manager of Community Programs
Agency:	Children's Specialized Hospital

**Purpose:** To host an interactive workshop for 3rd, 4th and 5th grade students, at Jefferson Elementary School, on Pedestrian Safety highlighting ways to prevent injuries and increase awareness.

**Significance:** Approximately 61 kids are hit by cars every day in the United States (Safe Kids Worldwide, 2013). Children do not have the same knowledge or developmental skills to adequately understand and evaluate traffic patterns and interactions as adults. Moreover, distracted walking is directly correlated to increasing the risk of injury and/or death amongst children and teenagers. According to a study in 2016, roughly 17% of middle school and 27% of high school students crossed the street while distracted by a technological device (Safe Kids Worldwide, 2016). This interactive workshop aims to teach students to be aware of their surroundings and learn the risks associated with crossing the street while distracted.

**Method/Approach:** An educational and interactive presentation was conducted with 3rd, 4th and 5th graders on safe walking habits within the community. A pretest was given at the beginning consisting of a series of questions to test the students' knowledge. By a show of hands, approximately 87% of students said they walked to school and approximately 13% were either bussed or received a ride to school. During the presentation, two activities were conducted involving six participants. The first activity was the Distracted Walking Game, which two students started at opposite ends of a "crosswalk" and were instructed to play a game on an iPad. While walking and playing, the students had to avoid spots that represented hazards, such as black ice and potholes. The second game was a modified version of "Red Light/Green Light" in which four students started on the same side of the "crosswalk" and obeyed the commands of red light/green light (simulating a traffic light). At the same time, they were stating the alphabet, without stopping, while a car horn honked eleven times in the background during this activity. At the end, the participants were asked how many times the car honked; all four participants reported a lower number, demonstrating the level of distraction they experienced when trying to multitask.

**Outcomes/Results:** Qualitative research was mostly collected from this workshop; however data from the pretest and posttest were collected through interactive questions. In the beginning of the workshop, approximately 80% of the students reported that they use their phones, tablets, and earbuds while walking. During the post-test, the students correctly answered all of the questions demonstrating an increase in knowledge on pedestrian safety in the community.

**Evaluation/Conclusion:** The trivia questions served as the post evaluation to reinforce information that was discussed during the presentation. Safe Kids Union County will be conducting an event on International Walk to School Day in October which will reinforce the students' knowledge learned in this presentation. By providing students with giveaways such as reflective beanie hats, reflective slap bracelets and reflective book bag tags, the increase use of these items will increase visibility when walking in the community at night and hopefully decrease the number of pedestrians struck by a vehicle within that school environment. We hope the administration, teachers and parents notice significant changes in behaviors as a result of this workshop.

Title:	Healthy Corner Store Initiatives with American Heart Association
Name:	Breanne McCormick
Preceptors:	Direct Supervisor: Kathy Azzarello, Administrative Director of Cardiovascular Services
Agency:	Trinitas Regional Medical Center

**Purpose:** To partner with local corner stores in the community to supply healthy food and education on the importance of nutrition and exercise for locals.

**Significance:** Many individuals living in urban, low-income communities do not have access to fresh, healthy food options (CDC 2012). Often, their most convenient grocery location is the local corner store. These stores are small and therefore do not often stock fresh, healthy options. With limited access to nutrient-rich foods, these individuals must settle for unhealthy processed foods (CDC 2012). This can lead to a calorie-dense, nutrient-poor diet high in sodium and fats (Kelli 2017). This type of diet can have a lasting effect on their overall health, contributing to diseases such as hypertension, heart disease, and diabetes (Kelli 2017). It is imperative that we introduce healthier food options into these communities along with nutrition and health education, in order to improve the overall health of community members.

**Method/Approach:** We established a relationship with a local bodega, *La Placita*, that is willing to stock healthier food options to provide to the community including: fresh fruits & vegetables, whole wheat options, healthy proteins such as dried beans, low-sugar cereals, yogurt, oats, and low sodium options. Based upon the available food options, we have provided members of the community with recipes, recommendations, and health/nutrition information provided by the Healthy for Life initiative through the American Heart Association. We have attended local health-oriented events at the library to distribute information, answer questions, spread awareness, and perform brief health screenings.

**Outcomes/Results:** There have been some challenges to developing partnerships without funding to incentivize participation, but the program is now getting off the ground and will continue beyond this internship. We have been able to spread awareness, promote heart health, and make the community aware of the fact that you can still eat healthy even if your only grocery option is a local corner store. Overall, we have handed out hundreds of American Heart Association educational pamphlets on a variety of health topics, and have done dozens of blood pressure checks in the community.

**Evaluation/Conclusion:** Overall, it was extremely challenging to create this initiative and get partners on board with no funding or financial incentives to offer to the partnering corner stores. However, we were able to get one store on board, as well as to participate in community events in an effort to spread awareness of heart health with limited resources. We are continuing to do community outreach throughout the month by participating in local health-oriented events. We will also continue to check in with *La Placita* by checking in with the manager to ensure healthy options are being made available.

https://docs.google.com/document/d/1y-CsL0LtOqcr01vkBuN8YnThq5Yo\_RVaHaVbAF7G9oA/edit?usp=sharing

Title:	Creating an Accessible Website for the 65plus Population
Name:	Sahbria McLetchie
Preceptors:	Tahira West, Financial analyst
Agency:	Sabre88 LLC

**Purpose:** To create an accommodating and efficient website, Discover65plus.com, aimed at educating those 65 years and older and their support network on a variety of health topics.

**Significance:** Often times as people grow older, they experience physical changes like vision and hearing impairments that may make it a challenge to receive information. Research found a 45% increase (14% to 59%) in internet usage for senior 65 and older from 2000-2013. However, physical challenges, skeptical attitudes, and learning difficulties created a need for websites that are easy to read and navigate. The development of the Discover65plus website is an effort to accomodate the visual and/or hearing concerns of older adults as well as their level of computer knowledge while providing a great place to find information on health topics for them and their support network.

**Method/Approach:** Research was conducted to find the best method for relaying information to adults 65plus, what makes a website appealing to the general population and older population, what physical changes older adults experience, and how to accommodate these physical changes while also relaying important information effectively. Upon the completion of the website, a survey was created and shared with 10 people age 55 and older to evaluate the efficiency of the website by examining font size, contrast, and ease of site navigation. The survey used a scale of 1-5, 1 being very dissatisfied and 5 being very satisfied.

**Outcomes/Results:** Of the 10 people surveyed, 6 participants were between the ages 65 and 85, 4 participants were between 55 and 64 years of age. 40% of participants rated the font size a 4 and 60% rated it a 5, 70% rated contrast a 4 and 30% gave it a 5, 100% rated the ease of site navigation a 5, 20% rated the text to speech function a 4 and 80% a 5. The website was then tested on <u>https://fae.disability.illinois.edu</u> and passed accessibility standards for headings, fonts and contrast. The accessibility evaluator suggested improvements in Guideline 2: Don't rely on color alone.

**Evaluation/Conclusion:** The results of the survey suggested two things; The participants 65 years or older reported a slightly lower satisfaction for contrast and font size than the participants younger than 65, which could affect the way the informative content is understood or absorbed by the older population and the overall positive response with the technical parts of the Discover65plus website helps to verify that the content is able to be seen, heard and understood by adults 65plus. The results of the survey were taken into consideration and edits were made to accommodate for those adults who may have worse off impairments than others, in order to ensure the educational content is relayed to the audience.

Title:	Evaluating Best Practices in Digital Data Extraction
Name:	Mumtahana Meah
Preceptors:	Direct Supervisor: Frances Di Clemente, Program Analyst
Agency:	Rutgers Cancer Institute of New Jersey

**Purpose:** To create a template that captures essential data from pathology reports per project protocol

**Significance:** Precision Medicine Oncology (PMO) has surpassed evidence based medicine in understanding how a person's tumor genetics and medical history help determine the best approach to prevent or treat disease. Data, characterized by volume, velocity and variety, has greatly driven this change. At CINJ, location plays a large part in data variability because of patients' accessibility to multiple cancer and community-based physicians. Consequently, CINJ retrieves records in a variety of formats. A comprehensive template aims to establish data that should be captured to maintain consistency and reliability across various formats.

**Method/Approach:** PMO staff created an Access database template to capture data from pathology reports. Next, PMO staff trained three readers, "HM", "MM" and "VM" using Medical Dragon, a medical speech recognition software, and had them code individual dictionaries. Readers extracted data from pathology reports via Dragon, timed extraction per report, noted reports section headings, and checked each other for errors. Each reader completed a Likert scale survey to identify experienced levels of difficulties (1- "Not at all difficult" - 5 - "Very difficult"). Based on outcomes, a template was created to reduce data variability among readers.

**Outcomes/Results:** Readers read 40 pathology reports. Reader errors included duplicate reports (n=2), misspellings (n=7), missing content (n=30), incorrect data placement (n=10) and additional characters (n=7). This suggests that the extracted data will have high variability, making data unreliable. From the survey, all readers rated "Data Placement" as "Difficult" (4), while the average rating for "Dictionary Training" was "Not very difficult" (1.6). Reader "MM" had the highest average characters per minute (AC/min) (158.93) and the most averaged errors (AE) (2.07). Other readers were more consistent with each other, "HM" (89.38AC/min, 1.06AE) and "VM" (65.6AC/min, 0.7AE).

**Evaluation/Conclusion:** Survey results suggest that reading path reports is not difficult in contrast to data placement. Uncertainty in data placement allows for reader interpretation, creating undesired variability. Consistent headings - synoptic data, gross description and procedure - were not captured in the original Access template. With these additions, readers should be able to place data into correct sections, avoiding individual interpretation. Ideally, this would reduce time needed for determining data placement, therefore reducing overall reading time. The new template created may improve speed and accuracy. To further reduce error, readers should self-quality-check and cross-quality-check. All of the readers felt that they could have benefited from more guidance. Training procedures and timely feedback should be implemented to improve readers' performance.

Title:	Assessing the Rutgers Network of Affiliated Family Medicine Residencies (NAFMR) Careers in Family Medicine Workshop (PGY-II)
Name:	Erin Meixner
Preceptors:	Marsha Gordon, MPH, Research Administrator
Agency:	RWJMS - Department of Family Medicine and Community Health Research Division

Purpose: To evaluate the educational and career goals of residents attending the NAFMR PGY-II event.

**Significance:** Residency networks, comprising of groups of residency programs organized as collaborative ventures or consortia, have existed in the US for more than 30 years1. NAFMR provides a supportive network for family medicine residency education New Jersey, shares resources and ideas across residency programs, develops and enhances new and existing educational offerings, provides program quality assurance, develops and implements collaborative research projects among interested network residencies, fosters faculty development, and provides medical student sites.2 85% of Family Medicine Networks report that they engage with residents through workshops, which in turn cultivates interest in different careers in family medicine.1 PGY-II is a mandatory event for all 2nd-year residents. It allows them to meet a panel of family medicine doctors from different career paths and provides them with perspectives of market forces, income, job satisfaction and lifestyle.3 The event is run in a "speed dating" format, allowing each resident to have individual time with the panelists. It is important for 2nd-year residents to network with physicians in their field to explore their career options, gain a research mentor, obtain future job references, or receive letters of recommendation for fellowship programs.4

**Method/Approach:** The survey results from the PGY-II events from 2015-2018 were compiled and tabulated. The quantitative data was grouped into like categories and analyzed. Qualitative data, resident comments, were also grouped into like themes and examined.

**Outcomes/Results:** A total of 147 surveys were collected for the PGY-II events from 2015-2018. The surveys were assessed in terms of 5 categories: performance of speakers, content presented, resident career planning, event format, and environment. The category scales ranged from good-excellent; fair; and poor. On average, 93% of the residents agreed that speakers stimulated interest in career options. 53% of the speakers were family medicine practitioners in private practice, while the other 47% were sports medicine physicians, professors, or geriatricians. 98% of residents viewed the range of careers covered as good/excellent. 97% of residents viewed the material presented as informative for planning their future. The qualitative data (a total of 42 comments) show that 26% of residents desired a panel of speakers with a wider range of careers.

**Evaluation/Conclusion**: Overall, residents were very satisfied with this event and felt it provided them with valuable advice for their future. Past survey results can be utilized to enhance future events. Additionally, residents could be surveyed at the end of their first year of residency about the family medicine subspecialties and groups they are interested in to inform the physician panel. Linking data from PGY-II to resident's endeavors post-residency, would be an interesting continuation of this project.

**References:** <u>https://docs.google.com/document/d/1Gt-</u> XQakSzUTMVkuDZfyteFCQemcVOdI1h8kByUeF208/edit?usp=sharing

Title:	A study of the onset and effects of Presbyopia
Name:	Sierra Melnick
Preceptors:	Head Optometrist: Dr. Purvi Shah
Agency:	National Vision Consultants

**Purpose:** To raise awareness of the effects of presbyopia as well as its prevention through individual patient care, patient informational surveys, and local community outreach.

**Significance:** Presbyopia is the gradual loss of an individual's eyes' ability to focus on nearby objects and effects over 90% of the population. It is a natural occurrence that happens with age and most often manifests itself beginning around the age of 35 while continuing to worsen until the age of 65. Even though the majority of adults will experience this disease its general awareness is mostly uncommon. This allows the disease to onset at an earlier age than if proactive measures were taken to prevent it. When proactive measures are taken, the effects of presbyopia can be delayed allowing individuals to use their natural eyesight longer before requiring contacts, glasses, corrective surgery. By taking action to delay the onset of presbyopia, individuals are taking the right steps to prevent diseases that affect the eyes like glaucoma, cataracts, diabetes, etc.

**Method/Approach:** Under preceptor supervision, a survey was constructed to be presented to patients to obtain greater detail of their ocular health. While focusing heavily on vision related issues, the 40 question survey also inquired into other areas of significance such as personal and family history, and other diseases such as diabetes, cardiovascular, and hyperopia. As well as any surgeries that the individual may have had and obtained more information about the individuals daily activities. Once the survey was approved, patients were asked to participate in the survey during their regularly scheduled eye appointments.

**Outcomes/Results:** Over 4,000 patients were seen over a three month period and 2,312 elected to participate in the survey. With the information gathered from the survey, as well as information obtained from their ocular exam, patients were able to be provided with a more accurate analysis of vulnerability to presbyopia. Of the 2,312 patients who participated surveyed; 1,463 elected to undergo additional retinal imaging examination, providing an in-depth analysis of their retinal health. 817 individuals scheduled their next yearly examination/ follow up visit. Additionally, 647 of the surveyed patients elected to utilize anti-glare protection on their glasses to defend against late night eye strain and electronic blue light.

**Evaluation/Conclusion:** Through individual patient care and informational surveys, patients were able to understand their personal risk for presbyopia. By using the survey to gain knowledge about the individuals personal life and health, patients were able to make an informed decision regarding their personal risk to of early onset presbyopia as well as the preventative options available to them.

Title:	Navigating IT Systems for Aging Populations & Disabled Persons
Name:	Jason Mendez
Preceptors:	Ed Lamhing, CEO
Agency:	D + E Consulting Solutions

**Purpose:** To educate 300 senior citizens and disabled *Chimes* employees on how to access their personal information on the company's Human Resources Information System.

**Significance:** One of D + E's clients includes Chimes, a Maryland not-for-profit company that employs over 4,000 individuals, 70% of which are disabled. Chimes invested over \$1,700,000 in a Human Resources Information Systems platform to reduce costs long term, increase accessibility of information across the organization, and essentially make the HR, Finance, and IT departments run more efficiently and effectively through a centralized database. The issue: a large portion of employees are either senior citizens or disabled persons that 1) may have difficulty *navigating* the HRIS system and 2) *cannot access* vital information they need to live their daily lives.

**Method/Approach:** To educate Chime's employees on how to access their personal information would have been extremely costly to both D + E (consultant) and Chimes (client). D + E would have allocated very expensive resources to conduct simple, mundane, and unreasonable tasks. For Chimes, this would have meant paying several hundreds of dollars an hour and decreased the value of their already costly HRIS investment. Instead, D + E created a Help Desk with less expensive resources and increased the ability to educate Chime's employees fivefold. Chime's employees were able to access D + E's agents via phone, email, or online on D + E's ticketing system Monday through Sunday from 7am-9pm.

**Outcomes/Results:** During January 20, 2019 to April 4, 2019 the Help Desk was able to assist and educate Chimes employees on how to access their personal information (compensation history, benefits package, payroll deductions (benefits, taxes, and 401K contribution), supervisor & organizational structure, Paid Time Off & vacation requests, hours worked) over 1,836 times. Over 75% of the tickets were phone calls and roughly over 60% of tickets were handled by D+E intern, Jason Mendez. Overall, the Help Desk was extremely successful & easily surpassed the 300 employees D + E set out to educate.

**Evaluation/Conclusion:** Without the Help Desk, it would have taken approximately 183 hours to educate all the employees D + E educated during the stated time period. Monetarily, this would have cost Chimes over \$35,000 in consulting fees. Administratively, Chimes would have been unable to allocate internal resources towards educating all their employees without sophisticated HRIS knowledge. Additionally, this would have meant HUNDREDS of their employees would have been unable to access their pay history, benefits package, requests, work schedule, deductions, and other vital information. Ultimately the end-user of the HRIS system, the employees, would have been discriminated against technologically and the costs to maintain the HRIS system would have gradually increased.

Title:	Education, Policy, and Procedure of a Depression Screening among Geriatric Populations
Name:	Gabrielle Menguito
Preceptors:	Director: Margaret Drozd, MSN, RN, APRN-BC
Agency:	Saint Peter's University Hospital-Community Health Services

**Purpose:** To select a screening tool for depression that could be used in the community by Community Health Services (CHS) and educate staff about depression and the tool.

**Significance:** In America, about 7.6% of individuals age 12 years and over have depression. According to the CDC, females 40 to 59 years old are the most prevalent population affected. Older adults are the most undertreated population affected by depression. The CDC estimate that 20% of people age 55 years and older experience some type of mental health concern (anxiety, severe cognitive impairment, and mood disorders) (CDC 2008). In selecting this screening tool for depression to be utilized by CHS, it will help in outreach to this population with resources that are accessible.

**Method/Approach:** A literature review and consultation with several nurse practitioners aided in selecting an appropriate screening tool to use for a community health screening. A pre and post survey, about depression and the tool selected, was conducted to assess for knowledge of registered nurses (RN) in CHS after an educational presentation concerning depression and administration of the tool. This session surveyed 10 members of CHS (5 RN's). The survey assessed confidence in counseling and administering the screening tool; skills, attitudes, knowledge about depression; treatment resources and concerns/barriers about conducting the community depression screening.

**Outcomes/Results:** From the respondents (n=10), those who are identified as nurses (n=5) say 3 (60%) of the nurses had no prior experience in administering a depression screening. For confidence in administration of the screening tool from the nurses, 1 (20%) responded very confident pre-survey compared to post-survey responses of 3 (60%). From all respondents, 1(10%) answered very knowledgeable about depression pre-survey compared to a post-survey result of 7 (70%). The consensus of the pre-survey resulted in 8 (80%) to a post-survey of 9 (90%) for accessibility to psychotherapy services as the reason why individuals do not seek therapy. Finally, post presentation, 100% of respondents say they learned a new skill/fact.

**Evaluation/Conclusion:** In conclusion, the comparison can be seen in a comprehensive increase of knowledge, comfortability, and confidence in administration for a depression screening. One of the major limitations of this evaluation may be the small number of respondents to the survey. A major achievement of 100% reply that they have all had the chance to learn a new skill or fact that they did not know before the presentation. Overall, the presentation accomplished the goal of increasing knowledge about depression and how to administer the depression screening. As for sustainability in the future, the screening tool will be utilized with the geriatric population in Middlesex County to increase awareness.

Title:	Food Waste Management at Texas Avenue School
Name:	Robyn Merz
Preceptors:	Direct Supervisor: Laura Engelmann, Manager, Community Health and Wellness Project Supervisor: Emily Chau, FoodCrops, AmeriCorps Service Member.
Agency:	AtlantiCare

**Purpose:** To reduce the amount of food waste at Texas Avenue School by implementing a cafeteria recycling program.

**Significance:** Every day, Americans waste enough food to fill a 90,000 seat football stadium. School food waste accounts for a large portion of this statistic. A cafeteria recycling program will encourage the kids to be more mindful of what food they are throwing out while boosting the likelihood of them eating the fruits and vegetables on their trays. Furthermore, this program will educate the students on the harmful effects food waste has on their own future, such as the production of greenhouse gases.

**Method/Approach:** The cafeteria recycling program had three parts. The first part was to teach lessons on food waste in all K-8 classes from April 1st-April 18th. The second part of the program was cafeteria monitoring to see exactly what and how much was being thrown out from April 8th- April 12th. We also collected any uneaten foods that could easily be redistributed among the students during the same lunch period or in the following lunches. Our final step was to determine if Texas Ave would be in need of a mini fridge provided by AtlantiCare to hold the leftover beverages which would be available to students during the day and at the end of the school day.

**Outcomes/Results:** After careful cafeteria monitoring, we were given permission from Principle LaKecia Hyman to ask the students several questions including, if they thought lunch was of adequate time to finish eating, what they thought of the food being served and why they were throwing out certain items. We discovered that not only did the children not approve of the fruit selection, but they admitted that if whole fruits were served, as opposed to fruit cocktail, they would waste less food. A majority of the kids were not aware that they could take leftover food back with them to class to consume at a later time. Our survey also uncovered that the children felt there was no variety in the lunch meals and was another reason for them throwing out food. Once we designated a specific area for unwanted food items, the kids were more likely to grab a second juice, milk or snack compared to when there was no common place for these items.

**Evaluation/Conclusion:** We ran into several roadblocks when it came to this project. There were many levels of communication we had to get through in order to gain approval. It was difficult to get the kids on-board especially if they saw the teachers not taking it seriously. In order for Texas Ave to continue to decrease their food waste they must get everyone involved and make it a part of the regular lunchtime routine.

Title:	Improving the Patient Navigation Experience
Name:	Ayesha Misra
Preceptors:	Lydia Stockman, Vice President of Operations
Agency:	Robert Wood Johnson University Hospital, RWJ

**Purpose:** To improve patient satisfaction in the hospital by providing a warm welcome, and an easy to navigate experience for all patients and visitors from the time of entry to the time of exit at RWJUH.

**Significance:** Patient satisfaction in hospitals is always an area that should be constantly improved upon. Hospitals get penalized financially by the government for low HCAHPS scores. HCAHPS scores are important for consumers as it gives them important information on selecting hospitals. It is crucial for RWJ to provide a high quality of care to its patients to maintain government funding. All healthcare workers that patients encounter from entry to exit are responsible for quality of care. Hospital employees and volunteers must be properly trained in order to assist and guide patients through the facility.

**Method/Approach:** A list of questions was created and distributed around the hospital about patient and visitor navigation experience, and the signage of the hospital. The questions inquired about helpfulness of staff, clarity and usefulness of the signage, and asked how patients and visitors would rate their overall navigation experience around the hospital. Along with this survey data, more data was extracted from the hospital's online survey system, Press Ganey. This data helped identify the main issues that patients had while trying to navigate the hospital. The security team at the hospital also was able to provide information on where the hospital had the most traffic, and during what times in the day. This data, along with including from patients and visitors, will be used to find recommendations on how to improve navigation for people for the hospital.

**Outcomes/Results:** The surveys showed that while patients and visitors had trouble navigating around the hospital, they were able to find their destination with staff assistance. The need for assistance in the main portals of entry and exit around the hospital showed that there is a necessity for a program to be designed and put in place to help guide people. The commentary in the surveys also indicated that the signage around the hospital needs to be improved upon, which would consist of changing the colorings, font sizes, and placements around the hospital. Press Ganey data showed that patients rated RWJUH negatively due to navigation issues, so improving this experience will in turn improve patient satisfaction scores.

**Evaluation/Conclusion:** A volunteer program should be developed and put in place to help improve a patient or visitor's navigation experience around RWJUH. Currently, there are not enough volunteers assisting people during the hospital's busiest hours. The volunteer patient navigation experience program will be designed and marketed towards college students to help improve patient satisfaction scores. This program will be piloted in the future with approval from the hospital directors.

Title:	Improving Patient Navigation and Satisfaction
Name:	Easha Mondal
Preceptors:	Lydia Stockman, RN, MHA, FACHE - Vice President of Operations
Agency:	Robert Wood Johnson University Hospital, RWJUH

**Purpose:** To adequately assess patient satisfaction and navigation in order to recommend improvements and propose a volunteer program at RWJUH aimed at patient satisfaction.

**Significance:** Patient satisfaction plays a great role in the well-being of a healthcare entity. It indicates the quality of care being provided to patients, and quality is a vital branch of the Iron Triangle of Health Care. Patient Satisfaction acts as the voice of the patients, where dissatisfaction reflects upon the healthcare entity as needing improvements and satisfaction reflects efficiency and success of the healthcare entity. It is important that RWJUH maintains and provides efficient and quality care to its patients. Patient Satisfaction starts from the minute the patient enters the hospital grounds and ends the minute they are on their way home. During this period, it is important that all employees, from administrative to clinical, as well as volunteers make it a goal to provide an experience of quality and efficiency to patients. RWJUH sees hindrances in patient satisfaction pertaining to navigation issues. Therefore, hospital employees and volunteers need to be trained well in order to assist patients and visitors to the fullest.

**Method/Approach:** By using various LEAN tools, especially that of the Voice of the Customer, problems and focus points were identified. With a simple survey about navigation and signage quality, the perspective of the patients and visitors was brought into the picture. Along with survey data, data from Press Ganey, HCAPHs scores, and hospital traffic data were gathered. With all of this data, recommendations on where and how improvements can be made in regards to navigation and patient satisfaction will be made.

**Outcomes/Results:** The surveys conducted showed that patients and visitors were satisfied with their navigation experience on the hospital campus. While they may have had trouble on their own, they did receive staff assistance. Furthermore, commentary from the surveys suggests that signage around the hospital is in need of improvements in terms of placement, font size, and color-coding by department. Besides the surveys, Press Ganey data reflected negative views because patients experienced navigation issues at RWJUH.

**Evaluation/Conclusion:** Research shows that there is a need to implement a volunteer program where the volunteers are adequately trained to provide a warm welcome and be an empathetic support, while effortlessly guiding patients through RWJUH's large campus. As of right now, there is a lack of volunteers at the hospital during its peak hours. When designed in the future and geared towards college students especially, the volunteer program can turn out to be beneficial in improving patient navigation and satisfaction scores.

Title:	Human Service Agency Partner Outreach Assessment
Name:	Sarah Moon
Preceptors:	Direct Supervisor: Clara Son, Human Service Agency Partnerships Director
Agency:	Rescuing Leftover Cuisine

**Purpose:** To analyze the Rescuing Leftover Cuisine Partner Outreach process connecting leftover cuisine with local Human Service Agencies.

**Significance:** According to the United States Department of Agriculture, 49.1 million (one in seven) US residents were food insecure in 2014. In the United States alone, 40 percent of food gets tossed every year. If that wasted food was fed to those who face food insecurity, we could reduce food insecurity and decrease the amount of food waste sent to landfills. Rescuing Leftover Cuisine helps combat food insecurity and food waste by being a platform that bridges the gap between leftover cuisine from businesses and local human service agencies. This analysis aims to examine Rescuing Leftover Cuisine's outreach process to successfully connect food donations with local Human Service Agencies.

**Method/Approach:** Once a food donor notified Rescuing Leftover Cuisine that they were interested in making a weekly recurring food donation, outreach was conducted to survey local Human Service Agencies. Through research and outreach, Human Service Agencies are assigned three types of agency account statuses: Interested, Not interested, and No direct contact. Within the Interested agencies, the best matched agency is picked to receive weekly food donations. After outreach between January 20th, 2019 and April 24th, 2019 was conducted, 298 Human Service Agencies were contacted for 21 food donors.

**Outcomes/Results:** Out of the 21 food donors, 19 food donors were connected with a Human Service Agency. Of the sample size (n=298), 45 (15%) were interested, 30 (10%) were not interested, 223 (75%) were No direct contact, where the agency was contacted but no response from a decision maker was made. Of the 45 that were interested, 23 agencies were matched with the 19 donors and are further assigned as an Active Human Service Agency. The two donors that were not matched with a agency were not a great fit and further outreach must be conducted.

**Evaluation/Conclusion:** Based on the results so far, outreach has been positive, since 19 out of 21 (90%) food donors were connected with agencies for weekly food donations. The status and information of the 23 agencies that were not connected with a food donor were added to a database as potential connections for future food donors. However, a high percentage (75%) of outreach led to no direct contact. Evaluation, collecting more data, creating engagement building material, and networking will serve to increase efficiency and influence Rescuing Leftover Cuisine has on ending food insecurity and food waste. Ongoing monitoring of the interaction between Rescuing Leftover Cuisine and No Direct Contact Human Service Agencies will be undertaken to ensure continued improvement in the future.

Title:	Mental Health Personal Survey
Name:	Taylor Munro
Preceptors:	Christopher Rogers, MPH - Project/Program Manager
Agency:	Hackensack University Medical Center, Accountable Health Communities

**Purpose:** To address mental health issues among Medicare and Medicaid patients who may be at risk by administering patient interviews.

**Significance:** Approximately 1 in 5 adults in the U.S. experience mental illness in a given year (NAMI, 2015). This project aims to intervene with patients who have not yet received adequate care for their mental health illness. This program is focusing on self-management and providing patients who have been diagnosed with intervention materials to better handle their illness.

Method/Approach: In order to better understand and or help the Medicare/Medicaid population of Hudson and Bergen County of NJ, questions were developed as part of the personal interview to determine the level of self-management among patients who have been diagnosed with mental health disorders. The Accountable Health Communities Department will add two specific questions to the personal interview evaluation for their patients. The first question implemented is: "Has a doctor, nurse, or other health professional EVER told you that you had any of the following?" with the options of answering: Anxiety (e.g. PTSD, OCD, Social phobia, panic disorder), Depression (e.g. Mood disorders), Bipolar Disorder, Schizophrenia (e.g. Psychotic disorders), Dementia (e.g. Alzheimer's, Delirium, Parkinson's) or None. If the patient answers with one of the disorders listed above they will then be asked "My state diagnosis self-care is poor" with the options of answering: Applies to me very much, Applies to me a considerable degree, Applies to me to some degree or Does not apply to me. If the patient responds with any of the above answer choices, with the exception of 'Does not apply to me' selfmanagement resources specific to the patient's indicated diagnoses is e-mailed to them or mailed to their home. As a follow-up, trained Community Health Workers would then follow-up with that patient after two weeks and then monthly for however long is necessary until the patient has learned to properly selfmanage their diagnosis.

**Outcomes/Results:** The overall result of this intervention is to improve self-management regarding mental health. In order for data to be collected, the intervention must first be introduced and trained to the team of the Accountable Health Communities Department. The outcome of this intervention is to provide the beneficiary with the informational sheets regarding the self-management of their specific diagnosis. More importantly, the beneficiary should be taking action and being held accountable for the steps they have taken towards their self-management.

**Evaluation/Conclusion:** By implementing these two questions, beneficiaries will be provided with the proper resources to improve their self-management. The team will also learn how to properly handle and address mental health.

Title:	Monitoring and Auditing Medical Records of Long Stay Patients
Name:	Tequrra Myers
Preceptors:	Direct Supervisor: Tonya Terry, Volunteer Manager
Agency:	Vitas Healthcare, Livingston, NJ

**Purpose:** To analyze medical records of long stay patients to eliminate fraudulent claims and improve accuracy of billing.

**Significance:** Hospice care can provide great comfort to beneficiaries, their families and caregivers at the end of a beneficiary's life. Cheidi (2018) has found that hospice use has grown steadily over the past decade, with Medicare paying \$16.7 billion for this care in 2016. It is an increasingly important benefit for the Medicare population; 1.4 million beneficiaries received hospice care in 2016. Hospices that have a high proportion of long-stay patients, especially those with certain diagnosis codes, are at a higher risk of an audit or investigation from federal agencies. Long stay patients are patients that exceed Medicare's second 90-day hospice benefit period.

**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:** Four audits were completed between 1/4/2019 to 4/1/2019. The first audit in January showed that out of 20 percent of the eligible charts only 66.4 percent were complacent with VITAS Healthcare standards. February showed an improvement by 72.2 percent, March reached 81.3 percent and April was 85.1 percent. Equating to an average 76.25 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 four months there was an improvement by 17.1 percent. The audits will be held monthly until we reach an improvement score of 95 percent or better. When the monthly audits are complacent there will only be a steady surveillance of the files.

Title:	Medical Billing Process Improvement Assessment
Name:	Katie Nan
Preceptors:	Direct Supervisor: Marsha Gordon, Research Administrator
Agency:	Robert Wood Johnson University Hospital - Department of Family Medicine and Community Health Research Division

**Purpose:** To identify and correct medical billing errors in the Transaction Editing System (TES) in order to help increase accuracy and efficiency.

**Significance:** Due to poor billing practices, doctors have been estimated to have spent \$125 billion every year. There are approximately 80% of billing errors in all U.S medical bills, which increases the risk that the patient's insurance company will reject the bill payment. Billing errors occur when employees input the incorrect patient or insurance information, procedure code, and much more. This causes further time, money, and effort to be spent to correct these errors. The RWJ Department of Family Medicine and Community Health clinical staff work to target billing errors by utilizing the TES in order to resolve them before they are sent to the health insurance company. GE Centricity EMR (Electronic Medical Records) and IDX (Internet Data Exchange) are also used to help correct billing errors. Identifying trending issues and performing further TES on patient's files will decrease the number of errors and correct employees' mistakes.

**Method/Approach:** Training was conducted for IDX, GE Centricity EMR, and TES in order to analyze and resolve billing errors. A total of 51 TES Edits in the back end billing system was categorized by different types of billing errors. Some recurrent issues were classified as 1) Missing Referring Physician, 2) Missing NDC Code, 3) Missing Visit ID, 4) Invalid Billing Area, 5) Phone Note Entered Incorrectly, 6) Incorrect Visit ID, 7) Incorrect Provider Name, and 8) Patient Arrived, Front Desk Did Not Arrive Patient. After collaborating with a supervisor and utilizing TES and other software systems, the billing errors were resolved.

**Outcomes/Results:** The 51 TES Edits consists of 19 (37%) Missing Referring Physicians, 19 (37%) Missing NDC Codes, 8 (15%) Missing Visit ID, 7 (14%) Invalid Billing Area, 4 (8%) Phone Note Entered Incorrectly, 3 (6%) Incorrect Visit IDs, 2 (4%) Incorrect Provider Name, and 2 (4%) Patient Arrived, Front Desk Did Not Arrive Patient. Identifying recurrent billing errors allow measures to be put in place to assist employees in recognizing and correcting their billing mistakes.

**Evaluation/Conclusion:** Training the back end employees would reduce the number of human errors and mistakes. Human errors can be reduced when back end employees engage in group training every other month in order to increase consistency in billing skills. Employees should take a test prior to training in order to show their current knowledge. Once training is completed, employees should fill out satisfaction surveys and take post-tests to show their understanding. The goal will be reached once the number of TES Edits have been reduced and remain at 45 errors or less in a span of 6 months of training.

Title:	MC-COAD Member Survey & Resource Guide Implementation
Name:	Dana Neigel
Preceptors:	Project Supervisor: John Dowd, Public Health Preparedness Division Head Program Supervisor: Carrie Johnson, Program Development Specialist
Agency:	Middlesex County Office of Health Services

**Purpose:** To analyze the Middlesex County Community Organizations Against Disaster (MC-COAD) service areas and compile a resource guide to better help with recruiting members and to serve the public.

**Significance:** When disaster or an emergency strikes, it is often non-profit organizations and volunteers that respond to an event. This can result in "spontaneous points of coordination", where independent efforts of people and organizations feed into the emergency response cycle. The lack of coordination between individuals and organizations puts a strain on the disaster cycle and affects the efficiency of response. A compilation of organizations and individuals who are willing to aid in the event of a disaster will address these issues and improve the quality and efficiency of response in a disaster event in Middlesex County.

**Method/Approach:** An information update form was created through Google Forms and was emailed to seventy-six individuals that represent forty-two member organizations in the MC-COAD. The survey requested that the representatives of each organization indicate what areas of aid their agency provides in the event of a disaster. Of the seventy-six representatives that were initially emailed, we discovered that four organizations were no longer active. Of the remaining organizations (n=38), eleven member organizations replied to the survey. After a follow-up email four weeks later, an additional seven representatives completed the survey, giving us a forty seven percent (47.3%) organization response rate.

**Outcomes/Results:** Of all agencies that replied (n=18), the following services were reported: home (6, 33.3%), shelter (6, 33.3), food & water (7, 38.9%), waste & debris (3, 16.7%), donation (12, 66.7%), automotive, transport, and storage (4, 22.2%), health (9, 50%), family and children (6, 33.3%), and volunteer (13, 72.2%). A compilation of the data collected from the survey including active organizations, contact information, and their services went into the creation of a resource guide using Google Slides which is to be distributed to active members and potentially the public.

**Evaluation/Conclusion:** The eighteen (n=18) active agencies of the MC-COAD together are able to offer a diverse array of services to approximately 850,000 people that make up Middlesex County. However, potential gaps in service for the MC-COAD are waste and debris (16.7%) and automotive, transport, and storage (22.2%). In order to ensure a streamlined response in the event of a disaster, active recruiting efforts to fill in the gaps in service response should be taken. Limitations in data collection include the amount of survey respondents compared to the number of organizations in the MC-COAD. I recommend that a re-evaluation of what constitutes the qualifications to be considered an active member organization of the MC-COAD be performed.

Title:	NBEF Scholarship Program
Name:	Vivian Nguyen
Preceptors:	Emmanuel Ford, Founder and Executive Director
Agency:	New Brunswick Education Foundation

**Purpose:** To assist the Executive Director in implementing the scholarship program to help underprivileged New Brunswick youth in receiving aid and preparing them professionally for college.

**Significance:** The city of New Brunswick is a low income community, having a median household income of about \$38,000. The average cost to attend a 4-year institution ranges anywhere between \$25,000-\$50,000 and causes many students and young adults to struggle with paying for higher education. NBEF will assist New Brunswick students with expenses regarding their education through many scholarship opportunities that are provided each year. Serving this project will not only help students financially, but NBEF also provides resources and opportunities to better prepare them in terms of professionalism.

**Method/Approach:** The Scholarship Program at NBEF is implemented every spring semester to prepare students for financial aid. For students to be eligible, they must apply and must be graduating from New Brunswick High School or New Brunswick Health Sciences Technology High School. NBEF received 95 scholarship applicants and collected data to analyze students' average household income and determine NBEF's financial aid to New Brunswick students. These findings will help show how much students need to attain a higher degree of education.

### **Outcomes/Results:**

From the sample (n=95), the average household income of New Brunswick youth was \$35, 663. Of the sample, eight (8.4%) students reported having no income or receiving government issued aid. Thirty-six (37%) students reported having a household income of less than \$30,000. This year NBEF has twenty-eight scholarships that total to \$31,600, that will be offered to the scholarship recipients.

# **Evaluation/Conclusion:**

Thirty-six (n=95, 37%) students reported having a household income of less than \$30,000. This reveals that it can be difficult financially for students and their families to pay for college, knowing that the average cost to attend a 4-year institution ranges from \$25,000-\$50,000. Scholarships and grant aid can assist New Brunswick students immensely for students that are looking to continue their education. NBEF offers twenty-eight scholarships this semester that could potentially aid 22% of the sample size. Continuing these efforts annually can significantly help struggling New Brunswick youth with their education and future careers.

Title:	Building Awareness and College Readiness in High School Scholars
Name:	Tysir Nixon
Preceptors:	Aaron Revey, Mentoring Coordinator
Agency:	Rutgers Future Scholars Program

**Purpose:** To evaluate the level of awareness and thoughts about college in students participating in the Rutgers Future Scholars (RFS) program and implement programs and activities to improve preparedness and positive thoughts in college.

**Significance:** Each year, the Rutgers Future Scholars Program offers 200 first-generation, low-income students the opportunity to attain a college education. Academically promising students from New Brunswick, Piscataway, Newark, Camden and Rahway school districts are chosen to participate in a unique pre-college program designed to prepare students for college. Engle and Tinto (2008) have shown that low-income and first generation students were nearly four times more likely – 26 to 7 percent - to leave higher education after the first year than students who had neither of these risk factors. It's also evident that low-income students, particularly those of color, when receiving financial aid awards, it's more likely to promote student engagement in their years in college (Hu 2010). With this evidence, it's crucial for students to have access to programs similar to the RFS program in order to promote college readiness and success.

**Method/Approach:** An anonymous self-reported questionnaire was administered to the students at Piscataway and New Brunswick High School. This assessment was used to determine level of college readiness based on five areas; academic skills, self-understanding, self-advocacy, executive function, and motivation. Based on the scores developed, different programs and activities have been incorporated into the mentoring sessions such as career planning, time management, public speaking and self-awareness. The implementation of these activities was used to give scholars more support in college readiness and individual success.

**Outcomes/Results:** Out of five students surveyed, three of those students scored an 80% or higher in evaluating overall college readiness. All students scored average to high scores in academic skills, self-understanding, and executive function. Overall, all students reported that activities for college readiness were necessary and were willing to participate in them.

**Evaluation/Conclusion:** Improving the college readiness in young scholars in the Rutgers Future Scholars Program is crucial to insure that they achieve academic success. Going forward new activities will be continue being implemented, particularly focused on self-advocacy and career planning. Within the upcoming weeks, post-evaluation surveys will be administered and compared to the pre-evaluation survey results.

Agency:	Casa Esperanza
Preceptors:	Joseph Rosenberg, Esq., - Supervisor
Name:	Ismel Núñez
Title:	Asylum Proceedings for Clients

**Purpose:** To provide affordable legal services to immigrants by conducting preparatory asylum interviews.

**Significance:** There are over 500,000 undocumented immigrants in the state of New Jersey, many of whom come from a country where gang violence or corruption is prevalent. These people flee their native land in order to seek protection by the United States. Casa Esperanza offers the legal services necessary in order to help immigrants achieve legal status and make of this country their new home.

**Method/Approach:** The process of seeking asylum requires a certain amount of steps. First, the clients are scheduled for a meeting with the paralegal, in order to write an affidavit and discuss if the case is strong enough. The client must show that they have been persecuted or fear persecution on one or more of the five following grounds: race, religion, nationality, political opinion, or for being a member of a particular group. If the attorney deems the case strong enough, they will proceed with the application. Once the application for asylum is filed and submitted, the client is asked to provide documentation that will prove to the asylum officer that the person runs a grave risk if they return to their home country. Since these documents are sent from Latin American countries, they are to be translated for the asylum officer to read them. After the client receives their court date, they meet with one of the attorneys so that they are groomed for their interview.

**Outcomes/Results:** The majority of the cases represented by our organization were granted asylum, thus enabling them to gain a work authorization, legal permanent residency status, and a secure pathway to citizenship. They are now under legal protection of the United States, and cannot be deported back to their home countries. Those who are not granted asylum immediately by the officer, are referred to immigration court, where a judge will hear their case. This is the last opportunity to be granted asylum. If they are not, their status remains as undocumented.

**Evaluation/Conclusion:** The severity of the case determines if the client will be granted asylum or not. An instance of a severe case could be if an individual's family member was murdered by an official gang affiliate, and this resulted in that individual being targeted and extorted. In some occasions, they are extorted for money they cannot afford to pay, or directly threatened with death. Since police officers are, for the most part, allied with gang members, there is no safety or justice that will defend the disadvantaged in these Latin American countries that are plagued by violence and corruption.

Title:	Duke Farms Survey: Carbon Footprint and Visitor Feedback Analysis
Name:	Shealynn O'Toole, Survey Research Intern
Preceptors:	Dr. Debbie Borie-Holtz, Assistant Professor
Agency:	New Jersey Agricultural Experiment Station with Duke Farms Foundation

**Purpose:** Design a survey study at Dukes Farms to observe the experiences of visitors to the Farms and to collect data, to measure the carbon footprint of those visitors.

**Significance:** Duke Farms is an estate owned by the Doris Duke Charitable Foundation, that was renovated as a model of environmental stewardship in the 21st Century and inspires visitors to become informed stewards of the land. During peak periods Duke Farms hosts 2,000-3,000 visitors in a day, but do not receive any feedback on the visitor's experience. The need to conduct a baseline survey will be used to improve the visitor experience to Duke Farms. The survey will also be used to estimate the carbon footprint of travel to the Farms contributed by these visitors, in order to meet Duke Farms' goal to offset their carbon footprint of their operations, including visitors.

**Method:** The first step is to assess what Duke Farms wants to learn from their visitors. This study includes three phases of the research study: 1) designing a survey project identifying the sample frame, budget costs and assess optimal fielding modalities for a mix-mode design; 2) prepare survey instruments to meet the two research questions define under the purpose; and, 3) to prepare the field implementation through the pre-test stage. Finally, after pre-test edits are made, a full deployment of the surveys will be field tested in the spring.

**Outcomes:** Two survey modalities will be finished for implementation; one used for in person surveying and the other used on signage as a text back feature. The deliverables will include a memorandum detailing fielding options, budget estimates for same, survey estimates and a pre-test analysis. Questions including the purpose for the site visit, the frequency of weekly visits and the "learned" outcomes, if any, will be measured in the longer survey which will be used to provide direct feedback after events and classroom instructional meetings. The shorter text-back survey will primarily have asked visitors how often they visit the farm on a weekly or monthly basis and how far they traveled to visit the farm so that the carbon contributions of visitors can be captured for Duke Farms' C sink study. This information will help Duke Farms develop a C sink, a natural environment viewed in terms of its ability to absorb carbon dioxide from the atmosphere.

**Evaluation/Conclusion:** An analysis of the pretest will inform if the survey questions are effectively measuring the research questions under study. The pretest will also assess the appropriateness of survey length and modality as compared to industry standards and the ability of the client to generalize the findings to the visiting public at large. With the information collected Duke Farms will be able to make program changes based on visitor feedback and add visitor carbon contributions to the analysis of their carbon footprint study.

Title:	Disparities Among Maternal and Infant Mortality
Name:	Christine Ogunleye
Preceptors:	Dr. Gloria Bachmann, MD, MMS Suzanne Spernal, DNP, APN-BC, RNC-OB, CBC
Agency:	Women's Health Institute at Robert Wood Johnson University Hospital

**Purpose:** To research the maternal and infant mortality disparities among women in the United States and New Jersey, specifically among Black women.

**Significance:** Women of color, specifically Black Americans, experience infant and maternal mortality at a disproportionately higher rate than women of other ethnic and racial backgrounds. An African American woman is five times more likely to die from pregnancy complications than a white woman; for every 100,000 live births, 37 women die compared to 20 nationally. In New Jersey, the leading cause of death in Black American babies is low birthweight, which can be attributed to the mother's high stress, including accumulated stressors from institutionalized racism and higher allostatic load levels in the body. The goal of this, and similar research, is to decrease this healthcare gap and lessen the amount of mothers, including Black mothers, who die from childbirth and pregnancy.

**Method/Approach:** Assemblywoman Shavonda Sumter provided state statistics that confirmed the higher rate of maternal morbidity and mortality amongst Black mothers and infants. On 12 April, we recruited Black women to share their pregnancy stories in a focus group. Ten women, between 18 and 41, participated in an hour long session. Responses were recorded then grouped for qualitative analysis.

**Outcomes/Results:** The majority of the women who did not have health insurance experienced the worst pregnancy outcomes as opposed to those who were insured. Thirty percent of the women surveyed lacked health coverage, 40% of the women experienced poor provider care and 20% of the women had late/no prenatal care. Half felt that their issues and concerns were ignored by health providers, and 40% of the women had pre-existing chronic health issues, which included but are not limited to asthma, diabetes, high blood pressure, kidney disease, etc. Many women with chronic conditions did not feel that their healthcare provider knew about these health issues and reported that during many clinical visits, their voices were not heard or that their care provider failed to run proper procedures.

### **Evaluation/Conclusion:**

The literature, just as the 12 April focus group, suggests that healthcare providers often overlook concerns that women of color bring up, such as abdominal or pelvic pain, or they fail to fully assess their medical chart despite often knowing that they have a preexisting health condition. Although the focus group was composed of only ten women and was too small to determine if these outcomes would be supported with other New Jersey focus groups, these data do provide pertinent information to use as the foundation for further research by the Women's Health Institute and other research and clinical institutions.

Title:	The Indirect Effects of Stressful and Traumatic Events on Children and Young Adults
Name:	Stephany Ortega
Preceptors:	Dr. Christina Hoven, PhD
Agency:	Global Psychiatric Epidemiology Group, New York State Psychiatric Institute

**Purpose:** To compile data via literature review on the various psychological effects the exposure to traumatic and stressful events have on children and young adults.

**Significance:** There has been many studies regarding the psychological effects of trauma in adults as well as the psychological effect of trauma in the development of mental illness among children as they grow older. However, there is not much research on the effects parental trauma has on their children, especially as they become older. The literature review will highlight those studies that mention how traumatic experiences experienced by parents have a developmental effect on their children and how this development progresses as they age. The World Trade Center Family Study has and is continuing to analyze these generational effects of trauma exposure, and this will aid in future grant writings and analyzing current literature on the growing subject of indirect effects of trauma exposure on children and young adults.

**Method/Approach:** Three categories were created to help organize the information obtained. The first category is the impact of traumatic experiences of both adults and children to analyze the general impacts that people developed when directly impacted by traumatic experiences. The second category is analyzing the experience itself, the psychological effects different experiences have on adults, and how trauma changes a person's mental state. The third category is the impact that a parent's mental health has on children specifically and how this ultimately affects the children's psychological development into adulthood. Literature databases like Rutgers Libraries and EBSCO were used for academic journals and peer-reviewed articles and reading and analyzing the abstract, introduction, methodology, and conclusion of each article is imperative to narrow down the information at hand.

**Outcomes/Results:** A total of 389 articles, and 107 articles of those related to the topic of indirect effects of traumatic experiences on children. Many of the articles concluded through their results was that parents with mental health disorders after a traumatic event experience a change in behavior, which affects the relationship between parent and child (Centre for Parenting and Research, 2008). Additionally, children with parents who are first responders, whose job is naturally stressful, are at a higher risk of developing behavioral problems even after some years of being exposed to the traumatic experience (Gargano et. al., 2017). This information aligns with the findings that Dr. Christina Hoven and others have made in the baseline and first follow-up study waves for the WTC Family Study.

**Evaluation/Conclusion:** More and more people are starting to understand that research in this area can impact them as well. Research like this can be used as data and evidence to put forth policies, legislation, and even laws that can benefit those affected by the WTC attacks and other major events. With senators and representatives talking more about this topic, we can ultimately see more funding given to programs such as the WTC Health Program and research such as the ones done at the Global Psychiatric Epidemiology Group to continue the contribution to issues that affects many lives.

Title:	Low-Income Mothers' Reflections on Exercise
Name:	Marisol Ortiz
Preceptors:	Project and Direct Supervisor: Debra Palmer-Keenan PhD, Associate Professor Nutritional Sciences Department
Agency:	Rutgers University, Department of Nutritional Sciences

**Purpose:** To learn what physical activity beliefs are held by Expanded Food and Nutrition Education (EFNEP) eligible (i.e., low-income parents/children's caregivers) women in New Jersey.

**Significance:** Anecdotal evidence shared by NJ EFNEP educators has revealed some beliefs held by lowincome women regarding exercise that have yet to be documented in the literature (e.g., strength training makes women become bulky like a man, and if they turn on a fan when they exercise they won't lose weight because they won't sweat, etc.). Prior studies have shown novel beliefs about physical activity and appearance in other populations, like college athletes, but none have been conducted with this population. This study seeks to bring additional findings to light such that they can be used to help those working in public health to offer more suitable physical activity education to this population.

**Method/Approach:** Formative, qualitative research was done via focus groups. Participants were recruited from two community sites in Central New Jersey. Participants were low-income mothers aged 18 years or older who spoke English. Edited audio-transcriptions were coded by 3 researchers and a constant comparative analysis was used to identify emergent themes.

**Outcomes/Results:** Two focus groups were held in March 2019 with participants who were recruited onsite at a church (n=5) and a recreation center(n=5). The participants were mothers with 1-4 children (mean= $2.3\pm1.2$ ); 9 were Hispanic (1 was African American); and, 2 had not finished high school, 4 had finished high school, and 2 had attended "some college." Participants' ages ranged from 23-47 years (mean=36.4 years  $\pm 8.3$ ). All but 2 reported they were eligible for federal food assistance programs. Most (n=7) reported having exercised  $\ge 1$  day the previous week. Analysis of the participants' reflections on exercise yielded 6 exercise barrier themes: environmental (e.g., no music, uncomfortable temperatures), excessive exercise risk perceptions (e.g., exercise causes injuries), parenting responsibilities (e.g., asthma), self-consciousness (e.g., feeling insecure, smaller group workout preferences).

**Evaluation/Conclusion:** Although the women in these focus groups did not express any false and previously unreported beliefs that might adversely impact their physical activity, they discussed many barriers that public health experts would be well advised to consider when developing physical activity interventions. Additional questions may need to be added to the research protocol to elicit information about false beliefs. Further research will be done to explore potential myths and to obtain more data to assist educators in improving the efficiency of physical activity interventions for low-income moms.

Title:	Figuring Out the Future
Name:	Sciatta Padmore
Preceptors:	Aaron Reevey, Rutgers Futures Scholars Mentorship Coordinator
Agency:	Rutgers Future Scholars

**Purpose:** To develop and deliver an original and interactive mentoring workshop/experience for the scholars that can be re-delivered in future semesters.

**Significance:** Students of color often go into college feeling unprepared and are more likely to drop out than their white counterparts. Rutgers Future Scholars (RFS) aims to not just get high school scholars into a four-year institution but to give them the tools to do well and graduate on time. For current high-school students, this begins by having mentors, typically undergraduate students of color, motivate and guide the scholars towards academic and personal excellence. Lead mentors work to develop their own workshops that they believe will positively impact the scholars and push them towards higher academic achievement. A new workshop called "Figuring Out the Future" was created to encourage students to examine their own interests and begin thinking about career goals.

**Method/Approach:** The topic of the workshop was an original idea and the format was informed by previous mentor workshops. The purpose was to have students think about what they would like to do as a profession. This was achieved by leading discussions about what they want to be and how that may change in a few years. Then a game was played where the students attempted to match obscure job titles to the correct job description for prizes. This was done to highlight that there may be professions that they haven't heard of yet. The students were then asked to draw what they wanted their future life to look like and provide three steps they could currently take towards that future. The session ended with a survey about their thoughts on the workshop. The survey asked them what was the most effective part, what was the least effective, and how they'd rate the workshop on a scale of 1 (very poor) to 5 (very good). The survey was used to measure the success of the workshop.

**Outcomes/Results:** The workshop was delivered on April 12th and was delivered to eight students (n=8). The portions that students claimed to be the most effective was the **game** (5 students, 62.5%) and the conversation (3 students, 37.5%). The portion that students found the least effective was the drawing (6 students, 75%) and the **game** (2 students, 25%). The range of ratings I received on the workshop went from 3 to 5. The median was 4.5, the mode was 5 and the average was 4.375.

**Evaluation/Conclusion:** Overall, the workshop went smoothly and the students actively participated. More than half of the students liked the game so that part of the curriculum will be included in future workshops. The drawing section should be replaced with another activity. Relaxed conversations and competitive activities appear to work best according to the data. The majority of students had a favorable view of the workshop and that number should increase as adjustments are made.

Title:	Promoting Inspiring Stories from the Grassroots
Name:	Drashti Parekh
Preceptor:	Maggie Luo, Associate Director of Communications and Technology
Agency:	National Alliance on Mental Illness (NAMI) - New Jersey (NJ)

**Purpose:** To inspire hope among families affected by mental illness, dispel stigma, and support advocacy purposes in the mental health field through the collection of stories.

**Significance:** The prevalence of mental illness is high and the stigma around it stops people from reaching out for help. According to the NAMI *Mental Health Facts in America* infographic, available on the NAMI website, 1 in 5 adults in America are living with a mental illness and approximately 10.2 million adults are living with anxiety and depression occurring together. The National Institutes of Health states that around 90% of those who die by suicide have an underlying mental illness, suicide is among the top 10 leading causes of death in the US, and depression is the leading cause of disability worldwide. Having a strong support system can help people combat and manage their mental illness. Increased awareness can also promote a sense of community, reminding people they are not alone.

**Method/Approach:** Background knowledge was gathered using NAMI and the National Institutes of Health resources. Through collaboration with the preceptor during weekly meetings, an interview script was developed. Next, a list of potential interviewees was gathered using the NAMI NJ Volunteers of the Month from the NAMI NJ website. All interviewees were introduced via email by the preceptor to the intern who set up appointments and assured them of anonymity. Interviews were conducted over the phone, recorded on a mobile device with consent, and transcribed. IRB approval was not necessary for this project since the subjects were not being studied and articles are for NAMI NJ use.

**Outcomes/Results:** A total of 6 Volunteers of the Month were contacted and 5 responded. 17 referrals were gained from volunteers, 13 were contacted, and 1 responded. 6 interviews were conducted and 3 final articles were produced for NAMI NJ use. The remaining interviews were used to develop a list of anonymous quotes to be distributed during the NAMI NJ Annual Report meeting. Interviewees ranged from local affiliate presidents, board members, youth leaders, support group teachers to mental health advocates, family members, and people living with mental illness.

**Evaluation/Conclusion:** This being a pilot project has laid out a foundation for future efforts in developing the story bank. The story bank promotes a shared level of interconnectedness among people who live with mental illness and allows people to express themselves in a nonjudgmental environment. The more stories that are collected and shared, the more confidence people have that they are not alone, directly supporting the mission of NAMI. Some limitations include low response rate and finding people to interview. The remaining referrals that were not contacted will be the start of a list of future interviewees.

Title:	Hygiene Pantry for Homeless
Name:	Bhavini Patel
Preceptors:	John El-Maraghy, founder of ARM
Agency:	Archangel Raphael's Mission (ARM)

Purpose: Creating a "hygiene pantry" for the homeless population in Middlesex County.

**Significance:** In January of 2018, there were 597 people who were experiencing homelessness. Within the county there are four significant homeless shelters and social service centers where people can seek help. However, resources are limited and often times many people get turned away due to overcrowding, especially in the colder months. Code Blue has significantly helped their ability to get shelter during colder weather temperatures. However, only do these people need a place to stay, they also need items to help them with their hygiene and staying clean. While hygiene pantries have been opened in other states such as California for homeless people to access hygiene and care products, there is a lack of such places in Middlesex County.

**Method/Approach:** We decided to partner up with student organizations at Rutgers in order to fundraise for the hygiene care products. Using past experiences as well as doing research online helped to create a list of products that we would be fundraising for. A basketball tournament was held in partnership with House the Hub, ZBT and Delta Phi, student organizations at Rutgers. To get teams to sign up we created flyers which were posted all over Rutgers gyms and academic buildings, as well as advertising through ARM and the team members' social media platforms and we also reached out to friends to see if they would like to participate. Teams of three paid a \$10/person entry fee. Winners of the tournament received a \$150 visa gift card and ARM t-shirts. Spectators could also donate money and there was a bake sale at the event as well. The event took place March 31 at the College Avenue Gym.

**Outcomes/Results:** Eleven teams to signed up and \$570 dollars were raised through all of our avenues. Most of that was from the entry fee that teams paid, where we got \$330, \$100 from the bake sale and \$140 from donations of spectators and friends. We were able to purchase 3,200 products and create 288 hygiene care packs. The products included in the care pack were shampoo, body wash/soap, deodorant, tooth brush, tooth paste, shaving cream, a razor, hand sanitizer wipes, band aids, q tips, and pads/tampons. The hygiene care packs are to be handed out at the next community dinner ARM will hold for some of the homeless population.

**Evaluation/Conclusion:** This was the first time that ARM hosted a basketball tournament though it is something that they would like to do annually going forward. Hopefully with more events throughout the year as well as other hygiene services offered by ARM we can continue to positively impact the homeless population in Middlesex County.

Title:	Children's Oral Health Assessment
Name:	Devvrat Patel
Preceptors:	Direct Supervisor: Gina Stravic, Executive Director Project Supervisor: Preeti Srivastava, Senior Program Director (Child Care)
Agency:	YMCA Raritan Valley

**Purpose:** To assess children's knowledge about oral health and implement an educational program to teach them how to maintain healthy oral care practices.

**Significance:** According to the Center for Disease Control and Prevention, 19% of children between 2 to 19 years of age, have untreated dental caries. Further, according to the National Institute of Dental and Craniofacial Research, 42 % of children between ages 2 to 11 have dental caries in their primary teeth. This evidence indicates a detrimental issue in children's oral health which can have long-lasting and far outreaching effects. According to the Dental and Craniofacial Research, children are projected to miss 52 million hours of school each year in the U.S. due to dental symptoms. To help alleviate this problem, the YMCA at Raritan Valley is providing free dental health lessons for kids, and further information for parents, seeking a preventative measure. The lessons are targeted towards educating kids about healthy oral practices and reducing the incidence of dental caries among children in the East Brunswick community.

**Method/Approach:** Twenty young children between the ages of 5 to 7 were given a pre and posttest to assess the effectiveness of the dental health lessons provided. The lessons were created with help from Crest and Oral B Dental Health Education Program and spanned approximately 4 weeks. They were designed using ideas from the program but also included modifications to help yield the best results. The weaknesses amongst the children were noted from the pre-test and were emphasized during the lessons. Lessons were inclusive of videos, games, activities, worksheets, role play, and experiments.

**Outcomes/Results:** The group of children was measured based on 4 lessons. The sample size of the study was 20 students (n=20). From the pretest to the posttest comparison, children averaged 90% in brushing technique, 80% in healthy foods for teeth, 90% in the importance of tongue cleaning, and 100 % for general guidelines and facts.

**Evaluation/Conclusion:** The results indicate that educational programs are effective for young children around the ages of 5 to 7. The lessons helped in raising awareness and teaching preventative measures to young children for better dental health. However, a limitation was the short attention span of the young children. Also, another limitation was the timing, as some kids left early since the study was conducted as part of an afterschool program. Implementing these lessons into multiple studies in the future will help show their true efficacy and success.

Title:	Montgomery Township Public Health Accreditation
Name:	Jayati Patel
Preceptors:	Direct Supervisor: Devangi Patel, Health Educator Project Supervisor: Stephanie Carey, Health Officer
Agency:	Montgomery Township Health Department

**Purpose:** To assist in the public health accreditation process through analysis and compilation of documentation, scribing of minutes during meetings and presentations, and research of state/local codes and laws.

**Significance:** There is a general lack of evidence-based research to support interventions that health departments pursue the betterment of community health. Although this has been changing in the last few years, the public health field is still far behind other healthcare fields that adopted evidence-based practices years before and focused on accreditation as a means of performance management and quality improvement in order to better secure quality health outcomes and measures. Accreditation helps the health department standardize quality measures for public health which makes it easier to acquire evidence that proves certain interventions are effective which will, in turn, improve the quality of care that is being provided.

**Method/Approach:** The Montgomery Township Health Department engages in many community building health efforts with many different partners, coalitions, and populations served. Documentation on those efforts, including minutes, memos, emails, etc., were difficult to find and compile by the small staff of the health department because of their daily tasks. Furthermore, some of the required documentation did not, at first glance, appear to fit the Public Health Accreditation Board's standards, but that was due to a lack of understanding of the health needs of the local populations and the structure of NJ local public health. Those pieces of documentation required proper storyboarding and/or evidence-based research presented in order to qualify for PHAB's standards. The internship required assistance in analyzing and compiling documentation, scribing of minutes, and research of state/local codes and laws for the purpose of accreditation.

**Outcomes/Results:** The process of public health accreditation will be considered a success if the Montgomery Township Health Department is successfully accredited without receiving an action plan in the coming months; this signifies that proper documentation and procedures were developed and followed by the health department. The process will still be considered a partial success if an action plan is received, but it will mean that there was a failure in proper documentation/procedures that resulted in an action plan being given.

**Evaluation/Conclusion:** Public health accreditation helps improve and protect the health of the public by measuring a health department's performance against a set of nationally recognized standards. If a health department is accredited, they are granted that accreditation for 5 years. The project will have worked if the health department receives accreditation and remains able to be reaccredited during the five-year cycle of public health accreditation renewal cycle.

Title:	Social Media Strategic Recommendations
Name:	Julie Patel
Preceptors:	Direct Supervisor: Laura de Zutter, Vice President Project Supervisor: Amanda Danella, Senior Account Executive
Agency:	MCS Healthcare Public Relations

**Purpose:** To compile metrics on the agency's social media presence and performance, and develop cohesive strategic recommendations to improve performance engagement.

**Significance:** As the healthcare industry is evolving to integrate technology into a multitude of areas, it is becoming imperative that members of the industry are adapting changes to facilitate this growth. There is an unmet need within the pharma marketing space to utilize strategies that other corporations are to promote their brands. Due to the restricted environment, social media is seen to be a, "constrained medium" (Forbes, 2017). To break into this space, which offers exposure to over 2.46 billion people, pharmaceutical industries and their partner creative agencies need to develop strategic ways to effectively market. Metric analysis and market research will address the gaps that currently exist within agency performance.

**Method/Approach:** Social media outreach is an integral component of agency functionalities. Oftentimes compliance and non-disclosure agreements make it difficult for agencies to post content on these outlets, and therefore must establish a targeted process to ensure that these agreements are upheld while establishing a presence in the community. The first step was to measure its social media metrics to establish a baseline of performance. Examples of some metrics included follower counts, engagement activity and post reach. The second step was to identify competitors and assess their standing on social media. The final step was to highlight any areas for improvement.

**Outcomes/Results:** A set schedule of posts on three social media outlets was executed from March 9th to April 9th. For the three active social media accounts this agency utilizes (Facebook, Twitter, and LinkedIn) current metrics included the following: 96 fans, 406 followers and 829 followers respectively. The metrics presented aggregated data from January 28 to April 9. Engagements increased by 91 counts on Facebook, 9 counts on Twitter, and decreased by 1 count on LinkedIn. Over 84 reactions were observed on Facebook, 6 likes and 3 retweets on Twitter. No engagements were noted for LinkedIn. Page content clicks for Facebook were 267 and 18 for LinkedIn, both demonstrating increases.

**Evaluation/Conclusion:** The strongest platform that is utilized is Facebook, in regards to engagements and activity. However, there is ample room for growth on LinkedIn, with over 829 followers supporting the agency. Implementing strategic tactics such as targeted following (students, creative agencies, etc.), will create more room for engagement and interaction. Suggested are career fair sponsorships with a LinkedIn QR code for visitors to scan. Creating agency sponsored videos on innovation in the field for LinkedIn would be unique, and assist with recruitment tactics building the agency's brand and outreach.

Title:	Resources For Families With Special Needs Children
Name:	Hiral Patel
Preceptors:	Direct Supervisor: Dr. Naveen Mehrotra, MD, MPH
Agency:	Shri Krishna Nidhi Foundation: Special Needs Community Outreach Program For Empowerment (SCOPE)

**Purpose:** To compile information for a care package for families who have a child newly diagnosed with special needs to help them with resources such as the next steps and early intervention.

**Significance:** According to the National Center for Education Statistics, over 6 million children are diagnosed with special needs and are receiving special education services (NCES). These diagnoses can vary between autism, learning disabilities, speech or language impairments, and developmental delay. In some cases, these challenges are not recognized by parents or caregivers early on; hence, promoting education is essential. Allowing parents to understand their child's diagnosis is crucial for the child's development and future outcomes and therefore supporting early intervention is vital so that the child can excel and thrive in all aspects of life. Dr. Mehrotra, the founder of the SKN Foundation, encourages an environment that allows children and families to gain more knowledge as well as finding a support group to help spread the importance of special needs education in the South Asian community.

**Method/Approach:** An evaluation and assessment of special needs children's diagnosis and resources that parents may benefit from was completed. Comprehensive resource guides are being created to help ensure that parents have the means and sufficient information to address their child's diagnosis. The resource packet features a brochure which includes the first steps parents with newly diagnosed children should consider and other checklist items to track their child's development. Documents to address specific age groups and frequently asked questions are also being established.

**Outcomes/Results:** Over the course of the internship, compiling articles was crucial to find valid information for families. The guides created for children under the age of 3 informs parents about early intervention, state and county based resources, and therapies such as cognitive behavioral therapy, speech therapy, and occupational therapy. For children who are over the age of 3, guides were created to inform parents on the topic of individualized education programs (IEPs), applied behavioral therapy and other assistive technological devices to help their child. While this is all under review, this is the information being used to create these resources for families.

**Evaluation/Conclusion:** Overall, educating parents on the special needs community is crucial because some individuals may not be aware of their child's specific needs. Programs such as SCOPE help address the needs of these children by educating and informing the parents on resources their county and state provide; but, by also providing these resource guides, the parents will understand the next steps in helping their child reach their full potential. For the future, it will be important to review the information provided in these guides to ensure that it is up to date with the latest research.

Title:	Community Outreach for South Asian Population
Name:	Krishna Patel
Preceptors:	Amy Sutton, Chief Executive Officer
Agency:	Cancer Support Community, Central New Jersey

**Purpose:** To assess the community needs regarding cancer, attend educational/information events within the South Asian population and complete the census data within New Jersey Counties.

**Significance:** Cancer is the second leading cause of death in the U.S., accounting for one of every four death caused by cancer. In 2015, more than 16,000 people died in New Jersey due to cancer (CDC, 2017). Cancer patients and their loved ones are faced with mental distress such as jobs, social life, financial issues and overall health of the individual (American Cancer Society, 2016). To cope with such distress, Cancer Support Community, CNJ provides psychosocial support services to address the emotional and social impact of cancer.

**Method/Approach:** Although, CSCCNJ has been providing services to the general population, the organization has decided to focus on the South Asian population which is less likely to seek resources for coping mechanisms. To promote the resources provided by CSCCNJ, events/programs at various faith based facilities, and health fairs will be held. A health fair event hosted by another organization will be attended on May 12. A team of health professionals will be put together who can effectively communicate with the South Asian population, such as a Registered Dietitian/Nutritionist, yoga instructor, social worker, and a medical physician. These individuals will provide their professional inputs for the cancer patients and their friends/family. In addition, to understand the demographics of cancer much better, a census data evaluation of NJ Counties will be done through research, which will allow the comparison between cancer rates and its impact on individuals and families.

**Outcomes/Results:** The census data evaluation indicated that Bergen (8,522) and Middlesex (6,702) counties had the highest number of deaths due to cancer in 2015. (CDC). The data also concludes that, cancer impacts the health of children whose parents are diagnosed with cancer. In the US, twenty-four percent of adults with cancer have children under age 18. In addition to demographic data, contacts with a Registered Dietitian/Nutritionist were made, who has confirmed to work with CSCCNJ on nutrition programs for the South Asian community.

**Evaluation/Conclusion:** There were limitation with this outreach project as the health professionals showed lack of interest and responses for the outreach programs, as well as local faith based facilities. Due to mental health stigma experienced among this community, outreach programs regarding cancer supports has been difficult. A better method of outreach could be connecting with organizations instead of local facilities. Increasing events like Day of Wellness held by CSCCNJ can also improve the efforts of outreach along with stronger ties within the community.

Title:	Pre-Operative Patient Education Program
Name:	Darshee Patnaik
Preceptors:	Thompson Varghese, Bariatric Program Coordinator
Agency:	Robert Wood Johnson University Hospital, New Brunswick, NJ

**Purpose:** To create a new way to educate the patient population within the Bariatrics program and to help them understand pre-operative information before undergoing surgery.

**Significance:** Every year, over 200,000 people undergo weight loss surgery ("Estimate of Bariatric Surgery Numbers"). The goal of the surgery is to ensure patients are following a healthy lifestyle in order for effective weight loss to occur and increase the quality of life ("Benefits of Bariatric Surgery"). The Robert Wood Johnson University Hospital's (RWJUH) Bariatric Surgery Program wants to ensure that all patients are properly educated with pre-operative information in order to build awareness and possible forewarnings for complications during the surgical process. Based on historical class attendances, less than 10 percent of the population was receiving pre-operative education. With an improved education program plan, more patients will be informed and well-versed in the procedures that will take place.

**Method/Approach:** When analyzing historical data within the Bariatric department to see if patients were attending pre-operative educational classes, there was an opportunity to improve. An analysis of the previous educational program RWJUH bariatric patients had participated in prior to surgery was conducted to identify possible areas for improvement. Based on this analysis, a new educational program was created through the platform, iMovie, a video editing software program, which will be electronically sent to patients if a patient cannot make the in-person class. In addition, a post-test was created to record patient feedback on the new educational program created. This survey will verify if the patient has watched the new education video and is a part of required documentation for the maintenance of current designations of RWJUH Bariatric Program ("Standard 5.2 Perioperative Care Pathways").

**Outcomes/Results:** The new educational program is currently under review by the higher leaders of the department and the Patient Education Committee to ensure that the video and survey will be easily understood by all patients. Once the program has been assessed thoroughly, the program will be piloted. By making sure that patients comprehend the educational program, it prepares them and reduces the risk of any complications during and after the surgery.

**Evaluation/Conclusion:** Once the higher leaders have concluded their review of the educational program and it has been approved, patients will have the ability to learn pre-operative surgical information at their convenience rather than attending in-person meetings. By creating a suitable education program that patients will be able to complete, RWJUH will meet its compliance guidelines and ensure a better educated bariatric surgical population.

Citations:<u>https://docs.google.com/document/d/1pD-</u> twkQaf4k8HskykcsXsO4FC\_u7U8qZFWvnYwHMPhA/edit?usp=sharing

Title:	Guidelines for Treating Perinatally HIV Exposed Newborns
Name:	Abhilash Paul
Preceptors:	Delena Allen, MSN, RN, CCRN- NICU Nurse Manager, Dr. Peter Wenger, MD, Dr. Raquel Gomez, MD
Agency:	Saint Peter's University Hospital (SPUH) - Neonatal Intensive Care Unit

**Purpose:** To update the hospital's guidelines for treatment of HIV infected newborns to meet the standards of the current National Institutes of Health (NIH) guidelines, and make the policy more understandable for hospital staff.

**Significance:** HIV is a dangerous viral infection that leads to Acquired Immune Deficiency Syndrome (AIDS). If not properly treated and monitored it is possible for mothers with HIV to pass on the infection during childbirth. In these situations, Antiretroviral therapy (ART) must be administered within 6 hours after birth for maximum effectiveness. The Neonatal ICU at SPUH encounters newborns who have been perinatally exposed to HIV and has protocol directing the care and treatment of these newborns. By updating the current hospital protocols to meet the new NIH guidelines, and simplifying it for nursing staff patients will be treated with the most effective evidence-based practices.

**Method/Approach:** Recommendations from the NIH for perinatal HIV exposure cases were reviewed and identified as necessary changes to the current SPUH perinatal HIV exposure policies. A flowchart was created for clinical staff to easily identify and carry out the correct treatment for patients. A formal new perinatal HIV exposure protocol and new medication order forms were drafted as well. An anonymous 3 question survey was designed to gauge clinical staff's opinion of the flowchart and protocol. The survey asks if the staff believed the changes would ultimately (a) help shorten time to Antiretroviral therapy (ART) being delivered (b) help staff correctly identify risk level of HIV transmission and (c) help staff select the therapy appropriate to gestational age. The survey was designed with a sliding scale of responses from 1 to 5, 5 being the most helpful rating and 1 being not at all helpful.

**Outcomes/Results:** The sample of Neonatal ICU staff (N=43) gave overwhelmingly positive feedback. When asked about the protocol's potential to help staff shorten time to ART delivery, 36 staff members (83.7%) responded with a 5, and 7 staff members (16.3%) responded with a 4. When asked about the protocol's potential to help staff correctly identify patient's risk of transmission level, 40 respondents (93%) chose 5, and 3 respondents (7%) chose 4. When asked about the protocol's potential to help staff identify the correct treatment as appropriate to gestational age 39 respondents (90.7%) chose 5, and 4 respondents (9.3%) chose 4.

**Evaluation/Conclusion:** The positive feedback acquired from the survey reassures that the protocol will prove useful to staff. Ultimately, success of the new protocol will be determined by analyzing outcomes in future cases of perinatal HIV exposure to see if (a) time to ART administration was decreased, (b) risk level was made to be easily identifiable, and (c) drug therapies were selected appropriate to gestational age.

Title:	Faculty and Faculty Administrator Evaluations Assessment
Name:	Jesse Penn-Bahar
Preceptors:	Karen Robbins, Program Coordinator, Faculty Recruitment and Affairs
Agency:	Rutgers Cancer Institute of New Jersey, CINJ

**Purpose:** This project will analyze the current and previous status of the faculty and faculty administrator evaluations effectiveness and aid to improve the current process.

**Significance:** Performance appraisals are a crucial part of all organizations. Previously at CINJ a large portion of the performance evaluations have not been completed accurately or in a timely manner. Appraisals are a tool used for setting goals, objectives, and monitoring growth. Without receiving correctly completed evaluations this prevents CINJ from further expanding research, education, and delivering effective patient care. Additionally, CINJ uses performance evaluations to facilitate communication and strengthen the partnership between the evaluatee and the evaluator ultimately keeping CINJ in compliance with the University and all departments. The goal of CINJ Office of Faculty Recruitment and Affairs is to create a more effective method to communicate to the faculty on how to properly complete a successful appraisal. Given the importance of performance appraisals this project will enable CINJ with the opportunity to provide their faculty with the resources they need to create stronger relationships and accurately monitor growth throughout the health system.

**Method/Approach:** CINJ's formal policies were read and reviewed for their performance appraisal process to gain a vast understanding of how their system works, and the various components that it consists of. After understanding the performance evaluation system, the next step moving forward was to analyze previous performance appraisals from the prior fiscal year to indicate common trends in where individuals are struggling to complete the process correctly. While helping to create a presentation that properly identifies the entire faculty and faculty administrator evaluation processes from start to finish, it focused primarily on clarifying repeated mistakes that were constantly made in the past evaluations. This will be presented to the chiefs on May 1st, which will initiate the beginning of the appraisal process for this fiscal year and indicate a smoother process for the faculty.

**Outcomes/Results:** The anticipated outcomes are to receive correctly completed evaluations from the faculty and faculty administrators. In order to measure the results CINJ Office of Faculty Recruitment and Affairs will provide a check list of all the components of the appraisal process with the additional paperwork that must be submitted with set deadlines. Upon receiving the evaluations, the department will review them to indicate any recurring mistakes to ensure that these evaluations are properly being conducted.

**Evaluation:** Helping facilitate the faculty to create stronger relationships with one another enables CINJ to further expand on current and future goals. Evaluations done accurately and productively support employee retention, positive morale, and mold an effective workforce. An effective workforce is essential to expand research and clinical activity throughout the health system. Future action, to rewrite and update evaluation instructions as needed.

Title:	Healthcare Transformation Consortium
Name:	Patrick Peprah
Preceptors:	Direct Supervisor: Mrs. Stacey Knowles
Agency:	Saint Peter's Healthcare System, New Brunswick, NJ

**Purpose:** To Analyze the HTC and it's potential to simultaneously address the three dimensions of healthcare known as the Triple Aim.

**Significance:** The healthcare Triple Aim includes improving patient experience of care, improving the health of a population and reducing the per capita cost of healthcare. According to the Kaiser Foundation 2018 Employer health benefits survey, 152 million Americans get their healthcare coverage through an employer. According to Agency for Healthcare Research and Quality, in 2017, the average employer contribution to a family premium increased by 6% while single premiums increased by 4% in NJ. Additionally, the Kaiser Foundation Employer health benefits survey revealed an increase in access and quality of care, however, the rise in costs indicates a need for an innovative employer-sponsored health plans that address all three components of the Institute of Healthcare Improvement Triple Aim.

**Method/Approach:** The HTC consists of seven New Jersey Healthcare systems with a combined employee population of 70,000. Each healthcare system has a self-insured plan with four tiers that will be administered in collaboration with a third party entity (Aetna). To address patient experience issues, Aetna will conduct a retrospective review of care coordination expenditure (PMPM), utilization and quality measure scores. As a result, Aetna will provide a monthly report regarding each Healthcare system's physician incentive program. Also, the data collected from network/tier use, expenditure (PMPM), attribution and high cost claimants will enable Aetna to calculate cost and savings derived from the HTC plan. Moreover, data collected from the Data Strategy committee adopted population health metrics allows the third party administrator to provide a full view of the HTC network performance.

**Outcomes/Results:** Through the reports generated by Aetna, each healthcare system will get a glimpse of their performance against the 6 quality metrics. The report generated from the physician incentive program will allow each health system to identify trends in its employee PCPs utilization, medical costs and quality measure improvements. Additionally, the reports derived from network/tier utilization and population health metrics will enable each health system to identify and develop strategies that will effectively address the health issues of its employees.

**Evaluation/Conclusion:** Through the 6 quality measures agreed upon by all 7 healthcare systems, each HTC health system will continue to monitor the effectiveness of care coordination and quality of care being delivered to their employees. The physician incentive program will incentivize physicians to reduce medical costs while the network/tier utilization among health systems will eliminate health insurance companies' overhead expenses and margins resulting in savings. Moreover, the HTC data strategy committee and health and wellness committee data driven approach to manage employee's population health ensures that each employee receive the highest quality of care.

Title:	Lung and Colorectal Cancer Screening: Evaluation of ScreenNJ programs
Name:	Jacintha Peram
Preceptors:	Direct Supervisor: Marsha Gordon, MPH, Research Administrator Project Supervisor: Jeanne Ferrante, MD, MPH, FAAFP
Agency:	RWJMS - Department of Family Medicine and Community Health Research Division

**Purpose:** To design two surveys and an interview guide that will evaluate ScreenNJ programs for the lung and colorectal cancer (CRC) screening rates and implementation of their screening programs.

**Significance:** Lung cancer is the number one cause of deaths due to cancer in both males and females in the United States and New Jersey. However, only 19.1% of lung cancer cases in New Jersey are diagnosed at early stages, when it is more likely to be curable <sup>1</sup>. Despite the 2013 recommendation for lung cancer screening in smokers at high risk, the 2017 screening rate in the Northeast was only 6.0% <sup>2</sup>. Colorectal cancer is also a source of morbidity and mortality, accounting for 3,670 deaths in NJ in 2018 <sup>1</sup>. The current CRC screening rates in New Jersey is 66.1%, which is significantly lower than the goal of 80% <sup>3</sup>. To reduce the burden of lung and CRC in the state and increase screening rates, New Jersey developed ScreenNJ. The surveys and interview guide will be used to evaluate the ScreenNJ programs to gain a better understanding of their reach, adoption, and effectiveness, while taking into account their setting, organizational characteristics, and population they serve.

**Method/Approach:** Literature searches on lung and CRC screening studies and Consolidated Framework for Implementing Research (CFIR) evaluations were conducted, using various search engines such as Google Scholar and PubMed. A Word document and Endnote referencing software was used to compile a library of literature used for this project. Information from 74 peer-reviewed articles was used to generate a list of questions that measure provider and practice level interventions on lung and CRC screenings. Two surveys were designed using Qualtrics survey software.

**Outcomes/Results:** Of the lung cancer questions, 10% consist of intervention characteristic themes, 14% inner setting, 31% outer setting, 26% characteristics of individuals involved, and 19% process and strategy themes. Of the CRC questions, 8% consist of intervention characteristic themes, 18% inner setting, 27% outer setting, 29% characteristics of individuals involved, and 18% process and strategy themes.

**Evaluation/Conclusion:** The two surveys received IRB approval on March 21, 2019, and will be distributed to 75 participating ScreenNJ programs. The preliminary interview guide was reviewed by the ScreenNJ team, and select questions will be chosen to be used on an online discussion forum. Effectiveness of the ScreenNJ programs will be compared, while taking into account contextual factors. Best practices will be identified for lung and CRC screening among different populations across diverse settings. This will facilitate translation and scale up of effective interventions to reduce the morbidity and mortality rates of lung and CRC in New Jersey.

Title:	Assessing the Effectiveness of Incentives and Rewards for the PRAMS Research Project
Name:	Delmy Perez
Preceptors:	Teresa Cruz, Research Coordinator
Agency:	Bloustein Center for Survey Research

**Purpose:** To assess the effectiveness of incentives and rewards on District of Columbia and New York City response rates for the Pregnancy Risk Assessment Monitoring System (PRAMS) research project.

**Significance:** PRAMS stands for Pregnancy Risk Assessment Monitoring System and is conducted by the Centers for Disease Control and Prevention as well as state specific Department of Health. The PRAMS research project is conducted in order to collect data from mothers who recently had a baby. The collected data are used to develop new policies and health programs in efforts to improve the health of mothers and babies as well as reduce maternal and infant morbidity/mortality. In order to reach response rate goals, effective use of rewards and incentives will be necessary

**Method/Approach:** A sample of women is selected to participate in the DC and NYC PRAMS research project. The data for this project are collected through mail surveys and telephone interviews. In an effort to obtain data and improve response rates, incentives are included with mail surveys and rewards are sent after the completion of a phone/mail survey. For both, District of Columbia and New York City a total sample size (n=1,746) was used to compare and analyze response rates through the use of excel sheets. NYC PRAMS provides a cash incentive included with the initial mail survey and DC PRAMS provides a reward after the completion of a telephone survey.

**Outcomes/Results:** After comparing response rates for both, NYC had an overall response rate of 67% and DC had an overall response rate of 45.4%. NYC, which received a higher number of mail surveys, had a higher rate of mail return with 46.1%. DC received less mail surveys back and had a 13.9% mail return rate. DC had a higher number of phone interviews with a 35.7% response rate and NYC had a 30% phone response rate.

**Evaluation/Conclusion:** New York City PRAMS resulted in having the higher overall response rate when compared to District of Columbia. New York City, which included an incentive with the mail survey, also had a higher mail response rate. District of Columbia, which provided a reward after the completion of a phone interview had a higher phone response rate. This can conclude that the use of incentives with surveys can result in a higher overall response rate. When comparing phone and mail response rates, incentives prior to the completion of the survey results in a higher mail response rate and rewards offered can result in higher rate for phone completes. For both DC and NYC, location and other factors may contribute to overall rates and differences between phone and mail responses. In efforts to also minimize response bias that can happen with telephone surveys, receiving a higher number of mail surveys back can be favorable. This can be done with the use of incentives with the initial mail survey.

Title:	Educating Seniors on Oral Hygiene
Name:	Christina Phan
Preceptors:	Melanie Ford, Director of Social Services
Agency:	City of New Brunswick Senior Resource Center

Purpose: To educate, provide tips, and resources for optimal dental care for seniors (add how old).

**Significance:** Many older Americans have no access to dental insurance because the Medicare program does not cover routine dental care and benefits have been lost after retirement. Of adults aged 65 or older, 68% have gum disease and 1 in 5 have untreated tooth decay. Moreover, poor dental hygiene not only contributes to gum disease and oral cancer, but the same bacteria linked to gum disease has also been linked to pneumonia, which can increase the risk of hospitalization and death. The New Brunswick Senior Center will have an informational session regarding the importance of dental hygiene, dental practices to partake at home and provide resources for seniors to receive affordable and quality dental care. This project will encourage seniors to be aware and proactive about their stance on dental hygiene.

**Method/Approach:** A pre-survey administered to 14 seniors will be analyzed to gauge their stance on oral hygiene. After, strategies to prolong the maintenance of a healthy mouth and strong teeth will be researched. An informational session will be conducted to inform seniors on the importance of oral hygiene for seniors and an 'action plan' to combat it at home. An informational sheet with tips on how to practice good oral hygiene as well as a list of locations that offer affordable dental care. Lastly, a post-survey will be administered to determine the increased willingness to practice good dental hygiene and an increased willingness to visiting a dentist.

**Outcomes/Results:** Of the 14 seniors, 100% believe dental hygiene is important; 57.1% brush twice a day, 28.6% brush once a day, and 14.3% brush more than twice a day. The last time a senior has visited a dentist more than two years was 14.3%, two years 21.4%, one year 28.6%, and never 35.7%. During the past 12 months, 50% of the seniors experienced a time when they needed dental care and could not get it at the time. Overall, the seniors rated the health of their teeth and gums from excellent (0%), very good (21.4%), good (21.4%), fair (28.6%), and poor (28.6%).

**Evaluation/Conclusion:** From the data, it is evident that seniors realize the importance of dental hygiene and have a strong interest in learning more about it. Resources such as the informational sheets and the social service worker will be available for clarification on the availability of health facilities and the usage of insurance. After the informational session, of 14 seniors, 42.9% said they would seek additional information regarding oral hygiene from the center's social worker, 76.9% said they are more willing to visit a dentist because these resources are available, and 64.3% said they would book a dentist appointment in the near future. To improve the knowledge and willingness of seniors to be proactive about dental care, plans to partner with local dentists would help unanswered questions and give greater medical suggestions on individual's conditions.

Link To Citations.

Title:	Healthy Corner Stores - Community Engagement - Elizabeth, NJ
Name:	Sabrina Piraneque
Preceptors:	Direct Supervisor: Kathleen Azzarello, RN, MS, Admin. Director of Cardiovascular Services
Agency:	Trinitas Regional Medical Center - American Health Association

**Purpose:** To connect with and engage the healthy corner stores and community leaders to promote a healthy lifestyle in the community.

#### Significance:

The American Heart Association has created a "Strategic Impact Goals to be completed by 2020. Among those strategies is to the implementation of "Building a Culture of Health Within My Community". Starting in 2017, focus to implement the New Jersey Healthy Corner Store Initiative in Elizabeth began with the help of Trinitas Regional Medical Center and non-profit, Shaping Elizabeth. The vision to create and work on providing families with more healthy choices through partnership with small retailers. After initial launch events in 2018, procedures to follow up were not put in place and therefore, contact lost.

**Method/Approach:** Acknowledged language and cultural barriers will be an obstacle in efficient communication. Assessed the current activity level and current interest of the two "healthy corner stores" established last year, emphasizing no food vouchers would be provided this time. For the next step, community leaders from the YMCA and Shaping Elizabeth were reached out to, where collaboration was set up on three events in April 2019, as part of "Passport to Health" program. Utilized the Healthy for Life handouts as a toolkit to engage the attendees during events. Interest from community members was gauged through attendance and receptiveness.

**Outcomes/Results:** The two corner stores identified were Emily's and La Placita. Contact with Trinitas Community Outreach representative, Amparo Aguirre was necessary to serve as liaison between the interns and the corner store management. Through observation, both corner stores offered healthy food options. As outlined in the AHA outline, a limited selection of fruit and vegetables, whole grain cereals, and low-fat dairy options were available. La Placita store owner, was more receptive of joining the current initiative but did address the difficulty of providing healthier food alternatives. Multiple attempts to get a hold off Emily's corner store manager were made but no progress was made. The attendance of community members to "Passport to Health" events increased each time.

**Evaluation/Conclusion:** Monetary concerns, lack of resources, and lack of interest for healthy food of school children were the identified as main concerns to active participation in the corner store initiative. With the onset of the project starting in the beginning of March 2019, there was a limited amount of time to set up a pilot event, but collaboration with established community leaders set up alliance for further events down the line. This project will continue as an ongoing collaboration pilot in Elizabeth.

Title:	Analyzing the Effects of a Consistent Weight Training Program on Maximum Strength and Power in Division I Female Collegiate Soccer Athletes
Name:	Madison Pogarch
Preceptors:	Primary Supervisor: Dr. Shawn Arent, Ph.D., Director of the IFNH Center for Health and Human Performance; Project Supervisor: Bridget McFadden, Doctoral Student
Agency:	Center for Health and Human Performance, Institution for Food, Nutritional and Health, Rutgers University

**Purpose:** To analyze the effects of a periodized weight training program on maximum strength and power in Division I (DI) female college soccer athletes.

**Significance:** Coaches and strength and conditioning professionals have long used performance tests such as the vertical jump to assess an athletes power output. Periodic testing helps to identify athletes' strengths and weaknesses, chart and document progress, or assign positions and ranking to individuals (Graham, J). In addition to the vertical jump, the T-test appears to be a highly valid and reliable measure to assess a combination of components, including leg power and agility (Kainoa). Speed tests are typically used solely to measure an athlete's linear speed capabilities. Current evidence has demonstrated that team sport athletes achieved maximum speeds around 40m when performed from a static standing start (Benton, D.).

**Method/Approach:** A periodized strength training program for DI female athletes was implemented throughout 2 consecutive DI seasons. Subject included 19 female soccer players (age:  $20 \pm 3$  years; weight:  $\mu$  67.71 kg; and height:  $\mu$  167.8 cm) participating in the Big Ten Collegiate Conference. The training program was divided into three separate sections throughout the study. Segment 1 began in (August 2017- and ended in November 2017), Segment 2 (began in February 2018- and ended in April 2019), and Segment 3 (began in July 2018- and ended in November 2018. In each segment, participants were evaluated in testing sessions throughout a two-day period. One testing session comprised of the 40-m sprint (S40), and T-Test for agility (AG). Vertical jump (VJ) was assessed on a separate day. Prior to the start of each testing session, each player completed a dynamic warmup.

**Outcomes/Results:** In each testing session, players completed 3 trials of each test (S40, AG, VJ) and their best time/height was recorded. Team averages were then calculated from each testing session to compare across all segments. After the completion of the program, an overall improvement in the S40 sprint times was seen from 5.819 seconds reduced to 5.73 seconds, an increase in VJ was seen from 18.92 to 20.38 in, and a reduction in AG time in from 11.14 to 10.64 seconds. However, seven players were excluded from participation due to injury and/or safety concerns; therefore, only twelve players were able to fully participate.

**Evaluation/Conclusion:** This study determined that a periodized resistance training program implemented throughout the season improve female soccer players' speed (S40), power (VJ), and agility (AG). The team average improved in all categories analyzed. On an individual level, the largest increase in VJ was an increase of 2.5 inches. The largest reductions in S40 were 0.5 seconds and 1.8 seconds for AG. A limitation to the current study included a period of unmonitored training that took place during the summer months. This work is incredibly important in the development of sport and the overall improvement of athlete health and resistance to injury.

Title:	Ensuring Continuity of Care Among Mental Health Practitioners at RWJ and BMSCSH
Name:	Samantha Abigail Posada
Preceptors:	Direct Supervisor: Diana Starace, Injury Prevention Coordinator, Project Supervisor: Irene Sudah, B.S.N., CNOR, Pediatric Trauma Program Manager
Agency:	Robert Wood Johnson University Hospital and Bristol Myers Squibb Children's Specialized Hospital

**Purpose:** To create a mental health manual that will provide the foundation and confidence for future Pediatric Trauma team members to adapt and effectively support mental illness among pediatric patients.

**Significance:** Traumatic events are experienced by all age groups and can severely impact children and adolescents in many ways. This specific population has a higher risk of experiencing Adverse Childhood Events (ACE's) which are traumatic events strongly related to the development of mental and physical health problems later in life such as substance misuse. The American Academy of Pediatrics reports that only 21% of affected children with a diagnosed mental disorder actually receive the necessary resources and treatment. Health care professionals need to have the appropriate information and knowledge so that all pediatric patients with symptoms or a diagnosed mental illness disorder receive care in a timely manner.

**Method/Approach:** Various needs were identified through a qualitative interview with the current Mental Health Intern about their experience. This included addressing the difficulty in performing roles and duties because of conflicting interests from different department and assimilating to the environment. These challenges, along with additional information on mental illness among the pediatric population from the Anxiety and Depression Association of America and Centers for Disease Control and Prevention were incorporated into the manual.

**Outcomes/Results:** A mental health manual was created for future Mental Health Interns and Trauma team members to highlight the importance of assessing anxiety, depression, and PTSD among pediatric patients. The manual contains 24 pages with 9 sections. The sections range from the introduction and background of Trauma Informed Care (TIC) in pediatric trauma cases to the use of CRAFFT and STEPP to evaluate and treat if a child has a mental illness. The manual also elaborates on current pediatric trauma initiatives that the hospital has in place such as child passenger safety, non-accidental injuries, and tips for dealing with mental health crises in pediatric patients.

**Evaluation/Conclusion:** The mental health manual will be given to new hires who work with the Pediatric Trauma Team during their on-boarding process. A pre and post-test evaluation will be given to assess the effectiveness of the manual and attempt to help the team increase their reach and improve or enhance care for future pediatric trauma patients.

Title:	Best Recruitment Practices for a Qualitative Study on Older Populations Living with HIV in Newark, NJ
Name:	AJ Popow
Preceptors:	Kristen Krause, MPH, Center Manager, CHIBPS; Doctoral Candidate, Rutgers School of Public Health
Agency:	The Center for Health, Identity, Behavior and Prevention Studies (CHIBPS)

**Purpose:** To enroll older adults living with HIV into a qualitative study about resilience and living with HIV.

**Significance:** According to the Centers for Disease Control and Prevention (CDC), in 2014, an estimated 45% of Americans living with diagnosed HIV were aged 50 and older. Older adults with HIV often suffer from other comorbidities such as diabetes and heart disease, which can make it more difficult to manage HIV infection. Additionally, HIV may affect the aging process and increase the risk of age-related conditions such as dementia, bone loss, and some cancers (CDC, 2018). The center's latest study GOLD IV is aimed at capturing the experiences of adults over 50 living with HIV in New Jersey through a qualitative interview discussing their personal experiences with HIV, aging, and the impact of resilience on their experiences. Analyzing recruitment strategies for this study will help inform and improve outreach techniques for future studies and hopefully benefit resources aimed at helping these populations.

# Method/Approach:

The center began recruitment by using previously successful methods which included posting flyers throughout Newark, however, attempts to recruit older populations required improvised recruitment methods. Recruitment became far more effective when research assistants were able to connect with clinics and caseworkers at AIDS service organizations. Participants reported how they learned about the study during an initial screening and the frequency of each recruitment category was analyzed to determine the most effective recruitment method.

#### **Outcomes/Results:**

As of April 2019, the study has successfully enrolled 49 participants. Of the 49 screened, 45 were eligible for this study. We recruited our participants through 1 of three methods: written materials (e.g. flyers), service referrals (e.g. medical providers and clinics), and oral (e.g. word of mouth). Based on our original study population (N=45), 60% (n=27) were enrolled orally, 27% (n=12) were enrolled by service referrals, and 13% (n=6) were enrolled through written information.

#### **Evaluation/Conclusion:**

Recruitment methods were most efficient when information was passed orally from person to person, with 60% of participants learning about the study from another person already enrolled. More resources should be allocated to in-person communication methods for older demographics as opposed to methods such as online posting, etc. Ongoing analysis of recruitment techniques will occur to ensure efficiency for the future.

Title:	Analyzing recruitment strategies for research in Newark NJ.
Name:	Jade Potash
Preceptors:	Kristen Krause, MPH, Center Manager
Agency:	Center of Health Identity Behavior and Prevention Studies (CHIBPS)

**Purpose:** To analyze recruitment methods used in the pilot research study (P18) and to determine what was successful and not successful for future studies.

**Significance:** CHIBPS advances research and knowledge to improve the lives of people affected with or by HIV, substance abuse, and mental health burden in Newark, NJ. Newark is ranked as one of the top ten cities with the highest number of HIV cases according to the New Jersey department of Health. It is important to CHIBPS to have a focus on the well-being of all people, including sexual, racial, ethnic and cultural minorities and other marginalized populations through recruitment methods. Analyzing recruitment methods will give the researchers a better understanding and more evidence as to what strategies are the most efficient for the population of interest, without wasting resources to improve the overall goal of gaining participants.

**Method/Approach:** CHIBPS recruits participants via connecting with community partners, online forums such as Facebook, Instagram, dating platforms, flyers, referrals and recruitment events. For the purpose of the ongoing study, the population of interest was young men or trans women between the ages of 18-25 and were HIV negative. To elucidate the most effect recruitment strategy, data was extracted from all screened participants (n=127) from June 2018 to March 2019. Participants self-reported how they learned about the study. The frequency of each recruitment category was analyzed to ascertain the most effective recruitment method.

**Outcomes/Results:** Approximately 56% of the screened participants were eligible to partake in the study. Ultimately, 52 of those screening eligible enrolled in the study. As per the extracted data (n=127), the frequency of each recruitment method was as follows: 37% (n=47) community partner, 11% (n=15) online, 22% (n=29) flyer, 18% (n=24) referral, 9% (n=12) recruitment events.

**Evaluation/Conclusion:** Connecting with community partners is the most effective form of recruitment for CHIBPS, with 37% of participants learning about the study from a community partner. More resources for recruitment should be geared on making connections, and less resources on the other recruitment methods that are not as successful. Targeting several community partners was the most successful method because they are established companies with prior relationships with the community of Newark, New Jersey.

Title:	Revision of Hillsborough Township Strategic Plan
Name:	Salvatore Presti
Preceptors:	Direct Supervisor: David Kois
Agency:	Hillsborough Township Business Advocacy/Sustainability Office

**Purpose:** To revise the 2009 Hillsborough Strategic Plan to an up to date 2019 version with updated data and statistics.

**Significance:** With the increasing awareness of the effects of climate change, many communities are looking for ways to make their town more sustainable as laid out by the guidelines by the organization Sustainable New Jersey. In this case, sustainability refers to not only addressing climate change, but to reducing waste and inefficiency, and bettering local economies. The strategic plan seeks to assist the Hillsborough Town Committee, local businesses, and community at large by providing up to date information on statistics regarding sustainability. In addition, this strategic plan as includes updated goals and objectives that township departments have planned or are currently undertaking.

**Method/Approach:** Since the last revision of the Hillsborough Strategic Plan, an organization called Sustainable New Jersey has been formed with the aim of helping member townships reduce their impact on the environment. As Hillsborough is a member of Sustainable New Jersey, the township has been actively following the projects laid out by Sustainable New Jersey to not only reduce environmental impact, but also increase efficiency. To that end, meetings were held with the Sustainability Director, Sustainability Intern, and department heads to discuss which projects from Sustainable New Jersey they would like complete. After projects were selected, the requirements of the project were outlined, and a definition of success was created for the department to achieve and added to the Strategic Plan. In addition to Sustainable New Jersey projects, the revised Strategic Plan also had statistical information such as crime rates, population, income level, etc. updated.

**Outcomes/Results:** The revised Strategic Plan has been updated to include contemporary sustainability projects endorsed by a legitimate sustainability organization; Sustainable New Jersey. All municipal departments of Hillsborough Township now have a basic understanding of sustainability and the sustainability goals of the township at large. Each department also has handpicked projects with clear outlines as guides for implementation, as well as a definition of success to keep as a long term objective.

**Evaluation/Conclusion:** The updating of the Strategic Plan required not only an updating of data, but also educating township employees and departments on the basics of sustainability and efficiency. Once educated, departments heads stated they felt more comfortable with the ideas of sustainability, and the goals of the town Committee and mayor in regards to sustainability. Creating an outline and definition of success allowed all employees, as well as any citizen who would wish to read the strategic plan,to understand what projects entail, and what the overall objective of individual projects would be.

Title:	Bronchiectasis Handbook for Patient Awareness and Education
Name:	Andrea Quismundo
Preceptors:	Michelle LoPiccolo, Finance and Grants Coordinator Ericka Fong, Administrative Manager & Alanna Kendig, Nurse Practitioner
Agency:	Weill Cornell Medicine - Pulmonary and Critical Care Medicine

**Purpose:** To create a Bronchiectasis Handbook that will educate the patients about what this disease is and its importance, how to identify and differentiate this disease from other lung diseases and what types of treatments and preventions are available.

**Significance:** Bronchiectasis is a serious, debilitating and increasingly prevalent disease in both developed and developing countries. Symptoms of it are very similar with COPD which is another progressive and obstructive lung disease and many people are not familiar with this disease. According to findings of a study, the prevalence and incidence of bronchiectasis is substantially higher than previously reported, and the diagnosis of bronchiectasis continues to increase in clinical practice (Weycker, D., Hansen, G.L., and Seifer, F.D. 2017). The project is intended to expand the knowledge of the patients about bronchiectasis and how to prevent and alleviate this disease to help reduce the incidence and severity of bronchiectasis.

**Method/Approach:** Using evidenced-based practice research from reliable search engines such as PubMed and Google Scholar, a helpful handbook was successfully created for the patient. The knowledge obtained from observing and shadowing the nurse practitioner in the clinical practice helped reinforce the accuracy of the information.

**Outcomes/Results:** 50 patients from the clinical practice have seen and read the handbook. Of the sample size cohort (n=50), 47 patients found the handbook helpful which is 94% of the population that was exposed to the handbook. 2 patients didn't find it helpful which is 4% of the population. Lastly, 1 of the patients had no response which is 2% of the population. According to the patients who were exposed to the handbook, they learned a great new deal of information about Bronchiectasis. As a result, the percentage of patient awareness about Bronchiectasis has increased.

**Evaluation/Conclusion:** After the distribution of the handbook, almost all (n=47, 94%) of the patients liked the handbook and found it helpful. They suggested that more similar informational handbooks should be created for other lung diseases. Feedback from the patients about the handbook will be used to modify the current information and enhance the delivery of the information to the patients.

Title:	Best Practices with Lost to Follow-Up Clients on Cohort list
Name:	Zoey Ramirez
Preceptors:	Gustavo Valdés-Rivera, Administrative Director, Ryan White Program at CarePoint Health
Agency:	Ryan White Program at CarePoint Health-Hoboken University Medical Center

**Purpose:** To work with medical case managers to determine their best practices with non-compliant clients on the cohort list and determine a single best practice.

**Significance:** There are currently 1.1 million people in the United States who are living with HIV in whom 1 in 7 people who are not aware they have been infected. According to AIDSVu in 2015 there were approximately 35,636 people living with HIV in the state of New Jersey. With access to proper medical attention, individuals living with HIV are able to control their infection making it almost undetectable in their system. If the virus itself is controlled and not detectable this will decrease the chances of transferring the virus and also decrease the rates of new infections.

**Method/Approach:** The Ryan White Program at Carepoint Health has a clinical caseload of 470 patients in care of which 17 are not currently virally suppressed. As a result, the unsuppressed patients were placed in a cohort study and assigned medical case managers (MCMs), as they may face barriers/challenges preventing them from becoming suppressed. The MCMs work closely with these patients by providing access to counseling services and assisting with medical appointments; to improve adherence to treatment with the optimal goal of achieving viral suppression. An interview process was conducted with all MCMs to determine their best practices and create one individual practice [model] with their unsuppressed patients. Success is determined by the number of patients who were moved from the unsuppressed cohort to the virally suppressed group.

**Outcomes/Results:** MCMs placed reminding phone calls to patients 5 days before their appointments and the day before the appointment to ensure patients attend their medical appointments. Barriers such as lack of transportation were identified, and arrangements were made accordingly. MCMs were asked to counsel/educate patients regarding medication adherence issues. Doing so ensured the patients knew the medications they were taking, dosages, and how they must be taken prior to any scheduled medical visit. MCMs also communicated to the medical provider of any current/presenting issue: homelessness, substance use, etc. that may impact adherence to treatment. MCMs advocated for the patient to have a medication regimen that was in alignment with the patients' current psychosocial needs (i.e. less pills, pills that do not need to be taken with food, etc.). Lastly, MCMs referred patients in need of food, housing, mental health care, and outpatient substance abuse treatment to the appropriate resources, and monitored intake and engagement with these services.

**Evaluation/Conclusion:** Of the seventeen (17) who were not virally suppressed at the start of the project, three (3) achieved viral suppression and were moved out of the cohort. Personalized follow-up and care is essential for those patients who have not achieved viral suppression. Understanding the barriers and challenges faced by the patients in this cohort assisted the medical provider (prescriber) in prescribing a protocol that was adequate for each patient, meeting each of their current needs. This personalized approach also allowed for the MCMs to monitor the patient's progress, mitigate barriers and secure the needed support counseling, education, social services and resources.

Title:	Integration of Smoking Cessation Educational Intervention
Name:	Pooja Ranadive
Preceptors:	Christopher Rogers
Agency:	Hackensack Meridian Health Hackensack University Medical Center (HUMC)

**Purpose:** To identify tobacco use and its effect on health for Medicare and Medicaid patients residing in Hudson and Bergen counties and propose educational information, interventions and smoking cessation program referrals.

**Significance:** Tobacco smoking has been a prevalent problem in our society. "Data from the 2014 National Health Interview Survey (NHIS) show that 27.9 percent of uninsured adults and 29.1 percent of Medicaid recipients currently smoke. By contrast, 12.9 percent of adults with private insurance and 12.5 percent of those on Medicare currently smoke" (Centers for Disease Control and Prevention, 2015). Tobacco smoking has a huge impact on health and kills many Americans each year. The integration of smoking cessation educational program should improve patient's overall health and reduce tobacco usage.

**Method/Approach:** An analysis of Medicare and Medicaid beneficiaries who are patients of HUMC reviewed by Centers for Medicare and Medicaid Services. The first step was to research tobacco effects and smoking cessation resources. The approach to integrating the smoking cessation educational pathway into the existing program includes conducting outreach and screenings to patients. The intervention includes questions about tobacco usage and if the patient screens positive, he/she will receive an educational pamphlet and a referral to a smoking cessation program via phone call or in person. Patients will receive an email or postal mail with important information and then receive monthly follow-ups. Approximately, 2,100 Medicare and Medicaid patients will be screened after integrating the smoking intervention. Data will be analyzed by positive or negative screenings and successful referrals.

**Outcomes/Results:** In the integration of the smoking intervention on May 6th, two thousand one hundred Medicare and Medicaid patients in HUMC will be screened. The outcome of this intervention will result in the successful integration of the smoking cessation intervention into the patient screening navigation process. If patients screen positive and attend a smoking cessation program after being referred, the integration of the intervention is successful.

**Evaluation/Conclusion:** The goal of the intervention and educational pamphlet will be successful in informing patients about tobacco and helping them to lower tobacco usage. After presenting the intervention educational pathway to hospital staff and the team, they approved of the overall intervention. Final and successful integration of the smoking cessation intervention will be assessed and evaluated based on the number of positive screenings, patient smoking cessation referrals, and patient satisfaction.

Title:	The Effects of Opioid Drug Use on Post-op Urinary Retention in Orthopedic Hip and Knee Patients
Name:	Amanda Rezac
Preceptors:	Direct Supervisor: Kyala Pascual, BSN, RN, ONC Joint Care Coordinator
Agency:	Robert Wood Johnson University Hospital - New Brunswick

**Purpose:** To determine whether opioid drug use, as a method of pain management, significantly effects urine retention in post-op orthopedic patients.

**Significance:** The US uses more narcotics than all other countries combined. 30,000 out of 50,000 drug overdose deaths are attributed to opioids. Prescription opioids are considered a "common gateway to addiction," (Nakada & McGovern, 2017), and need to be seriously reconsidered for clinical use if there is hope to reverse the opioid epidemic in the country. Furthermore, the use of opioids for pain has shown to effect post-op urinary retention (Verhamme, et al., 2008), which leads to longer length of stay for the patient, or even readmission after discharge; thus affecting the organization's bottom line. There are serious implications in the use of opioids, and any effective alternative pain management methods that exist should be utilized before turning to opioids. Educating clinical staff is going to be pertinent in effectively transitioning away from narcotic use and more toward a multi-modal approach.

**Method/Approach:** For this project, data was collected via electronic health record for all 74 patients who received elective hip or knee surgery from October 2018 - December 2018. The variables examined for this study were patient medical history, anesthesia start and end time, anesthetics used intra-op, anesthesiologist, time due to void, urine output volume, need for catheterization, and narcotic analgesics post-op. All dosages for intra-op anesthetics and post-op narcotic analgesics were converted to morphine equivalents by the corresponding MME conversion factor (Opioid Oral MME, 2018).

**Outcomes/Results:** Our results demonstrated that the more anesthetics used during surgery, the higher chance of post-operative urinary retention. 20% of patients given Fentanyl and Propofol were catheterized due to retention. 36% of patients given Fentanyl, Propofol, and Rocuronium were catheterized due to retention. 38% of patients given Fentanyl, Propofol, Rocuronium and Versed were catheterized due to retention, while 45% of patients given Fentanyl, Propofol, Rocuronium, Versed, and Lidocaine were catheterized due to retention. In 3 out of 4 cases where 5 or more anesthetics were used during surgery, they all had the same anesthesiologist. Furthermore, the use of narcotic analgesics post-op also impacted retention. 100% of patients who needed to be catheterized post-op had been given some kind of Oxycodone (oral or extended release).

**Evaluation/Conclusion:** Anesthesiologists should receive continuing education on best practices for anesthetizing patients, as it is important to keep dosages standardized among patients for quality management. Additionally, the use of narcotic analgesics, specifically Oxycodone, should not be used regularly. Alternative pain management methods should strongly be considered in post-operative patients. One limitation to this study is the timing of narcotic analgesic administration to patients, as narcotic analgesics given within a certain window post-operatively should be considered to effect urinary retention. Another limitation is ambulation, which was not examined, but can stimulate the urge to urinate.

Title:	Evaluation of a Referral Management System for Members of an HIV Special Needs Plan (VNSNY CHOICE SelectHealth)
Name:	Sabeen Rokerya
Preceptors:	Direct Supervisor: Lauren Benyola, PMP, MBA, Product Manager Project Supervisor: Jay Dobkin, MD, Chief Medical Officer
Agency:	VNSNY CHOICE SelectHealth

**Purpose:** To develop recommendations for an improved monitoring system of reported member referrals within an HIV Special Needs Plan (VNSNY CHOICE SelectHealth).

**Significance:** While the healthcare system expands with growing numbers of specialists and specialties than ever before, there is a lack of parallel growth cited for general health care quality or efficiency in patient management. Inappropriate referrals, outdated technology, insufficient data, and delayed care are hindrances to the receipt of the right type of specialty care by patients (HealthViewX, 2017). Understanding the trends in member referrals to specialty care and the fragmentation of care through an existing referral management approach of a managed care organization may allow for, ultimately, an improvement in patient management, quality of care, and positive health outcomes for many healthcare seekers in the US.

**Method/Approach:** A random sample of referral cases were reviewed using the two internal member databases available and issues related to referrals from the cases were cataloged based on severity and frequency. Data from these referrals were cross-tabulated with demographic characteristics: gender, age, and primary care sites. Gaps in understanding based on the cases reviewed were used to formulate questions for internal stakeholders in the referral process, who were then each interviewed. Based on the answers provided, recommendations for changes were composed.

**Outcomes/Results:** Of the sample size cohort (n=63), 12 referral records were made in October 2018. Of those referral records, several fields in the record were left blank. Of the referrals in October 2018, 4 records (33.3%) had the "Subspecialty Requested" noted, and 1 record (8.33%) had the "Appointment Date" specified. Per the cases reviewed, it was determined that there were gaps in each step of the referral process. Primarily, there was no explicated workflow provided for the staff members fielding the calls by members for specialty care requests, resulting in a lack of effective record-keeping.

**Evaluation/Conclusion:** For almost all record referral records since October 2018, specialty care requests in the records kept lack information regarding the type of specialty care requested and the date of the appointment made, which inhibits the possibility for effective follow-through of requests. An explicative workflow for each of the staff members who receive these calls, coupled with adequate access to the record-keeping database used for referrals that allows for all fields to be completed, will help alleviate some of the fragmentation of care resulting from the current process.

Title:	NCQA Policy and Procedures
Name:	Joseph Roldan
Preceptors:	Direct Supervisor: Geri Ann Swenarton, Vice President of Finance Project Supervisor: Lynn Francisco, Payer Services Coordinator
Agency:	Children's Specialized Hospital (CSH)

**Purpose:** To implement formal policies and procedures (P&P) that reflect what has been outlined in the Delegated Credentialing Plan to assist CSH become a Certified Verification Organization (CVO) with the National Committee for Quality Assurance (NCQA).

**Significance:** The current process at CSH, includes up to a six-month delay to credential for a new provider through the insurance companies. This inefficiency leads to wasting work hours and increasing costs for CSH. A delegated credentialing plan with formal P&P adds standardization of work to NCQA standards, eliminates the six-month delay in credentialing, and allows timely payment for new providers for CSH.

**Method/Approach:** In support of the delegated credentialing plan and to ensure that CSH is compliant with NCQA Standards and Guidelines prior to submitting an application for certification: A gap analysis was performed on pre-existing P&P enacted at CSH and RWJBarnabas Corporate to determine where NCQA standards and guidelines were met and what P&P were or were not being met- and therefore what P&P were needed to ensure compliance. Findings from the gap analysis were transposed into an outline so that a determination could be made of what P&P were needed and could be assigned for completion. In preparation of writing the new P&P, research was then conducted using policies, procedures, and credentialing plans from other NCQA certified organizations either provided by members of the organization or provided online by the organization's website, to observe and analyze examples of how the new policies should be written. Initial drafts were written to set the standards and guidelines for: conducting site visits to assess to ensure the physical quality of the facilities, sufficient medical record keeping practices, and patient safety standards of practitioner office sites, appeal rights for practitioners, and assessments for organizational providers.

**Outcomes/Results:** The completed drafts for the P&P were submitted to the Children's Specialized Hospital CVO team for further review and editing. Once the P&P are reviewed and finalized by the team, they will be submitted for approval by the CVO Board of Directors. Once approved, they will be implemented in the organization. Once the policy for practitioner site visits is reviewed and approved, the CSH CVO team will conduct their own site visits to ensure the physical quality, sufficient medical record keeping practices, and patient safety standards of all CSH facilities in compliance with NCQA standards.

**Evaluation/Conclusion:** The newly written policy and procedures will bring CSH a further step closer towards certification by the NCQA. Further P&P research will need to be done to ensure CSH is meeting NCQA guidelines the closer the organization gets to certification.

Title:	Communication as a Tool for Democracy: Shaping Dialogue for 2020
Name:	Leah Rozario
Preceptors:	Mellen O'Keefe, Communications and Strategy, Creative Director Adrienne Yee, Event Producer
Agency:	The Brennan Center of Justice at NYU Law

**Purpose:** To create events around the 2020 election and its policy issues to shape dialogue, raise awareness and create a resource to educate voters.

**Significance:** The 2016 Presidential Election caused voters to polarize at an unprecedented rate. The median Republican is now more conservative than 97% of Democrats, and the median Democrat is more liberal than 95% of Republicans (Pew Research Center). This is in part due to the focus on social media, party politics, special interest and dark money influence, rather than the actual policy stances of politicians and voters. Among the Brennan Center for Justice's biggest areas are issues that involve voting and money in politics. The proposed "Voting in 2020" series will provide voters with a comprehensive education on the different influencing factors of elections, policy, and politicians. The programs will be free to the public, broadcasted online, and be published in podcast format to maximize outreach.

**Method/Approach:** The approach was to research key issue areas that are anticipated to arise in the upcoming election. After a thorough media analysis of news during the 2016 election, and news regarding the 2020 election, we were able to identify four areas which could help voters make informed choices about their own policy platforms. These areas are "Political Action in a Digital Age" "Congressional Bipartisanship", "Money in Politics" and "Voting Rights". We then researched leaders in these fields, which include professors, politicians and authors, to further develop the plan for each individual program.

**Outcomes/Results:** The result was a comprehensive program plan, with the overall theme of *Voting in* 2020. The speakers for Political Action in a Digital Age will discuss how digital media and big data are inadequate tools for activism, while posing a substantial threat to our democracy. The Money in Politics program will include scholars and elected officials to come together to discuss the reality of dark money in American government and the increase of wealth inequality in our country. The Congressional Bipartisanship program will host U.S. Representatives from both sides of the aisle to discuss the challenges of pursuing bipartisanship, maintaining constituent support and the political dynamics of consensus. Lastly, the Voting Rights Symposium will discuss the history of voting rights, the most urgent voting rights issues in our political climate, and the impact that they have on our democracy.

**Evaluation/Conclusion:** This event was pitched to the Creative Director and is scheduled for next fall. The success of the program will be determined by audience size, and their continued engagement with the Brennan Center, which will be measured by their event return rate and sign-ups for the Brennan Center newsletters.

Title:	NJ Legislative Power Mapping for Pro Immigrant Bill Introduction and Passage
Name:	Annie Rozzo
Preceptors:	Direct Supervisor: Johanna Calle, Policy Director
Agency:	NJ Alliance for Immigrant Justice

**Purpose:** To conduct research on voting history, background, and influence in State lawmakers to map out and strategize on how to pass pro immigrant legislation.

**Significance:** The NJ Alliance for Immigrant Justice is a coalition of members throughout the state of New Jersey that works to create and achieve policies to benefit the states immigrant community. Pro immigrant legislation must be pushed in New Jersey because of our high immigrant population. According to the Migration Policy institute, NJ has about 526,000 undocumented people living in the state (MPI, 2019). Thus, passing pro immigrant legislation is vital to helping the State function and be an equitable place to live. In order to gain support and pass pro immigrant bills it is necessary to know the current law makers and who to target to get bills passed.

**Method/Approach:** To conduct legislative power mapping on these issues the assembly and senate must first be organized. A way to organize is by committee. Next, going from committee to committee the titles, political parties, and voting history of each member must be researched and recorded. For this particular project, Bill (S699) was focused on. Bill S699 "Allows certain students including undocumented immigrants who meet certain criteria to qualify for State student financial aid programs". The committees with the most overwhelming support for Bill S699 would then become a target for other legislative introduction for the NJ Alliance for Immigrant Justice.

**Outcomes/Results:** The results showed that the majority of senate and assembly committees voted in support of bill S699. However, some committees had a much larger percentage of lawmakers who voted yes on S699 like the senate Law and Public Safety committee whose members all voted yes to pass S699. Many other committees both in the assembly and senate had votes of no, no vote, or lack of voting history on this bill. Looking at sponsorship of the bill as well as member titles within committees was a vital tool for seeing which committees were more supportive of pro immigrant legislation.

**Evaluation/Conclusion:** Future pro immigrant legislation created or brought forth by the NJ Alliance for Immigrant Justice should be sponsored by a legislator that has not been afraid to publicly support pro immigrant legislation in the past. They also should come from a committee that overwhelmingly supports (S699). The limitations of studying New Jersey is that the senate and assembly are majority Democrat. It would be beneficial to focus on examining the voting history of Republican legislators who have occasionally supported legislation in the past to see a pattern of what has changed their mind or what could provoke them to support pro-immigrant legislation.

Title:	Energy Efficiency & Green Building Project Management and Marketing
Name:	Quinn Ruff
Preceptors:	Supervisor - Kara D'Afflitto, COO Co-Supervisor - Shannon Dalton, Director of Sales & Marketing Frequently worked with - Evan Carberry, Director of High-Rise & Commercial Services
Agency:	ReVireo, Cranford, NJ

**Purpose:** To track and collect data on residential and commercial building projects' progress and compliance with energy efficiency and green building certification standards.

**Significance:** ReVireo is as an energy efficiency and green building services company serving mainly builders and developers. Builders and developers are encouraged to build energy efficient and green homes through rebates from utility companies to add market value and buyer attraction. These rebate programs offer incentives to both homeowners and builders and are designed for savings of at least 5% to 15% over energy code, however many save even more. Additionally, these homes are specifically designed to amplify indoor air and water quality. ReVireo helps ensure builders and developers meet their Township's energy efficiency requirements, and promote the benefits of such building practices.

**Method/Approach:** Documentation for ENERGY STAR, LEED, and Enterprise Green Communities certification were collected or created for active projects. These projects included the New Brunswick Performing Arts Center (NB-PAC), the Neumann Leather Building redevelopment in Hoboken, NJ, a new apartment building complex by Woodmont Properties in Sewell, NJ, and new construction / rehabilitation of buildings in The Heights at Fairmount project in Newark, NJ. In most cases, analysis / feasibility research and mapping were required to gather sufficient documentation necessary to earn points towards certification categories. In addition to this project work, efforts were also made to contact building/architecture companies and associations so that ReVireo might provide them with energy efficiency and green building services for the Eastern Pennsylvania region due to the state's transition from the 2009 International Energy Conservation Code (IECC) to the 2015 IECC. This transition comes with new mandatory requirements and more stringent compliance metrics that were not previously required under the 2009 IECC.

**Outcomes/Results:** Over the course of the internship, credit documentation was completed for NB-PAC, The Heights at Fairmount, and partially for the Neumann Leather redevelopment. 205 QC docs & IAPPs were created for the apartment building complex by Woodmont Properties in Sewell, NJ and of those, 176 were submitted to the NJ Clean Energy program to process incentives for the builder. The research performed for projects will be used in client conversations. Additionally, 428 information packets and cover letters were sent out to The American Institute of Architects (AIA), architecture firms, BIA LEED contacts, builder's associations, and potential clients in Pennsylvania and New Jersey. 128 envelopes to building code officials were created but were not sent out due to time constraints.

**Evaluation/Conclusion:** 85.9% of documentation necessary for ENERGY STAR certification & rebates for Woodmont Properties were submitted for review to the NJ Clean Energy Program. Also, 77% of intended outreach to potential clients was achieved during this internship. Contributions made during this time push NJ slightly closer to an energy efficient future, but continued outreach and energy efficiency compliance efforts are necessary.

Title:	Identifying Preventative Methods to Reduce Incidence Rates of Pediatric Window Falls
Name:	Sarah Sahili
Preceptor:	Iesha Suber
Agency:	The New Jersey Trauma Center at University Hospital, Newark, NJ

**Purpose:** To analyze and identify the injury circumstances of pediatric window falls in a high-risk population and develop an outreach campaign about window safety for children in the city of Newark, NJ.

**Significance:** Window falls are some of the most common preventable types of unintentional injuries. Each year in the US, an estimated 2 million children ages 14 and under are treated annually at hospital emergency rooms for fall-related injuries. Since 2014, there have been at least 47 emergency room visits by children between the ages of 0 and 18 for fall-related injuries at University Hospital in Newark, NJ. When further analyzing this common phenomenon, it is clear that such injuries are not only unintentional but also preventable. By researching best practices, developing, and implementing educational materials and services for caregivers, we can inform the community on effective preventative measures to reduce the incidence rates of window fall-related injuries (i.e., placing window stops and installing window guards).

**Method/Approach:** We retrieved data from the Level 1 Trauma Center registry at University Hospital, about patients between the ages of 0-18 that were hospitalized between the years 2014 - 2018 due to fall-related injuries. Forty-seven hospitalizations were attributed to window fall-related injuries. This was due to the ease of accessibility of windows by children under the age of 10. A survey was created to highlight possible risk factors contributing to kids falling out of windows. Demographics regarding children's age, accessibility to windows, and presence or absence of window guards were included.

**Outcomes/Results:** An IRB proposal has been submitted for this project. Once approved, the survey will be distributed to patients, patients' families, and individuals in waiting rooms, as well as the pediatric clinic at University Hospital. A presentation about window safety was also created for caregivers. Top preventative methods identified were: 1) Installing window guards and/or window stops, 2) Moving objects or furniture that children can climb on, 3) Keeping windows in children's reach locked, 4) Supervising children at all times, and 5) Teaching children about window safety.

**Evaluation/Conclusion:** To effectively prevent and reduce the incidence rate of pediatric window falls, educational measures must be taken. By informing visitors and patients in hospitals, and conducting workshops on child home safety, the community will learn the significance of window safety and window guards.

Title:	Medical Staff ByLaws Adjustment
Name:	Navdeep Saini
Preceptors:	Brenda Arrietta, CPCS, Credentialing Manager, Kattia Martinez, Credentialing Specialist
Agency:	Trinitas Regional Medical Center- Credentialing Department

**Purpose:** To align Credentialing requirements with the same standards for privileging as the American Board of Medical Specialties. Bylaws Article 12.A.2.2 needs to be revised to allow for an exception to be made to the requirement of domestic residency completion.

**Significance:** Trinitas Medical Center requires Physicians seeking an initial appointment, have to complete an ACGME (Accreditation Council for Graduate Medical Education) approved residency training program. Physicians who completed residences outside of the United States would not fulfill this requirement. The American Board of Medical Specialties has created an alternate pathway for these individuals to be considered for Board Certification. This pathway includes additional fellowships that have been completed with an ACGME accredited program. The Medical Staff will recognize that the additional training and Board certifications of these physicians qualify them for medical staff membership and the ability to perform requested procedures.

**Method/Approach:** The initial discussion began at the Credentials Committee meeting with an application for initial privileges that presented these circumstances. Supporting documents were reviewed, which lead to the Credentialing Committee making a recommendation to the Bylaws Committee. The Bylaws Committee reviews and makes adjustments to the proposal and forwards them to the Medical Executive Committee for approval. The Medical Executive Committee is responsible for reviewing and approving the proposed additions and revisions. Once approved by the Medical Executive Committee, it is forwarded to the Medical Staff members for approval. The Medical Staff members eligible to place a vote for this proposal are Active physicians who have paid their medical staff dues and are present at the quarterly medical staff meeting at which this recommendation is presented. With the approval of two-thirds of the physicians who voted, the recommendation for revision is forwarded to the Board of Trustees for final approval.

**Outcomes/Results:** The policy was revised and approved at the following levels: Credentialing Committee on 2/6/19, Bylaws Committee on 2/14/19, Medical Executive Committee on 3/12/19, Quarterly Medical Staff Meeting on 3/18/19, and Board of Trustees Meeting on 4/3/19.

**Evaluation/Conclusion:** Each Committee has approved the recommended revisions and forwarded to the next Committee. The changes are made in Trinitas Regional Medical Center: Medical Staff Bylaws book on 4/3/19; and the Medical Staff Office will accept physician seeking initial appointment that have completed the additional training and Board certifications approved by Accreditation Council for Graduate Medical Education.

Title:	Arriving to New Jersey
Name:	Luz Sandoval
Preceptors:	Diana Mbogoni; Casework Supervisor
Agency:	International Rescue Committee (IRC)

Purpose: To help newly arrived refugees from Africa, Asia, and the Americas resettle into New Jersey.

**Significance:** As of 2018, nearly 69 million people have been displaced due to war, violence, and persecution in their home countries, leading to an influx of refugees. (CBSNews, 2018). For the fiscal year of 2019, only 30,000 refugees will be admitted into the United States. (Cepla, 2019). As stated by the IRC, the mission of their organization is to "help people whose lives and livelihoods are shattered by conflict and disaster to survive, recover and gain control of their future." It is vital that in the early stages of resettlement, refugees receive support in their transition. Good support services ensures that newly arrived refugees have an easier time regaining control of their future and become self-sufficient in their new countries. (Silove and Ekblad). By having caseworkers work with refugees at the IRC in Elizabeth, the agency works towards making every refugee become their own independent person once more.

**Method/Approach:** To best help resettle refugees into Elizabeth, New Jersey and the surrounding area, newly arrived refugees and clients were given apartments and set up with a Matching Grant income prior to their arrival. Files were created to help keep track of the progress of the clients, in regards to benefits received from the IRC and other outside agencies. The clients were also shown how to navigate the surrounding area, including how to travel using the Elizabeth bus system to get to the IRC and back home. Clients were also taught to how to go to the local health clinic using the bus system and were taken to their first appointment after arriving to New Jersey. If clients need help reaching healthcare services, they were helped in setting up logisticare. The clients were also helped in applying for social security cards, employment authorization documentation cards, Medicaid and Medicare, plus other social services if needed. Translation was provided for those that came from Spanish speaking backgrounds. Clients were put through a cultural orientation program to them assimilate into American society. The program that clients are enrolled in when they arrive in New Jersey with the IRC is for the first ninety days of their arrival.

**Outcomes/Results:** Between the months of January and April 2019, 44 cases of newly arrived refugees were helped through the program. Of those 44 cases, 11 files were made and kept for newly arrived refugees that came between the months of January and April, to keep track of their progress through the resettlement program. Of those 44 cases, 5 were assisted a number of times in navigating the area to get to services, by using the transportation system, Logisticare, and walking. Three were taking to their first doctor appointment in the United States. Five were helped in seeking and contacting social services agencies to receive additional help. An apartment was set up for a family of 4. Eight clients received help with English to Spanish translation with landlords, health providers, and caseworkers. Lastly, 2 clients were helped in making sure they understood their Cultural Orientation program through an exam.

**Evaluation/Conclusion:** There is a significant amount of cases that needed an extension, despite the 90 days given in the program. Aside from having "extended services" for refugees that need more time and assistance to assimilate, the program should do a follow up with refugees after a few years to see how they have progressed if they have finished the program.

Title:	Effectiveness of Community Economic Development Grant
Name:	Ana Santiago
Preceptors:	Jinlian Meric
Agency:	The Brunswick Group (TBG)

**Purpose:** To assess the effectiveness of the Federal Community Economic Development (CED) Grant on nonprofit organizations throughout the United States.

**Significance:** In 1964 the United States declared a war on poverty, through that the CED grant was developed which allows for job creation in low income communities throughout the United States. According to the Department of Health and Human Services (DHHS) the CED grants created a total of 3,178 jobs for low income individuals and created or expanded 744 businesses. As noted by the DHHS in their annual report to congress, defunding the grants will create a loss of jobs in low income communities and create greater roadblocks for low-income individuals from attaining jobs where currently more than 50% are offered health care, paid sick leave, and retirement benefits. The data gathered by, TBG, is used by the DHHS when creating the Fiscal Report to Congress which is a considered when deciding whether or not to fund the grant.

**Method/Approach:** In order to execute this project, we set up pre-site visit meetings with grantees and program specialists to discuss the upcoming site visit. Next, we reviewed the grantees programmatic and financial documents. At the time of the site visit we met with the organization's executive staff, employees, third party partners, and beneficiaries. After the site visit we created a monitoring report that measured the grantee's success based on their organizational governance, program performance, operation and financial management. Lastly the reports were sent to the DHHS for review.

**Outcomes/Results:** After reviewing the findings from the five monitoring visits, three out of the five grantees were highly successful. At the time of the monitoring the three grantees were on target with the grant development and in total created 134 jobs as proposed in their grant applications. The three successful grantees were financially viable, well operated, and had an involved board. The other two organizations were both delayed on their grant development. One organization was financially struggling, poorly managed, and had an unresponsive board. The second organization was financially viable, well operated, and had an involved board but their grant was not flourishing the way they expected.

**Evaluation/Conclusion:** While the grantees described a set plan in their proposals the results did not correlate. We concluded that successful grantees share similar qualities like effective communication, and streamlined processes. The grantees that were not successful lacked strong partnerships, communication, and board involvement. At the same time, we recognized that the lack of grantee success included factors out of their control, like being understaffed and lacking funds.

Title:	Transforming New Brunswick Into an Innovation District
Name:	Abbey Saunders
Preceptors:	Communications Associate: Megan Feneis
Agency:	New Brunswick Development Corporation

Purpose: To analyze why the city of New Brunswick is the perfect candidate for an innovation district.

**Significance:** A successful innovation district is identified by eight main criteria: 1. An innovation district is a platform for all kinds of activity; 2. It's got a critical mass; 3. It's an ecosystem as much as a place; 4. It's got a long-term agenda; 5. It's got civic visionaries as well as business entrepreneurs; 6. It's a combination of "big moves" and "small wonders"; 7. It's geographically bounded; and 8. It's an anchor for the regional and state economy (RICE).

**Method/Approach:** The data from New Brunswick Development Corporation's (Devco) project, NJ Innovation and Technology Hub, will be used to determine the details of the programmatic space and planned events aimed towards creating a neighborhood environment in New Brunswick and why the city is a stellar candidate to be transformed into an innovation district.

**Outcomes/Results:** New Brunswick meets all of the criteria given by RICE's Institute for Urban Research: 1. Brings together life sciences, tech, and industries of the future with groundbreaking academic research from across the Big 10; 2. New Brunswick is home to the highest concentration of scientists and engineers in the United States and has over 50 million people within 200 miles; 3. New Brunswick provides a one-of-a-kind work environment, providing employees access to cutting-edge creative space, with unrivaled proximity to next-generation research and startups; 4. Innovation districts generate strong returns and New Brunswick can accelerate commercialization efforts and attract top talent; 5. New Brunswick has unique access to some of the best and brightest in the U.S., with the 2nd best education system in the country; 6. New Brunswick has access to the largest health system in New Jersey, RWJ Barnabas, as well as a top ten ranked super-computer, while being surrounded by small businesses and restaurants in the downtown core; 7. New Brunswick in a dense network of leading corporations and universities and is located in a state with one of the most concentrated and transit-oriented markets in the world; 8. New Brunswick provides an unparalleled access to the rich density of talent, customers, and corporations through a convenient and robust transit infrastructure.

**Evaluation/Conclusion:** New Brunswick meets all eight criteria for a successful innovation district and will help drive the commercialization of academic research while also supporting startups and corporate players. In conjunction with other players, the New Brunswick Development Corporation has started the process of transforming the city of New Brunswick into an innovation district. For this process to move forward, actors such as Rutgers University, the New Jersey Economic Development Authority, and other organizations must get on board with rebuilding the city of New Brunswick.

Title:	The Impact of NJ LGBT Curriculum Inclusion Law on School Climate and Mental Health Outcomes for LGBTQ Youth
Name:	Lilah Schrading
Preceptor:	Bianca Mayes, Health and Wellness Coordinator
Agency:	Garden State Equality, New Jersey's largest LGBTQ advocacy and education organization

**Purpose:** To perform a literature review that outlines the prospective effects of the recently passed New Jersey LGBT Curriculum Inclusion Law on school climate and mental health outcomes of LGBTQ youth to inform the creation of a survey that will evaluate these effects.

**Significance:** School climate in New Jersey is poor for LGBTQ students. LGBTQ students have reported experiencing high levels of victimization compared to their non-LGBTQ counterparts. According to the GLSEN 2017 National School Climate Survey, 60% of LGBTQ students reported experiencing verbal harassment based on sexual orientation in the last year and 56% experienced verbal harassment based on gender expression. Similarly, LGBTQ students experience poor mental health outcomes compared to their non-LGBTQ counterparts. A 2016-2017 survey from the Human Rights Campaign found that 28% of LGBQ youth and 40% of transgender youth said that they felt depressed most or all of the times during the previous 30 days, compared to only 12% of non-LGBTQ youth. LGBTQ curriculum inclusion has potential to improve school climate and mental health outcomes for LGBTQ youth.

**Method/Approach:** Performed a literature review using online databases considering the following variables: LGBTQ youth mental health disparities, the current New Jersey school climate for LGBTQ youth, the effects of LGBTQ curriculum inclusion on school climate, and the effects of school climate on mental health outcomes for LGBTQ youth. This literature review will inform the creation of surveys for students that will be administered in schools with the pilot program for the new inclusive curriculum in the 2019-2020 school year, before and after its implementation. This literature review was presented at the Rutgers conference on LGBTQ Health and Resilience and the NJDOE Conference on So

**Outcomes/Results:** This literature review concludes that LGBT curriculum inclusion has the potential to improve school climate for LGBTQ youth in New Jersey Schools and mental health outcomes for LGBTQ youth. Schools without inclusive curriculums were found to have worse school climate for LGBTQ youth than schools with voluntarily inclusive curriculums. Victimization and the internalization of anti-LGBTQ sentiment have detrimental effects for LGBTQ youth mental health. Furthermore, decreasing occurrences of sexual minority-specific victimization has the potential to improve mental health outcomes for LGBTQ youth.

**Evaluation/Conclusion:** According to the literature review, if the LGBT curriculum policy is implemented thoroughly, the surveys administered in schools participating in the pilot program will most likely indicate improved school climate and mental health for LGBTQ students.

 Title:
 NJPIRG Zero Hunger Campaign Assessment

 Name:
 Hira Shah

 Preceptors:
 Sarah Eisenstark

 Agency:
 NJ PIRG

**Purpose:** To propose possible solutions for the students on campus that cannot afford meals/meal swipes as well as providing meals to the homeless population in the New Brunswick area.

**Significance:** Food insecurity is a huge issue on Rutgers University campuses: 22% of college students nationwide face food insecurity and hunger issues, yet hundreds of pounds of food are wasted regularly all over our campuses. This indicates an issue in the way that food is distributed on campuses. NJPIRG runs the zero hunger campaign to combat the issue of food insecurity for students by designing a system that will enable meal swipe donations as well as donating items to the Rutgers food pantry via a food drive. Through this system, students who are food insecure will be provided with food options at dining halls at no cost, ultimately decreasing the amount of hungry students on campus.

**Method/Approach:** The first step in the backwards plan was to set a date for the food drive, which was April 15th - April 19th. The next step was to create a visibility campaign so that organizations across Rutgers could join the coalition. This way, NJPIRG could accumulate an enormous amount of food products to donate to the food pantry. A graphic detailing the food drive was posted on all four campuses (about 500 posters on each campus) to increase visibility and drive the Rutgers student body to donate canned goods and hygiene products to each of the four campus student centers. The graphic/flier was distributed two weeks before the drive. The week of the food drive, NJPIRG members took turns managing tables in each student center for 2 hour shifts. Every Rutgers organization that is a part of the food drive, such as fraternities and community service groups, also accumulated food items from their respective organization members to be donated. Afterwards, NJPIRG members collected all food items accumulated from the food drive and donated them to the Rutgers food pantry.

**Outcomes/Results:** Throughout the week, the organizations sponsoring the food drive collected almost 100 canned goods and hygiene products to be donated to the Rutgers Food Pantry. The breakdown of items collected include 10 boxes of cereal, 35 cans of soup, 5 cans of vegetables, 3 boxes of rice, 20 boxes of pasta, and 27 hygiene products.

**Evaluation/Conclusion:** The results were measured by the total number of items collected which surpassed the amount expected. The food drive served as a catalyst to see if the visibility campaign was successful or not. From the outcomes, we can conclude that the campaign was successful because many students donated items for the food pantry.

Title:	Achieving viral load suppression in Youth 13-24
Name:	Sagida Shatursun
Preceptors:	Roseann Marone, MPH, RN
Agency:	Robert Wood Johnson AIDS Program, RU-RWJMS

**Purpose:** To analyze the Robert Wood Johnson AIDS Program impact within the adolescent community to achieve viral load suppression.

**Significance:** RWJAP, part of the NJ HIV Care Network, has been caring for patients since 1983 to ensure an increase of viral load suppression rates of HIV perinatally infected and behaviorally acquired youth between the ages of 13 to 24. Two major advances in HIV have been the reduction of mother to child transmission, as well as the advancement of combination medications which sustain viral load suppression. While there has been an increase in the numbers of patients, as well as newly diagnosed males, the New Jersey Cross Part Collaborative data shows the youth 13-24 age group has the lowest percentage of viral load suppression rates due to a multitude of factors including pediatric patients aging up, and specific barriers to care.

**Method/Approach:** Evidence Based Intervention data within the RWJAP has been collected since 2015 to assess and monitor viral load suppression rates. In addition to the states cross part collaborative data, these numbers are systematically used to evaluate the viral loads of youth ages 13-24 and understand the barriers to achieving viral load suppression. A retrospective review of this data was conducted to reveal the trends and patterns within the community.

**Outcomes/Results:** For the grant year of 2018, the state has maintained an average of 75% viral load suppression rate for youth 13-24 which is the lowest percentage of all age groups recorded in the CPC. The Ryan White Part D Network data has also shown the low rates of those virally suppressed youth with an average of 73% in 2018 and 72% in the first quarter of 2019. While RWJAP's retention rates have overall been increasing, the viral load suppression of 43 patients has decreased from 82% to 73% between April of 2018 and April of 2019. However, the program has seen a decrease in the percent of youth aged 13 to 24 with viral load suppression, fluctuating from 61% in 2017, to 81% in 2018, then decreasing again to 58% in 2019 leaving 101 virally suppressed youth 13-24 out of 138.

**Evaluation/Conclusion:** RWJAP has seen an increase in 13-24 year olds due to retention in care, greater effectiveness of medications and aging up of perinatally infected youth due to increased longevity. Despite the advances, there are noticeable trends that hinder the achievement of VLS such as treatment fatigue in those perinatally infected youth, and the invincible mentality of those behaviorally acquired. While there is an increasing challenge being faced, the RWJAP integrative care model, multidisciplinary team members, and medical case management provides the capacity to meet the challenges faced by the patient population in pursuit of an 85% suppression rate.

Title:	Continued Readiness for Accreditation and Regulatory Review
Name:	Karishma Singh
Preceptors:	Maureen Bueno, PhD, RN, Senior VP of Organizational Effectiveness
Agency:	Robert Wood Johnson University Hospital, New Brunswick

**Purpose:** To design and implement a system to ensure Robert Wood Johnson University Hospital in New Brunswick, New Jersey is in a state of continued readiness for inspection by accrediting organizations such as The Joint Commission and regulatory agencies such as the New Jersey Department of Health and the Centers for Medicare and Medicaid Services.

**Significance:** The Joint Commission is an independent organization that accredits and certifies healthcare organizations throughout the United States. The Joint Commission accreditation and certification is a nationwide symbol used to reflect the healthcare organization's commitment to a high standard of quality care. To achieve accreditation and certification, The Joint Commission conducts unannounced visits called surveys. At the time of a survey, evidence of standard compliance must be accessible in either paper format or electronic format.

**Method/Approach:** The 2019 Joint Commission Accreditation Manual was reviewed and standards requiring written documentation were noted. From this, a spreadsheet was created documenting the standard number, the written document required, the individual responsible for providing such document, their leadership, and the date that document needs to be reviewed. Required written documents composed of plans and policies were then analyzed to ensure they met The Joint Commission standard, saved electronically onto the shared drive, and filed into binders pertaining to their specific chapter.

**Outcomes/Results:** Both an electronic and paper system were established to log documents. All required written documents for 2019 were collected and properly filed. Therefore, at the time of The Joint Commission survey, any requested document from these completed binders or the shared drive can pulled to ensure readiness.

**Evaluation/Conclusion:** The electronic and paper document logging system fulfilled its purpose. Having required written documents all in one place so the surveyor does not have to wait to review them is critically important for a positive survey.

Title:	Process Improvement in Total Knee Replacement Surgeries
Name:	Sukhpal Singh
Preceptors:	Dr. Eric Gordon, Orthopedic Surgeon
Agency:	Hunterdon Medical Center

**Purpose:** To observe knee replacement surgeries in the operating room and analyze ways to improve the process of surgery to propose more efficient procedures.

**Significance:** Each year, about 700,000 total knee replacement surgeries are performed in the United States, and this number is projected to increase to 3.84 million surgeries performed in 2030. With this increase in demand for total knee replacements, there is a greater need in increased efficiency for knee surgeries and improved interactions within the surgical team. This project will use data collected during surgery to test ways to improve efficiency.

**Method/Approach:** A series of Total Knee Replacement (TKA) surgeries were timed and observed live in the operating room and in recorded videos with the same surgeon performing the surgeries. A retrospective analysis of post-operative reports was performed to compose an excel sheet that contains the height, weight, BMI, and duration of all of the TKA surgeries within the past year. For two recorded surgeries and two live surgeries, the entire process was split into 10 steps, and each individual step was timed. In addition, any indicators of delaying events was tallied for each step, thus highlighting the most inefficient steps. The analysis of each surgeries highlighted the areas in surgical procedures that need improvement. This includes any improvements that can be made in communication and in the transition from one procedural step to the next.

**Outcomes/Results:** A retrospective analysis of 66 previous TKA surgeries was performed and the average time of the surgeries recorded was 1 hour and 20 minutes. Throughout the internship, 9 cases were observed live in the operating room and 2 cases were observed from previously recorded cases. For the final four surgeries observed, a checklist was created, which split the procedures into ten separate steps and listed any possible indicators of delaying events during surgery. The checklist showed that the surgeon had to look away from the wound at an average of 54.75 times throughout the four cases. Additionally, the surgeon had to verbally request for an instrument at an average of 16 times during the four cases. Observations showed that these two events were the largest indicators for delay and inefficiency between the surgeon and the surgical technician, as well as other inhibiting events such as the surgeon having to wait for the instrument or having to reposition the instrument after it is handed to him.

**Evaluation/Conclusion:** The results show that improvements in communication and anticipation by surgical technician can lead to a reduction in time and more efficient surgeries. For future surgeries, it is also recommended that the arrangement of the tables is changed so that the surgical technician can remain at the foot of the bed rather than having to turn around or walk away to receive the tools. After these strategies have been implemented, the operation times should be reassessed to test if there were any improvements in surgery.

Title:	Translation of Staff Job Satisfaction to Patient Experience Outcomes
Name:	Jenna Sobieski
Preceptors:	Direct Supervisor: Yaniris Garcia, Patient Experience Manager Project Supervisor: Nancy M. DiLiegro, Ph.D., FACHE, Vice President/Clinical Operations and Physician Services/Chief Clinical Officer
Agency:	Trinitas Regional Medical Center, TRMC

Purpose: To optimize patient experience by implementing rounds and employee recognition initiative.

**Significance:** The Hospital Consumer Assessment of Healthcare Providers and Systems, HCAHPS, is mandated by the Center for Medicare/Medicaid Services, or CMS, in order for hospitals to receive reimbursement. Patient experience surveys show that TRMC scored below average in Quarter 4 of 2018 in "Overall Rating of Hospital" and "Would Recommend Hospital" dimensions. TRMC has carried out various initiatives to improve these dimensions. Most recent initiative concentrates on employee engagement, as patient satisfaction is reflective of a satisfied employee (2019). This project aims to improve patient experience by recognizing caregivers and highlighting hospital best practices.

**Method/Approach:** Patient rounds were conducted biweekly and an employee recognition program was piloted at the start of Quarter 1 in 2019. Newly admitted patients were visited during rounds to inquire about their hospital experience, record feedback and address complaints to avoid them escalating to grievances. A grant from the Trinitas Health Foundation funds the employee recognition effort that began in January 2019, the Wall of Fame, or WOF. A slideshow was developed compiling plaudits of staff who have gone above and beyond for their patients, i.e., *Employee of the Month* and *Pat on the Back* recipients selected by coworkers and patient feedback given during rounds.

**Outcomes/Results:** "Overall Rating of Hospital" scores increased from 64.3 to 68.3 from Quarter 4 to Quarter 1 respectively, with approximately the same sample size. Similarly, for the measure of "Would Recommend Hospital", scores increased from 62.3 to 66.8. The WOF project aims to increase job satisfaction, and thus patient experience, by acknowledging efforts and accomplishments of staff, and is set to be unveiled during Quarter 2 of 2019. Recognizing behaviors of employees that proactively improve patient experience will likely boost staff morale and the quality of care provided to patients.

**Evaluation/Conclusion:** A positive correlation between rounds and HCAHPS scores suggest that rounds effectively help to prevent grievances and low scores. Public recognition of exceptional patient care via the WOF will set standards high for other employees, potentially creating an organizational culture of engagement and drive. Similar recognition programs in other hospitals have shown improved patient experience, hospital reputation, and revenue generated (2016). Evaluation of WOF success will consist of talking to employees to get qualitative feedback as well as continued analysis of HCAHPS Patient Satisfaction scores in the quarterly reports following implementation.

Title:	Site Safety Coordinator and Assistant Field Supervisor
Name:	Joseph Spinelli
Preceptors:	Direct Supervisor: Michelle Debella, Office Director and Site Safety Planner Project Supervisor: Natale Fioriello, Field Supervisor
Agency:	MDB Development Corporation

**Purpose:** To analyze site plans and implement strategies to safely perform elevator shaft/wall rebuild construction and exterior facade restoration within compliance of OSHA and Department of Buildings, laws and regulations, for the ten story building being restored into a hotel, located at 396 Broadway, NY, NY.

**Significance:** The work on construction sites propose numerous dangers to an individual's life hence the strong emphasis on safety on any site. The Occupational Safety and Health Administration (OSHA), as well as the department of buildings (DOB), work to implement laws and regulations to keep the workers and public safe from any danger relating to a job site. The four most common causes of death on a construction site are falls, electrocution, struck-by-object, and caught in-between, which are known as the "fatal four" (Osha.gov). Daily safety meetings and constant surveillance of job site activity by a competent individual prevents workers from breaking any safety laws or regulations.

**Method/Approach:** Job site plans are reviewed prior to the commencement of work at 396 Broadway. Safety hazards associated with the work being performed on each level of the building were assessed. The work being done by MDB Development on this building has been in progress since January of 2018. The process of work takes time on a job and each task requires different safety measures. On the site plans the 4th floor elevator shaft construction are reviewed then followed by a walkthrough of the building which ensures everyone is aware of the hazards associated with the work being performed that day.

**Outcomes/Results:** The outcome of this evaluation is a process because it is always subject to change. During the 5th floor elevator shaft construction, four mason workers who had been working on a 6ft baker scaffold, were building a wall up to a 12ft ceiling. Due to the five story opening the work was being performed next to, it was required that each worker was tied off to a steel beam with a proper fall arrest system. Once the wall reached a certain height, a 6ft baker scaffold was required to complete the walls of the elevator. At this height it is OSHA regulation to be tied off safely preventing a fall injury.

**Evaluation/Conclusion:** There are numerous regulations that are in place and must be followed to protect workers against health hazards. Companies on strict time schedules often rush their employees to get a job done safely or not, for the sake of profit. There are laws that protect the worker from not participating in work due to unsafe conditions but this action is rare amongst people who want to make a good impression. Fall hazards are amongst the most common injuries on a job site and the work being performed by MDB is in constant interaction with this hazard and constant assessment is critical to saving lives.

Title:	Gingivitis vs. Gum Disease
Name:	Iliana Svechin
Preceptors:	Direct Supervisor: Dr. Araceli Ziemba
Agency:	Dr. Ziemba Dental Office - North Brunswick, NJ

Purpose: To analyze Gum Disease and Gingivitis with their prevention and treatment methods.

**Significance:** This project will discuss the differences between Gingivitis and Gum Disease. According to the CDC, 47.2% of Americans over the age of 30 had periodontal disease in 2012. If left untreated, this can cause tooth loss and have relations to other diseases such as diabetes and cardiovascular disease. With consistent dental visits for cleanings and checkups this can be maintained, or more importantly, prevented.

**Method/Approach:** Resources were analyzed from literature searches on Science Direct and ADA, as well as research universities such as Mayo Clinic and University of Chicago. There were also x-rays taken from patients to use as examples of bone loss levels in Gum Disease and compared to healthy gums and bones. The information collected from analyzing the work of the general dentist, hygienist, and dental assistants also added to the research as they explained certain procedures, precautions, and conditions of Gingivitis vs. Gum Disease.

**Outcomes/Results:** During my analysis of 140 patients, 14% had gingivitis, 76% had periodontal disease, and 10% were healthy. Of those who had Gum Disease, 84% had early onset, 9% moderate, and 7% had severe bone loss. In the cases of gingivitis, the dentist or hygienist saw symptoms, such as red, inflamed, or bleeding gums. Then x-rays were taken to confirm the patient had Gum Disease in conjunction with Gingivitis and explanation of the treatment was given since bone loss irreversible. In Gum Disease, early onset has <10% bone loss, moderate has 10-33% bone loss, and advanced has >33% bone loss. If not treated and maintained regularly, certain diseases such as diabetes, heart disease, and HIV/AIDS, can exasperate the oral health problems. The bacteria from inflammation of the gums and periodontal disease can enter the bloodstream and travel to the arteries in the heart which leads to atherosclerosis (hardening of the arteries). With this chain of events, there is an increased risk of heart attack, stroke, or heart disease and other complications. Also, from the nine sources looked into, 100% said that home-care, such as daily brushing and flossing, are effective and easy preventative measures to take before any symptoms begin to show.

**Evaluation/Conclusion:** Upkeep of regular cleanings, brushing, and flossing are all effective ways to prevent Gingivitis and Gum Disease before any symptoms. When Gingivitis begins however, it is reversible and treatable by a higher frequency of cleanings, use of electric brush, and special toothpaste to clear bacteria. If this is not implemented immediately, the chances of Gum Disease increase. Many patients have proven the possibility of maintaining better oral care through the recommendations of the dentist when seen at their follow-ups.

Title:	EMS Educational Course: Emergency Management of Hemophilia
Name:	Alexis Turko
Preceptors:	Direct Supervisor: Stephanie Lapidow, Executive Director
Agency:	Hemophilia Association of New Jersey

**Purpose:** To create and teach a course on emergency hemophilia management and treatment, as it relates to Emergency Medical Services, to Emergency Medical Technicians in New Jersey

**Significance:** According to the National Hemophilia Program Coordinating Center Needs Assessment, ER staff are generally not knowledgeable about hemophilia and it is often the patient or parent's responsibility to educate them. Many patients report this lack of knowledge results in delays in receiving treatment. When Emergency Medical Technicians take their certification course, emergency hemophilia management is not covered in the course curriculum. This evidence indicates a major gap in EMS education and emergency hemophilia management. Educational interventions targeting EMTs in New Jersey will address this gap in order to improve knowledge and awareness of hemophilia within the Emergency Medical Services.

**Method/Approach:** An educational program was developed and piloted to three groups of volunteer EMTs at volunteer EMS organizations in the New Brunswick area: River Road Rescue Squad (n=22), North Stelton Rescue Co. (n=28), and East Brunswick Squad (n=31). Before and after the administration of the program, a pre and post-test was administered, testing newly acquired knowledge of hemophilia and emergency hemophilia protocols, as well as a program evaluation. Pre and post-test scores were exported to a spreadsheet and tested for significance using a matched-pairs t-test, in order to examine evidence of a change in scores by EMT and best evaluate progress in knowledge and hemophilia-related EMS awareness. The average score improvement was recorded, alongside the program evaluation responses, to quantitatively and qualitatively assess the educational program's content and instructional strategy.

**Outcomes/Results:** A matched pairs t-test was run on a sample of 81 EMTs to determine whether there was a statistically significant mean difference between the post-test scores of participants compared to pre-test scores of participants. Of the total sample size cohort (n=81), the mean difference in scores between the pre and post-test scores is 42.96% with a standard deviation of 1.56%. The test yielded a t-value of 27.61 and a statistical significance value of p<0.00001 (2-tailed p-value). Since the p-value was less than the significance level of 0.05 (p<0.05), it can be concluded that there is a statistically significant difference between pre-test scores.

**Evaluation/Conclusion:** In order to draw populational inferences, this course should be taught to EMTs across all counties in NJ and approved by the DOH in order to improve emergency hemophilia management and the delivery of care within EMS. Ongoing course offerings to volunteer organizations will be promoted to ensure continued education and awareness of this rare disease.

Title:	Patient No-Show Incentive Project
Name:	Jordan Uzdanovics
Preceptors:	Direct Supervisor: Rendell Bradley, Special Project Coordinator
Agency:	Nemours Health and Prevention Services

**Purpose:** To (eventually) reduce the number of patient no-shows and create healthier lifestyles and habits in weight management.

**Significance:** Nemours loses over \$400,000 in revenue each year due to patient no-shows. This issue is particularly present in the weight management department. An incentive program was developed to keep patients on track; while promoting healthy lifestyles and creating healthy habits. By using this incentive program, Nemours can reach many health-related goals for their patients and save an average of \$140+ per patient visit.

**Method/Approach:** The program was advertised by videos in waiting rooms and doctor-patient conversations. Participants signed a consent waiver then took a pre-survey on google forms and began the program. Participants used a mobile rewards card to earn "Taps". Taps were earned for check-ins and consistency with care management plans. Once participants filled their card, they received an email for a rewards website. They were then able to choose \$100 worth of rewards. Afterward, they completed a post "survey" and satisfaction survey through google forms.

**Outcomes/Results:** For this trial sample of the program (n=10), all participants were 18 and under with parental consent. During the pre-survey, 60% of participants reported that they were ready to change their eating and/or lifestyle habits. 20% reported that they were not ready and 20% reported neutral or N/A. From the post survey, 70% were ready 30% were neutral or N/A. After participating in the incentive program, 70% reported that they did actively change their eating/lifestyle behaviors, 20% reported that they did not, and 10% were N/A. When asked if they could not, and 10% were N/A. When asked if they could not, and 10% were N/A. When asked if they were worried about returning to old patterns in the post survey, 40% said they were, 30% were not, and 30% were neutral or N/A. When asked (in post survey) if rewards, weight loss, healthier lifestyle, or all of the above were motivations for participation, 70% reported all of the above and 30% reported rewards.

**Evaluation/Conclusion:** This program was received well by those who wanted to change and had the right mindset. Those simply wanting a reward did not. Individuals motivated by rewards did not benefit as much as those motivated by multiple factors. This further proves that a desire to change is necessary for success. Maintaining the positive changes also depends on the right motivations. The mobile aspect of this program was received well by technology driven youth. The rewards curiosity also promoted the use of the program. Future reviews of this program should look at correlations between age, gender, success rate, and motivations.

Title:	Social Media's Effect on Interpersonal Relationships and Behaviors
Name:	Naadir Vasquez
Preceptors:	Direct Supervisor: William Pauwels
Agency:	Office for Violence Prevention and Victim Assistance

**Purpose:** To create a program on unhealthy and abusive social media use. Present ideas that challenge perceptions about healthy social media use within interpersonal relationships, and understand how to prevent engaging in abusive behaviors online. Further research on social media abuse is necessary due to the high prevalence of social media use within our society.

**Significance:** The development of information and communication technologies, such as the Internet and mobile phones has brought many benefits at the social and individual levels and has led to the development of new social environments. To date there is little research on cyber dating abuse. In a study involving 615 teens who use the Internet, 17% reported feeling intimidated or afraid of what a partner would do if they did not respond to them and 10% reported physical threats through electronic communication (Picard <u>2007</u>). However, some studies on violence in dating relationships have begun to emphasize the importance that ICT can have on the dynamics of an abusive relationship to exert control, humiliate, or threaten the victim. My presentation will attempt to challenge previously held ideas on social media use within relationships.

**Method/Approach:** I have conducted research on social media use and cyber abuse within interpersonal relationships. I developed a powerpoint presentation that will cover healthy, unhealthy, adn abusive behaviors online. My presentation will be held on April 22, 2019 for students and VPVA staff members. The initial slides will cover exactly what cyber abuse is and why it is a relevant topic for college students. I have also created a survey that will be utilized throughout my presentation. Each question will asses social media use and behavior. The remaining slides will cover specific studies that highlight potential abuse that can occur when using social media, and how to identify abuse in their own relationships. The last few slides will highlight the prevalence of cyber abuse, and how social media can be used in a healthy manner within relationships. In conclusion I will conduct a post survey assessment to assess the effectiveness of the presentation. The data I gathered will be utilized by the office for VPVA for research and future programs.

**Outcomes/Results:** Post program assessments will be held to test the group on what they've garnered from the program. Supervisor staff will assess the effectiveness of the program and identify beneficial outcomes from the group. These strategies will also be utilized in future VPVA workshops and programs. Results will be finalized after the presentation.

**Evaluation/Conclusion:** I will conduct a post program assessment to evaluate the effectiveness of the program for future use within the office for VPVA.

Title:	Implementation for Smoking Cessation Interventions for Medicare and Medicaid Patients
Name:	Andrea Vazquez
Preceptors:	Christopher Rodgers
Agency:	Hackensack University Medical Center

**Purpose:** To screen Medicare and Medicaid patients for their smoking use, and educate and connect them with resources in their community to quit smoking.

**Significance:** Tobacco smoke contains more than 7,000 chemicals and chemical compounds that reach your lungs every time you inhale. Both the risk and the severity of many diseases caused by smoking are directly related to how long the smoker has smoked and the number of cigarettes smoked per day. In general, the purpose of the Accountable Health Communities Department is to pinpoint social determinants that are affecting a person's health. This study was created to determine if a smoking cessation program would be a beneficial addition to existing intervention services.

**Method/Approach:** The Accountable Health Communities department initially screened any Medicare or Medicaid patient for housing, food, transportation, utility, and interpersonal violence needs. If they answered positive to a need, the agency provided them with resources. The patients were randomly assigned to a health worker based on low vs high risk. High risk patients are those that have been in the Emergency Room more than twice in the past year and tested positive for one of the social needs. A follow up call was made to the patient once discharged to see if they reached out to the resources. Health related questions included whether the patient was compliant with their medication. We added the question "Do you currently smoke tobacco related products" to the screening tool and found smoking cessation programs that we can refer to patients.

**Outcomes/Results** The purpose of this project was to integrate a smoking cessation strategy into existing intervention processes. Our research question was accepted after assessing it against the CDC and LungCancer.org for validity and reliability. We successfully contacted 6 different programs throughout Hudson and Bergen counties and created relationships to refer patients. Lastly, we created a workflow to go through the process step by step and have begun training the team on how to coach patients through the process of smoking cessation.

**Evaluation/Conclusion:** In general, this entire program is benefiting the low income and elderly patients in Hudson and Bergen counties who are at risk for social factors, that are influencing their health. The successful implementation of a smoking cessation program in the overall intervention process should help patients with a nicotine addiction which clearly affects both the social and physical health of patients.

Title:	Exercise Class Effectiveness
Name:	Gabriel Vazquez
Preceptors:	Direct Supervisor: Melanie Ford, Director of Social Services
Agency:	City of New Brunswick Senior Citizen Resource Center

**Purpose:** To measure the effectiveness of 30-minute exercise instructional classes given twice a week to members of the New Brunswick Senior Citizen Resource Center.

**Significance:** Most studies have looked at exercise and its effect on the physical body, but there is also an emotional/mental side to exercise as well. It is important to explore the effect that exercise has on a senior's emotional well-being. A study done by the University of Iowa shows evidence of the positive effects exercise has on a senior's (aged 55 and older) mental health (**DOI:** 10.1097/TGR.00000000000002). The study demonstrates how exercise can be used as a tool ease anxiety, depression, and stress. Therefore, having the seniors participate in physical activity through the weekly exercise instructional classes is a vital element in positively stimulating the mind and body of the seniors to improve their overall quality of life, which is what the Center's mission revolves around.

**Method/Approach:** Surveys were given out at the end of the class to the 11 people who attended the weekly exercise classes to record the effects the class had as soon as the class ended. The survey consisted of 5 statements concerning their mood and having them to check off the most applicable box below the statement from a scale of 1 (strongly disagree) to 5 (strongly agree). The statements were as follows: (1) I felt less anxious walking out of exercise class (2) I felt happier walking out of exercise class (3) I felt more energized walking out of exercise class (4) I felt more social walking out of exercise class (5) My mind felt clearer walking out of exercise class. Once the surveys were collected, I assessed the results to see the overall effectiveness of the class.

**Outcomes/Results:** The survey results showed that: (1) 27% of the seniors did not feel less anxious; 27% felt neutral; 45% felt less anxious (2) 91% felt happier; 1% did not feel happier; 1% felt neutral (3) 18% felt neutral about their energy; 82% felt more energized (4)18% did not feel more social; 18% felt neutral; 63% felt more social after; (5)1% did not feel a clearer mind after; 1% felt neutral; 82% felt a clearer headspace after the class.

**Evaluation/Conclusion:** In conclusion, the exercise had an overall positive impact on the seniors. 45% of the seniors felt less anxious after the class, 91% felt happier after, 82% felt more energized, 63% felt more social, 82% felt they had a clearer headspace. This shows that doing exercise, even for as little as 30 minutes a few times a week can bring positivity into the mind. This is important because it shows that exercise is something that should be heavily incorporated into the lives of the seniors, for not only the physical health aspect but for the mental health aspects as well. In the future, handing out surveys at the beginning and throughout the program would give a much better overall analyzation as this would show how much their mood changed throughout

Title:	Addressing HIV/AIDS in Essex County Through Health Education
Name:	Jaeden Velez
Preceptors:	Direct Supervisor: Sala Small, Senior Field Representative
Agency:	East Orange Department of Health and Human Services

**Purpose:** To create brochures for 18-25 year olds living in East Orange, NJ containing information about the spread of HIV and the testing services offered by the East Orange Department of Health and Human Services.

**Significance:** As of 2017, Essex County has the highest number of HIV/AIDS cases in New Jersey. According to the State Department of Health, East Orange is among one of 10 cities in NJ with high HIV prevalence rates. In Essex County, 15477 cases of HIV/AIDS were reported in men and 9001 were reported in women (2017). Additionally, Essex County has the highest African American residency rates in the state. African Americans in New Jersey compromise more than half of all HIV/AIDS cases (2017). The East Orange Health Department does provide free testing and screening services. Though this service is accessible, HIV/AIDS continues to be a problem. Extensive discussion with the health educator and the HIV clinic staff revealed that community members are often unaware of the clinical services offered by the health department which may contribute to the high HIV rates. Providing educational resources to the community can help them learn more about HIV and its spread and hopefully lower the prevalence.

**Method/Approach:** Creating an updated and informative brochure on HIV can serve as an outreach tool to promote HIV awareness as well as the clinical services offered by the health department. Information from the CDC was used for the brochure. HIV statistics were analyzed and gathered from the NJ Department of Health. It was approved by the health educator and a nurse at the HIV clinic.

**Outcomes/Results:** The brochure will be available at the health department as well as at a local health fair taking place in June. The brochure will also be accessible digitally to reach an even larger audience. Information in the brochure must be easy to understand, clear and concise in order for cater to the diverse population of East Orange. The brochure explains the stages of HIV, addresses common misconceptions about HIV, and explains how it spreads. It also lists the clinical services offered at the health department and additional online resources patients can use.

**Evaluation/Conclusion:** The health department currently treats 60-70 patients for HIV per month. Once the brochure has been distributed, the goal is to increase the number of patients coming into the health department to utilize the screening services. Additionally, educating the population about HIV/AIDS can help limit the spread and lower the rates in East Orange.

https://docs.google.com/document/d/1yV54anF\_AkGlgN6BhKOPEEh3\_Igrf79HTOazlG3nOlQ/edit?usp =sharing

Title:	A New Organization Structure
Name:	Anthony Vicente
Preceptors:	National Organizing Director Joshua Aciz
Agency:	Wolf-PAC

**Purpose:** To craft a new organizational structure for 5 state chapters that have completed our overall organizational objective.

**Significance:** By creating a new organization structure separate from the the current structure in place, we are more readily available to craft new teams, train and assign new volunteers to team of preference, and help other state chapters that have yet to accomplish our organization's mission. These states (Wolf-Ops States) are now designed to be experimental states to try new teams with new resources. However, since the creation of the Wolf-Ops States in 2015, no initiative was taken to create any type of structure.

**Method/Approach:** We lead a team of state leaders in 5 states (California, Illinois, New Jersey, Road Island, and Vermont) to create 10 new teams that each state will utilize to grow their volunteer base, and become an ever increasing actor in the overall organization's mission. We worked for weeks straight with little downtime collaborating to prepare new documents and guidelines for each state and their teams. We considered what the method of volunteer participation was at the time, and asked how much productivity was being generated. We concluded that no one volunteer was assigned to any one specific area of focus which would eventually lead to increasing turnover, and a loss of productivity. This would lead us to determine that creating all new teams with clear and simple definitions to what the teams' tasks are was of the utmost importance.

**Outcomes/Results:** Over 100 new documents were created with a clear level of engagement, leadership, and accountability. Some of these documents are to illustrate the teams' functions designed to hold volunteers accountable for their work, and to promote cross-team participation. These teams include all new: Writing, Research, Communications, Welcome, Wolf-Attack, Canvassing, Capitol, Coalition, Creative, and Events. The first state to implement this new system was New Jersey. This state chapter has seen a significant increase in volunteer participation and activity with a slight decrease in volunteer turnover. Because of the increase in our volunteer base, we were able to apply pressure, along with other organizations, to our state legislature to pass bill S1500.

**Evaluation/Conclusion:** This new organization structure for one of the Wolf-Ops States (NJ) has been successful thus far, and has potential to work in all of the Wolf-Ops States. By assigning volunteers to one specific team with clear guidelines, workflow will remain steady, and a chapter culture will organically grow leading to less turnover. If this proves to be successful in these states, then this new structure could become the practice for all other states in the national organization.

Title:	Healthy Schools Initiative Assessment
Name:	Julie Walker
Preceptors:	Laura Engelmann: Community Health & Wellness Manager
Agency:	AtlantiCare Healthy Schools, Healthy Children

**Purpose:** To develop a partnership between AtlantiCare Healthy Schools programs and Principal Academy Charter Schools to educate future leaders on the importance of eating healthy.

**Significance:** The AtlantiCare Foundation was established in 1917, to ensure AtlantiCare vision of building healthy communities was carried out to benefit current and future generations residing in southern New Jersey. According to 2018 County Health Rankings, Atlantic county ranked 17 for overall health outcome. The average income for families in this county is \$43,000, Camden's average income is \$46,000, Cape May \$48,0000. Atlantic county ranked low across the board in many health measures.Studies have shown that with poverty comes poor health outcome, chronic and preventable health conditions, such as heart disease, diabetes, and ultimately a shorter life span.In 2006 AtlantiCare Healthy Schools, Healthy Children developed a partnership with Schools, preschools to high school, in the Atlantic, Cape May and southern Ocean Counties with a mission to assist Schools to educate their students on the importance of a healthy lifestyle. The Healthy Schools team commits itself to assisting these schools with scholarships, grants and education by school health specialists.

**Method/Approach:** The method used was secondary data collection. Previous applications from 2011-2019 for yearly funding by partnered schools were reviewed. After reviewing all supplication, it was identified, that Principal Academy Charter School has to date not partnered with this program. The team reached out to Ms. Phoenix (communication liaison), after calling and emailing without response. Ms. Phoenix responded with interest in the Healthy Schools program and partnership. Ms. Phoenix signed the school up for a Chef in the Classroom demonstration, one of many opportunities of this program, along with starting the process of being a partnered school with the AtlantiCare Healthy Schools programs.

**Outcomes/Results:** Fifty-three students participated in the chef demonstrations. The students were educated on the importance of eating healthy and enjoyed a taste test of a healthy recipe.

**Evaluation/Conclusion:** Upon evaluation there was no communication between Healthy Schools' team and Principal Academy Charter School. The communication line is now open between Principal Academy Charter School and AtlantiCare Healthy Schools. Principal Academy Charter School is now partnered with AtlantiCare Healthy Schools, Healthy children and encouraged to participate in the many program offerings.

Title:	Hepatitis B Vaccination Coverage Amongst Asian-American Adults in US
Name:	Amira Waryah
Preceptors:	Mohamed Elsaid, MPH, ALM, LEED-GA, Research Education Specialist
Agency:	Robert Wood Johnson School of Medicine - Gastroenterology and Hepatology

**Purpose:** To analyze Hepatitis B Virus (HBV) vaccination coverage amongst Asian-American adults and to examine the role of predictors such as gender, age, and education on the likelihood of being vaccinated.

**Significance:** Approximately 300 million individuals are chronically infected with HBV in the world. HBV is the most common liver condition and is the primary cause for advanced stage liver cancer in affected individuals. In the United States (US), more than 50% of those infected with HBV are of Asian/Pacific Islander descent. This research will aid Robert Wood Johnson Medical School in obtaining funding for programs to combat HBV vaccination disparities within the Asian-American population.

**Method/Approach:** Data was obtained from the National Health Interview Survey (NHIS) by the National Center for Health Statistics. The survey included non-Institutionalized Asian-American adults who participated in the 2012-2015 NHIS. The study included data from 8,210 individuals, ages ranging from 18 to 85 years of age. The independent variables included biological sex (female, male), age group in years (18-34, 35-49, 50-64, 65+), and education (less than high school, high school, some college, and college or above). The dependent variable was self-reported HBV vaccination status amongst Asian-American adults.

**Outcomes/Results:** Of the total sample (n=8,210), an estimated 39.66% of Asian adults living in the US received the HBV vaccination. Women had a higher vaccination prevalence, 41.09%, than men, 38.05% (p<0.05). When compared to 18-34 year olds, 35-49 year olds were 35% less likely to be vaccinated, 50-64 year olds were 58% less likely to be vaccinated, and 65+ year olds were 72% less likely to be vaccinated all (p<0.001). Asian adults who have an education that is less than a high school degree and a completed high school degree are, respectively, 47% and 41% less likely to be vaccinated in comparison to those with a college education or above (p<0.001).

**Evaluation/Conclusion:** Amongst Asian adults in the US, the associations between gender, age, and education and HBV vaccination status are significant. Females are more likely to be vaccinated for HBV in comparison to males. The younger the age group and the higher the educational level, the more likely he/she is to receive the HBV vaccine. More research is needed to investigate possible explanations for the results obtained in order to create specialized programs targeting Asian-Americans with low vaccination rates, which may improve vaccination coverage in the future.

Title:	Comprehensive CNN Tonight SWOT Analysis
Name:	Dominique Wright
Preceptors:	Jordan Mandel, Business Coordinator
Agency:	Cable News Network, New York City

**Purpose:** To conduct a comprehensive SWOT analysis of the CNN Tonight show that examines how the show attains success and some limitations that can potentially help the show if turned into strengths.

**Significance:** CNN Tonight with Don Lemon is CNN's top-rated primetime show among viewers ages 25-54. CNN Tonight also just experienced its second-most-watched February on record and was the show at 10 pm across all news networks that saw the most growth, increasing +21% in total viewers. Although the show is seeing fast growth rates, it is still not the most watched show at 10 pm. Thus, examining those strengths and weaknesses might be key in bringing the show to more households across the country.

# Method/Approach:

A convenience sample was performed with 37 (n=37) people ages 18 to 55 and above. Each person completed a 9 question qualitative web-based Google survey in April 2019. These findings then examined the relationship between age and where people get their news, main news outlets utilized and whether or not they think that news is repetitive, what topics should be discussed more, and whether or not topics being discussed are broken down enough to be digested by their audiences.

**Outcomes/Results:** 56.8% of those surveyed were 18 to 24 years old. As the main source of news about government and politics CNN (27%) fell behind social media (48.6%) while 8.1% answered MSNBC, 5.4% said Fox News, and 10.8% said Local TV. When asked whether or not news outlets are doing enough to get across to people the issues that matter 21.6% answered "Yes," 40.5% answered "No" and 37.8% answered "Maybe." Participants of the survey were asked to pick 3 out of the 11 topics they would like the news to talk more about that are relevant to our news cycle right now. 54.1% believed guns/gun control should be discussed more and 45.9% of participants believed immigration, and the environment should be discussed more. When asked whether or not the news is repetitive 100% of participants responded "Yes." Out of those that responded "Yes" 73% said that they do not think it is a good idea that the news is repetitive while 21.6% believe it is good that the news is repetitive.

**Evaluation/Conclusion:** There is a relationship between age and the main sources of information about the news. Individuals ages 18 to 24 years old tend to get most of their news from social media. This relates to CNN Tonight because they are the top-rated primetime show among viewers ages 25-54 thus if they want to fill in this age gap they should consider either increasing their presence on social media to get news across to this age group or look at news topics that are trending on social media to make this age group get their news from CNN on live television. CNN Tonight also needs to reconsider the topics they talk about during the show.

Title:	The Effect of Race on Hepatitis A Vaccination Coverage Among United States Born Travelers to Endemic Regions
Name:	Alex Yaghi
Preceptors:	Mohamed Elsaid, MPH, ALM, LEED-GA, Research Education Specialist
Agency:	Robert Wood Johnson School of Medicine Department of Gastroenterology and Hepatology

**Purpose:** To evaluate the role of race and ethnicity on Hepatitis A vaccination coverage amongst United States (US) travelers to global endemic regions.

**Significance:** Hepatitis A is an inflammation of the liver caused by the Hepatitis A Virus (HAV). While HAV infection rates in the US have declined recently, individuals traveling to regions where HAV is endemic are at risk of contracting this disease. With that in mind, it is imperative to examine the impacts of both birthplace and race/ethnicity on HAV vaccination coverage amongst US travelers to global endemic regions. Such investigation will aid public health practitioners in targeting groups at highest risk of HAV. This is important for Robert Wood Johnson for the purposes of developing more literature reviews of hepatitis studies and for the development of the department's academic projects and attainment of funding in the future.

**Method/Approach:** The National Health Interview Survey (NHIS) was used to gather information about non-institutionalized individuals in the United States about various health topics and behaviors. The variables used are age, sex, race/ethnicity, education, employment status, self-reported health status, access to health insurance, and marital status. The overall goal was to evaluate the strength of race/ethnicity as a predictor for HAV vaccination status. SPSS was used to analyze the data and to create regression models to adjust for confounding variables.

**Outcomes/Results:** In the study sample of 36,875 US adult residents, 16.20% of those surveyed self-reported being vaccinated for HAV. Odds ratios were generated and calculated specifically for race/ethnicity. Among US-born individuals, non-hispanic blacks were just as likely to be vaccinated for HAV as non-hispanic whites (CI: 0.85-1.78). Asians were 7% more likely to be vaccinated for HAV than non-hispanic whites (CI: 0.91-1.27), and hispanics were 20% less likely to be vaccinated for HAV than non-hispanic whites (CI: 0.70-0.91). Considerably significant was the likelihood for the race "Other" to be vaccinated for HAV, which was 46% higher than non-hispanic whites (CI: 1.01-2.10).

**Evaluation/Conclusion:** Confounders were avoided by adjusting for other variables that may influence the correlation between race/ethnicity and HAV vaccination status. If one self-reported being of the race "Other," he or she displayed higher odds of being vaccinated and more research should be done to examine why that is the case. Though, in the case of hispanics, resources should be allocated to accommodate their populations so that vaccines may be made available.

Title:	Personal Interview Mental Health Questionnaire Development for Medicare/Medicaid Beneficiaries
Name:	Sakai Young
Preceptors:	Christopher Rogers, MPH Project/Program Manager
Agency:	Accountable Health Communities, Hackensack Meridian Health

**Purpose:** To analyze how well Medicare and Medicaid beneficiaries are self - managing their mental health diagnoses.

**Significance:** Each year approximately 1 in 5 adults experience mental health illness, however only 41% of adults with a mental health condition received mental health services in the past year (NAMI, 2005). It is important for adults who experience mental health illnesses to actively manage their mental health disorders through self - management. Self - managing mental health illness has been found to have a positive impact on adults and the people around them (Mental Health Foundation, 2019). Adults who have direct control over their mental health have been found to have higher self - esteem and live fuller healthier lives (Mental Health Foundation, 2006).

**Method/Approach:** In order to sufficiently help Medicare and Medicaid beneficiaries in the Bergen and Hudson county area with self-managing their mental health, my team and I generated two questions to best understand them and their needs. *Question 1* reads: "'Has a doctor, nurse or other health professional EVER told you that you had any of the following?' A. Anxiety (e.g. PTSD, OCD, Social phobia, Panic Disorder), B. Depression (e.g. Mood disorders), C. Bipolar Disorder, D. Schizophrenia (e.g. Psychotic disorders), E. Dementia (e.g. Alzheimer's, Delirium, Parkinson's), F. None. If the beneficiary answered Yes to options A-E, *Question 2* follows and reads: "'My *state diagnosis* self care is poor', A. Applies to me very much, B. Applies to me a considerable degree, C. Applies to me to some degree, D. Does not apply to me. If the Medicare/Medicaid beneficiary has answered that they had been told by a healthcare professional that they had any of the listed mental health disorders, the Accountable Health Communities workers would send them health sheets and brochures on self-managing their diagnoses and follow up with them every two - weeks to one month on their status of their self care.

**Outcomes/Results:** The overall goal of developing two mental health questions for the personal interview portion of the screening tool is to encourage Medicaid and Medicare beneficiaries to self-manage their mental health disorder. Providing beneficiaries with self - management health sheets and brochures promotes accountability and improvement for their mental health.

#### **Evaluation/Conclusion:**

Adding two mental health questions to the Personal Interview will give the Accountable Health Communities team the resources they need in order to aid beneficiaries with their mental health and will provide beneficiaries the proper resources to best self - manage their mental health.

Title:	Youth Leadership Program Evaluation
Name:	Maya Younker
Preceptors:	Dr. C Roy Epps, President/CEO
Agency:	Civic League of Greater New Brunswick

**Purpose:** To evaluate current youth leadership programs designed for middle-school and high-school students in New Brunswick and generate recommendations

**Significance:** According to the United States Census, persons under the age of 18 years old comprise about 24% of the population of the city of New Brunswick, NJ. Research has shown that effective youth leadership programs promote positive changes in behavior including conflict resolution skills, interpersonal skills, and academic achievement among many other competencies (Catalano et. al., 2004). As a result, youth leadership programs can use these various competencies as indicators of effectiveness amongst the population being served.

**Method/Approach:** Thirty-three (33) young women ages 10-14 participated in the Ladies of Vision (LOV) Overnight Connector event on January 18, 2019. The young women completed satisfaction surveys to indicate their levels of satisfaction with their experience at the LOV Overnight Connector and the LOV program overall. Survey questions assessed the young girls' feelings about each of the skill-building activities conducted at the Overnight Connector and their interactions with their peers and staff members. Survey questions asked participants to rate how much they agreed with statements like "I enjoyed doing yoga", for example. Questions were scored on a scale of 1-5 (1 = strongly disagree, 5 = strongly agree).

**Outcomes/Results:** Fourteen out of 15 (93%) of the scored survey questions received an average score of 4 or greater. The statement "I enjoy doing yoga" received the lowest score, with an average of 3.78. When asked what they would change to improve the program, 13 participants of the Overnight Connector expressed that they would like to do more team-building exercises. 6 students wrote that they would like to connect with young women from other schools in the district. Other participants made recommendations for more frequent Overnight Connectors and the inclusion of alternative skill-building games.

**Evaluation/Conclusion:** Youth participants of Civic League programs consistently express the need for spaces to feel secure enough to express themselves, ask for help, and build their social-emotional skills. However, LOV survey results only sampled a small portion of the total youth participant population. The Civic League will look to collect data from a larger sample of students at the end of the 2018-2019 school year, including data from its male participants. Through its various programming, the Civic League of Greater New Brunswick continues to provide empowering environments for learning and growth. Going forward, the Civic League will continue to assess the needs of its student population.

Title:	Cross-disciplinary Collaboration between Rutgers Child Health Program (CHP) and the Division of Child Protection and Permanency (DCP&P) for children in out-of-home (OOH) placement
Name:	Summera Zaheer
Preceptors:	Brenda Rosenberg, Regional Nurse Administrator, Rutgers Child Health Program, Mercer County
Agency:	Rutgers Child Health Program (CHP)

**Purpose:** To align with the mission of the Rutgers Child Health Program (CHP) and enhance communication in Division of Child Protection and Permanency (DCP&P) by collaboration of health care and social work for safety, permanency and well-being of children in an out-of-home (OOH) placement.

**Significance:** "The mission of the CHP is to improve the health and wellbeing of children and families in New Jersey and aligns with the child welfare goals of DCP&P"(CHP, 2019). Children in foster care are the most vulnerable to experiencing poor health compared with any group of children in the United States (Kool & Kennedy, 2003). Misinformation on the CHP exists in DCP&P which can hinder care delivery, weaken partnerships and put foster children and families at risk. Management of the complex health care and developmental needs of these children is challenging (Kool & Kennedy, 2003). A CHP information leaflet will aim to provide accurate information to enable effective cross-disciplinary collaborations. "N.J. data indicates that strong communication and partnerships with child welfare, nursing, community providers and families are necessary to achieve the best outcomes for children and families" (CHP, 2019).

**Method/Approach:** A 20 question survey was conducted by this researcher in Mercer County Child Health Units on the core Health Care Case Manager (HCCM) roles, if CHP benchmarks are met and addressed role fallacies. Responses were collated to create a CHP information leaflet. This is to be shared with DCP&P to enhance caseworker communication with OOH children and the HCCMs. Research on pediatric nursing in foster care was done to establish cross-disciplinary collaboration outcomes.

**Outcomes/Results:** The CHP cohort (n=9), of which seven were registered nurses and two staff assistants, reported that understanding of HCCMs scope of work within DCP&P is vital to achieve CHP benchmarks and care delivery. Scholarly articles established that health care needs of foster children are often neglected and how communication between all partners involved in the health care and wellbeing of a child is critical to obtaining optimal health.

**Evaluation/Conclusion:** Research presents a positive connection between child welfare and crossdisciplinary collaborations. It is anticipated the creation of CHP information leaflet will enhance communication between HCCMs and DCP&P seasoned and new case workers. Time limitation restricted participation from other CHU (46) units to get a comprehensive outlook. An ongoing evaluation is recommended to assess effectiveness of the CHP information leaflet. Further details cannot be shared in a public platform due to confidentiality. It is suggested surveys be conducted in all CHUs to gain insight and bridge misinformation gaps as done in Mercer County.

Agency:	Neomeda LLC
Preceptors:	Direct Supervisor: Vadim Zakusilo, CTO
Name:	Anna Zakusylo
Title:	Mobile Healthcare

**Purpose:** To optimize the functionality of a mobile healthcare application intended to increase the accessibility of diagnostic and screening services to at-risk populations.

**Significance:** In a study conducted by the CDC, out of 2,813,503 registered deaths in 2017, 74% were attributable to the top ten leading causes of death. Of the top ten causes, six can be detected early through routine screening processes for ailments ranging from heart disease and cancer to diabetes and kidney disease. The WHO asserts that delays in accessing treatment coincide with the late-stage presentation of preventable ailments and are common among populations with limited access to healthcare resources. Such populations fall into the 27.4 million uninsured Americans (Lee 2018) of whom approximately 20% did not seek medical attention due to the cost and/or lack of access. In New York State, every six out of ten deaths are attributed to chronic or preventable illnesses. Neomeda LLC is creating an application that provides on-demand diagnostic testing and screening services, to ameliorate health-related disparities.

**Method/Approach:** The approach that was taken to tackle the issue of lack of access to medical screenings and diagnostic tests was to host a number of beta-testing events to review the quality and functionality of Neomeda's application. The application in its current phase is designed to provide ondemand phlebotomy services to the greater New York area. The target populations for this service are people in at-risk communities who lack access to resources such as diagnostic laboratories. The second component of the approach to this project was compiling data from organizations such as the CDC, NIH, WHO, and other accredited institutions that would illustrate both the demographics that are at risk and help prioritize screening services based on the most prevalent ailments in target populations.

**Outcomes/Results:** The results of this joint approach have thus far been successful. In lieu of delays in the development of the mobile application, beta-testing is still on-going. However, preliminary feedback shows that the service is functional and inclusive of a variety of needs. Suggestions from testers have focused further development of the application. Data collected about chronic and preventable diseases in New York state indicate that there is a need for more accessible secondary prevention resources to accommodate over 7.8 million New Yorkers suffering from chronic and preventable diseases.

**Evaluation/Conclusion:** Neomeda LLC's mobile healthcare application remains in the development stages. With further refinement to the program itself and more consolidated data, the launch of this application will set new precedents for secondary prevention, and it will tackle the vast healthcare-related disparities that exist in New York state and ideally the entirety of the United States.

Title:	Oral Health Education for Geriatric Patients in Long-Term Care Facilities
Name:	Ummia Zaman
Preceptors:	Project Supervisor: Natalie Yakovleva, Nursing Home Administrator
Agency:	Menorah Center for Rehabilitation and Nursing Care of Metropolitan Jewish Health System

**Purpose:** To educate nursing home residents about preventing common oral diseases and maintaining dental hygiene habits in order to improve their oral health status.

**Significance:** As a result of physical, sensory, and cognitive deficits, the geriatric population faces difficulty in completing oral self-care tasks (Macri, 2015), including tooth brushing and denture care. These poor practices can lead to negative health outcomes and contribute to chronic illnesses, such as heart disease (Macri, 2015). State health departments have reported long-term care residents having substantial oral debris on at least two-thirds of their teeth, and a quarter of U.S. long-term care residents have lost all of their teeth (Macri, 2015). Geriatric patients are at high risk for dental caries, periodontal disease, and oral infections due to their decreased ability to follow a daily oral health routine (ADA, 2018). Therefore, oral health education is crucial for prevention and oral disease management.

**Method/Approach:** A presentation for the nursing home residents of the Menorah Center for Rehabilitation and Nursing Care was created, which was based on a scholarly review. It included information on the general routine to improve oral hygiene, denture care, dry mouth, and periodontal disease. Residents (n = 16) were recruited and anonymously completed a survey that asked about their oral health status and practices. Four presentations took place, with a group of residents (n = 4) in each presentation. After the presentation, residents anonymously completed a survey soliciting the information that they learned and goals for the future.

**Outcomes/Results:** According to the pre-presentation survey, 12 of the 16 residents (75.0%) attend annual dental check-ups. Of those who do not wear full dentures (n = 11), 6 residents (54.5%) brush their teeth twice per day and 3 residents (27.3%) floss daily. Of those who wear partial or full dentures (n = 12), 7 residents (58.3%) clean their dentures daily. According to the post-presentation survey, 11 residents (68.8%) plan on making changes to their oral self-care. Of those who had responded that they do not attend annual dental check-ups in the pre-survey (n = 4), 3 residents (75.0%) now plan to do so.

**Evaluation/Conclusion:** 68.8% of residents who were presented with information about oral health stated that they plan to make changes to their oral self-care. Evidently, providing oral health education helped residents to realize the importance of dental care and influenced them to improve their oral hygiene in order to prevent dental diseases. Limitations of this project were the small sample size, response bias, and inclusive bias (since only residents who were interested in the presentation were recruited). To more accurately assess the efficacy of the presentation in the future, a dental professional should perform a dental exam for each resident before and one year post the presentation.

https://docs.google.com/document/d/1FP-cSSSToWCOzLMi4t8VtSLmLb6454Sn22HYZpcR1kY/edit

Field Work Internships

Title:	Office Coordinator
Name:	Brooke Boden
Preceptors:	Training Manager: Jacqueline Beresky Mentors: Brent Gotkin, Geoffrey Noah
Agency:	Memorial Sloan Kettering Cancer Center (Manhattan)

**Work Duties:** As an Office Coordinator at Memorial Sloan Kettering, my main role is to act as a resource for the patient. This involves handling patient appointments and inquiries over the phone in order to fully prepare the patients for their appointments, and make sure they have successful visits within the Gastrointestinal Oncology service (STGI) and Immunotherapy Clinic (ITC) at MSK. This includes placing orders, confirming appointments with patients, and handling scheduling issues when they may arise.

**Techniques:** I split my time between the ITC and STGI service, which requires me to interact over the phone with a multitude of patients with different conditions. In order to be organized, I always start my day by opening up my email and all components of the Health Information System, in order to be prepared for when a patient calls. While I am on the phone with the patient, I always maintain a professional demeanor, and adequately transcribe their requests and concerns to the clinical team through email. I also assist the clinical team and other office coordinators through covering their lines, and assisting with rescheduling patients when doctors have to cancel clinic.

**People Skills:** Being an office coordinator leads to connections with diverse MSKCC staff from a variety of services and departments, which require different approaches in order to work together to find solutions for patients. This has required me to learn how to respond efficiently through formatting email responses to be concise and clear in order to convey messages and complete tasks. However, the most important task of being an office coordinator is talking to the patient over the phone. This has required me to learn how to navigate multiple conversations with patients at the same time, while being able to maintain empathy and find solutions to patient's questions and problems.

**Results:** The overall outcome of this internship is improved efficiency in managing multiple tasks, and improvement over time in managing communication between the patients and clinical teams. I have also seen increased confidence in transcribing and triaging messages, improvement in communication skills which are essential in helping patients who are going through an extremely difficult time, as well as improvement in navigating professional environments.

**Lessons Learned:** This internship has taught me how to take initiative and seek out tasks in order to both allow myself and my coworkers to thrive and work together to contribute to a smooth-running service. I have also learned the value I can bring by being compassionate to the patients I serve in order to make them feel confident in MSKCC and their fight against cancer.

Title:	Care Coordinator I
Name:	Rebecca Beauvais
Preceptors:	Direct Supervisor: Quadeer Porter, Practice Leader Project Supervisor: Ana Costa, Supervisor
Agency:	Memorial Sloan Kettering Cancer Center

**Work Duties:** As a student intern, I was expected to collaborate with other MSKCC employees to ameliorate the patient experience in various ways. I was in charge of greeting patients and their families with a "Warm Welcome" as well as guide them to the correct area of the hospital. Some of these locations included Radiation Oncology, Dermatology, Nutritionist, etc. I was also in charge of leaving patients with a "Thoughtful Sendoff", which included making sure they were aware of their next appointment, printing appointment reminders if needed, and creating a lasting impression to improve their overall experience at MSKCC.

**Techniques:** At the Laboratory Department, there were between 150-200 patients daily. In order to make sure I was on track, I would always keep a list of all the physicians in the hospital with their extensions in case I needed to call them. I often would have to call the New York offices of MSKCC as well to communicate important information. Finally, always having a positive attitude was the most efficient method of lightening the patient's mood upon entering and leaving the hospital. The Warm Welcome/Thoughtful Sendoff combination made sure to do just that.

**People Skills:** One of the important aspects of this internship was the ability to communicate effectively with other health administrators, healthcare professionals, and most importantly, the patients. Working in the Laboratory department, there were many clinic delays, meaning that patients' waiting time would be prolonged. It was my responsibility to communicate this information with the patients in a caring manner. Because of this, I developed the ability to be transparent in every aspect of the job. Working so closely with the patients also showed me that compassion and empathy are traits that are not only respected but also greatly appreciated. MSKCC aided in my development of empathy and emotional intelligence.

**Results:** The nature of this internship did not stem from results-driven information, however, feedback from my preceptor during our weekly Standing Meetings worked to track my progress. One of the important aspects highlighted in my performance was my ability to empathize well with the patients. At the end of every day, I felt most accomplished when I knew I had a strong and positive impact on a patient's experience at MSKCC.

**Lessons Learned:** During this internship, I learned an immense amount of life skills not taught in a classroom setting. Being able to have hands-on experience with patients taught me the importance of discipline, transparency, and empathy. This experience aided in my transition from college to real-work experience, and I am more than grateful to have been part of such an incredible opportunity.

Title:	Care Coordinator
Name:	Anuja Brahmbhatt
Preceptors:	Jacqueline L. Beresky, training manager Roman Maluchnik, Supervisor, Erin McGarry Practice Leader
Agency:	Memorial Sloan Kettering Cancer Center (Manhattan location)

**Work Duties:** Being a care coordinator entails working as part of a staff team of Care Coordinators to ensure that visit with the physician is well prepared, well organized, and fully utilized, so that each patient visit occurs with satisfaction. In addition, it also requires the Care Coordinator to serve as a liaison between the patient, family and clinical team during the office visit. Another aspect involves welcoming patients and caregivers to the outpatient visit by warmly greeting them, checking them in, providing instructions for pre-visit paperwork and procedures, and acting as a resource for all patient/visitor inquiries.

**Techniques:** Along with my other colleagues, it is my responsibility to check-patients into their appointments in the most efficient manner. When the patient arrives to the front desk, it is best to welcome them warmly and ask them how their day is going. Next it is highly emphasized that you ask the patient to spell out their first and last name and confirm their date of birth for patient identification. Following that, it is important to remember to release any lab orders the patient may have because if you don't do that it could delay and lengthen the patient's visit. Pre-printing paperwork for patient visits saves a lot of time as well. Constant communication with my colleagues is also important to increase efficiency.

**People Skills:** Throughout the day, I constantly communicate with various patients, their families, and my colleagues. Each patient is going through a unique situation and I have learned specific social cues on how to go about interacting with a patient, depending on how they might be feeling, in order to make sure they are comfortable. People skills also allowed me to have effective communication with my colleagues, which ultimately results in improved patient satisfaction.

**Results:** To get successful results it is important to maintain the goal of making sure that patients have the best experience possible. Positive patient interactions are so important to make them feel comfortable and at ease. Effective communication with colleagues can really help their visit go more smoothly. Utilizing all the resources available significantly makes a difference in efficiency. When checking patients in, the key is to stay focused and prioritize properly.

**Lessons Learned:** I have obtained a brand new perspective on life. I understand that small trivial things I may be encountering that day do not compare to what the patients and their families are going through and thus patients' needs always come first to make sure they are comfortable. I have learned that mistakes can happen and it is best to take steps to ensure they don't happen again. I have learned that everyone has to work together to ensure patients are getting the best possible experience and care at MSKCC.

Title:	Care Coordinator I, Student Intern
Name:	Maidah Chaudhry
Preceptors:	Brendan Proper, Clinical Practice Supervisor Meghan Lane and Nidhi Jha, Practice Leaders
Agency:	Memorial Sloan Kettering Cancer Center- Evelyn H. Lauder Breast Center

**Work Duties:** As an intern at the Breast and Imaging Center (BAIC), my responsibilities include greeting patients with a warm welcome, checking them in to their appointment, and to make sure that they complete the appropriate paperwork regarding their visit type. I serve as the first point of contact for patients, ensuring that all of their needs are met, their concerns are heard, and that their family/caregivers are catered to appropriately. Also, I am to relay any relevant information to the Care Coordinator II's regarding the patient's visit or any concerns they may have.

**Techniques:** I work on the 4th floor of the BAIC as the main check-in person for the surgical clinics. It can get very hectic, especially during the middle of the day. It is important for me to strategize efficiency during check-ins, but also to make sure each patient receives a warm welcome. There are specific steps to follow depending on the appointment the patient is checking in for, so it is vital that I apply the right steps as to not delay the rest of the appointment. It's also crucial that I remember names and faces of patients because when they come up to me to ask a question about their appointment, then I can answer a lot more quickly. That is something I am constantly working on as it can be a little challenging when interacting with hundreds of patients a day.

**People Skills:** I have definitely honed in on my interpersonal skills as they are a key component of my duties. My main purpose is to make patients feel welcome and make sure that I am accommodating for them during their visit. There are many instances where a patient may not be feeling their best so not only do I have to be able to recognize that, but I should be able to help them out and offer any assistance. Sometimes patients will come to check-in, out of breath from running to their appointment so that they are not late. I tell them to have a seat, offer them some water, and let them catch their breath before proceeding with the check-in process. They really appreciate this effort on my part and leave with a positive experience.

**Results:** There are many different people that are a part of the patient care experience so it is vital for them all to communicate effectively. I have learned that it is better to ask someone more experienced than myself rather than misleading a patient. Now, I am able to answer most questions that patients have, even if they don't have to do with their visit that day.

**Lessons Learned:** I have learned a lot about interacting with patients from different backgrounds, improving my cultural competency skills. For example, when a patient comes in and they speak very little English, I try my best to communicate with them, find someone around who may speak the same language, or I let the Care Coordinator II's know so that they can utilize the interpreter services MSK offers. I have also learned how to work in a professional healthcare environment and how important it is to be sensitive to a patient's needs, especially if they may be fighting a tough diagnosis.

Title:	Care Coordinator I
Name:	Zahra Denho
Preceptors:	Supervisor: Maxine Butler/ Nicolette Brando Mentor: Hellen Juarez
Agency:	Memorial Sloan Kettering Cancer Center (Basking Ridge)

**Work Duties:** Greet/check-in and orient patients to the outpatient visit and to the environment, as well as complete the patient visit by coordinating all appropriate tests, procedures, visits, treatments and consultations in accordance with the physician's' orders.

**Techniques:** Radiology is located on the second flood. Here, patients have mammograms, ultrasounds, PETs, CTs, MRIs, biopsies, and simulations done. The first thing I do when a patient approaches the desk is greet them and ask for proper patient identification. I then check the patient in and have them fill out the appropriate paperwork. When that is done, I arrange the papers along with the charts and labels in a way so that they are ready for the nurses, and technicians. Other responsibilities include making confirmation calls. I contact patients to confirm their appointments as well as ask them any important questions we may have (if they are diabetic, if they have any medical implant devices, etc.) and review patient instructions with them. With our phones ringing nonstop, it can get very hectic at times, but communication is key. I always relay all information to my coworkers and we come up with systems to get things done as quickly and efficiently as possible as a team.

**People Skills:** Communication is key in this role. Patients often approach the front desk, inquiring about the procedures in detail. When the questions extend from my realm of knowledge, I contact doctors, nurses, technicians, etc. In addition, in order to maintain the flow of the clinic, it is important that I ensure patients have attended all prior and post appointments in accordance to their scans. Often times, doctors visits or bloodwork to check creatinine levels are required before a scan and skipping an appointment can postpone the patient's scans. By checking the system, I can ensure the patient has arrived to all previously set appointments for that day, and I can accurately direct them in the right direction once they are all done with Radiology. This serves for the satisfaction of both the patient and the MSKCC staff.

**Results:** Feedback from my preceptors are given weekly. Some aspect that were highlighted in my initial evaluation was my ability to communicate professionally with patients and teammates, and taking initiative to take on additional work when clinic is slow without direction of a supervisor.

**Lessons Learned:** This internship has truly helped me in raising my Emotional Intelligence (EQ). Typically, EQ is not something emphasized in most classroom settings, but this position has taught me how to maintain a professional and warm hearted demeanor when communicating with patients and my fellow staff members. It has taught me to become a more active-listener and be both prompt yet empathetic with my responses to patients.

Title:	Improving Interactions with Patients
Name:	Leah Donoughe
Preceptors:	Direct Supervisor: Corinne Clauss, Clinical Practice Supervisor Project Supervisor: Jacqueline L. Beresky, Training Manager
Agency:	Memorial Sloan Kettering Cancer Center, NY, NY

**Work Duties:** To improve the interactions with patients and their families or caregivers to ensure they are receiving the best possible care while still being treated with empathy and respect during their outpatient clinic visit. Suite A3 which is located at Main Campus or the main hospital consists of pulmonary, cardiology, gastroenterology, anesthesia pain, and dental clinics as well as pulmonary and cardiology testing, and a lab for vitals and labs tests. As a Care Coordinator intern my job is check-in support, which includes greeting patients and their families, checking them in and verifying their identity, providing them with any paperwork that needs to be filled out for their clinic visit, and releasing any orders that coincide with their appointments. This involves calling physician offices when issues with orders and appointments arise, verifying with the Care Coordinator I's and II's in the suite and reassuring the patient of their appointments, labs or tests.

**Techniques:** On an average day there are an average of 325 appointments a day, with around 200 patients daily. At Memorial Sloan Kettering a warm welcome is extremely important. In addition to this I found that my resources helped immensely. These resources consisted mainly of the Care Coordinator I's whom were always present, as well as my other coworkers, supervisors, and even at times patients. By asking for help and using various "cheat sheets" with department and provider extensions I was able to clear up and conflicts efficiently and with causing little to no stress to the patient.

**People Skills:** Dealing with patients and families that are going through such a stressful time is not always easy however, by being empathetic and treating them with respect and kindness I have experienced a very limited amount of unsatisfied patients. I have made several connections with patients from escorting them to a different clinic, down to a cab, or simply just listening to whatever it is they want to share and it has opened my eyes immensely to just how blessed and honored I am to be a part of MSK.

**Results:** I found that being a part of a team has really helped me flourish as a Care Coordinator intern. I was welcomed into a group of about 12 Care Coordinators who have helped me and we have helped each other. By combining my training with troubleshooting and diligence, I have been able to successfully perform my role as an intern. Results were shown when a patient was supposed to be getting an EKG but there was no order in the system and having to contact the physician's office, or when a patient was lost and I was able to tell them exactly where they needed to go, or the relief of a patient when they were done with appointments for the day and they thanked you endlessly for your kindness.

**Lessons Learned:** As a Care Coordinator intern at Memorial Sloan Kettering I have learned just how important it is to be kind to everyone you meet. People are always going through something and a simple smile and positive attitude can do wonders, not only for the patients but their families and your coworkers. I have also learned respect for my coworkers, especially my supervisors and the patients.

Title:	Care Coordinator I, Student Intern
Name:	Sara Elhag
Preceptors:	Direct Supervisors: Alissa Femia, Practice Leader and Jessika Edouard Project Supervisor: Jessika Edouard, Clinical Practice Supervisor
Agency:	60th St Outpatient Center, Memorial Sloan Kettering Cancer Center

**Work Duties:** During the work week, I assist on three different clinical services; Pre-surgical testing and Radiology, Orthopedics, and Dermatology. For each service my role requires checking-in patients at the front desk or via mobile device. I act as a liaison between the patients and the clinical staff. My duties range from greeting and orienting patients to organizing clinical paperwork and releasing lab orders.

**Techniques:** The encounters between Care Coordinators (CC) and patients set the tone for the patients' visits and require a certain attention to detail to ensure the best patient experience. Making patients feel comfortable and offering yourself as a willing and friendly resource will help make their health journey that much easier. Daily I am greeting patients with a warm welcome and assisting them with their needs at check-in. When I am on clinic support, I will preprint for the following clinic day as well as check-in patients that are waiting on line via a mobile device.

**People Skills:** As a CC, communication, patience, professionalism, and empathy are extremely necessary when collaborating with colleagues and attending to patients. I learned to concisely and directly coordinate with my peers as well as to communicate with patients. Patience is a people skill that goes a long way when handling patients with care. Oftentimes, wait times can be quite long and knowing how to be transparent and understanding with the patients is essential in delivering quality care. Empathy for others is essential in generating a welcoming environment. One other key component in dealing with others is professionalism, it always important to remain level-headed and objective.

**Results:** In my time as a CC, I have gained many new connections and improved significantly on my people skills. In a short amount of time, I have gained enough experience to be able to effectively speak with patients openly about delays and wait times. I have found that transparency creates a level of trust with patients and prevents any mishaps down the line. The most effective people skill I have improved upon is empathy. People tend to remember acts of kindness and pleasant greetings, which helps improve their experience and the reputation of the institution.

**Lessons Learned:** Major lessons learned include time management and professionalism. In a professional healthcare setting, a certain level of conduct is expected. Professionalism includes your attire, manners, accountability, and task orientation. Time management is integral in this position because success depends on the ability to balance both work and school commitments. For this semester, I had to develop a strategic schedule that was extremely detailed, in order to have the best possible outcomes in both my academic and professional careers.

Name:	Ariana Felipe
Position:	Care Coordinator I
Preceptors:	Shana Ellsbury, Clinical Practice Supervisor Brandon Gorry, Practice Leader
Agency:	Memorial Sloan Kettering Cancer Center: 64th Street Outpatient Center

**Work Duties:** To enhance the patient experience using Memorial Sloan Kettering's Success Factor Framework and technology such as RTLS Badges and tablets. To maintain constant open communication and transparency with the clinical team and the patient.

**Techniques:** Checking each patient in with a "warm welcome" and checking each patient out with a "thoughtful send off" are two major techniques used every day. Patient interaction should be genuine, it is important to empathize and use mindfulness when interacting with the patient. The use of technology such as RTLS badges and tablets plays a large role in improving patient experience. Real Time Locating System badges are used to track patient wait times and locate patients throughout the clinic and waiting area. Tablets create a more efficient check-in/scheduling process due to the option of portability. As a Care Coordinator, I must provide proper paperwork, enter lab and radiology orders, schedule follow-up appointments (routine/long term/research, labs, treatments, and scans), reconcile clinics, perform lab checks, and ensure patients are having a positive experience throughout the entire visit.

**People Skills:** Communication is extremely important while working as a Care Coordinator. Any new information or updates regarding the patient should always be relayed to the patient and the clinic. It is important to know how to handle all types of situations, negative and positive, and learn from each and every patient interaction. I have learned that transparency is key and that empathy and mindfulness play a large role in patient experience and can truly make a difference in how a visit begins and ends.

**Results:** The main result that should be achieved as a Care Coordinator is a positive patient experience and interaction. This is achieved by using all resources, communication skills, and training to make sure the patient is always satisfied and can feel like they are safe and cared for as they go through a very difficult time in their life. It is important to remember that patients are more than a medical record number. Getting to know a patient really helps to make a difference, the little things truly count.

**Lessons Learned:** Every day I have the opportunity to come to work and take on the role of Care Coordinator at one of the most amazing hospitals in the world. I am so grateful for this role and I am so happy that I can make a difference in the life of a patient, even if it is the smallest. At MSK, we are a team and I have grown to appreciate every person I interact with. I have learned every day is a day to be grateful for your health and your life. Being a Care Coordinator is one of the most crucial jobs as you are the first and last face a patient sees and you have more responsibility than you think. It is important to ask questions and be open to every learning opportunity that comes your way in order to grow in your role.

Name:	Stephanie Gaillot
Position:	Office Coordinator
Preceptors:	Human Resource Supervisor-Jacqueline Beresky and Mentors Linda Lee, Nieka Mcintyre
Agency:	Memorial Sloan Kettering Cancer Center

**Work Duties:** To coordinate care of patients and assist physicians by prepping patient medical charts before their appointment visit, barcode all outside source of medical information in regards to patient, schedule appointments, confirm intended appointments, act as liaison between doctor, patient, and nursing staff, gathering required patient information by consulting with their outside providers through faxing.

**Techniques:** I assist multiple office coordinators throughout my shift. My goal is to successfully complete as much of the task that is given during my allotted time with each coordinator. I always make sure that I gather all of the information required before completing my assignment. For example, If I am going to administer confirmation calls for multiple patients, I already have the doctor's office number just in case I need to leave a voicemail. I also have a blank email set up just in case I need to send out a message to the team. My techniques entail finding the best methods to help me become more efficient.

**People Skills:** As an office coordinator communication and interaction with people is a part of the role. Whether it is with patients, providers, or other fellow office coordinators. Working in an office has provided me with the skill set of assessment. I am more attentive to tone and body language which helps me understand how best to approach whomever I am interacting with. This is a huge benefit on my part because it has allowed me to become fluid and adaptive in my surroundings.

**Results:** Interning as an office coordinator has encouraged me to take on a more challenging task. The first day of my internship I was overwhelmed, I did not have the confidence and feared that I would not be able to adapt in a fast-paced office environment. Once I gained certainty within myself, I quickly adapted to MSK work culture. I began to handle numerous tasks such as rescheduling clinics, clinic prepping, faxing out the record of release forms, and covering office coordinators lines while they are away from their desk. The person I was the first day of my internship is completely different than the person that I have become towards the end of this experience.

**Lessons Learned:** Through this experience, I was able to learn how the real world works. I am very grateful for my studies, but college has provided me with a very idealistic version of the workforce. I have grown used to having things handed to me in life, but this experience has helped me realize that the work field is not like that. Lastly, interning at Memorial Sloan Kettering has taught me to be more focused, motivated, and vocal in the goals that I want to accomplish in life.

Name:	Fthimnir M. Hassan
Position:	Care Coordinator I, Student Intern - Outpatient
Preceptors:	Direct Supervisor: Margot Lachaud, Clinical Practice Manager Project Supervisor: Jacqueline L. Beresky, Training Manager
Agency:	Memorial Sloan Kettering Cancer Center/Main Campus, Manhattan, NY

**Work Duties:** The outpatient section of the Main Campus, also known as the Haupt entrance of the hospital, is divided into 5 floors. On the 4th floor, the physician suites are located for leukemia, bone marrow transplant, treatment centers, and lab services. Interns are responsible for providing a "warm welcome" to patients through the check-in process. This includes understanding the HIS system to allow for a smooth check-in process, sending the correct lab orders, answering patient questions, directing them to their correct suites, and coordinating their appointments for the day. Other duties include sorting and providing research vials for lab tests and pre-printing the physician's patient disposition forms for the following day.

**Techniques:** Since I open the clinic 2 of the 3 days I am there, I edit appointment notes to ensure other CCI's are aware of any research, urine, or certain lab tests that need to be given to the patient or phlebotomists. When closing the clinic, it is important to preprint paperwork for new patients, internal referrals, and patient disposition forms so that my team can minimize the time it takes to check in patients the following day. By reading lab orders before sending them and having paperwork and labels already printed, the overall MSK patient care experience is enhanced fulfilling the first responsibility as a CCI, providing the "warm welcome" experience.

**People Skills:** Maintaining constant communication with the administrative and clinical team allows me to relay information in order to address the needs of the patients. For example, when a patient checks in for their lab appointment but is missing lab orders, I coordinate with the CCII responsible for the patient's designated clinic to update his/her lab orders and have them released. This demonstrates my ability to deal with issues that may arise throughout the day. It generates trust with patients and my colleagues.

**Results:** By appropriately checking in patients for their appointments, releasing lab orders, attending patients' needs, and maintaining proper communication with my staff, I feel that I have succeeded in my role as a Care Coordinator I. The experience of making a difference in a patient's life is truly unlike no other.

**Lessons Learned:** My role at MSK has taught me that there is no such thing as a "small role" and that the little things do, in fact, matter. It is the positive energy that radiates within the hospital, the genuine and empathetic feeling towards our patients that have the biggest impact on them and their families. The ability to assess their needs and your willingness to help them out is what creates the MSK "warm welcome" experience. In the end, collaboration and proper communication were beneficial skills to have in order to provide appropriate care and address every patient's needs.

Name:	Khadeen Hewitt
Position:	Care Coordinator Intern
Preceptors:	Direct Supervisor: Shana Ellsbury Program Supervisor: Jacqueline L. Beresky
Agency:	Memorial Sloan Kettering Cancer Center

**Work Duties:** My role as a care coordinator is to provide a "warm welcome" to patients and their guests as they enter the center and check them in for any appointments for the day. As part of the warm welcome, I am responsible for making the patient feel comfortable, safe, and being a friendly face being that I am one of the first people they come in contact with when they arrive. When necessary, I provide any needed paperwork and/or lab kits and also make sure their information is up to date in the centers electronic records system. I am responsible for maintaining an open communication between myself and the clinical staff in order to ensure the best care is given to the patient.

**Techniques:** On average, over than 150 patients enter the 64th Street Outpatient center per day for doctor visits, treatment, and to have lab work done thus creating a very fast-paced environment. To ensure that I am providing a "warm welcome" to patients as well as correctly completing my tasks, I prepare by having all paperwork organized and all resources and systems opened before the patient arrives. In order to keep a smooth flow in the laboratory, clinic, and treatment departments it is critical that each patient is checked in correctly, sent to the correct departments, and that I remain focused. To accomplish this, I make sure to take note of patient preferences as indicated in the patient file while also reaching out to the proper personnel if any problems arise.

**People Skills:** Having proper communication with patients whilst being an active listener is the key to successfully completing all the tasks this position entails. There is much information that is shared between patients and myself so it is crucial that I not only listen to my patients, but I also make them feel comfortable. Over time, I have learned how to read body language and tone of voice in order to better interact with not only the patients, but also those working around me. I have learned how to be more empathic, have patience, and build relationships and connections.

**Results:** As a result of this internship I have become more action-oriented, collaborative, and focused. In an environment such as this one, it is essential to have these skills while remaining open to learning new tasks and taking on new roles as every day is different. I have been able to see my successes based on feedback from my team/managers and the relationships I have formed with patients.

**Lessons Learned:** This role has helped me learn how to deal with stressful situations in a calm, organized manner. Not only have I grown as a professional through the various experiences I've had, but I have also grown as an individual as I have become more understanding and caring for others around me.

Title:	Genitourinary and Melanoma Office Coordinator
Name:	Britny James
Preceptors:	Jacqueline Beresky, Training Manager; Brianna Dayer, Office Coordinator II
Agency:	Memorial Sloan Kettering Cancer Center, NY, NY

**Work Duties:** To facilitate communication within members of the healthcare team, and intermediate between patients and clinical team members. This includes:

- Communicating patient concerns to clinical team
- Handling scheduling matters
- Acting as a liaison for patients and non-MSK entities
- Assisting the clinical team with various assigned tasks

**Techniques:** Both the Genitourinary and Melanoma floors of the Manhattan offices for Memorial Sloan Kettering are very busy. But this is an optimal setting for learning to take place. In the role of Office Coordinator, I am the connecting point between the clinical team and patients for clerical and administrative matters. This requires diligence and meticulosity. This position has limited patient interaction. However, it is rewarding and essential to the means of caring for patients.

**People Skills:** Speaking with patients on the phone is a very imperative part of the healthcare process. This is often the first and most common mode of interaction that patients have with the organization. Phone calls also might involve other Office Coordinators. Thus, I built amiable relationships amongst my colleagues. Doing so certainly aided in the cohesiveness and efficacy of the environment.

**Results:** Learning how to utilize the various software offered led to patients receiving prompt care. It also led to clinicians receiving the tools they need to further said care. Listening to patients allowed me to hear their requests and concerns. Accordingly, I was able to enact the appropriate mechanisms to continue their treatment. I was also able to assist clinicians in comprehending the thoughts of our patients. It was a pleasure to be a vital resource for both clinicians, fellow office coordinators, and patients.

**Lessons Learned:** Prior to this position, I did not know what duties an Office Coordinator performed. However, over the course of this internship, I have acquired an invaluable amount of knowledge and experience. I realized how much clinicians interact with office personnel, and why it is crucial that they be highly competent individuals. I personally witnessed and engaged in the collaborative system used to administer healthcare. I also learned that it is not necessary to physically see a patient to form cordial relations with them. Nor does this role deprive its participants the satisfaction of having helped someone. While this internship proved to be challenging, it resulted in an astonishing amount of growth.

Agency:	Memorial Sloan Kettering Cancer Center
Preceptors:	Frantz F. Fleurissaint, Clinical Practice Supervisor
Name:	Christina Jeong
77Title:	Care Coordinator I Intern

**Work Duties:** Care Coordinator duties include appointment check-ins utilizing the Healthcare Information System and providing warm welcomes for all patients at the front desk. Responsibilities include distributing paperwork, checking in patients for their appointments, directing patients to the correct locations, and acting as a resource for any patients who have questions or require assistance.

**Techniques:** Appointment check-ins are a technical task that require proper utilization of clinical applications such as Cadence, CIS, and RIS-IC. Lab appointment check-ins require the release of particular orders, and it is important to determine which orders to release. Radiology appointments require distribution of paperwork and additional check-in into the RIS-IC application. Preparation for the Radiology Department involves pre-printing new visit paperwork, organizing Radiology paperwork for the day, and setting up clinical applications for use. The majority of patients enter through the East Entrance where I am stationed, with the facility averaging about 400 appointments per day. The high volume of patients required to be serviced emphasizes the importance of preparation in reducing delays and providing comfortable check-in experiences.

**People Skills:** The most obvious instance in which a hospitable disposition is required is appointment check-ins. The Care Coordinator is responsible for setting the tone for the patient's day, as we are their first point of interaction upon entrance to the hospital. Effective communication with fellow Care Coordinators is also an essential factor in quality assurance. Should a situation arise, resolution can be swiftly achieved through the use of instant messaging or a phone call to the correct department. For example, if a patient with a MediPort requests to have their labs drawn in their treatment room, both the Infusion Department and Phlebotomy Lab should be contacted. Constant communication is necessary between departments to ensure the highest quality of care for patients.

**Results:** Quantitative results are observed in improvement of effective check-ins. This includes the proper release of lab orders, correct distribution of paperwork, and helpful direction to different departments. However, the most impactful results are seen with patient interaction. I have become familiar with the patients and care for each of them, which fuels my will to help them in any way possible. I know that I have done my job when I can help a patient with any questions or problems they have.

**Lessons Learned:** This internship taught me the impact of a friendly smile and the importance of a positive outlook. I ended up learning the most about myself and how much more I could improve on patient interaction, handling high-stress situations, and multi-tasking. The biggest lesson I learned was that there are always opportunities for growth, and every interaction is a learning experience.

Title:	Care Coordinator I
Name:	Naana B. Kena
Preceptors:	Training Manager: Jacqueline Beresky On- Site managers: Margot Lachaud, Mei-fan Parnes
Agency:	Memorial Sloan Kettering Cancer Center

**Work Duties:** This internship entails numerous duties. First and foremost, prior to opening the A elevators on the 4th floor, one is expected to enter research orders into the appointment desks of the patients. This is to ensure the rest of the team is made aware of any research orders that were entered and their location at the point of the patient's check in. In addition to entering research orders, there is a responsibility of checking in patients, releasing and redating lab orders, and directing patients to the location of their appointments.

**Techniques:** Being familiar with hospital software: Health Information Systems (HIS), Cadence (scheduling of patients), CIS (where labs are released and queues are updated). Properly executing the warm welcome at check-in.

**People Skills:** Essentially Care Coordinators are the first line of action at the elevators. At the point of check in, one must be warm and inviting, and overall be a light to the patients' day. There is a method of warm welcome which occurs at the beginning of check in. Warm welcome consists of welcoming the patient, going over their appointments for the day, directing the patient to where their procedure/ lab will be held, and releasing the orders entered for the day. Lastly, working so closely with patients must ensure a strong level of understanding, stress management, and emotional intelligence. Picking up on subtle, nonverbal cues of the patient sets one apart from being just any employer to being a Care Coordinator at Memorial Sloan Kettering.

**Results:** This role as an intern was not based on results-driven information. I am able to track my progress through stand-alone meetings and observations from my preceptors. After learning how to properly manage and release lab orders, tending to the needs of the patients, and helping to create a healthy and productive atmosphere among my staff members, I can say, overall I am pleased with my performance at MSKCC.

**Lessons Learned:** Throughout the course of this internship, two of the major lessons I took away was how to handle myself in stressful situations and how to bounce back from moments where mistakes were made. There were times where the my site began got extremely busy and because I wanted to so greatly appease the patients, I ended up making certain errors thus putting myself in high stress situations. However, the true testament is getting out of those situations and ensuring not to make the same mistakes again. This role helped me humble myself as an individual and allowed me to see life, not only through my eyes as a Care Coordinator, but to truly appreciate the fact that we are all here for the patients and their well being.

Title:	Outpatient Care Coordinator
Name:	Meghan Lloyd
Preceptors:	Direct Supervisor: Marcus Garone, Clinic Practice Supervisor Project Supervisor: Jacqueline Beresky, Training Manager
Agency:	Memorial Sloan Kettering Cancer Center, NY, NY

**Work Duties:** Greet and check-in patients to the Radiology clinic, check them into their scheduled appointments, provide the right paperwork for them to fill out, and foster a caring and comfortable environment. Radiology care coordinators greet and orient the patient to the clinic, review the scan protocol to ensure it matches up with the scan that was ordered by the doctor, and communicate with the other care coordinators, radiology technicians, radiologists and different clinical teams. I am also in charge of calling back to the radiology technicians to order the correct contrast drink for the patient, given the scan they are getting that day.

**Techniques:** 53rd St. Radiology sees about 140-160 patients a day. Ensuring that each patient is checked in the second they arrive, and that they are given the right paperwork before they receive their scan is vital in ensuring no wait times for the patients. Being able to communicate with the different radiology technicians, as well as the staff on my floor and various clinical teams throughout each MSK site is necessary to ensure patient safety and to protect their overall well-being. Having strong patient interactions is important in orienting the patient to the visit, and makes them more comfortable in bringing up any issues they may be having

**People Skills:** Being empathetic and understanding of how they might be feeling about a situation which helps me find a better conclusion on how to help them. In addition, my communication skills with my co-workers have strengthened since initially starting my internship. I feel more confident answering phone calls and learned how to better communicate with the radiologists to fix any issues that may have come up about a scan. Without being able to communicate to many different people, situations and issues that may come about would not be able to be resolved, resulting in an unsatisfactory visit for the patient.

**Results:** As this internship has progressed, I am better able to understand how to be empathetic with patients and how to better relay information to them. Being able to have both of these skills has helped increase my job performance immensely, and I have had better patient interactions as a result. In addition, I learned how the radiology clinic functions, and how each role requires critical communication with the other roles on the floor in order to have the clinic function smoothly and efficiently.

**Lessons Learned:** It is extremely important that patients are provided with the best possible experience when visiting our facilities. Positive patient interaction, as well as knowing my daily duties inside and out has helped me increase patient satisfaction and comfort.

Title:	Patient Care Coordinator
Name:	Elysha Luciano
Preceptors:	Direct Supervisor: Jessica Havard, Clinical Practice Supervisor Program Supervisor: Jacqueline L. Beresky
Agency:	Memorial Sloan Kettering Hospital, NY, NY

**Work Duties:** As a patient care coordinator it is my duty to Greet/check-in and orient patients to the outpatient visit and to the environment, as well as complete the patient visit by scheduling and coordinating all appropriate tests, procedures, visits, treatments, and consultations in accordance with the physician's orders. The Coordinator is also responsible for updating patient medical records, confirming appointments, answering phone calls, and releasing labs.

**Techniques:** In order to check in patients a care coordinator must be able to navigate the Health Information Systems (HIS). The system enables coordinators to check in patients to their appointments, holds patient medical records and it also shows all of the patient's appointments. Coordinators also have to navigate a program called Clinical Information System (CIS) as a part of the check-in. When patients have labs to be done the coordinator goes to CIS and the patients are put in the patient queue to be seen by the phlebotomist. Coordinators also provide patients with a "warm welcome" when they first walk into their appointment. The "warm welcome" is when coordinators give patients hospital greeting when they first walk in which helps sets the tone for the patient's experience.

**People Skills:** When a patient walks in for their appointment, the first person they interact with is the patient care coordinator. It is important for the care coordinator to be very welcoming when patients first arrive. Patient care is one of the things that make that Memorial Sloan Kettering peoples first choice for care. Patient care is something the hospital prides itself on; employees go above and beyond for the patients. Coordinators should be able to help patients in all ways such as knowing wait times, answering any questions patients may have, etc.

**Results:** Care coordinators play an important part in patients visits. Coordinators help patients feel more at ease as they are going through a difficult situation in their lives. The time between check-in and when patients are called in for their appointments is very critical to care coordinators. During this time, coordinators check on patients to make sure they are comfortable and bring them any updates on their appointments and make sure that everything is on track for the patient before their visit.

**Lessons Learned:** Working as a care coordinator I was fortunate enough to experience what it really means to give patient care. Being in a position where I am doing what the hospital prides themselves in was an amazing experience. The biggest takeaway for me as a care coordinator is that the smallest act of kindness goes a long way for patients such as a simple welcome.

Title:	Outpatient Care Coordinator
Name:	Brianna Maida
Preceptors:	Direct Supervisor: Dottye Miller
Agency:	Memorial Sloan Kettering Cancer Center, Middletown, NJ

**Work Duties:** To work as a part of a team of Care Coordinators, serving as a liaison between the patient, family, and clinical team during the appointment to ensure that each physician practice session is well-prepared, organized, and fully utilized so that each patient visit occurs with utmost satisfaction.

**Techniques:** The most important technique in ensuring that the patient and doctor have an overall smooth running appointment, is being detail oriented when checking in the patient. This concept applies to all aspects of the warm welcome process, including being aware of the patient's body language upon entering the building, checking the appointment notes to see if there are any additional instructions for the patient's visit, notifying the patient if the doctor's clinic is not running on time, as well as making sure that lab appointments and orders are prepared properly.

**People Skills:** One of the biggest responsibilities as a Care Coordinator is to ease the patients of any anxieties that they may have regarding their appointment. It is important that when the patient walks through the front door, I am aware of their body language and tone when they say hello- it gives me an idea of how the patient is feeling that day before I even ask. I also ensure that I am always smiling when checking patients in, as seeing another person smile can automatically make someone else happier. As a very outgoing person, I enjoy building relationships with the patients whether they are new to the facility or visit weekly. By putting my best foot forward each day I come to work, I make rewarding connections with the patients and staff which makes being at Memorial Sloan Kettering such a wholesome experience.

**Results:** Each day, I greet patients upon their arrival, check them in for their visit, release their appropriate lab orders, go through paperwork with new visits, and direct patients to the appropriate location in the building for their appointment. I also keep in contact with the Care Coordinator IIs to notify patients if their doctor's clinic is running behind. By ensuring that all of the tasks required of the check in process are completed properly and with an optimistic attitude, I can help make a positive contribution to the patient's visit during this difficult and emotional time in their life.

**Lessons Learned:** During my time spent interning at Memorial Sloan Kettering, I have learned that while I can't be a clinician to help cure their cancer, I can help lift their spirits as they take part in the fight each and every day. By effective communication amongst my team members, being empathetic, sincere, and always willing to go above and beyond to help a patient, I help contribute to the positive atmosphere at Memorial Sloan Kettering that helps give the patients the encouragement they need to continue their treatments and defeat cancer.

Title:	Office Coordinator Spring Intern
Name:	Rosiris Mendoza
Preceptors:	Erika George, Supervisor, Allison Manley, Team Lead
Agency:	Memorial Sloan Kettering Cancer Center- Leukemia, BMT, and Hematology

**Work Duties:** My major duties revolve around my role as a liaison between the physician and the patients. My responsibilities include scheduling patient appointments, fielding calls, and acting as a direct line of contact for the patient's plan of care. I assist full-time Office Coordinator staff and help them fulfill their roles by confirming calls, rescheduling, ensuring proper transport of medical records, amongst other office support duties.

**Techniques:** In a role that demands that I split my attention between so many duties and patients, it's important to always make the patient feel like they're a priority. I keep in mind that this is someone's family member and not just a voice at the other end of the line. The last thing they need is to have the person they're relying on for their care coordination being rude, dismissive, or jaded. I focus on ensuring that the patient is comforted and assured by me, and that whatever experience they have on the phone with me, it's one that is positive and leaves them feeling confident in the quality of their care.

**People Skills:** Active listening skills and engagement are a key part of the Office Coordinator role. Patients don't have a script that they're reading off of when they speak to me on the phone, therefore I should also be able to maintain an organic conversation with them and do my best to be sensitive and attentive. Most of all, I try my best to instill a sense of comfortability and trust during the short minutes that I am on the phone with the patients because our interaction is an integral part of their attitude towards their care.

**Results:** I felt most accomplished on the occasions when I had the opportunity to be self-managed and independent. Being able to handle sensitive materials and interact with the patients made me feel like I could take on larger responsibilities without fear. I came into this internship wanting to learn how to become more confident on my own, and looking back at who I was when I started this internship in February, I can personally see a lot of professional growth and positive change.

**Lessons Learned:** The biggest lesson I learned during this internship is how important feedback is. Receiving progress reports in real time, from your supervisors, or from senior coworkers is essential. You can't fix your mistakes if you don't know you're making them, and as a new person on the job, you're bound to make a lot of errors, thus, it is important to be aware of mistakes or errors so that they aren't continuously made. I learned to be self-aware by asking questions for improvement purposes, asking for feedback as a way to know how you're progressing, understanding and appreciating your supervisor or coworkers' comments, and forgiving yourself for your mistakes so that you can move on and further develop as an employee.

Title:	Care Coordinator
Name:	Jeffin Naduparambil
Preceptors:	Jacqueline L. Beresky (Training Manager) Stephanie Furman (Supervisor)
Agency:	Memorial Sloan Kettering Cancer Center (53rd Street)

**Work Duties:** My role at Memorial Sloan Kettering Cancer Center is to provide a proper Warm Welcome to patients and their families when they arrive to the 5th floor of the Rockefeller Outpatient Pavilion. As an intern in the Care Coordinator role I am expected and held to the highest standard in terms of work performance and expected to work at the same level as the other full-time Care Coordinators. My work duties include completing proper patient identification at the beginning of the check-in process, confirming all upcoming appointment through the patient's appointment desk, providing a brief explanation of what to expect throughout the patient's visit, releasing all lab orders, and queueing in patients for the day. When new patients arrive to the floor, I am sure to check their registration status and proceed with the check in process as needed by providing the right paperwork for the patient to fill out and obtaining copies of all necessary patient ID and insurance.

**Techniques:** Being a care coordinator requires the use of one's head and heart. I need to have a good selfawareness as well as social awareness to ensure every patient interaction results in the best possible outcome. My floor usually sees close to 200 patients on busy days and it can be very easy to get overwhelmed by the volume of questions, concerns, and responsibilities for the Care Coordinators. It is important to take your time and complete each task attentively while remaining calm and focused.

**People Skills:** Communicating with patients and the team are important to facilitate day to day workflow. Throughout our days, the clinical team would relay messages to the front desk and vice versa. Through the constant stream of information, we were informed on how each team was doing and could appropriately give patients the most accurate information on hand. Getting to know patients through interactions and remembering them during later visits establishes a keen sense of rapport and helps them feel more comfortable, which I see when recalling a patient's name by memory.

**Results:** Feedback from my supervisors indicated growth from the beginning of my internship. My drive to succeed has led me take on additional roles outside of my position with growing confidence and enthusiasm. I have faced challenges head on and feel confident in my ability to deal with new situations and access resources when I feel I need more help. This internship has helped me grow as a teammate, friend, employee, and human being.

**Lessons Learned:** Throughout this internship I have learned that no matter how small, every interaction you have with someone can impact their life. It is up to you to really impact the lives of everyone you come into contact with.

Title:	Care Coordinator I, Student Intern
Name:	Nonye M. Okafor
Preceptors:	Operations Supervisor: Adenike Roberts, 60th Street Outpatient Center Team Lead: Russell Hardy, 60th Street Outpatient Center
Agency:	60th Street Outpatient Center, Memorial Sloan Kettering Cancer Center

**Work Duties:** As a Care Coordinator Intern at Memorial Sloan Kettering, I operate in three different clinical services throughout the week, rotating each day. My roles at each clinic include: checking in patients, using 3 separate hospital interfaces, releasing lab orders, printing patient information files, communicating and collaborating with clinicians, technicians, as well as other fellow care coordinators, and maintaining a speedy, collected, and active approach to improve busy patient flow. After a request from the administrative office, I've recently created an interactive guide for the company on how to effectively use a Microsoft Surface Pro in a pilot to utilize mobile tools to check in patients.

**Techniques:** To provide quality patient care service and helpful office support, I utilize technical, social, and proactive behavioral techniques. Technical skills I use in my role are checking in multiple patients at a time using the desktop and surface pro to bring down lines, giving patients approximate waiting times and updating them, immediately releasing and printing lab orders, and organizing patient forms in order of doctors' preference. My social techniques include being attentive to the atmosphere of the clinic - if the waiting line is picking up, a patient seems upset, the doctor is behind schedule, etc. I will take note of it and try to find a solution for the situation. Finally, proactive behavioral techniques I employ are knowing the locations of the bathrooms, coffee area, and water fountains to direct patients when I greet them.

**People Skills:** The patients at Memorial Sloan are the focus of the extensive care the center provides. Each patient is an individual, with individual needs, whom should be treated in a respectful manner. The workers at Memorial Sloan deserve the utmost respect as well, which is why when interacting with patients, supervisors, doctors, nurses, or family members at the clinic, I approach with a warm smile, open ears, and a clear tone of voice. My people skills include: making others feel acknowledged, listening, talking confidently, keeping people informed and in control of their quality care, and collaborating with every person. I have found the most powerful skill I have is my positivity, especially for patients going through a difficult time.

**Results:** During my first month on the job, I was recognized by my higher level teammate for having a strong sense of urgency in busy clinics and providing patients with a positive experience. During the month of March, I was spotlighted for my quality service as a new Care Coordinator Intern to the department. Recently, I received my evaluation from my Supervisor and Team Lead, in which they stated I consistently exceed expectations, as well as, serve as an impactful team member. The most notable result I can attest to today is in the calm waiting room and patient smiles I see after leaving each day.

**Lessons Learned:** In my role at Memorial Sloan Kettering, I was given the freedom and responsibility to cultivate my own distinct style towards providing patient care and collaborating with many others. I was able to build confidence in my skills and competencies during stressful situations, and find my voice. I learned to speak up and ask multiple questions to receive the very best answers. I strive to strengthen my voice and further my knowledge enriched through this internship as I move closer towards my goal of becoming an Optometrist, as well as, a more well-rounded professional.

Title:	Care Coordinator
Name:	Manali Patel
Preceptors:	Training Manager: Jacqueline Beresky; Supervisors: Jodi Frank and Carolyn Dolan
Agency:	Memorial Sloan Kettering Cancer Center, Sidney Kimmel Center for Prostate and Urologic Cancers

**Work Duties:** To greet patients as they enter the office, check them into their appointments, answer any questions they may have, and serve as the point of communication between the patient and the clinical team to ensure that their visit proceeds smoothly.

**Techniques:** On the concourse level of the Kimmel Center, it is common to see a high volume of patients every day. This can sometimes become overwhelming, but it is absolutely crucial to take your time and finish working with one patient before moving on to the next. This helps to ensure that no errors are made, thus increasing accuracy and efficiency. Another important technique used at the Kimmel Center is printing all patient paperwork prior to the start of the day. This helps increase speed and allows you to feel more prepared. By taking care of these small details beforehand, the Care Coordinators can give more attention to the patient, which in turn will enhance his or her experience. It is also extremely important to constantly work as a team and look out for each other when help is needed.

**People Skills:** As a Care Coordinator at Memorial Sloan Kettering, it is critical to be in constant communication with the clinical team and the patients. This helps to ensure that appointments run smoothly. Additionally, it is important to pay close attention to both the patients, and your coworkers, in order to make certain that information is relayed accurately. Finally, it is absolutely vital to speak to patients with compassion and to be understanding and receptive of their needs. This allows the patient to feel comfortable during their time at the office.

**Results:** By closely working with both the patients and the clinical teams, I have been able to play a direct role in ensuring that the appointments of the day proceed smoothly. Overall, this experience has allowed for tremendous personal growth. I have become more efficient with my time, and I feel more prepared and excited to enter the field of healthcare.

**Lessons Learned:** Working as a Care Coordinator has improved my patient communication skills tremendously. I have learned the importance of teamwork and collaboration by working alongside my coworkers to complete daily tasks. Most importantly, I have learned that small acts truly lead to significant impacts. Displaying kindness to each patient upon their arrival to the office can transform their experience in a positive way. Furthermore, this role allows you to play a part, regardless of how small, in the battle against cancer. This experience, overall, has taught me to always be empathetic toward any individual that crosses my path.

Title:	Office Coordinator (POA)
Name:	Salina Patel
Preceptors:	Supervisor: Erika George, Alison Manley Training Manager: Jacqueline Beresky Mentors: Amanda Grinnell, Ivan Roman
Agency:	Memorial Sloan Kettering Cancer Center - Manhattan

**Work Duties:** To act as a liaison between the patients and their clinical teams. I assist full time physician office assistants with tasks such as scheduling, placing pathology and radiology orders, and being a direct contact for patients who need assistance with their care plan. I also help prepare for clinic days by making confirmation calls and creating new visit folders. My overall goal is to make patient visits on clinical days as successful as possible.

**Techniques:** Memorial Sloan Kettering works hard to make sure that patient quality and experience is held at a high standard. A lot of the patients we serve are going through a tough time in their lives and it is important to have them efficiently following a care plan that best suits their needs. Many patients travel far and wide and under various constraints or circumstances to get to their respective appointments, therefore, it is vital to make sure that they come prepared, educated, and ready for their clinical visit.

**People Skills:** In order to address the needs of our patients, I need to communicate effectively with my team of both clinical and administrative staff. For example, If the doctor was going to be out of clinic, I would approach the office coordinators to work on rescheduling the patients to a new time that works for the patient and the clinical staff as well. I also make sure that I am informed of patient requests and preferences so that way I can assist accordingly.

**Results:** I have the ability to prioritize tasks that are given to me in an efficient manner. I am able to cover different departments such as, thoracic and head and neck, for others when they are out of the office. While I cover I receive various phone calls for all sorts of reasons, whether it be triaging, prescription refills, or scheduling changes. I believe I am making significant progress as I continue to grow more into the role and be more confident in my ability to handle the patients with care.

**Lessons Learned:** Each day I am able to learn new skills and techniques that can be applied to the work I am doing. I am also able to be innovative and solve problems on a case by case basis. I also have the opportunity to work with people of different positions and departments within MSK, and discover what else the organization has to offer. Most importantly, I get to interact and help patients everyday through little, yet impactful exchanges.

Title:	Care Coordinator Performance Assessment
Name:	Heena Shaikh
Preceptors:	Direct Supervisors: Sonya Mathews, Jenny Yuan, Clinical Practice Leaders Project Supervisor: Jacqueline Beresky, Training Manager
Agency:	Memorial Sloan Kettering Cancer Center, New York, NY

**Work Duties:** As a student intern at Memorial Sloan Kettering, I had many roles. My main duty was to ensure patients check-in in a pleasant, effective manner. The intern must provide an exceptional experience while at the front-desk. This is done through working quickly and observing any non-verbal indicators on the patient. The intern must observe any specific needs of the patient and visiting family members such as extra assistance and notify clinic. My duties also include releasing the lab-work orders for the patient at check-in. This includes verifying dates and relaying to clinic any missing orders. The patient must also fill out the appropriate paperwork which must be then filed in the corresponding folder. Work duties also include pre-printing for the following day to ensure that all patients have the correct paperwork for the check-in process.

**Techniques:** The thoracic floor sees about 200 patients a day. These patients need to be checked in efficiently. Preprinting, organization, and "the warm welcome" are vital techniques for an effective check-in. The "warm welcome" technique ensures that patients have the best experience while checking in. This technique begins with introducing yourself and making the patient comfortable. Next, the patient should be asked how they're doing which allows us to identify if they need any additional assistance during their stay. The welcome techniques also include request of two identification factors, spelling of full name along with birthday, to confirm the identity of the patient. Communication between clinic and the front desk is a vital technique that allows us to clear up any confusion in regards to the patient.

**People Skills:** This internship really allowed me to focus on improving my people skills. MSK focuses on a "patient-centered" approach on healthcare. The 9th floor is quite busy, this inevitably leads to scheduling errors and time delays. In times like these, it is important to remember training protocols in regards to warm welcomes and patient assessment. After you know what the patient needs, direct the clinic and find an appropriate solution. It is important to show empathy towards patients and better their experience during these tough times.

**Results:** During this internship, I have seen that making the patient-first priority makes all the difference in health-care. MSK employees are the most dedicated, resilient, and understanding individuals I have ever worked with. These traits allow MSK to thrive as one of the best cancer hospitals.

**Lessons Learned:** MSK provides patients with an personalized, warm experience from the moment they walk out of the door or elevator. Their initial experience follows them throughout their treatment and make a lasting impression. It is vital that this initial interaction runs at smoothly as possible.

Title:	Patient Care Coordinator I Student Intern
Name:	Layla Shatursun
Preceptors:	Brenda Pennisi, Care Coordinator
Agency:	Breast and Imaging Center, Memorial Sloan Kettering Cancer Center

**Work Duties:** As a Patient Care Coordinator I'm the first face patients see on the 5th floor of the Radiology department at the MSKCC Breast and Imaging Center. The purpose of working with the care coordinators is to create a welcoming environment for every patient who comes in either for mammograms, screenings, biopsies, ultrasounds, or any other procedure. Oftentimes we have a mix of patients, some who are there for routine mammograms and others who are preparing for surgery so part of my duties are ensuring that they're in the right place, they're paperwork is in order, as well as answering any questions about their other appointments & coordinating with other offices if we have a mutual patient.

**Techniques:** Some techniques that were needed for this internship included: multi-tasking when I have multiple patients in front of me and coordinating with multiple doctors and even people within my department. I also had to learn how to schedule & move appointments around, because life happens and every day we have people either coming in early, coming late, or adding procedures on last minute so adapting is key in this role as well.

**People Skills:** Because some of the patients are either waiting to hear back if they're results either from a screening or biopsy are potentially life threatening, people can be on edge and very nervous. This has helped me become more of an empathetic person and the main people skill that I've improved on is becoming a source of comfort for peo ple that are distraught.

**Results:** Overall this internship has helped me become more familiar with more clinical terms and different procedures.

**Lessons Learned:** Some lessons I've learned from the MSKCC internship include how to be a more compassionate person and to treat people like people, not patients. Overall I think I became more empathetic and worked on skills like treating everyone kindly because we really never know what they're going through.

Title:	Care Coordinator I
Name:	Michael Robert Silvestrone
Preceptors:	Nicholas Nelan - Clinical Practice Supervisor Liana Watkins - Practice Leader
Agency:	Memorial Sloan Kettering Cancer Center, Monmouth Campus

**Work Duties:** The purpose of the MSKCC Care Coordinator I internship is to learn, develop, and practice the MSKCC "Warm Welcome" routine that has become a hallmark of the patient experience. Aspects of the "Warm Welcome" approach involves checking in returning patients, queuing patient lab work, and orienting new patients to MSKCC. One workday was devoted to lower concourse entry, in which patients were checked in for radiation. The remaining work days were dedicated to concourse entry, spent primarily checking patients in for labs, physician appointments, and treatments.

**Techniques:** As an MSK Care Coordinator, the primary method that I utilized throughout the course of this internship was the "Warm Welcome" approach. This approach has taught me the importance of critical thinking and listening, as well as the importance of keeping accurate and detailed notes. While these techniques, resources, and skills were necessary, the most important of them all was having diligent communication skills. In that vein, the use of Skype became paramount to success, acting as a lifeline during moments of uncertainty. The skills and techniques discussed, along with countless others, were crucial to daily success when working at MSKCC.

**People Skills:** Spending the semester with colleagues at Sloan Kettering has been by far the most meaningful portion of my educational career to date. If I had to pinpoint the most critical relationship formed during the semester, I would most definitely say it was relationships developed with patients. The Warm Welcome technique evolved from merely a dialogue of sorts to a way of gauging how a patient is truly feeling. I found many patients visit multiple times per week, often for a month straight. I found for the patient there was a familiar comfort seeing the same face day after day.

**Results:** As a result of this internship training, I have been able to efficiently check patients into various appointments, release pending laboratory orders, and provide patients and family with a host of resources. The training received has led me to realize the need for reducing the number of stressors placed on the patient. I have quickly come to realize that when these guidelines are followed the entirety of staff, most, if not all, are put at ease by the resulting smooth flow of operations.

**Lessons Learned:** There were three critical skills improved through completing this internship: organization, planning and the prioritization of workflow. The internship period has also enabled me to trust my decision-making and problem-solving skills to a greater degree. These skills have all contributed to my ability to provide patients with crucial information and improve the patient experience.

Title:	Care Coordinator Performance Assessment
Name:	Jennifer Soto
Preceptors:	Katie Gardi (Supervisor) and Bridget Kelly (Practice Leader)
Agency:	Memorial Sloan Kettering Cancer Center, NY, NY

**Work Duties:** My internship role at Memorial Sloan Kettering is working as a care coordinator. I was placed in MSK's breast cancer imaging center on the second floor check in. In the check in location I am responsible for greeting patients when they get off the elevator and directing them towards their desire location. If the patient is checking in to see a doctor, I ask for two patient identifiers which is their name and date of birth. I check them in on cadence (software used for scheduling patients), and give them any required paperwork to fill out. If the patient is a new visit I ask for their ID and insurance card to make copies. Moreover, I prepare the paperwork for the clinics the next day.

**Techniques:** The first day I was put on the floor was very overwhelming, and I wasn't completely sure I was going to be able to remember all the information thrown at me on the first day. Patience is key at this job because I am not going to know all the answers but if I allow myself to get frustrated that only allows room for mistakes. One technique I have learned is to always ask questions and for help when needed. Another technique I acquired is working on multiple things at once.

**People Skills:** MSK prides itself over warm welcomes and making sure their patients are as comfortable as they can be upon arrival. Therefore, the people skills needed for this internship was to be charismatic towards the patients. It is very important to be attentive to the patients and letting them know you are doing your best to accommodate to their needs. Communication is needed between patients, Care Coordinators II, doctors, and the office coordinators.

**Results:** As a result, this internship was a great experience to endure. The most rewarding experience in the internship were the interactions I shared with the patients. I've only been there for a short period of time and I've already have recurring patients whom remember me. Another accomplishment is being able to work independently throughout the day.

**Lessons Learned:** I've worked throughout my entire undergraduate career, and I have to say the lessons I've learned at this internship are unmatched. I can feel how some of the patients feel so comfortable with the staff and talk to them as if they are family members. It was a beautiful experience to witness. Therefore, the communication skills I've practice here I will always carry with me.

Title:	Care Coordinator
Name:	Anna Victor
Preceptors:	Training Manager: Jacqueline L. Beresky Supervisor: Rob O'Connor, CPS Practice Leader: Carl Sanon
Agency:	Memorial Sloan Kettering Cancer Center, NY, NY

**Work Duties**: Be an effective communicator, capable of determining how best to reach different audiences and executing communications based on that understanding. Work as part of a practice staff team of Care Coordinators to ensure that each physician practice session is well prepared, well organized, and fully utilized and that each patient visit occurs with satisfaction.

**Techniques**: For the 28th year, MSK has been named a top hospital for cancer by U.S. News & World Report. Memorial Sloan Kettering works hard to make sure that patient quality and experience is held at a high standard. When you join us as a Care Coordinator I at a MSK facility, you will find meaningful work and become part of a team where everyone plays an important role in the fight against cancer. As a liaison between patients and doctors the care coordinators are responsible for ensuring the patients has quality care before and after being seen by their physician.

**People Skills:** Working in healthcare administration you have to be constantly ready to interact with people. Whether it's the people you work for or the people that you work with, you constantly have to practice your people skills in order to be successful in the work field. Especially in a hospital, where there are people dealing with a great deal of emotion, you need to be able to handle a situation in a professional manner. These past couple of weeks in this internship I have already experienced an array of personalities that I was never exposed to before. I had to teach myself to not only speak to them professionally and respectfully but also build connections with patients and staff.

**Results:** No matter what your position is in healthcare, the ultimate goal is patient satisfaction. According to the *Agency for Healthcare Research and Quality*, healthcare quality is defined as "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. "As Care Coordinators we take on the responsibility for the patients first contact with our hospital and their providers. We need to cater to their needs and make sure their experience from when they step foot into the hospital to when they finally get discharged should be taken care of. Creating connections with the patients on a day to day basics really helps us Care Coordinators reach that goal one step at a time.

**Lessons Learned:** Every day I come into work, I am faced with a new challenge. Through each obstacle I am able to learn and create a clear path for myself in the ladder of administrators. I've learned that in healthcare it is not the massive reforms that make a difference, it's the small changes in the way patients are treated. I initially took on this role as a Care Coordinator to be a liaison for patients and providers; however working with MSK has motivated me to make a greater change for patient quality of care.