

Summer 2018 Abstract Book



Traditional Internships

Field Work Internships

Title:	Assessing Barriers to Colorectal Cancer Screening in Middlesex County
Name:	Jonathan Aguila
Preceptors:	Margaret Drozd, MSN, RN, APRN-BC, Director Community Health Services
Agency:	Saint Peter's University Hospital, Community Health Services

Purpose: To assess barriers in getting screened for colorectal cancer in order to create more effective community education and outreach plans based on the survey results.

Significance: Nationally, rates of new cases and deaths from colorectal cancer continue to increase among people younger than age 50. Incidence rates in this age group increased by 22% from 2000 to 2013, and mortality rates increased by 13% from 2000 to 2014. In response, the American Cancer Society released new colorectal cancer screening guidelines to begin regular screening at the age of 45 instead of 50. In addition, the Centers for Disease Control and Prevention stated that among adults aged 50 to 75 years old, one quarter of them have never been screened.

Method/Approach: An anonymous four-question survey was developed based on ACS literature detailing colorectal cancer screening barriers. This survey assessed if individuals have or have not been screened previously for colorectal cancer, as well as why they have not been screened. The survey was then administered while accompanying CHS staff at sites where health screenings and education were being conducted including East Brunswick, Somerset, South River, Milltown, Spotswood and Princeton. Based on the results of the survey data, a poster was developed about colorectal cancer to raise awareness of the new guidelines, as well as prevention strategies and screening methods. This poster will be utilized at future community sites.

Outcomes/Results: A randomized sample of n=64 was surveyed. Of the 15 (23.3%) respondents who have never been screened for colorectal cancer, 6 (40%) reported that they felt uncomfortable with getting screened, 4 (26.7%) reported that they feared the procedure or results, 3 (20%) reported that they have not had a physician recommend the screening, and 2 (13.3%) reported that they had a lack of insurance coverage and/or financial reasons for not being screened.

Evaluation/Conclusion: This study's limitations included the limited timeframe we had to administer the surveys and develop the poster. The three major barriers identified by the individuals surveyed were: being uncomfortable with preparation for the screening, fear of the procedure or results obtained, and the screening not being recommended by a physician. Community education and outreach about colorectal cancer will be planned based on these results and administered through CHS throughout Middlesex County. The poster that was developed will align with other efforts to provide information about cancer prevention, emphasize the new screening guidelines from the American Cancer Society, and educate about the overall importance of getting screened for colorectal cancer in the hopes of increasing the number of individuals receiving screenings.

Title:	Operations Training Manual for Medi-Centrix Hackensack Meridian Call Center
Name:	Marryane Alves
Preceptors:	Nicole Levesque
Agency:	Medi-Centrix

Purpose: To design and develop an operations training manual for medical software used within the Medi-Centrix Call Center department.

Significance: The Medi-Centrix Call Center is a newly established department. Creating this new employee survival guide, will allow each employee to have easy access to each procedure, policy and guidelines. This will allow for each employee to become more confident and educated on the specific company protocols for each situation they may come across within the call center. It will also help each employee remain aware of the HIPAA compliance policies and procedures so no patient health information is put at risk.

Method/Approach: The Call Center employees were monitored to gather insight on activities. Medi-Centrix employee trainings supplied additional information. Existing essential information and other flyers given at general training was included. Microsoft PowerPoint was used to create the training manual. A total of three manual drafts were reviewed before the final guide was approved, and made available to the employees within the Call Center.

Outcomes/Results: The new manual includes the following sections: Medi-Centrix Call Center Mission, Values and Employee Goals, Health Insurance Portability and Accountability Act, Learning the Basics of Hackensack Meridian EPIC system, Customer Service Basics, Hackensack Meridian Payment Policies and Procedures, Hackensack Meridian Insurance Policies and Procedures, Hackensack Meridian Write-Off and Adjustments Procedures, Hackensack Meridian What to do When, which includes the protocols for following situations: deceased patients, worker compensation and no fatal cases, medical and billing records requests, patient bankruptcy, and charity care. The operations training manual guide is composed of a total 127 pages, including the table of context and index.

Evaluation/Conclusion: The limitations included limited communication regarding the different protocols and procedures. There were limited resources to begin with. The Medi-Centrix were granted access to the Hackensack Survival Guide on August 6th. The Meridian Survival guide will be given to the employees on August 10th. Both survival guides can be accessed on the Medi-Centrix Call Center Share Drive within each employee's computer, and each employee was provided with a hard-copy of the manual to provide easy access at their desks. As updates, and changes are imminent when it comes to technology, changes and updates within the EPIC system's procedures will occur. The basic format, and design of the current training manual will always be utilized, however, the training will be updated as changes occur within the company, and the EPIC system.

Agency:	Armas Pharmaceuticals
Preceptors:	John Niemi President and CEO
Name:	Garrett Arabia
Title:	Oncology Drug Patient Health Communication

Purpose: To create effective marketing material for the communication of the proper use, side effects, and any other important information to the patient for the following oncology drugs: 1) Irinotecan; 2) Docetaxel; and 3) Gemcitabine

Significance: Many patients that are on the oncology drugs mentioned earlier in this abstract are elderly, hard of hearing or perhaps speak a foreign language. These factors can contribute to potential poor communication that a physician may have with their patients. Having clear, easily understand marketing materials with information about the drugs will help to ensure the proper information is relayed correctly. Not only would this reduce medical issues but it will also reduce the length of sickness and reduce overall readmission rates.

Method/Approach: Using a public health approach to creating my marketing materials, this project will consist of simple wording and easy instructions. For example, it is recommended that the material not have a reading level higher than 5th grade. This is known as functional literacy. In addition, imagery to display actions and side effects will be useful as images are essentially universal to all languages. The following methods will be used for this project: Gather important information about specific drugs;

Careful research on other similar work:

Assessment of writing material reading level;

Design planning for easy readability;

Outcomes/Results: Through thorough research and guided fact selection, the fact sheets that resulted from this internship show great promise in communicating health information about Irinotecan, Docetaxel and Gemcitabine. The fact sheets are 1 page front and back with a simple design for easy readability. Some of the information on the fact sheets includes: drug names, how they are administered, which drugs might cause a negative interaction, negative side effects and remediation of side effects.

Evaluation/Conclusion: These marketing materials will not be used immediately as Armas Pharmaceuticals has not started to sell them yet. However, once they do get rolled out, these materials will be a part of the sales teams material. It will be through them that these materials can be relayed from pharmaceutical company, to physician, to patient. As one of the team members has strong relationships with pharmacists in the New Jersey area, he was able to get a few different pharmacists to offer their suggestions. While minimal, the suggestions were welcomed and utilized.

Title:	Adolescent Imaging Study - Structured Clinical Interviews
Name:	Blair Bak
Preceptors:	Scheduling and Logistics Coordinator: Derek Harp, Intern/HR Coordinator: Alison Dougherty, Field Director: Megan Ryan
Agency:	Columbia University New York State Psychiatric Institute Global Psychiatric Epidemiology Group

Purpose: To carry out the structured 18-month Adolescent Imaging Study (AIS) interview with study participants in the most effective way to obtain the most accurate data.

Significance: AIS investigates the relationship between family history of substance use disorder and incarceration. It further studies substance use disorder in adolescents who are substance naive and equally at low-risk or high-risks for substance use and subsequence substance use disorder. "Drug use has shown to increase non-suicidal self-injury, suicidality which is significantly associated between individuals (11-24 year-old) having anxiety disorder, post-traumatic stress disorder, externalization behavior disorder and marijuana use" (Zeshan, et.al, 2017). Thus, the interviews examine the ways in which environmental, psychosocial and genetic risk factors play a role in psychiatric, functional and health-related outcomes in high-risk youth and young adults living in South Bronx. Structured clinical interviews are essential to obtain accurate data and information to further understand what factors affect the way adolescents make decisions and how their brains change over time.

Method/Approach: The Diagnostic Interview Schedule for Children (DISC) and Composite International Diagnostic Interview (CIDI) questions are asked throughout the interview. Interviews are 1.5-3 hours and are done in person. Privacy and confidentiality of the participants are maintained at all times abiding by HIPAA protocols. Two families have been interviewed. Appropriate open-ended questions such as time frame questions are asked accordingly to the clinical issues that are disclosed by the study participant. "Who is this person/group of people?", "Where does/did this happen?", "When was the last time it happened?" are asked when the participant discloses physical/emotional threat. In a case of a suicidal response, I assess ideation, a plan and previous attempts, to determine if this person is at immediate risk for suicide. Report any issues in the completion email and/or clinical email, including where in the interview this occurred.

Outcomes/Results: Interviews are reviewed for rapport, data integrity and quality assurance. The first interview feedback stated no follow up questions for serious clinical issues were asked. The interviewer felt uncomfortable asking follow up questions nor was the interviewer aware that she had to ask follow up questions. However, the second interviews received positive feedback. The interviewer related to the index in a manner that demonstrably made them feel comfortable and supported. She was personable, encouraging, and maintained a very pleasant rapport with index, throughout.

Evaluation/Conclusion: General interview review errors and comments are directly entered into the evaluation file. The evaluation file is updated on a consistent basis, detailing the training and work completed at Columbia University NYSPI along with an assessment of performance. In the next interviews, be mindful to be more authoritative. Be more alert about unaddressed clinical issues and miscoded questions and instances in which questions were not fully read or answer choices were not read. Ultimately, the key to successful management of the study is clear communication and excellent rapport with both office personnel and study participants. Any persistent negative feedback for the interviewer will result in probationary status.

Title: Women's Leadership in Public Health, A Case Study of Suerie Moon PhD.

Name:	Alexander Bartke
Preceptors:	Project Supervisor: Ann Marie Hill, Undergraduate Internship Coordinator
Agency:	Edward J. Bloustein School of Planning and Public Policy

Purpose: To analyze the contributions of Dr. Suerie Moon as a leader in global public health in order to write a case study for inclusions in *Junctures in Women's Leadership: Healthcare and Public Health* (Charbonneau and O'Dowd, anticipated publication February 2019).

Significance: Dr. Suerie Moon, Ph.D, MPA., is the Director of Research at the Global Health Centre in Geneva. Previously she headed the Department of Global Health and Population at the Harvard T.H. Chan School of Public Health at Harvard University. She is also a leader in efforts to improve access to medicine in developing countries. Dr. Moon's publications foster better insights into how emerging social networks impact global health policy. Globalization entails an expanding density of social relations that has built the possibility of having a rudimentary global society. New developments in the sector of global health (i.e., awareness of disparities between richer and poorer populations, resource transfers, and transnational networks levying political power,) give reason for the possibility of an emerging global society that is pliable to the security and awareness of the human right to health (Moon, 2010). Dr. Moon's innovative thinking and critical analysis of this emerging global health policy environment makes her an ideal candidate for inclusion in the *Junctures in Women's Leadership: Healthcare and Public Health* series.

Method/Approach: A literature search and analysis of Dr. Moon's publications was conducted using the Rutgers University Libraries Indexes and Databases, and the National Center for Biotechnology Information Database. A critical analysis of Dr. Moon's textbook publication, "Informal Norms in Global Governance," allowed for greater insight into how Dr. Moon established herself in the field of global governance and drew attention to the forefront issue of access to medicines, and the human right to health. A chapter outline is in development and a subject interview with Dr. Moon is scheduled for the end of August.

Outcomes/Results: The literature search is completed and a draft chapter outline proposed. Development of the draft chapter are dependent on a scheduled subject interview, and continued analysis of Dr. Moon's publications and peer-reviewed works. Draft chapters are due in October 2018. Inclusion of Dr. Moon's as a leader in global public health serve to recognize her innovative thinking and contributions to the global health community. This project is ongoing with an anticipated publication date of February 2019.

Evaluation/Conclusion: An evaluation tool for the project is the successful implementation of Dr. Moon's chapter to the "Junctures in Women's Leadership Case Studies," book series.

Title:	Analyzing and Reforming Health Disparities and Trends in the South Asian Community
Name:	Anchal Batra
Preceptors:	Rajesh C. Sachdeo, MD (Neurologist/Epilepsy Department)
Agency:	Penn Medicine Princeton Medical Center

Purpose: To deliver culturally competent healthcare education to those that struggle with diabetes, stroke, and cardiovascular disease in the South Asian Community in South Brunswick, New Jersey.

Significance: Cardiovascular disease, stroke, and diabetes is an issue on the rise amongst South Asians. Past statistics recorded for these diseases among Asians are deceiving when all people of Asian ethnicity are combined into one group. What makes this study culturally competent is that it only focuses on health behaviors specifically derived from those that come from a South Asian background. Their diet, religious/personal beliefs and lifestyle differs from those of other Asians. Data on immigrants and people of South Asian ancestry born in the United States were collected. This population is more likely to die of atherosclerosis than any other Asian descent. Atherosclerosis is the narrowing of arteries that underlies most heart diseases and strokes. They stand at higher risk for artery clogging LDL cholesterol and triglycerides, lower levels of HDL cholesterol, higher blood glucose and calcium deposits. Research shows that "diet is a key factor - many South Asians, even if they are vegetarians, eat a lot of saturated fats from tropical oils; such as palm and coconut oil and refined carbohydrates; such as sugar, white bread and highly processed foods" (American Heart Association Scientific Statement, 2018).

Method/Approach: A retrospective program was held at Durga Temple, which focused on men and women between the ages of 40-70. Health education sessions were held regularly, but those interested in more information signed up for three main educational sessions. These included one on one interaction with health advisers, open discussion amongst the participants and an idea of betterment towards nutrition. Sample size=30 individuals. Session #1: Surveys given that asked questions about their diet and general outlook towards health. Once completed, every participants weight, BMI, and blood pressure were exported to a spreadsheet. Session #2: A follow up to record changes and promote further awareness through activities. Session #3: Final progress recorded through changes via their weight, BMI, and blood pressure. Participants were told to take their medications regularly if they were heart patients or diabetic and make a chart with a record of their physical activity, calorie intake, and food/drinks consumed.

Outcomes/Results: Of the original sample size cohort (n=30), six people dropped out by Session #2 resulting in a new sample size (n=24). Reason for dropouts were unknown. Participants consisted of 14 women (58%) and 10 men (42%) out of which most suffered with some extent of obesity and health issues. 18 participants (75%) were on medications either for cholesterol, high blood pressure, and diabetes. Only four people (17%) of participants showed slight improvement. They managed to record their physical activity and dietary intake which kept their blood pressure and weight under control.

Evaluation/Conclusion: More work needs to take place in order to see long term changes. Less than half (17%) tried to change their lifestyle and understand the importance of disease prevention. The intent of this project was to display the lack of knowledge amongst South Asians. Counseling, nutrition advice, and health education seminars will serve as effective strategies to enhance a healthier lifestyle. Ongoing interaction will ensure continued improvement in the future. Participants will be asked to leave feedback.

Title:	Correlation between JUUL Use and Tobacco Smoking Among College Students
Name:	Natalie Biller
Preceptors:	Direct Supervisor and Project Supervisor: Dr. Michael Steinberg, MD, MPH, Chief of Internal Medicine and Director of Tobacco Dependence Program
Agency:	Tobacco Dependence Program at Robert Wood Johnson Medical School

Purpose: To analyze college student JUUL and tobacco use.

Significance: Tobacco use remains the leading cause of preventable disease, death, and disability in the U.S. today. In 2016, it was estimated that 37.8 million adults in the U.S. were cigarette smokers, with more than 16 million Americans living with a smoking-related disease. Although cigarette use has decreased over the recent years, electronic cigarette use, primarily the brand JUUL, has taken its place and is commonly used now by both conventional tobacco users and non-tobacco users. There is concern that JUUL could be a "gateway" to other tobacco use. This study aims to examine JUUL use among college students and how it relates to other tobacco use.

Method/Approach: A convenience sample of 101 college student JUUL users completed a 35 question, quantitative, Web-based survey in July 2018. These findings then analyzed the relationship between JUUL use and gender, age, race/ethnicity, environment, prior tobacco exposure, and current tobacco use.

Outcomes/Results: Of the sample (n=101), 52.48% of JUUL users were female. The average age for JUUL use was 20.46 years old and ranged from 18-23 years. In terms of describing their JUUL use, 86% said they were likely to JUUL with their friends, 45% reported that their JUUL use is influenced by how they are feeling, 39.7% said they first began using JUUL because their friends were using it, 10.55% because they heard it had a strong nicotine content, and 7.54% first tried JUUL to quit or cut back on regular cigarettes. After beginning JUUL, 36% said their other tobacco use decreased, 51% said it stayed the same, and 13% said their use increased. Of those who reported smoking cigarettes "rarely" or "not at all" prior to JUUL, 36% stated that their other tobacco used increased after JUUL as opposed to 20% of those who reported cigarette smoking "some days" or "every day" before beginning JUUL (p<.05). Of those who reported cigarette smoking "some days" and "every day" before JUUL, 69.2% and 50% reported a decrease after JUUL, respectively.

Evaluation/Conclusion: JUUL use was mostly impacted by factors such as environment, mood, and friendships rather than the desire to cut back or quit traditional tobacco products. Although some individuals had a prior tobacco history, JUUL use was not exclusive to them. Other tobacco use mostly increased in those with a minor tobacco history, suggesting that JUUL may increase other tobacco use in those with minimal to no tobacco history and decrease in those with a moderate to strong tobacco history. Future action should include investigating the relationship between tobacco and JUUL use among high school and post-graduate students.

Title:	The Saddle Brook office's Facebook page.
Name:	Arianna Blanchard
Preceptors:	Narolyn Paredes: Director of the Bayada office in Saddle Brook
Agency:	Bayada Home Health

Purpose: To use social media as a way to inform nurses of upcoming events, compliance requirements, and possible employment opportunities within the company.

Significance: The Facebook page will inform the company's nurses, as well as others of job opportunities. Bayada is a home health agency that caters to various types of patients, unfortunately it does not invest in endorsements or any sort of advertisements. Instead, Bayada relies on the power of word-of-mouth to inform people about the company and its services. While this method has been advantageous in the past it can fail to reach the working population, the people looking for employment within the company. Arianna downloaded the data from the Facebook diagnostic tool. On June 29th, Arianna became the Facebook page administrator, she had one Facebook follower. On July 26th, Arianna has gained 19 followers over the course of a month. It shows that she is steadily accumulating followers but may not reach the original goal of 100 followers in two months.

Method/Approach: Arianna has taken steps to actively create and schedule posts to inform, captivate, and attract people to the Saddle Brook office's Facebook page. Arianna is currently in charge of the Facebook page her role as administrator is to create posts, inform the company's nurses of the page, and encourage them to like/ follow the site. In order to increase the number of followers, Arianna, has sent the nurses emails, texts messages, and google voice messages about the site. In addition to the usual content found on the page to inform nurses of upcoming events, the site also uses their "corporate approved," indeed link to direct nurses to our employment opportunities. The Saddle Brook office's Facebook page should attract other potential nurses to our company through the application of fun photos, cool slogans, and office photos to show people what our office is all about.

Outcomes/Results: My project is just the start of the office's presence on social media. It is our belief that utilizing the amazing power of an online forum will bring in more applicants to our doors. The Facebook page will also become a place where we can talk to our nurses about potential jobs and opportunities for extra shifts. After I leave Bayada, the Facebook page will be taken over by another employee.

Evaluation/Conclusion: In order to evaluate it Arianna will review the administrative diagnostics to see how many people visit the page and like my posts. Arianna's project began towards the end of June and will end mid-august. Arianna will provide pictures of how many people view the site, like and follow it. The halfway mark is July 23rd

Title:	Billing Enrollment Fee Campaign
Name:	Amanda Bloom
Preceptors:	Direct Supervisor - Ryan Pirchio, Director of Information Technology
Agency:	Saint Vincent's Catholic Medical Center US Family Health Plan

Purpose: To educate members on enrollment fee changes and to capture their updated billing information for recurring enrollment payments.

Significance: The Department of Defense requires TRICARE members to pay enrollment fees for their insurance coverage. US Family Health Plan had previously allowed members to pay these fees by check. The DOD has since required all TRICARE Prime programs to cease the acceptance of checks and only permit payment through Allotment, Electronic Funds Transfer, or Credit Cards. Our records showed 358 members whose most recent payment was by check. To become compliant with DOD policies, a mailer campaign was created to capture billing information.

Method/Approach: Data collected from finance to identify members whose most recent payment type was by check showed 358 members eligible for this campaign. The majority of members who were paying by check were in the 65+ demographic. To recognize possible issues which might arise from this age group, we utilized multiple contact points to capture their information. Postage paid envelopes were sent to members along with three option forms to set up payment with either Allotment, Electronic Funds Transfer, or Credit Card. A specific email was also created for this campaign as well as a payment hotline and fax number.

Outcomes/Results:

In totality, of the members contacted (n=358), 332 members have successfully completed their enrollment fee forms while 26 members did not. Of the members who had completed their form, (n = 332), 182/332 (55%) Responded by mail, 81/332 (24%) responded by phone, 37/332 (11%), responded by email, and 32/332 (10%) responded by fax. The payment option breakdown included 165/332 (50%) for Credit Card, 99/332 (30%) for Electronic Funds Transfer, and 68/322 (20%) for Allotment. The mean number of contacts needed to capture payment forms from members was 3.

Evaluation/Conclusion:

This campaign was the first of its kind to proactively capture recurring payments from members and it paved the way for similar campaigns in the future. The forms sent to members had the option to write in an email, phone number, and address. This allowed us to update our systems with their most current information. The majority of responses came from mailings and phone calls, both of these methods required staff to manually document and scan forms. A new recurring payment campaign is underway and an extra staff member has been hired to handle the workload. Overall, the project saw a 93% success rate.

Title:	Analysis of Quarter Two Breast Cancer Risk and Patient Safety Measures
Name:	Shriya Brahme
Preceptors:	Verónica C. Vásquez, MHA, CN-BA, Certified Breast Cancer Patient Navigator
Agency:	Comprehensive Cancer Center at Trinitas Regional Medical Center

Purpose: To analyze incidence of high risk breast cancer among patients and how their safety while in hospital can be better improved through staff intervention and training methods.

Significance: About 85% of breast cancers occur in women who have no history of breast cancer. With the most significant risk factors for breast cancer simply being gender (a woman), and age (growing older), prevention and early detection are the best methods to reduce the risk of breast cancer. With the help of BI-RADS categorizations and mammogram screenings, those at higher risk of breast cancer can be identified, and directed toward having a biopsy. To promote a fast and effective system of conducting mammograms and having a low patient safety risk, it is important to have strong departmental communication and leadership to create a more efficient diagnosis process.

Method/Approach: Diagnostic mammogram results from quarter 2 were analyzed, and their BI-RADS categorization number was documented in an excel sheet, if categorization was a 4 or 5. For those who were documented as 4 or 5, further biopsy and pathological reports were read to analyze the procedure and classify whether the patient's findings were malignant or benign. A patient safety survey to evaluate efficiency and employee procedures was given to the Women's Imaging Center. The purpose of the survey was to look for departmental weaknesses in the following categories: mutual support, communication, leadership, and situational awareness. Survey questions were designed to receive feedback in qualitative and quantitative measures.

Outcomes/Results: Quarter 2 sample size for April, May, and June 2018 (n=527), a total of 51 patients had a BI-RAD categorization of 4-4; while a total of 6 patients had a BI-RADS categorization of 5. The remaining patients had a BI-RADS categorization of 3 or lower. The qualitative survey response answers indicated that there was no clear structure and communication within department, and between the department and upper management. Patient safety has been compromised because there is simply a lack of communication or not enough teamwork. When asked to rate the categories of leadership, communication, mutual support, situation monitoring, and team structure (0 being the weakest, and 5 being the strongest), 44% rated leadership, communication, and situation monitoring as a 0. There were no 4's or 5's given to any category except for mutual support.

Evaluation/Conclusion: While majority of patients do not receive BI-RADS categorization of 4 or 5, thus are not at a high risk of breast cancer, monitoring is a crucial part, and can be done most efficiently when staff is also able to work efficiently. An 8 step TeamStepps action plan was created to implement solutions that will strengthen teamwork and communication processes within the department. Success of plan will be measured by a post-intervention survey which will be administered by the Fall 2018 intern.

Title:	Community Walk Sponsorship Outreach and Fundraising Assessment
Name:	Deanna Brugger
Preceptors:	Elizabeth Roithmayr, NJ Area Director for AFSP
Agency:	American Foundation for Suicide Prevention

Purpose: To organize "Out of the Darkness Community Walks" by contacting sponsors to raise suicide awareness and prevention throughout New Jersey.

Significance: According to Suicide Statistics from the American Foundation for Suicide Prevention, suicide is the 10th leading cause of death in the United States each year, and the number of suicides are significantly rising. On average, there are 123 suicides per day, ranging from different ethnicities and age groups. In New Jersey alone, nearly twice as many people die by suicide annually than by homicide (AFSP, 2018). With increased awareness and prevention education, suicide rates will hopefully decrease. AFSP has a mission statement to decrease the suicide rate by 20% by 2025 but need the help of millions of Americans to let their voices be heard about the stigma surrounding mental illnesses. The Out of the Darkness Community Walks are AFSP's biggest fundraisers, held in hundreds of cities across the country to bring a sense of hope and healing to those participating. Community Walks are sponsored by corporate and local businesses, as well as people within the community who want to make a difference in discussing suicide awareness. The walks are a celebration of life and bring families who are affected by suicide to remember that they are not alone.

Method/Approach: In order to successfully coordinate an Out of the Darkness Walk, each venue needs to be carefully assessed. The fundraising and sponsorship outreach team sets a perimeter of towns for outreach during each of the four walks involved in this study, which are based in Belmar, Saddle Brook, Chatham, and Atlantic City. Also, the sponsorship and participation outreach consisted of hanging up flyers in a local business and possibly having those businesses sponsor the event through a taxed-deductible donation, an in-kind donation such as food or gift cards, or to simply encourage the community to participate in the walk. Sponsorship outreach was also responsible for calling local and corporate businesses to discuss possible sponsorship opportunities and to create an awareness about the events through social media.

Outcomes/Results: As of the end of July, the four Out of the Darkness Walks have made successful progress towards their goals. The biggest walk of the state, The Jersey Shore Walk, has raised over \$16,000 with 25 participants registered throughout 45 teams, and has received 4 sponsors.

Evaluation/Conclusion: The strategic planning and implementation of various walks throughout NJ will become a major component in the success of these walks. For the Jersey Shore walk, located in Belmar, evaluations will have to take place once the walk is concluded at the end of the summer. There will be a brief survey for each participant to discuss their experience via email and what improvements the walk committee can make for future events.

Title:	Creating and Implementing Toddler Time Health Behavior Series for Children & Parents
Name:	Elisa Buono
Preceptors: Centers	Direct Supervisor: Priscilla Mendoza MSW, Division Director of Family Success
Centers	Project Supervisor: Deanna Smith, Family Partner
Agency:	Greenway Family Success Center, Prevention Links

Purpose: To create a six program health series for toddler time the center can reuse to educate and help connect the parents and children.

Significance: According to the Center for Disease Control (CDC), establishing healthy behaviors during childhood is easier and more effective than changing unhealthy habits in adulthood. However, it can be tough for parents to teach these behaviors to their children, especially for working parents. The U.S. Dept. of Health & Human Services states only 1 in 3 children are physically active daily and drops to less than 5% of adults active for 30 minutes daily. Americans eat less than the FDA suggested amount of each food group and more than the advised levels of fats and salt (HHS). Lowering the spread of germs and proper hand washing can reduce diarrhea and pneumonia, two leading causes of death in children globally (CDC). The CDC reports 20% of children aged 5-11 years have at least one untreated decayed tooth, causing pain & infections leading to eating, speaking, and learning difficulties. They report that 6 in 10 middle schoolers don't get enough sleep causing attention problems and poor mental health. Creating this series will allow families to learn healthy habits and will benefit them now and in the future.

Method/Approach: A series including six toddler health programs will be created and implemented at the center. Each program focusing on a different health aspect for the toddlers and parents to work on together; nutrition, exercise, handwashing, spread of germs, brushing teeth, and sleeping. Each program will be planned for children ages 3-5 years to include a discussion, an educational video or presentation, related craft for both parent and child to do together, and finally questions to evaluate what the children have retained. Each program will be planned, performed and facilitated by myself, educating the families and helping the children and parents engage during the craft and discussions. Family Success Centers focus on strengthening the family as a whole, so it is important for both parent and child to work together.

Outcomes/Results: Out of the four programs completed, the nutrition showed the most success. This program had 11 children attend, ranging from 3-5 years old. Beforehand, no children knew all five food groups, and only 4 named fruits & vegetables. After the program, 8 of the 11 children named all groups and 5 of the 11 successfully labeled all 20 foods. The least effective program was on the spread of germs. This concept was difficult and not yet taught at home, resulting in the children not grasping the topic.

Evaluation/Conclusion: These programs are being evaluated with a pretest discussion as well as a posttest discussion with all the children. At the end of all 6 programs, each parent will be given a survey to see if they have incorporated any materials from the programs at home. The center will also have the series outlined to be used in the future. The last two programs will be completed August 2018.

Title:	Montgomery Township Public Health Accreditation
Name:	Nicholas Cai
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: In public health, one of the largest problems is that there is a general lack of evidence-based research to support interventions that many health departments pursue in order to better the health of their communities. This has been changing in the past couple years but leaves the public health sector far behind the rest of the healthcare sector who have already embraced evidence-based practices and have turned their attention towards accreditation as a means of performance management and quality improvement in order to better secure quality health outcomes and measures. According to Joly, Polyak, et al. (2007), accreditation will help to standardize quality measures for public health making it easier to acquire evidence that prove certain interventions are effective which will in turn improve the quality of care 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.

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 failure in proper documentation/procedures that resulted in an action plan being given.

Evaluation/Conclusion: 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:	Asthmatic Triggers within Local Youth Assessment	
Name:	Jessica Carey	
Preceptors:	Direct Supervisor: Doctor Amarish Sheth, Director and Owner of Kuser pediatrics Project Supervisor: Monique Danley, Medical Technician	
Agency:	Kuser Pediatrics	

Purpose: To analyze patient charts who acquire asthma to seek common asthmatic triggers.

Significance: In the United States, asthma is the third most common reason for pediatric hospitalizations (Maslan,J.,&Mims 2014). Over the past thirty years the rate of pediatric asthma climbed and has recently plateaued leaving about 8.4% of the nation's children diagnosed with asthma, creating a \$56 billion-dollar industry (Gracy 2018). There has also been a shift in the American diet, weather, living conditions and other factors that can cause a trigger of asthma. Creating a better understanding of what is triggering asthma in these pediatric patients can potentially prevent future asthmatic episodes from happening.

Method/Approach: A review was completed through each patient's chart to pull each piece of information taken by each in office visit as well as outside office visits. The patients ages ranged from 1 month to 18 years of age within the past 4 years. Data from 20 patients was pulled and put into an excel sheet. There are 8 female patients and 12 male patients being reviewed. The investigation probed clinical notes, specialist reports, physical examination reports and patients' demographics to address what triggers are causing asthma attacks. Difficulties included limited access to patients' charts, specifically searching through files for those with asthma.

Outcomes/Results: Of the sample size cohort (n=20), we found that there were 32 total triggers of asthmatic symptoms in these patients. 65% of the time asthma is triggered by the weather, 50% of the time asthma is triggered by a viral illness, 25% of the time it is triggered by food and 15% of the time triggered by exercise. Within the male patients the weather has 67% of a chance triggering asthma, 42% of the time triggered by viral infections, 33% was triggered by food consumption and 17% of the time triggered by exercise. Within the female patients, the weather has 63% of a chance to trigger asthma, 50% of the time it was triggered by viral infections, 25% was triggered by food and 12% of the time triggered by exercise. 100% of the patients reviewed has had experience with triggered asthmatic episodes. Finally, 10% of these patients seek medical attention when these triggers are present or occur.

Evaluation/Conclusion: More than half (65%, 13) of the triggered asthma attacks (32) came from the weather within the 20 patients reviewed. Changing of seasons, rain storms, humidity and air pollution has great effects on the way these children are breathing. A comparison is shown that outdoor factors have a great impact on asthma, but we further need to investigate what specifically in the outside air is causing such episodes. Preventative medicine, quality control in households and avoidance to certain triggers can help prevent these triggers from happening which will lead to fewer asthma attacks.

https://docs.google.com/document/d/1rFQhQYGu1Z860jclQpAFTjGZH7OZJDIFnldysYmmL_E/edit

Agency:	Starship Pediatric Dentistry	
Preceptors:	Dr. Jennifer Wilbur, DDS	
Name:	Andrea Carrera	
Title:	Silver Diamine Fluoride in Pediatric Dental Care	

Purpose: To educate parents on the benefits of silver diamine fluoride in arresting carious lesions on pediatric patients as opposed to other treatment options.

Significance: Dental caries among children is a perpetual public health concern. In the United States, approximately 1 of 5 children aged 5 to 11 years have at least one untreated decayed tooth. Dye, Xianfen & Beltran-Aguilar (2012). Furthermore, the decay affects not only children's oral health but also their general health, such as their growth, quality of life, and their cognitive development. Gao and Zhao, et al. (2016). The obstacles in treating these lesions rests on the lack of availability, economic resources, and cooperation of the child. Therefore, clinicians have suggested the use of silver diamine fluoride (SDF) for caries management. Gao, and Zhao, et al. (2016). SDF is a topical clear liquid that is painted on the active lesion surface in milligram amounts and arrests the lesion. Milgrom and Horst, et al. (2018). Although black staining is a known side effect of SDF, the health benefits of having no toothache and dental infection can far outweigh this, particularly where access to dental care is challenging. Duangthip, D., Chen, et. al. (2017).

Method/Approach: To educate the parents of children diagnosed with incipient carious lesions, located on primary teeth, on the treatment options available a online based educational tool was created. Each slide presented images, brief descriptions, and the risks and benefits of the respective treatment option. The treatment options included: monitoring the lesion[s], composite restoration treatment, and the application of SDF. This educational tool provides a visual component for parents to determine which treatment best suits the needs of their child. Once all questions regarding the methods had been addressed parents were also given nutritional and homecare counseling to prevent future caries development.

Outcomes/Results: From the educational tool's inception June 25th a cohort of 38 parents/legal guardians presented with a child (patient) to which the application of SDF would be considered as a viable treatment option. Of the sample size (n=38), 16 (41%) patients opted to monitor the carious lesions with routine radiographs taken to assess caries growth until natural exfoliation of the tooth, 13 (35%) patients were scheduled for SDF application, and 9 (24%) patients were scheduled for a traditional treatment option.

Evaluation/Conclusion: A significant portion of the patient parents/legal guardians opted to monitor the lesions rather than apply the SDF or proceed with traditional treatment due to several factors: the patient's age, the cosmetic black staining, the location of the caries, and the desire for a more traditional method. Therefore, it can be concluded that the variables mentioned had greater influence in treatment selection than the educational tool's explanation of the benefits in the use of SDF in caries management.

Title:	Eat Smart: Choose Healthy Food	
Name:	Ana Karen Castillo Garcia	
Preceptors:	Direct Supervisor: Amanda Johnson, Community Engagement Manager	
Agency:	Food and Wellness Network (FAWN)	

Purpose: To determine if individuals will develop healthy food habits at the food pantry by choosing healthier food items after the introduction of educational information on nutrition labels.

Significance: Understanding what each element represents on a nutrition label is an obstacle that hinders its use for many individuals. Nutrition labels are often ignored at higher rates by members of lower socioeconomic communities despite the fact that these individuals have higher prevalence of obesity and higher rates of developing chronic conditions. By providing tools on how to effectively read a nutrition label, individuals can make healthier food choices.

Method/Approach: Client shopping behavior was observed during June 2018 to determine a baseline of the frequency that whole grain rice, low sodium kidney beans, and peanut butter had to be re-stocked on shelves daily. These items were chosen based on their nutritional value compared to similar products and their availability. During the "Eat Smart: Choose Healthy Food" campaign in July 2018, designated shelf space in the pantry was outlined with tape to indicate that the foods inside the tape were healthier options. Clients were introduced to the new shopping design with an educational pamphlet on how to read a nutrition label and what to identify from the label. The frequency of restocking whole grain rice, low sodium kidney beans, and peanut butter was then calculated to determine if clients were choosing healthier food items after being introduced with the educational materials.

Outcomes/Results: On average in June 2018, the following quantities had to be restocked by the end of the day: 1 bulk bag of whole grain rice (12 bags), .75 pack of kidney beans (18 cans), and 1.5 packs of peanut butter (18 jars). With the introduction of the "Eat Smart: Choose Healthy Food" campaign in July 2018, the following quantities had to be restocked by the end of the day: 2.5 bulk bags of whole grain rice (30 bags), 1 pack of kidney beans (24 cans), and 2 packs of peanut butter (24 jars). Restocking whole grain rice increased 150% after the program implementation, restocking low sodium kidney beans increased by 33%, and restocking peanut butter increased by 33%.

Evaluation/Conclusion: Educating clients on nutrition labels and outlining healthier food options in the pantry was an effective strategy for this study. Re-education on nutrition labels and follow up telephone calls will serve as effective methods to encourage clients to continue using their knowledge for other grocery trips. The pantry will continue to outline healthy foods so clients can continue to develop and maintain healthy food habits.

Title:	Smoking Cessation Program
Name:	Michelle Chang
Preceptors:	Direct Supervisor: Samantha Barnard, Practice Manager Project Supervisor: Alanna Kavanaugh, NP, MSN, RN, FNP-BC, CCRN
Agency:	Weill Cornell Pulmonary and Critical Care Medicine

Purpose: To create and launch a smoking cessation program at Weill Cornell Pulmonary and Critical Care Medicine in order to educate patients about the benefits of smoking cessation and improving patient care, satisfaction and overall health.

Significance: Each year, more than 480,000 people die specifically from tobacco use, including more than 41,000 deaths resulting from secondhand smoke exposure. With this ongoing trend, current research shows that by 2030, more than 8 million deaths will occur. According to Heydari and Masjedi, et al. (2014), an effective treatment can include medication such as nicotine replacement therapy, patches, gum, sublingual tablets, lozenges, inhalers/nasal spray and prescribed drugs such as bupropion and varenicline, all of which are provided in a smoking cessation program. Smoking cessation programs aim to decrease the risk of cancer and other health problems by slowly discontinuing tobacco use. This evidence indicates various alternatives that individuals can utilize to ultimately reduce their risk of death due to consistent tobacco use.

Method/Approach: A general questionnaire consisting of eight questions such as "Are you a regular smoker?", "How familiar are you with what a smoking cessation program is?" and "Would you consider enrolling in a smoking cessation program if it helped you to quit smoking?", was created and handed out to the patients to assess their knowledge on smoking cessation programs. After reviewing patient feedback on the questionnaires, an educational patient brochure was generated and distributed to the patients at the clinic to familiarize them with the purpose and goal of the program. A comprehensive report including recurrent patients at our clinic was then collected and analyzed to acquire a grand total of patients who identified themselves as active smokers.

Outcomes/Results: A total of 235 questionnaires were completed and returned by the patients within one month. 66% of the patients indicated that they were unfamiliar with what a smoking cessation program is but were interested in enrolling in one if it served as a helpful tool to quit smoking. 34% of the patients responded that they were familiar with what a smoking cessation program is but were disinterested in participating in a program because they were not ready to quit yet.

Evaluation/Conclusion: The analyzed results show that there is a gap in knowledge among patients regarding smoking cessation programs. An interventional radiology clinic reached out and was able to get into contact with the nurse practitioner in hopes to collaborate with us in launching a smoking cessation program within the upcoming month. There will be a projected increase not only in the number of patients but also in patient care, satisfaction and overall health for those who successfully enroll and complete a smoking cessation program.

Agency:	AON Risk Corporation	
Preceptors:	Supervisor: Dena Andre, Assistance Vice President	
Name:	Jeevat Chhatwal	
Title:	Life Sciences Industry Survey	

Purpose: To gather information to facilitate discussion of key healthcare and benefits issues in the Life Sciences Industry in order to generate more revenue from current and prospective clients.

Significance: Aon aims to serve clients using their client promise as the main guideline which includes five pillars: partnership, expertise, innovation, excellence, and results. Using this promise in the Life Sciences industry, Aon currently holds a 94.2% client retention rate with a total of 110 clients in this industry nationwide. Aon understands certain difficulties that employers in the life sciences industry face and seeks to minimize these issues for the clients in terms of health and benefits. With the help of the data that will be gathered and analyzed, Aon can determine further possibilities to help existing and prospective clients, as well as ways to generate more revenue.

Method/Approach: An operations director completed a review of all the current Life Sciences clients and their Account Executives (AE) and exported the information onto a spreadsheet. Emails were sent to each AE regarding their clients, to gather information such as the total revenue that Aon received from the client, the number of lives the client has and Aon's business relationship with the client. The spreadsheet was updated as responses from the AEs came in. Reminder emails were sent one to two weeks after the original email request was sent. After the spreadsheet was complete with as much data that could be gathered, the data was then evaluated and input into various charts for prospective clients and AEs to use for comparison purposes.

Outcomes/Results: Of the 110 clients, 36 (33%) had no results. From twenty-five clients (23%) Aon receives revenue of \$0-\$100,000. In the \$100,001-\$200,000 revenue range, there are 25 clients (23%). There are 14 clients (13%) in the range of \$200,001 to \$300,000 revenue range and 3 clients (3%) in the \$300,001-\$400,000 range. In the \$400,001 and more range, there are 7 clients (6%). Of the 50 clients (46%) that fall in the \$0-\$200,000 range, Aon only has a complete relationship (Core Health and Benefits (H&B), Voluntary Benefits, and Rx Coalition) with 4 of them.

Evaluation/Conclusion: Almost half (46%) of the Life Sciences clients Aon handles fall in the range of giving Aon a revenue of \$0-\$200,000. Of those 50 clients, only 4 clients have a full package with Aon. This indicates that Aon has potential to increase revenue through existing clients, instead of just focusing on prospective clients. Current clients can easily be sold on using Aon for the Rx Coalition which will further bring rates down for pharmaceuticals for all clients that are involved. Additionally, research should be done to further understand why certain clients are not using Aon's full services.

Title:	Senior Scams Educational Program Assessment	
Name:	Britney Correa	
Preceptors:	Direct Supervisor: Melanie Ford, Director of Social Services	
Agency:	New Brunswick Senior Resource Center	

Purpose: To analyze Senior standings with phone scams, present an educational program, and suggest safety interventions for them to be able to develop into more aware and safe members of their community.

Significance: Every year seniors lose upwards of 30 billion dollars annually due to scams. Factors such as age, ailment, cognitive impairment, and social isolation, play a major role in why seniors are prime targets. Financial scams can take place through various mediums, however for seniors, phone calls are the number one method of contact. Seniors are also targeted for financial scams due to the likelihood of having a savings account that has been built up over the years (Romeo et. al. , 2015). In less than 40 years, the population aged 65 and over is projected to be 83.7 million (almost double that of 2012) due to advancements in technology and medicine, creating a large number of seniors that will be potential targets for scammers (Hogan et. al, 2014).

Method/Approach: A study was completed at the New Brunswick Senior Center to assess contact by phone scammers via cellular device to seniors ages 60 and up within the last six months, after an educational program on scams. Data from 25 seniors was recorded, and of those, 2 reported not having a cellular device. Of the seniors that reported having a cellular device a visual polling method was utilized to assess those who received unwanted/marketing phone calls, those who were on the Do-Not-Call list (for cell), and those seniors who would be interested in being placed on the Do- Not-Call list. Answers varied from affirmative to negative on each question, and the number of calls a day varied from 1-10 calls a day. A follow up survey was conducted two weeks after the initial survey, for those whom reported being a part of or wanting to join the Do-Not-Call list on the initial day of survey.

Outcomes/Results: Twenty-three seniors (100%) reported receiving unwanted phone calls at various times of the day. Of the 23 seniors that participated in the cell survey, 4 (17%) reported already being on the Do-Not-Call list, 4 (17%) requested to be placed on the Do-Not-Call list after the presentation, leaving 15 (66%) susceptible to these calls. After two weeks a follow-up survey was conducted amongst seniors. Finally in a survey of the 8 seniors that reported being a part of the Do-Not-Call list and those that were placed on the list that day, 5 (63%) reported a significant decrease in the amount of calls received, 2 (25%) reported no more calls, and 1 (12%) reported no change.

Evaluation/Conclusion:

Almost all (n = 23, 92%) of the seniors from the sample size (n = 25) reported having a cellular device and reported being contacted by unwanted parties within the last six months. Educational programs twice a year on phone scams will serve as an effective strategy to (a) educate and refresh seniors on what to look for to identify scam scenarios, and (b) remind seniors of the option to place their phone devices on the Do-Not-Call list, making their numbers less readily available. Along with the biannual educational program, a biannual physical survey can also be distributed in order to ensure that the interventions are working, and seniors are not being taken advantage of via phone scams.

Agency:	New Jersey Department of Health	
Preceptors:	Direct Supervisor: Janis Mayer, Manager, Office of Tobacco Control, Nutrition as Control	
Name:	Yoku Crentsil	
Title:	DO YOU 'JUUL'? A populus knowledge and usage survey	

Purpose: To survey and discover the influence of JUUL by gathering data on user prevalence and demographics, daily consumption rate, reasons for initiation and risk perception.

Significance: JUUL, a California based e-cigarette manufacturing company, has created the fastest growing and top-selling e-cigarette product in the country. Its market share began to rapidly increase over the past year. Having sat at 13.6 percent of the U.S. e-cig market share back in February of 2017, it currently holds 68 percent of the U.S. e-cigarette market, as reported by Wells Fargo Securities and Nielsen data respectively. JUUL labs claims to target the current adult smoker population in order to reduce the use of conventional cigarettes, however, it is evident that youth and young adults have become increasingly affected by this top-selling product. Vivek Murphy, the U.S. Surgeon General, reported that e-cigarette use has increased considerably amongst youth in recent years, more specifically a 900% increase amongst high schoolers from 2011 to 2015. It is expected, here in the state of New Jersey, that this increase has soared since the launch of the JUUL product back in 2015. The Tobacco 21 law as of November 2017 has mitigated the influence of tobacco products on NJ youth and young adults but further intervention is needed.

Method/Approach: A pre-assessment survey will be conducted using a convenience sample of various individuals, throughout the State at public sights along with social media outlets such as Facebook and Instagram. Using current research found in the Surgeon General's Executive Summary and JUUL labs consumer webpage as a baseline for survey responses, a total of 13 questions with 2 to 5 limited responses (e.g. Yes, No, 18-24 yrs old, etc.) will be pre-tested for future research: JUUL user prevalence and demographics, daily consumption rate, possible dual tobacco-use, knowledge of JUUL pod concentration, reason for initiation, advertisement influence and risk perception. Data will be collected through Google Forms, exported to an Excel spreadsheet then analyzed and compared.

Outcomes/Results: Data, at this point in time, shows that White males between the ages 18-24 years old, from household incomes \$60,000 and above, are most impacted by the JUUL product. Further analysis is required to discern a greater understanding of the JUUL product's influence, since the sample population may not have been as diverse as expected.

Evaluation/Conclusion: Data will be evaluated by epidemiologists and statisticians at the NJDOH, comparing previous data from the most current NJ Youth Tobacco Survey and current CDC Youth Tobacco Survey data. The intent of this research is to display the lack of necessary regulation on e-cigarette manufacturing, the lack of enforcement on lawful e-cigarette sales and the lack of education available to the public for informed decisions to be made upon the consumption of tobacco products.

Title:	Head and Neck Cancer Treatment Guide at George Washington University Hospital	
Name:	Sharon Dang	
Preceptors:	Direct Supervisor: Michele A Capossela, Senior Manager, Patient Navigation Project Supervisor: Elizabeth Glidden, Patient Navigator, NER Cancer Control	
Agency:	American Cancer Society	

Purpose: To create a services guide of health care providers and resources for head and neck cancer patients which will aid in facilitating the initiation process for patient navigators.

Significance: The American Cancer Society has their own patient navigator system for cancer patients at different hospitals. Patient navigators at GWU expressed concerns for more resources for their cancer patients. This project will provide patient navigators who work with head and neck cancer patients a resource guide that provides the patients with their care treatment team, referrals, appointment checklist, and post-treatment/support group information. With this guide, patients will have concrete forms to refer to to help them with their treatment process rather than just being guided verbally by navigators. It will also help them become more independent in their own treatment and allow navigators to help patients more efficiently.

Method/Approach: A procedure was drafted to research checklists and summaries from different hospitals in order to create an accurate resource guide for head and neck cancer patients. The services guide includes a treatment summary and definition of the patients' care team (the physicians' phone numbers, location, referrals/appointments) and information the patient would need to refer to for the next few weeks to guide them through specific treatment care. In terms of measurement, surveys were distributed to select patient navigators under the American Cancer Society to evaluate the efficiency of the guide.

Outcomes/Results: Surveys were released and completed by 15 patient navigators from different regions within the nation. Results show that 100% of the navigators found the guide to be simple and easy to comprehend. 46.7% voted that they would *sometimes* utilize the cancer treatment guide with their patients, 33.3% would use it *occasionally*, and 20% would use it *often*. 93.3% of the navigators believed that the guide would help facilitate their process when meeting with their patients as well as be a useful tool to other concentrated disease sites. 80% of the responders felt that patients would be less overwhelmed with the guide and the rest felt it might still be a lot of information to handle.

Evaluation/Conclusion: Overall, the results show a satisfactory percentage of patient navigators who believe that the treatment guide would be an efficient resource to use when first being introduced to their patients. The guide is simple and easy to utilize, navigators can choose to give it to their patients or not. It is certainly a benefitting factor to have all of the patients' information readily available prior to their initiation process. Future changes can easily be made based on patient responses as well.

Title:	Chinese Herbal Medicine	
Name:	Lisa Dawson-Annan	
Preceptors:	Percy Yeung, Dr. Gloria Bachmann, MD, MMS, and Dr. Joy Wang	
Agency:	RWJUH Women's Health Institute	

Purpose: To investigate the biological effects of Chinese Herbal Medicine products, on relieving the symptoms of genitourinary syndrome of menopause (GSM) in postmenopausal women.

Significance: Genitourinary syndrome of menopause, or atrophic vaginitis, is a common illness where the thinning, drying, and inflammation of the vaginal walls are linked with reduce levels of estrogen in the vaginal tissue. GSM can go on at any time in a woman's life cycle, although more normally in the postmenopausal phase. Although the estrogen supplement is the mainstay therapy for GSM in the western medicine, 10% to 20% of women may still have residual GSM symptoms. China has based the world's broad collection of drugs of herbal medicines throughout a span of 5000 years. A system of medicinal herbs has developed and is as highly evolved as Western medicine. But the main problem is that Chinese herbal medicine is surprisingly neglected in current English literature.

Method/Approach: A broad literature review of journal articles using Pubmed as the search catalogue for issued articles on the matter of GSM or Vulvovaginal Atrophy and when Chinese Herbal Medicine was accompanied for the first time. This search comprised of different parts. The first part contained a search on issued articles on the definitions and treatment of vulvovaginal atrophy. The second part involved a search on the doctrines and history of Chinese herbal medicine. The third part was a search on the basic science studies on the specific biological effects of 16 different herbal components in the formulas published in Chinese literature for treating GSM. Solutions from the search were collected in a literature review using close to about 40 different journal articles.

Outcomes/Results: From the literature review, it was discovered that out of the 16 Chinese herbs, 6 have anti-inflammatory properties, Salvia miltiorrhiza (Dan Shen), Scierotium Poriae Cocos (Fu Ling), and Rehmannia glutinosa (Di Huang), Rhizoma Atractylodis Macrocephalae (Bai Zhu), Cortex Eucommiae Ulmoidis (Du Zhong), Psoralea corylifolia (Bu Gu Zhi). 4 out of the 16 herbs showed increasing effect on estrogen levels, Salvia miltiorrhiza, Epimedium brevicorn (Yin Yang Huo), Cortex Eucommiae Ulmoidis, and Psoralea corylifolia. 6 out of the 16 herbs have antimicrobial effects, which are Salvia miltiorrhiza (Dan Shen), Scierotium Poriae Cocos (Fu Ling), Radix Ginseng (Ren Shen), Cortex Eucommiae Ulmoidis (Du Zhong), Fructus Lycii Chinensis (Gou Qi), and Psoralea corylifolia (Bu Gu Zhi).

Evaluation/Conclusion: Basic science studies on Chinese herbs selected from the traditional formulas reveal multiple biological effects that may suggest the beneficial effects for vaginal health in postmenopausal women, such as anti-inflammation, phytoestrogen, or antimicrobial. Collectively, the studies provide the evidences that support the herbal medicine formulation as an additional application for alleviating symptoms of GSM.

Title:	Sun Safety Education in Youth Summer Camps	
Name:	Nicole de Oliveira	
Preceptors:	Viviana De Los Angeles, Regional Chronic Disease Coordinator Carrie Johnson, Program Development Specialist	
Agency:	Middlesex County Office of Health Services	

Purpose: To provide sun safety education and melanoma awareness in Middlesex County youth summer camp participants.

Significance: According to Centers of Disease Control and Prevention, skin cancer is the most common cancer diagnosis in the United States with melanoma being the deadliest. A major cause of melanoma is ultraviolet (UV) exposure from sunlight and tanning beds. Therefore, protection from UV radiation is important to lower one's risk from developing melanoma. According to U.S. Environmental Protection Agency, most of sun exposure occurs before age 18, therefore outreach efforts consisting of sun safety education and behaviors to reduce risk of developing skin cancer would be most beneficial to youth-based audiences.

Method/Approach: Summer camps with youth participants (ages 4-14) were identified and contacted by phone and email. Visitations were scheduled based on date and time availability. Materials, like literature and sunscreen, were prepared and provided to the camp's student population. Sun safety presentations averaged thirty minutes per group. Each presentation was age-appropriate and aimed to maintain student interest and engagement. Throughout each presentation, knowledge was measured when educators asked the students questions about the information presented. A headcount was recorded for all groups for evaluation purposes.

Outcomes/Results: Camps were selected based on age of student population as well socioeconomic status as determined by Healthier Middlesex, a coalition formed to promote wellness in Middlesex County residents. Out of six potential camps, two camps responded favorably and scheduled the presentation (33%). These camps were conducted in two municipalities. The total audience reach was 195 students. Of the attendees, 15 students were pre-kindergarten (under 5 years old), 102 students were kindergarten to third grade (ages 5-8), 75 students were grades four to seven (ages 9-13), and 3 students were older than seventh grade (over 13 years old). In total, ten sun safety presentations were conducted on summer camps.

Evaluation/Conclusion: Students were very receptive and engaged during the presentations. Those who participated last year remembered the information presented. Distributing literature and sunscreen was important to increase awareness for students and their family members. Camp directors showed interest in repeating sun safety education in future summers. Given that youth is susceptible to sun exposure which causes melanoma and the overall positive feedback received for this project, it is recommended to continue sun safety education in the future. As of July 2018, two new schools in Middlesex County have adopted sun safety policies which utilize key components from the health education outreach.

Title:	Mosquito Population and Vector Surveillance
Name:	Nicholas DeLisi
Preceptors:	Vikki Thompson, Acting Superintendent Tony Acquaviva, Entomologist
Agency:	Monmouth County Mosquito Control Division

Purpose: The overall purpose of my position at the Monmouth County Mosquito Control Division is to benefit county residents and visitors by performing surveillance on the mosquito population to gather data used to optimize control efforts improving quality of life and protecting public health.

Significance: Mosquitoes can carry many vector-borne pathogens, such as, malaria, West Nile virus (WNV), Eastern Equine Encephalitis, and Zika. These diseases are spread when the female mosquito bites a host as part of her reproductive process. If the individual is a carrier a pathogen, the disease can be spread from host to host as the blood is transferred. Monmouth County, being developed on a Salt-Marsh Wetlands, is an ideal living and breeding environment for mosquitoes with many hosts to choose from. The human population in the county is dense, quartering over 650,000 residents throughout its land mass. My surveillance position has been operated for many decades, so the data has been collected, recorded and analyzed for years. Due to my daily collections, the information gathered reflects mosquito population densities for specific sites and indicates trend in those populations. My weekly trappings determine positive or negative findings in disease.

Method/Approach: The methodology used is in multiple forms of trapping for mosquitoes. For registering population density, the mosquitoes collected daily are caught in the 20 New Jersey standard light traps dispersed around Monmouth County and turned into the Entomologist for counting and recording. The light traps are triggered to power on by a solar receptor at night. The mosquitoes are attracted to the light, then caught in a fan and poisoned and secured in a jar at the base of the trap. To test for disease, two forms of live traps are set. Either live trap is similar to the light traps, however use a chemical attraction to secure live mosquitoes in a net. After 24 hours, the nets are retrieved, labeled and returned, living, to the Entomologist for testing. This is completed while operating a county vehicle, a Ford Ranger, over a 130-mile loop around the county.

Outcomes/Results: The findings of my collecting have led to population densities being recorded and analyzed for trends among species. This information is relayed to the Mosquito Inspectors and their pesticide treatment teams for control. The specimens collected by live trapping are tested at the New Jersey Department of Health's Public Health and Environmental Laboratory using PCR methodology or in the Mosquito Control Division's laboratory by the Rapid Analyte Measurement Platform process. To date, there have been few WNV positive mosquito samples of the hundreds tested, but no human outbreak has occurred. If any serious spread were to occur, the public would be notified, and additional control action would be taken.

Evaluation/Conclusion: To evaluate my production and progress on my internship, refer to the data being transcribed as a result of my methodology. Because of my position, the rest of the Monmouth County Mosquito Control Division is allotted to complete their tasks. In a field where every position is integral to allow the overall mission to succeed, accomplishing my role gives me inspiration to continue to carry out my duty for the betterment of the community.

Title:	Documenting the First Time Sexuality Experiences of Black and Latinx Youth in Newark, NJ
Name:	Bethany Diaz, Sexuality Educator Intern
Preceptors:	Stephanie Franklin, Founder/Executive Director
Agency:	The Masakhane Center

Purpose: to create a video anthology of interviews with Newark residents regarding their first times in a variety of sexuality experiences.

Significance: Sexual and reproductive health is often considered solely in terms of sexual practice and its consequences: rate of usage of safer sex materials, prevalence of sexually transmitted infections in a particular population, accessibility of birth control and abortion services, et cetera. However, sexual health is multi-faceted, and the "behaviors and practices" approach to discussing sexual health fails to address the other factors that influence sexual behaviors, which are summarized in the Circles of Sexuality, a model developed by Dr. Dennis M. Dailey in 1981. The model includes the following: sensuality, intimacy, identity, sexual and reproductive health, and sexualization. This project focuses on the creation of an oral history to shine a light on not only sexual behavior, but also the identities, ideals, and values that influence a person's sexuality as a whole, including sexual and reproductive health behavior, particularly their "first time." The interviews highlight the experiences of Black and Latinx young people in the Newark, New Jersey area not to propose interventions, rather, in the hopes that, once published, they will inspire community members to speak openly about sex and sexuality, thereby asserting control over their sexuality and, by extension, their sexual health.

Method/Approach: The intern developed a series of questions related to the "first time" topics provided by the Preceptor: first time engaging in sexual activity, being tested for sexually transmitted infections, using menstrual products, buying safer sex materials, getting a pelvic exam, and being sexually harassed in public. The intern recruited volunteers by posting on social media, networking with former interns, and conducting outreach in LGBTQ+ and women's centers in Newark. Interviews were conducted in July and August 2018. They were recorded on iPhone and edited using iMovie video editing software. Participants were informed about the purpose of the interview and given release forms that will give the Masakhane Center permission to publish their likeness on its website and social media pages.

Outcomes/Results: The intern conducted four interviews. Interviewees divulged only what they were comfortable sharing. Most interviewees spoke openly and plainly about their first times engaging in sexual activity. The prompting questions asked how the interviewees' "first time" experiences affect their perceptions of their own sexualities. A total of six videos will be posted on the Masakhane Center's website and social media profiles in September 2018.

Evaluation/Conclusion: This collection of videos benefits the Masakhane Center by giving voice to individuals without prejudice, judgment, or bias, thereby fulfilling the organization's mission of promoting healthy outlooks on sexuality.

Title:	Monitoring Health Care and Insurance coverage For Diabetic patients
Name:	Kimberly Diaz
Preceptors:	Dr. Rahju - Optometrist Danielle Del Presto - Billing Coordinator
Agency:	The Eye center At Jackson

Purpose: To assist and analyze insurance coverage for diabetic patients while promoting yearly checkups and follow ups for these patients, to help improve their health and monitor their diabetes.

Significance: Diabetes affects many parts of the body including your eyes. Diabetes increases the chances of glaucoma, cataracts and diabetic retinopathy. Diabetic retinopathy is the primary reason why diabetes patients are encouraged to have yearly eye exams. This is encouraged to prevent and monitor changes in the blood vessels of the retina. Diabetic retinopathy can occur when a patient is exposed to long term, high glucose levels. High glucose levels deteriorate the walls of the bloods vessels in the eyes causing them to bleed, leek fluid and distort vision. This condition can affect patients who have either Type 1 or Type 2 diabetes. This condition causes patients to become light sensitive and cause blurriness, loss of vision, and blindness. An eye exam can detect diabetes in its early stages.

Method/Approach: A review and analysis of insurance coverage was done on ten diabetic patients. It was analyzed to see how much coverage insurance companies are covering for each patient. Insurance coverage for well visits help motivate patients to continue to see their doctors and follow up to monitor their diabetes to prevent retinopathy. The less an insurance covers the more the patient must pay out of pocket. This can prevent patient from frequent doctor visits. In this research we found that 30% of the patients follow up and well visits were not 100% covered due to coinsurance and deductibles. As we investigate the explanation of benefits we try to find wants to dispute with the insurance companies so the patients are not responsible for a bill. The goal is to not bill patients and encourage them to come in to monitor their eyes and diabetes.

Outcomes/Results: A sample size of (n=10) was used during this period. This size was chosen because it can take 6 to 8 weeks to hear back from insurance companies. Out of the 10 patients 3 of them did not have full insurance coverage. Out of the 3 who did not have full coverage only 1 of them came back for their follow ups.

Evaluation/Conclusion: There were more patients that had full insurance coverage for diabetic eye examination, 70% of the patients who were being track had full coverage. The remaining 30% of the patients did not have the full coverage and but only 10% of the patients with partial coverage came back for follow ups. Insurance coverage can help keep patients motivated to see the doctor but if coverage is an issue it can push patients away

Title:	Patient Satisfaction Survey
Name:	Stephanie Dimbo
Preceptors:	Direct Supervisor: Susan VonNessen-Scanlin
Agency:	Rutgers Community Health Center

Purpose: To create a patient satisfaction survey to accurately measure patients' satisfaction with services provided by the FQHC staff.

Significance: According to the Agency for Healthcare Research and Quality "the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program" has shown that hospital organization with high patient satisfaction score have better retention rate and higher reimbursement rate payment from CMS. According to a research conducted by Anhang Price Rebecca, there was a positive collaboration between positive care experiences and patient adherence and it is also have been associated with lower prevalence of inpatient care complications. Patients' impression of the quality of care and services received at a healthcare practice by practitioners and staff can affect their overall health outcome. The surveys also helps the health practices receive valuable information and data which is then implemented and used to build improvement efforts.

Method/Approach: Guidelines were followed by the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program to create the survey. Research was conducted with other surveys as reference and with some modification to ensure it applies to the center. The first draft was two pages long in order to make it easier for the patient's, my superior suggested to shrink it into one page. Together we looked at more surveys and found one that could be implemented and with a slight modification it was able to fit into one page.

Outcomes/Results: The survey comprised both qualitative (two open ended) and quantitative (seventh closed date) questions a total of nineteen. These include topics about the facility, services received by the medical staff and their overall satisfaction. Each question is measured via a Likert scale which ranges from "Great" given a numeric value of 5 to "Poor" given a numeric value 1. Patients are asked to circle one of the numeric numbers to describe their services. The surveys would distributed in person after the patient receives care. It would also be available via their portal or email. The survey would be available in English and Spanish. The goal is to get as many patients' feedback as possible.

Evaluation/Conclusion: The goal of the survey is to obtain feedback from patients about the quality of the services provided. It is expected to have 40% of patient fill out the survey. By September 2018 the survey should be ready to be distributed to the patients. The data would be collected, analyzed and reported on a daily basis. The feedback is important to implement change to the clinic and later reevaluated to ensure that our patients received optimal service.

Title:	Analysis on the Education Sponsored by Otsuka for Major Depression Disorder
Name:	Alexandra Duffin
Preceptors:	Direct Supervisor and Project Supervisor: Steve Bender, President
Agency:	FACTORx

Purpose: To determine if the continuing medical education (CME) sponsored by Otsuka is effective in reaching its intended target audience of clinicians who currently treat patients with Major Depression Disorder (MDD).

Significance: In the United States about 16 million adults are living with MDD. The stigma around mental health and the lack of coverage on health insurance plans both play a factor in discouraging individuals from seeking medical treatment. The results from the analysis will help inform future recommendations for CME by showing how effective the topics were in attracting the intended target audience.

Method/Approach: A Microsoft Excel spreadsheet was created to include the names and addresses of all 1,686 CME participants. Next, the national provider identifier (NPI) was searched for all 1,686 participants. Overall, 844 (50.0%) participants were identified in the claims data for the analysis. The procedural billing codes for this disorder are International Class of Disease (ICD) 10 codes (F33, F33.0, F33.1, F33.2, F33.3, F33.4, F33.41, F33.42, F33.9), along with prescription data were paired with the NPI numbers to determine the actual number of MDD patient treatments. For this analysis, a patient treatment was defined as a diagnosis paired with an initial prescription or refill. A report template was generated and sent to the medical claims team to begin the analytics process.

Outcomes/Results: Overall, 133 of the 1,686 providers currently manage 33,441 valid MDD patient treatments, an average of 251.44 MDD patient treatments per provider. The national average is 73.34 MDD treatments per provider. There were three different online enduring activities offered, and participants could participate in any number of the activities. For the *Navigating* activity, 59 providers manage 14,172 validated MDD patient treatments, averaging 240.2 patient treatments per provider. From the *Comorbid* activity 23 providers manage 4,553 patient treatments, averaging 197.95 valid patient treatments per provider. Lastly, the *Suzanne* activity identified 47 providers currently managing 14,716 patient treatments, averaging 313.1 validated MDD patient treatments per provider.

Evaluation/Conclusion: The *Suzanne* activity was the most successful of the three because it drove the most validated MDD patient treatments (14,716), and also has the highest average of MDD patient treatments per provider (313.1). This data proves that this activity, followed closely by the *Navigating* activity have the potential to impact the most MDD patient treatments. All activities that surpass the average by a large margin, we'd recommend further use of this distribution channel based on these positive trends.

Title:	Evaluating the Pediatric PowToon Transgender Health Education Initiative
Name:	Morgan Engel
Preceptors:	Direct Supervisor: Gloria Bachmann, MD, Director of Women's Health Institute Project Supervisor: Dr. Ian Marshall, MD, Pediatric Endocrinologist
Agency:	Women's Health Institute at Rutgers Robert Wood Johnson Medical School

Purpose: To analyze the difference in perception between pediatric transgender patients and their parents as it relates to an educational Powtoon video that explains the hormonal affirmation treatment process.

Significance: The role of family support is necessary for overall wellness in LGBTQ individuals. This support is often lacking and likely contributes to the higher risk of adverse health behaviors. According to the Journal of Child and Adolescent Psychiatric Nursing, family acceptance in adolescence is associated with positive young adult health outcomes including social support and general health, as well as being a protective factor against negative health outcomes such as depression, substance abuse and suicide (Ryan et al., 2010). In an effort to reduce transgender health disparities, this study explored how educational offerings are viewed by the parents vs the transgender youth and if they both noted benefit from the information.

Method/Approach: Post appointment, transgender youth patients and their parents/guardians were asked if they were willing to watch an educational PowToon video explaining hormonal affirmation treatment. If consent was given, an iPad was distributed to the patient and their guardian (if present) to view the video in private. Surveys were then distributed, each one designated specifically for 'Patient' and 'Parent/Guardian' in order to receive qualitative feedback. Survey feedback was analyzed using a Likert scale that allowed the qualitative responses to be coded into quantifiable data using Microsoft Excel.

Outcomes/Results: Of the total number of surveys filled out (n=57), 34 were patient responses and 23 were parent/guardian responses. Of the patient sample (n=34), 13/34 (38%) 'Agreed' and 9/34 (26%) 'Strongly Agreed' that viewing the video with their guardian would make it easier to discuss their gender identity with family members. Of the parent/guardian cohort (n=23), 10/23 (43%) 'Agreed' and 10/23 (43%) 'Strongly Agreed' watching the video with their transgender child would make it easier to have family discussions regarding their gender identity.

Evaluation/Conclusion: These results suggest a disconnect between the youth transgender patients and their parents/guardians when it comes to educational venues. For instance, 65% of transgender youth felt the video was beneficial compared to 87% of parents/guardians in regard to facilitating family discussion and acceptance of their gender identity. These data suggest that two different sets of educational health materials, one for the patient and one for the family, should be considered for educational purposes.

Title:	Alzheimer's Disease/Memory Loss Clinical Trial Recruitment Analysis
Name:	Valentina Esposito
Preceptors:	Kaylee White, MA, Site Manager
Agency:	Princeton Medical Institute

Purpose: To analyze recruitment rates for Alzheimer's/Memory Loss study patients for clinical trials, improve recruitment and advertisement strategies, and determine if any were a success.

Significance: Alzheimer's disease is the 6th leading cause of death in the United States¹. It progressively worsens over time and its greatest risk factor is increasing age². Clinical research continues to search for a cure, but for now, there are treatments to help with symptoms. In order for a clinical research study to be credible, it is imperative to have a certain amount of study patients for each trial. Princeton Medical Institute does clinical research trials on Alzheimer's/Memory Loss, and patients hear about these trials through numerous methods. Improving recruitment strategies on Alzheimer's/Memory Loss clinical trials may encourage more people to want to enter them.

Method/Approach: Recruitment rates for Memory Loss patients will be reviewed from May to July of 2018, following 59 total memory screenings and how each patient was recruited by accessing online appointments. Of the 59 screenings, 27 were in May and will be analyzed separately to find the most effective recruitment strategy. Recruitment strategies will be improved throughout June and July to help the institute bring in more patients. These include health fairs, Alzheimer's press releases and flyers, community outreach, and posting on social media. Rates for the 32 remaining screenings for June/July will be analyzed to determine if improved strategies were effective by asking how patients were recruited.

Outcomes/Results: Of the cohort (n=59), 27 patients (46%) had a memory screening in May and were analyzed; 5 (19%) were recruited via health lecture, 3 (11%) via doctor referral, 3 (11%) via newspaper, and 16 (60%) via word of mouth or google. Thirty-two patients (54%) had a memory screening in June/July and were also analyzed; seven (22%) were recruited via doctor referral, five (16%) via health lectures, four (13%) via the newspaper, one (3%) via health fair, one (3%) via radio, and fourteen (44%) via word of mouth, social media, or community outreach. Of the 32 patients in June/July, 6 (19%) were recruited due to improved recruitment strategies via press releases and health fairs.

Evaluation/Conclusion: About half (n=30, 51%) of patients from the sample size cohort (n=59) reported recruitment via word of mouth, google, social media, or community outreach from May to July 2018. The most effective recruitment strategy for June and July were via doctor referral, n=5 (16%), and a combination of word of mouth, social media, or community outreach, n=14 (44%). The improved recruitment strategies were shown to be a success due to the 6 (19%) patients recruited via press releases and health fairs. Increased community outreach and social media involvement, monthly press releases, and continuing to partner with doctor's offices to increase doctor referrals will serve as effective strategies to advertise and recruit patients for Alzheimer's/Memory Loss studies. Princeton Medical Institute will continue to use this information to improve recruitment strategies.

Title:	Program evaluation of The Maplewood Junior Police Academy
Name:	Exau Ferruzola
Preceptors:	Bob Roe, Peter Dillon, Candice Davenport
Agency:	Maplewood, NJ Health Department

Purpose: To create a program evaluation of the Junior Police Academy in Maplewood, NJ.

Significance: In Maplewood the police officers have built a close relationship with the kids by implementing programs such as open gym that allow the kids to participate in different activities like basketball and flag football. One event that stands out from the rest is the Junior Police Academy. This is an one week program that teaches kids discipline, encourages physical activity, and teaches them the duties that police officers have to accomplish on a day to day basis. This also teaches the kids not to linger out in the streets, to not be around the wrong crowd, and teaches them the dangers of drugs and alcohol. Through these programs and activities, the Maplewood Police Department has built interpersonal relationships with the kids of Maplewood that will not only improve community health but social development in youths and increase physical activity among them.

Method/Approach: Data on how much kids enjoyed the Junior Police academy was collected using surveys. A total of 27 kids between the age groups of 5th-8th grade were asked to fill out a survey based on questions that asked them what they did or did not like about the program, would they recommend the program, and what would they like to tell their instructors about their experience. An interview with police officer Lt. Palmerizzi of Maplewood was also conducted to discuss about funds and procedures.

Outcomes/Results: Of the 27 kids that answered the survey all of them said that they would recommend the program to other kids of the age groups of 5th-8th grade. 13 of the 27 kids enjoyed the PT (Physical training) aspect of the program and they also enjoyed how hard the police officers pushed them to complete their goal. One of the responses in the surveys stated "They pushed me to do my best every day. They made sure I did my best." The interview with Lt. Palmerizzi revealed that the funds they used for the kids uniforms, food and transportation were provided by the application fee needed in the beginning which was \$75 per child. A rotating four-man unit of police officers was needed in order for the program to be a success.

Evaluation/Conclusion: The data received from the surveys showed that kids really enjoyed the programs that the Maplewood Police Department had to offer. Through this program it showed the kids the importance of hard work and perseverance. This will later transfer to other aspects in their life like getting good grades in school, actively applying for jobs, or even maintaining their own health. Lt. Palmerizzi stated the challenges of this program would be event planning and being flexible with the police officers' schedules. Police officers from different towns and counties can use the same method of creating programs like the Junior Police Academy to improve the communities they are a part of.

Title:	AMARD&V: Healing Through the Arts Expansion Program - Bystander Intervention
Name:	Sara Franken
Preceptors:	Mariam Merced, Director; Elaine Hewins, CSW, DVS, Domestic Violence Education and Awareness Program Coordinator; Yesenia Hernandez, Program Coordinator
Agency:	RWJUH Community Health Promotions Program

Purpose: To assist and examine the student's comprehension and perception on the importance of bystander intervention regarding Teen Dating Violence (TDV) and promoting healthy relationships.

Significance: 1 in 3 U.S. adolescents is a survivor of physical, sexual, emotional, or verbal abuse from a partner. Victims of TDV are significantly more likely than non-victims to use drugs, smoke, or drink, which can lead to detrimental health effects (Center VAWC, 2014). Only 33% of teens who were in a violent relationship report speaking out about the abuse and 86% said that they would rather confide in a friend than an adult (Love is Respect, 2014). TDV can cause emotional, psychological, social and health issues in victims. Bystander intervention is a model that predicts the likelihood of an individual or group to address a situation that they deem problematic (Harvard OSAPV, 2018). Bystander intervention gives the witness to the abuse an opportunity to intervene. Intervening can de-escalate the issue, promote healthy relationships, and possibly stop future abuse from happening.

Methods: 8 students take part in the AMARD&V: Healing through the Arts Expansion Program through the Community Health Promotions Program at Robert Wood Johnson University Hospital. The students, ages 14 to 17, participated two times a week in a program that allowed them to become healthy relationship ambassadors in their communities. This provides economically disadvantaged youth in New Brunswick a safe and comfortable place to learn how they can assist if they or someone they know is in an unhealthy/abusive relationship. One component of becoming ambassadors, the students must comprehend the importance of bystander intervention and display willingness to take action. A survey consisting of 4 open ended questions was given before the bystander intervention workshop to understand the students current understanding and interpretation of bystander intervention and its importance. Two weeks after the workshop, the 8 students were given the same survey to reevaluate their understanding and to evaluate the effectiveness of the bystander intervention workshop.

Outcomes: All 8 students participated in the workshop and the pre and post surveys. 50% ($\frac{1}{2}$) of students were unlikely to intervene before the workshop; 50% ($\frac{1}{2}$) of students were very likely to intervene at completion of the workshop. 37.5% ($\frac{3}{8}$) were likely in the pre-survey and remained the same in the post-survey. Only 12.5% ($\frac{1}{8}$) claimed that they were very likely to intervene in the beginning and now only 12.5% ($\frac{1}{8}$) felt unlikely.

Evaluation: The 8 students were perceptive and willing to learn intervention methods that will be useful in their schools or at home. All showed an increase in confidence and are now willing to intervene in a situation that they feel is unhealthy or abusive. As noted above, 86% of all teens reported feeling more comfortable speaking to a peer than to a trusted adult if they are involved in an unhealthy relationship. By properly educating teens on the importance of bystander intervention can decrease the number of teens in unhealthy/abusive relationships and will make those in such situations feel more comfortable to speak out.

Title:	Provider Productivity Evaluation
Name:	Chelsea Gallegos
Preceptors:	Patrycja Golinska and Michelle LoPiccolo
Agency:	Weill Cornell Medicine- Pulmonary and Critical Care Division

Purpose: To quantify all of the sessions for providers of the Pulmonary Department within the most recent fiscal year in order to determine their levels of productivity in comparison to their colleagues.

Significance: Each Pulmonary physician is evaluated on whether or not they hit the target number of patient encounters. Each encounter is payment-based meaning the provider receives monetary compensation based on total relative value units (RVU's). If the physician does not reach their target within the specified timeframe, then the Department would be at a loss instead of a profit range. The Academic Emergency Medicine (2018) explained that a two-service model estimated a net profit of \$37,569 and financial sustainability if the daily billable encounters were above the target (20). Otherwise, the one-service model depicts a net loss of \$315,382 with the need to make a hospital subsidy.

Method/Approach: Providers have completed 12 encounters per session, or scheduled workday, so the target count can be reached, and profit would have been yielded. Third-party software reports were utilized, such as Cognos and EMR (electronic medical record) database called Epic. Exact dates of the sessions were counted using the annual block schedules, and the room availability schedules for future available sessions that are not currently being utilized. Productivity was deemed successful when every business day had the entire patient rooms filled; otherwise, it counted as a loss in revenue because the Department rented/paid for every room, which included those that were not occupied. The RVU's, profits, losses, and the group averages were documented on Excel and the success rate was calculated for the collective and individual brackets. Data in the forms of charts and graphs, which were easily understood, were sent to the Physicians and they made the appropriate changes.

Outcomes/Results: The grand totals for the Pulmonary Consults and the Outreach Encounters uses data from the fiscal year (July 2017-June 2018). For the Consults, the group average is above the target (12). For the Outreach, the group average did not meet the target (17% success rate). Data for the 17 Providers doing Consults concludes that a grand total of 4 providers did not meet the target even though collectively there was a 100% success rate. For the Outreach, the analysis of 15 providers' sessions shows only 9 providers did not meet their target. The administrators and physicians will receive feedback and suggestions because improvements in the micro-level will affect the access and quality of services and reputation of the department and organization.

Evaluation/Conclusion: The data may depict more missed targets than reality because some providers do not have time to complete the billing process due to their hectic schedules and technical difficulties. The department would formally and individually present the compiled data to their providers within a few weeks and hold meetings with those who need improvement. Physician accountability may then be enforced through monetary holdings or warnings so they are aware that not completing the process will have repercussions. Overall, in order to improve the individual grand totals, the interface that providers use to input their hours must be adapted. In general, the outcomes affect how the Department performs when compared on a national level.

Title:	Discharge Education for Pediatric Trauma Patients
Name:	Danielle Gordon
Preceptors:	Internship Supervisor:Diana Starace, Injury Prevention Coordinator Project Supervisor: Irene Sudah, Pediatric Trauma Program Manager
Agency:	Robert Wood Johnson Trauma and Injury Prevention Department

Purpose: To educate pediatric patients and their families / caregivers who have experienced a preventable injury on relevant prevention strategies prior to discharge.

Significance: Robert Wood Johnson admitted 225 pediatric trauma patients in 2017. While all patients are given childhood safety education in their discharge packet, there is rarely face to face education during which the materials are explained to the child and their family/caregiver. Nurses, mid-level practitioners, and Physicians have not been trained in specific injury prevention strategies, and there is currently no system in place to alert the staff at Injury and Trauma Prevention that a child who could benefit from this education has been admitted. Finally, in the event that patient education does occur, there is no structured documentation to ensure that the education was exhaustive, comprehensive, standardized, and properly documented.

Method/Approach: We plan to create a system to ensure that pediatric trauma patients and their families/caregivers receive adequate education on injury prevention relevant to the mechanism of injury that led to the child's admission. This will be accomplished by coordinating with Nursing Informatics to develop an email alert that will be sent to the Injury Prevention program when a pediatric trauma patient is admitted. A Trauma and Injury Prevention staff member can then meet with the patient before they are discharged. Additionally, we have created packets of information specific to different mechanisms of injury, which will be available to staff on the RWJ intranet. And finally, we have created structured documentation for use in medical charts, to ensure that all aspects of relevant education are covered and that it is properly documented by nursing staff.

Outcomes/Results: Packets of information relevant to common mechanisms of injury have been compiled and made available to RWJ employees on the RWJ intranet. These packets include: concussion, bike helmet safety, child passenger safety, sports safety, playground safety, pedestrian safety, and impaired driving. An original infographic on the consequences of impaired driving was created. Structured documentation for these mechanisms of injury were written and will be made available on SCM, the EMR software used at RWJ.

Evaluation/Conclusion: At this time, we are still waiting on approval from risk management to establish the email alert system. However, all of the materials necessary to respond to the alert are in place. Since this is not a self-contained project within the Trauma and Injury Prevention Department, time proved to be a limiting factor. We are hopeful that this project will be expanded to include educating nurses, midlevel practitioners, and interns on how the delivery of patient safety education, rather than relying solely on Trauma and Injury Prevention staff. Once in place, the system will be periodically re-evaluated and revised based on feedback from staff and patients.

Title:	Preliminary Evaluation of Home Visits Conducted by the New Brunswick Healthy Housing Collaborative, BUILD 2.0
Name:	Jessica M. Guzman
Preceptors:	Mariam Merced, Director; Yesenia Medina-Hernandez, Program Coordinator Ana Bonilla Martinez, CHES Program Coordinator
Agency:	Community Health Promotion Programs at RWJUH, New Brunswick, NJ

Purpose: To create an evaluation tool to assess home evaluations to improve future home visits and address any missing information. This will inform the New Brunswick BUILD Collaborative, on the progress that has been made thus far and any needed adjustments.

Significance: The Healthy Homes Initiative collects data to identify home health hazards, connects families to appropriate resources, and promotes policy changes by building partnerships with organizations in the city and community members. The initiative targets residents from the Esperanza and Unity Square neighborhood projects, which has a high rate of health disparities.

Method/Approach: A 16 question phone survey was created in English and Spanish to collect feedback from participants. We targeted 25% of participants from each month's completed home evaluations. Participants were offered a \$10 Walmart Gift Card. Participants were asked questions about the: overall visit, Community Health Ambassadors approach, and recommendations for the program. The surveys will help the team identify any missing information and what the program can do to help the residents achieve a healthy home.

Outcomes/Results: Out of 69 total home visits in the months of May, June, and July, 18 people engaged in the survey, making it a 25% response rate. About 94% of respondents say that the information given by the Community Health Ambassadors was "very useful". 100% of the 18 respondents agreed that all of the materials and products in the Cleaning Kit were "very useful". Over 61% used almost all of the materials and found them to be "very useful". About 78% of those involved in the survey mostly go to Walmart to do their regular shopping and 38% also go to the grocery stores surrounding New Brunswick.

Evaluation/Conclusion: The survey demonstrates how well the program has been going so far and how well the New Brunswick residents are receiving the information. While outreach and scheduling for the home visits has been challenging, participants praise and support the continuance and education provided by the program. Those who participated appreciated the information and the free cleaning kit, only a little over a half actually used every one of the products. Those who were surveyed were from a Hispanic/Latinx background and may not be familiar with new natural products to clean their home. Majority of the residents go to Walmart, with participants commenting on the high prices and unavailability of products and materials found in the bucket in their neighborhood corner stores.

Title:	The Blood Drive Coalition
Name:	Daniel Hahn
Preceptors:	Pastor Don Lee
Agency:	Praise English Ministry

Purpose: To raise awareness of the importance of blood drives by providing education. To increase blood drive participation in the Christian community by studying the factors that influence blood donation.

Significance: Blood donation in America has been dependent upon adolescent involvement. However, in recent years, America has seen a decrease in adolescent participation in blood donation. Annually, there are 4.5 million people who are in need of blood transfusions in the United States and Canada, only 37% of the population are allowed to donate blood and of this, only about 10% actually donate their blood. The objective is to provide perspective and spread knowledge about the importance of blood donation.

Method/Approach: Two self-reported questionnaires were sent out. The first questionnaire asked questions about the respondent's knowledge of blood donation. The second asked personal questions about the reasons the respondents would donate blood. The targets of the questionnaires were in the age range of 17-40. Based on the analysis of the data recorded, we implemented an educational program at ASK Summer School on July 31st, and awareness campaigns through social media. Depending on the available interest, the team hopes to implement an opportunity to donate blood.

Outcomes/Results: In the first questionnaire (n=90), 36 people (40%) knew how any lives one pint of blood can save, 18 people (20%) knew how many blood transfusions are needed annually, and 24 people (46.7%) knew what percent of the U.S. population is allowed to donate blood and 52 people (65%) answered that they would donate blood. The second questionnaire (n=84), 36 people responded to 'never having an experience with donating blood, 38 people (44.4%) responded to 'not donating blood because they were afraid of needles, and 28 people (33.3%) responded that they were afraid of feeling sick afterwards. 78 people (84%) indicated that they would donate blood if given the opportunity. Based on the information analyzed, the team implemented an educational program based on blood donation at ASK Summer Camp, located in Palisades Park, which consisted of 282 students. The students were asked to respond to various questions based on blood donation and were given an opportunity to sign to pledge to donate when they are able to.

Evaluation/Conclusion: At the end of the second questionnaire, the responses indicated an increase of interest in blood donation. While the data indicated an increase of interest, the sample size (n=90 for the first questionnaire, n=84 for the second questionnaire) was not large enough to generalize the results to a large population. However, to address the interest in blood donation garnered from the questionnaires, the internship team is in contact with Community Blood to organize a follow-up blood donating event to the internship in early September.

Title:	Diabetes Resource Coach Program
Name:	Tiffany Hernandez
Preceptors:	Direct Supervisor: Bonnie Starr, Programs & Initiatives Head Director Project Manager: Kaitlyn Van Allen, Program Manager
Agency:	Diabetes Foundation Inc

Purpose: To conduct research on diabetes trends and management, in order to enhance the development of the Diabetes Resource Coach Program which aims to improve the health outcome of participants living with type I, type II and gestational diabetes.

Significance: According to the <u>American Diabetes Association</u>, diabetes affects nearly 29 million Americans. In the United States, diabetes remains the 7th leading cause of death in America. There are two primary types of diabetes: Type 1 diabetes is a chronic condition characterized by a lack of insulin production. This type of diabetes is frequently life-long and cannot be prevented by lifestyle choices or exercise habits. Type II diabetes results from the body's ineffective use of insulin. This is a much more commonly occurring type, with around 90% of all diabetes diagnoses being type II. Most of the research being done is centered around this type of diabetes. Patient education can help to avoid negative outcomes, but up to half of the patients do not participate. Diabetes education has been recognized as an essential and critical component of diabetic patients' treatment.

Method/Approach: The aim of this study is to develop diabetes health education materials for diabetic patients and their families to incorporate in the Diabetes Resource Coach program. These resources were created to prevent complications of self-management of the disease. The approach is to align these educational materials/tip sheets with the participants medical treatments. Topics covered in these educational materials included subjects such as diabetes science, nutrition, pump therapy, self-monitoring, insulin/medications and exercise. These materials will serve patients as dietary guidelines and tools in order to keep their health on track while managing their disease.

Outcomes/Results: As a result of this study the data collected from 6/4/18- 7/25/18 resulted in the following. A total of 478 support phone calls were made to active participants in the DRC program and the educational curriculums created in this study were provided to participants as educational resources. Furthermore, these resources were also provided to 37 new participants in the program.

Evaluation/Conclusion: The end of the Fiscal Year for 2017-2018 ended in June and the results indicated 59% of all participants received long term support assistance via phone and had all of their questions answered including questions involving at least one or all educational topics researched and created in this study. For the month of July there were 123 active participant support calls made from 7/02/18-7/20/18 it is predicted that by the end of this month and the end of the new fiscal year these numbers will continue to increase significantly as shown in the data.

Title:	Analysis of Workflow Efficacy for Smoother Patient Throughput
Name:	Iwu, Ashley
Preceptors:	Michele Giuliano, Senior Director; Maria Bello, Practices Administrator
Agency:	Saint Peter's University Hospital - Physicians Associates Group

Purpose: To maximize the time spent with patients and to increase the volume of patients seen, as well as improve the patient experience and uphold a good standard in hospital care.

Significance: Saint Peter's University Hospital is an award-winning hospital accredited by over 10 different associations. This is a standard that supports the continuation of a legacy and to keep this standard, Saint Peter's employees work together to ensure delivery of exemplary quality and patient experience. Ongoing evaluation of processes and monitoring standards of practice allow for consistent improvement and efficiency.

Method/Approach: In efforts to increase the patient/provider experience, more time added to the schedule of the five APNs at the Women's Clinic at 123 How Lane, New Brunswick, was suggested by the acting Senior Director, Michele Giuliano to increase the capacity of patients seen. Instead of the current hours (7:30-5pm), there is a possible change that the practice will be open until 8pm. By reviewing schedule templates and staggered the APN schedule, the practice can create more time to see patients and maximize workflow and exam room turnover.

Outcomes/Results: Most of the time 4 APNs are present three out of four days of the week, with the exception of one day where all 5 are available. The new schedule made allows for the APNs to have their own personal time blocks for their needed administration times and their lunch breaks so the schedules are not overlapping, as well as having two APNs arrive at 7am and the remaining arriving at 10am. This allows for another APN to see patients when another is out for lunch or reviewing the lab results of a patient seen.

Evaluation/Conclusion: As a result of the changes in the template, the workflow improves by adding 3 patients per day to each APN, which equates to 15 per week or 60 per month. Ultimately, more patients are accessing care, leading to increased volume and revenue to Saint Peter's, most importantly additional maternal deliveries, newborn admissions, and overall increased number of covered lives cared for at Saint Peter's.

Title:	Medical Staff Sepsis Education Compliance
Name:	Joanna Joks
Preceptors:	Brenda Arrietta, CPCS, Credentialing Manager; Kattia Martinez, Credentialing Specialist
Agency:	Trinitas Regional Medical Center

Purpose: To acquire and maintain compliance with the annual regulatory requirement mandated by the New Jersey Department of Health (NJDOH) to improve the early identification and treatment of patients with sepsis through continuing education of the medical staff on Code Sepsis Protocol.

Significance: Sepsis is the body's extreme response to an infection affecting up to 1.6 million people a year in the United States. In an effort to improve sepsis diagnosis, New Jersey has joined other states in the implementation of sepsis protocols within hospitals. Protocols address the screening of patients to diagnosis at early stages, treatment guidelines, and training of medical staff. Early diagnosis increases a patient's chance of a better recovery. At Trinitas Regional Medical Center (TRMC), the mission is to educate the medical staff in early sepsis diagnosis and treatment in order to improve outcomes in the number of patients infected.

Method/Approach: TRMC's Credentialing Department distributed the education module and post test to the medical staff members through email with periodic reminders. Data on the 584 medical staff members was collected and organized by their name, department, email address, and phone number. Those who had not completed it on time were given a hard copy of the test in person. Results of the received post tests were recorded in a spreadsheet with daily percentages calculated in order to manage the return rate.

Outcomes/Results: A total of 327 tests were completed out of the 584 medical staff members that were given the test resulting in an overall 56% return rate. The most compliant, at 100%, was the Emergency Department members that helped create the module itself, while other departments varied by the frequency of exposure to patients that could develop sepsis. Emails with the department chairman attached were most effective resulting in a 20.4% and 22.8% increase in return rate with each reminder. The goal of compliance was 100%, however because this was the first year and there was no consequence of non-completion, no adverse action can be taken against the medical staff. The results from this year will be used to create a new policy.

Evaluation/Conclusion: Multiple attempts to contact the practitioners were necessary to receive a higher percentage of responses. The email that included notification of the Department Chairman proved to be more effective. Since the NJDOH has mandated this requirement to be completed annually, a Department policy will be created and approved by the organized medical staff to encourage compliance. Getting all medical staff to complete the test proved to be difficult therefore moving forward a consequence of loss of privileges may be necessary. This would be supported by policy.

Title:	The Blood Drive Coalition
Name:	Grace Kang
Preceptors:	Don Lee. Head Pastor of Praise English Ministry
Agency:	Praise Church/Praise English Ministry

Purpose: To build awareness of blood drives as well as increase blood drive participation in the Christian community by studying the factors to motivate and influence blood donation.

Significance: Each year there are 4.5 million people who need blood transfusions in the United States and Canada. Only 37% of the population is allowed to donate blood and of this, only about 10% actually donate their blood. The goal that we are trying to meet is to help others have a more open mindset towards donating blood and to increase their knowledge for the importance of blood donation.

Method/Approach: Two self-report questionnaires were sent out to the Christian communities in Central Jersey. The questionnaires consisted of 13 questions regarding knowledge on blood donations as well as personal questions targeting reasons on making their decision to donate blood. The first questionnaire was sent out on June 19th and the second questionnaire was sent out on July 17th. Targets that were approached ranged in age between 17-40. Based on the responses from the questionnaires, we implemented an education program at ASK Summer School to educate students on blood donation.

Outcomes/Results: Of the sample size for the first questionnaire (n=90), 36 people (40%) knew how many lives one pint of blood can save, 18 people (20%) knew how many blood transfusions are needed annually, 24 people (46.7%) knew what percent of the U.S. population is allowed to donate blood, 52 responses (65%) responded that they would donate blood. Of the sample size for the second questionnaire (n=84), 36 people (42.9%) responded to never having an experience with donating blood, 38 people (44.4%) responded to not donating blood because they were afraid of needles and 28 people (33.3%) responded that they would donate if their decision had changed. With the sample size of (n=84), 93% of people indicated that they would donate blood if given the opportunity. After receiving responses and analyzing the data, the team decided to implement an educational program at a local summer school. On July 31st, there was an educational program performed at ASK Summer School located in Palisades Park, NJ which consisted of 282 students. Toward the end of the program, students were given an opportunity to sign a pledge to donate blood for those who are able to.

Evaluation/Conclusion: The rate of responses indicated an increased factor of interest in blood donation. Even though there was an increase in interest of blood donation, sample sizes (n=90) and (n=84) were not large enough to generalize the results for a large population. Despite the low rate of responses, the team is currently in contact with Community Blood to address the increased interest in blood donation, and is organizing an opportunity for those who are interested in donating blood.

Title:	Creating a Resource tool for the Homeless Community in Middlesex County
Name:	Safwan Khan
Preceptors:	Walter Herres, Executive Director of SHILO
Agency:	SHILO (Supporting Homeless and Innovatively Loving Others)

Purpose: To compile a resource reference tool in order to facilitate the connection of homeless individuals to resources that are available to them.

Significance: Homelessness is closely connected to declines in physical and mental health; homeless individuals experience high rates of health problems such as HIV infection, alcohol and drug abuse, mental illness, tuberculosis, and other conditions. Barriers to care, lack of access to adequate food and protection, and limited resources and social services are also common. The work that SHILO does helps the homeless community on 3 levels: Hunger Relief, Social Work, and Public Health. A reference tool accessed via a tablet in the field would make the efforts of the SHILO's Public Health outreach program more efficient and allow them to connect homeless individuals to the resources and opportunities they are eligible for.

Method/Approach: Existing organizations and eligibilities of programs were reviewed. Independent research on additional resources available in New Brunswick Area was completed. Interviews were conducted with community leaders in Middlesex County. Microsoft Excel was used to organize the resources and make the outreach program more efficient and effective. A workshop was held to explain and navigate through the tool. A survey was conducted in order to assess the effectiveness of the tool.

Outcomes/Results: The reference tool currently has 26 resources for the homeless community, up from the previous 17 resources SHILO was aware of. From the inception of the tool on July 17th to August 7th, we have connected 6 homeless individuals to resources they were previously unaware of. When going into the field, using the reference tool on a Microsoft tablet, the team's conversations with homeless individuals lead to a 150% increase in connections per week of homeless individuals to resources available to them. I compared data from before my tool was in place to the 3 weeks that it has been in use and found an increase of connecting about 1.2 more individuals per week (4 individuals in the previous 5 weeks compared to 6 individuals in 3 weeks). An assessment survey given to SHILO staff (N=8) revealed the tool helped facilitate conversations that previously were not happening between team members and the homeless.

Evaluation/Conclusion: Earlier data collection with baselines would have helped with data collection and comparative results. Next in this effort is to expand on the resources as they become available and improve the outreach program by adding more outreach advocates and training them in assessment conversations and navigating the tool in order to facilitate the homeless prevention effort.

Title:	DNA Testing as a Preventative Screening Method for Joint Replacement Surgery
Name:	Sean Kim
Preceptors:	Dr. Eric Gordon, M.D., MidJersey Orthopedics
Agency:	Hunterdon Medical Center, Flemington, NJ, 08822

Purpose: To identify potential genetic predispositions to tailor anticoagulant medication based on a genetic profile for joint replacement patients and prevent post-op complications for blood clots.

Significance: In the U.S., over 1 million patients will undergo primary total joint replacements this year. Joint replacement surgery places patients at elevated risk for venous thromboembolism (VTE) and therefore patients routinely receive anticoagulation therapy after surgery to prevent deep vein thrombosis (DVT) and pulmonary embolus (PE). Through recent healthcare innovations, genetic polymorphisms are identified and individually tailored through privatized companies. By using a company, such as Promethease, a patient and the healthcare professional can create a genetic profile for an average of \$15. On the contrary, stroke treatment/hospitalization costs on average \$21,000. These profiles can target specific anticoagulant polymorphisms and patient genetic risks to stroke. Ultimately, DNA testing is a viable option in preventing high cost emergency situations and hospitalizations.

Method/Approach: The medications for anticoagulation therapy after total joint replacement surgery at Hunterdon Medical Center was reviewed through Dr. Gordon and the anesthesiologist. PubMed articles were reviewed to identify inherited genetic disorders predisposing patients to development or risk of VTE. The Promethease SNP database was reviewed for specific genetic polymorphisms corresponding to the anticoagulant therapies in these patients and potential thromboembolic disorders to determine the utility of this tool in these patients for screening and tailoring therapies. Starting with 152 SNPs, we then narrowed it to 61, and finally 19 SNPs that create increased risk factors for VTE.

Outcomes/Results: A final 19 SNPs identified VTE risks. Regarding medication, gene variants for the rs9923231(C;T) cause the need to lower Warfarin dosages due to excess anticoagulant effects. Without these reductions, anticoagulant effects cause potential clots to burst the vessel endothelial lining and form clots. Additionally, the single nucleotide polymorphisms (SNPs) on rs13146272(A;C), rs1613662(A;A), rs6025(G;G), rs7080536(G;G), rs867186(A;A), and rs5361(A;A) are associated with increased risks for thrombolytic disorders, such as ischemic stroke, PE, and DVT. By screening for these genetic mutations, healthcare professionals may save the patient and their institution from the costs of stroke treatment.

Evaluation/Conclusion: The major shortcomings of this study involved patient privacy acts (HIPAA) and hospital policies. Throughout the surgeries, patient predisposition information was not accessible. Furthermore, there are no policies set in creating genetic profiles for patients within the Hunterdon Healthcare System. Lastly, although genetic profiles may assist healthcare professionals, insurance companies and health systems may use the identified risks to refuse treatment or change costs of care.

Title:	Evaluation of a Behavioral Health Resource and Referral Guide for Middlesex County
Name:	Katherine Kneisel
Preceptors:	Margaret Drozd, MSN, RN, APRN-BC, Director, Community Health Services Maria B. Pellerano, MA, MBA, MPH, Rutgers Robert Wood Johnson Medical School Camilla Comer-Carruthers, MPH, Robert Wood Johnson University Hospital
Agency:	Saint Peter's University Hospital, Community Health Services

Purpose: To evaluate the effectiveness of the 2017 Behavioral Health Resource and Referral Guide for Greater New Brunswick and Middlesex County and provide recommendations for future editions.

Significance: One in 5 adults in the United States will experience mental illness in a given year while only 43% received treatment in 2016. During the 2016 Community Health Needs Assessment, community stakeholders most frequently mentioned the importance of addressing behavioral health issues. The *Guide* aims to help community organizations understand behavioral health issues and increase awareness of behavioral health resources in Greater New Brunswick and Middlesex County. Evaluating and improving the *Guide* will make the *Guide* more useful to organizations and the community.

Method/Approach: Key informant interviews were conducted with five representatives from four organizations who received training on how to use the *Guide* between December 2017 and April 2018. A nine-question computer-generated survey was then developed using data from the key informant interviews.

Outcomes/Results: The respondents (N=5) reported that the *Guide* is both comprehensive and very useful overall. They found that the *Guide* was both valuable for learning behavioral health terminology and for training staff on behavioral health conditions. The participants also reported that the *Guide* helped increase their knowledge of local behavioral health resources. Criticisms of the *Guide* included the literacy level, lengthy definitions of behavioral health terms, and the difficulty of navigating the *Guide* in the midst of a behavioral health crisis situation. Suggestions for improving the *Guide* included creating a searchable online database and reducing the literacy level. Respondents recommended additions to the *Guide* including resources for employment and emergency food, as well as those to assist LGBTQ+ individuals, women, and children. In addition, a participant recommended adding a "how-to" page at the beginning of the *Guide* to help community stakeholders better utilize the *Guide*.

Evaluation/Conclusion: This study's limitations included the limited timeframe we had to recruit participants and administering the study during the summer when many stakeholders are on vacation or off from work. The next phase of this study will be to electronically distribute the survey to the 105 individuals who received training on using the *Guide*. Feedback from the survey, along with feedback from the key informant interviews, will be used to make recommendations for future editions of the *Guide*.

Title:	Rebranding with Vertical Integration Through a Social Media Campaign
Name:	Kelsey Konrad
Preceptors:	Stephanie Christopulos, Director of Media Production
Agency:	Englewood Health

Purpose: To launch "Englewood Health" that promotes the vertical integration between a physician network and the hospital.

Significance: Englewood Hospital partnered with approximately 400 doctors. The rebranding campaign of "Englewood Health" creates a healthcare network that connects physicians with the hospital affiliated under the same name. The promotion of the physician network and the hospital under "Englewood Health" will create an open line of communication with all physicians being connected to one hospital creating coordinated care. Social media and print advertising content was created to make it clear to patients that doctors under Englewood Health Physician Network work under Englewood Hospital. Skin cancer and heat stroke tips were topics covered through social media advertisements.

Method/Approach: Heat stroke preventative tips and symptoms were published June 29th with a testimonial from an internalist. The week of July 23rd, skin cancer prevention infographics were published with accreditation to the Chief of Dermatology. Social media platforms were chosen to post our infographics because we could reach our audience instantly. The infographics were small tips that were easily to scroll through and read. The tips were facts applicable to our entire patient audience.

Outcomes/Results: Data was collected from social media advertisement content from the months of June and July from Facebook, Instagram, and Twitter. Social media engagement was measured from these Englewood Health social media platforms. Engagement is measured by likes and impressions on our pages. From our infographics the pages had a 43.8% increase in "new" likes. The posts reached an average of 4,100 people on our Englewood Health social media pages. There were 20,600 people who engaged with the content. There was 29 new people who liked/followed our pages.

Evaluation/Conclusion: Englewood Health will continue to post, print, and broadcast tv advertisements to promote the vertical integration between Englewood Health Physician Network and Englewood Health. They will further the campaign by using topics we discussed such as tick prevention /Lyme Disease, Type 2 Diabetes, and behavioral health outreach and awareness. Going forward they will consult the doctors sooner so that the information will be broadcasted earlier.

Title:	Improving New York City's Readiness To Respond To Disasters
Name:	Samantha Lanni
Preceptors:	Samir Memon: Faith-Based Organizations Liaison for Human Services Christopher Pagnotta: Advance Warning System Program Manager
Agency:	NYC Emergency Management, Human Services Department

Purpose: To improve outreach initiatives involving cooling center facilities that serve people with disabilities.

Significance: NYC experiences an average of 450 heat-related emergency department visits, 150 heatrelated hospital admissions, and 13 heat-stroke deaths each year. Populations that are high risk for heatrelated emergencies include those over the age of 65, people suffering from chronic health issues such as obesity and diabetes, people with disabilities, those dealing with substance abuse, as well as those who are socially isolated within their community. NYC Emergency Management is undertaking a project to independently assess the level of accessibility within these cooling centers to ascertain if they are meeting the needs of New Yorkers with disabilities.

Method/Approach: An accessibility checklist was created, and site visits evaluated accessibility according to uniform standard informed by the relevant provisions of the ADA (Americans With Disabilities Act).

Outcomes/Results: Ten cooling center sites were visited. Hallway widths and bathrooms were checked and measured to determine handicap accessibility. Air conditioning units were also reviewed to test effective functioning. Drinking water availability was also recorded, this means water fountains were functional and delivered cool temperature water. Directors are also recommended to provide disposable cups or encourage bringing reusable water bottles. Two of the ten centers were deemed inaccessible due to lack of bathroom compliance.

Evaluation/Conclusion: The agency will continue to visit cooling centers throughout all NYC boroughs and ensure that accessibility features for the elderly and disabled are available. Future goals include providing training and helpful tips to the directors who can pass it down to the community members they serve. For future inspections, I would advise inspectors to take the time and introduce themselves to the director and community members throughout cooling centers. Introductions on who we are help directors understand our goals and purpose so we can understand theirs as well. Listening to their questions and concerns is key. When a standard is not met, I recommend not only informing the directors but physically showing them the issue as well and steps to fix it. I would recommend inspectors to always plan their route and visitations beforehand to save time and energy. Google Maps is an effective tool for trip planning.

Citations: https://www1.nyc.gov/assets/orr/pdf/Cool_Neighborhoods_NYC_Report_FINAL.pdf

Agency:	Trinitas Regional Medical Center
Preceptors:	Dr. Lucy Ankrah, DNP, MSN, MA, APN-BC
Name:	Nicholle Lay
Title:	The Effect of Treatment on COPD Patients

Purpose: To determine if specific treatment plans have positive results for Chronic Obstructive Pulmonary Disease patients and as a result help them live a longer, fuller life.

Significance: According to the American Lung Association, COPD is the third leading cause of death in the United States (2017). COPD is a lung disease that interferes with a person's normal breathing. Tobacco is the leading cause of COPD in the United States. COPD is not completely reversible; however, certain treatment options can help a person suffering from COPD live a more functional and regular life. Evidence has shown that, although COPD cannot be cured, it can be "treated." Specific treatments work better than others and since this disease is causing a major issue in the United States, it is important that patients suffering from COPD receive the best treatment options and have the opportunity to live a better life. Treatment options include healthier lifestyles and certain medications such as steroids, and bronchodilators.

Method/Approach: Over a period of about four weeks, patients suffering from COPD were observed regarding their treatment and current quality of life. Home visits were performed to see how the patients were doing following their visit to the hospital. During home visits, patients were observed to determine whether or not they were following their treatment plan. This is very important because the main goals of the treatment plans are to keep the patients out of the hospital for as long as possible and to improve the patients' quality of life. The treatment plans consisted of exercises, medications, improved diets, and breathing therapy. Overall, from the results, it was determined whether or not specific treatment plans help patients suffering from COPD live a longer, healthier life.

Outcomes/Results: Of the patients observed about $\frac{1}{3}$ of them did not follow their treatment plans correctly. Of that $\frac{1}{3}$, about 67% of them returned to the hospital one or more times within 30 days of their original visit. Of the $\frac{2}{3}$ of patients who did follow their treatment plan, only about 11% returned to the hospital one or more times within in 30 days of their original visit. Many of the patients who followed their treatment plans also admitted to feeling better and enjoying their lives more. As a result, from the COPD patients observed, it can be determined that if a patient follows their treatment plan following their visit to the hospital their quality life will be improved greatly.

Evaluation/Conclusion: Since treatment does show a positive effect on COPD patients it is important to make sure many of them continue to follow their treatment plans. In order to do so regular home visits are very important, as well as support groups. These both help check on the patients' progress and help keep them motivated.

https://docs.google.com/document/d/1LDkdmZWvb2lJQnzkKylwF0qj0E4X1RePMdMgQbIr5LY/edit?usp=sharing

Title:	Nutritional Veggie Truck to Increase Food Access in Bloomfield
Name:	Madeline Lefkowitz
Preceptors:	Direct and Project Supervisor: Maya Lordo, MS, MCHES, REHS, HO: Assistant Health Officer
Agency:	Bloomfield Department of Health and Human Services

Purpose: To increase access to nutrition educational resources and local, organic fruits and vegetables to the Bloomfield community.

Significance: In low-income communities, unhealthy food choices such as fast food restaurants and poor quality ingredients are often more prevalent than fresh food options. This contributes to an increase in weight gain and prevalence of chronic disease. Finding affordable, farm-fresh items can be a difficult task for Bloomfield residents, so the Veggie Truck at the City Hall and library will offer nourishing, nutrient-dense foods at an affordable cost.

Method/Approach: City Green Inc., provided organic fruits and vegetables grown on their urban farm in Clifton. The truck was parked in front of the Bloomfield City Hall and the Bloomfield Public Library on alternating weeks every Tuesday from 11:00 AM to 1:00 PM from June to November. We accepted SNAP, WIC, EBT, Senior Dollars as well as doubled any farmers' market checks. A resource sheet and a corresponding recipe was created in both English and Spanish on a different topic each week. The number of interactions with the Veggie Truck by community members as well as the number of governmental benefit transactions were recorded. The access to nutritional education will be measured with a pre and posttest which includes a survey. We compared these numbers to baseline data collected from last year's veggie truck stops. There was a post-program survey completed in August to evaluate whether the community found the resources and veggie truck helpful and properly assessed their needs.

Outcomes/Results: The number of SNAP dollars used at the Bloomfield stops increased by \$23.75 and went from zero individuals using SNAP dollars to four individuals. There was an average of twenty truck interactions per week. After analyzing the pre and post surveys, 70% of the individuals surveyed in the post test reported that they consume farm-fresh vegetables. During the pretest, only 30% of those surveyed used farm-fresh vegetables. 80% of individuals surveyed said they were pleased to see the educational resources provided and 40% of those surveyed utilized the educational resources.

Evaluation/Conclusion: It is believed that the nutritional resources and community engagement increased the use of governmental assistance dollars and interactions with the truck. The limitations of this study were the time and day of the truck, which were late morning/early afternoon on Tuesdays. Many individuals work at this time, which does not allow them to access the truck. Veggie truck has shown to receive more engagement at the public library which will be considered when choosing locations for next year's programming.

Title:	The use of technologies and model in recruiting and selection processes
Name:	Yuqi Liu
Preceptors:	Teresa C. Piliouras, CEO
Agency:	Technical Consulting & Research, Inc.

Purpose: To analyze the use of technologies and improve the model in the recruiting and selection processes for job candidates at TCR,Inc.

Significance: Advances in technologies have had a profound impact on the business practices of many organizational functions including financial systems, sales, marketing, and production. For example, Nike uses Interactive Voice Response (IVR) technology to screen applicants over the telephone, monitored by computer-assisted interviews with selected applicants, and finally performs face-to-face interviews (Thornburg, 1998). Other organizations, such as Home Depot, BI-LO, JC Penny, and the US Department of Defense, require a variety of technologies for screening and selection, such as the telephone, IVR, and computer adaptive testing (Frost, 1997). With the strategic use of technology, the potential savings for selection process. For instance, the average cost of interviewing candidates face-to-face at universities has been estimated to be \$1700 per candidate (Cummings, 1993). This cost includes transportation, hotels, meals and other expenses related to placing a recruiter on campus. This cost contrasts with an expenditure of \$50 to \$250 for a half-hour interview by video conference (Cummings, 1993).

Method/Approach: This study consists of technologies including OrangeHRM system, OpenDocMan system and the assessment model for the database of candidates. The assessment model will take candidates' abilities and experience according to their resumes as well as their performances during interviews into consideration. All factors that involve in the selection and recruiting process will be quantized being intended to avoid bias for assessment. There will be log documents for candidates selection and recruitment. In addition, team members' progress and reviews will be taken notes for evaluation during the weekly team meeting on Tuesdays.

Outcomes/Results: A spreadsheet model containing comprehensive quality measures is included when comparing the candidates. The factors that are taken into the cumulative process include education experience, GPA, work experience (20%), related skills(20%), interview performance(elements like personal trait will be quantized into data)(40%) and so on. The spreadsheet can be updated and applied again. For each candidate, profile on the system is noted since one has been shortlisted. Interviews are updated from scheduled to the results like rejected, failed or job offered with detailed notes.

Evaluation/Conclusion: Though the recruiting is during a slow period as most of the potential candidates are in the middle of summer vocation, the team has kept receiving 3-6 candidates resumes per week. Some did not reply to the interview request or had to delay the interview date due to personal reason. But for those who accepted the interview, the assessment model and data analysis system have worked well and been systemized the management process, increasing the efficiency of job offering decision.

Title:	Management of Aging A/R
Name:	William Lokken
Preceptors:	Kathleen Andreola, Jacqueline Lilly
Agency:	Atlanticare Regional Medical Center

Purpose: To identify the issues that create the aging accounts receivable and to implement or suggest steps to correct the source of the issues.

Significance: The significance of this project is to identify and help resolve issues with insurance companies correctly paying Atlanticare for the claims submitted. There is a trend where insurance companies are underpaying or not paying at all for the claims being sent to them. This is partly due to the contract management systems of Atlanticare and the insurance companies not being completely up to date. This causes Atlanticare's accounts receivable to be inflated and the allowances and adjustments to be understated. The time correcting these issues prevents Atlanticare from being timely in billing patients which can create a negative public outlook on the organization.

Method/Approach: This project will be conducted by working closely with the denial and unresolved teams within Atlanticare. Through observing the details of how these claims are processed and why they are denied or paid incorrectly, a resolution will be applied. The process includes several steps, some of which are:

- Denial/Unresolved claim is received from insurance company.
- A worklist is created consisting of these claims using a program that allows great organization as well as inter-departmental communication specific to the claim.
- The worklist created is reviewed and the issues that resulted in the denial or under payment of the claim is identified.
- Corrective action is made against the identified issues in order to progress with the claim.
- The data collected while resolving the claims is used to help identify how to prevent claims from being denied/underpaid as frequently moving forward.

Outcomes/Results: A total of 720 accounts were reviewed from various insurance companies. These insurance companies included Horizon, Clover and Amerihealth. Horizon made up the largest percentage of accounts with issues being 64% of the accounts reviewed, Clover followed at 23% of the accounts, and Amerihealth trailed behind with only 12% of the accounts. Issues that were identified included contract rates not being current, contract system misidentifying correct charges, and balances not being moved to the correct responsible party after payment was made by insurance company.

Evaluation/Conclusion: Through identifying and correcting the issues that result in the denial or underpayment of claims by insurance companies, Atlanticare will be able to be more successful in receiving proper payments from insurance companies in less time.

Title:	Family Medication Safety Education & Promotion
Name:	Angela Lu
Preceptor:	Supervisor: Diana Starace, Injury Prevention Coordinator
Agency:	Robert Wood Johnson University Hospital

Purpose: To educate parents, caregivers, and middle school age students on safe medicine usage, storage, disposal, and dosage through direct education and tabling events in order to reduce pediatric incidents of accidental medication ingestion.

Significance: According to data from Safe Kids Worldwide, over the last 15 years deaths from medicinerelated poisoning have surpassed deaths from non-medicine related poisoning. Every 12 days, a child under age 6 in the United States dies from an accidental medicine-related poisoning. These statistics, in addition to an increase in medicine-related fatalities since 1999, has shown the need for preventative measures to combat unintentional exposure for young children.

Method/Approach: Safe Kids Worldwide Medication Safety Program provided lesson materials for the educational sessions including information on the difference between prescription and OTC drugs, how to read a drug label, safe medicine dosing and storage, and the dangers of medicine misuse. Medication safety lock boxes were raffled for parents who completed a medicine knowledge survey at various locations in Middlesex County. Questions were compiled from Safe Kids Worldwide resources and were collected from 90 adults. The correct answers of 10 questions were then entered into Google Forms.

Outcomes/Results: Within the sample (n=90), one respondent (1%) scored a 2 out of 10 on the survey, one (1%) scored a 3, four (4%) scored a 4, five (5.5%) scored a 5, seven (8%) scored a 6, 14 (15.5%) scored a 7, twenty-two (24%) scored an 8, twenty-four (27%) scored a 9, and twelve (13%) scored a 10. Looking at individual questions, 45 respondents (54%) were able to identify the national poison control number, 64 respondents (74%) answered correctly that they could use kitty litter, coffee grounds, or sawdust for safe medication disposal, and 62 respondents (69%) answered correctly that all unused or expired medication should not be flushed down the toilet.

Evaluation/Conclusion: Nearly half (46%) of sampled individuals did not know the poison control number, a quarter (25%) believed liquid medicine can be measured using a syringe or cup for any medicine or a kitchen teaspoon, and a third (31%) believed unused or expired medication should be flushed down the toilet. These results show common gaps in knowledge, and the need for more community outreach through direct education and tabling events. Future plans to present at childcare centers and middle schools in the Fall are in the works to ensure continuing improvement in medication safety for families in Middlesex County.

Title:	Evaluating and Educating Memory Loss Prevention Tactics to the Elderly
Name:	Nicole Malzone
Preceptors:	Melanie Ford, Director of Social Services, New Brunswick, NJ
Agency:	New Brunswick Senior Citizen Resource Center

Purpose: To find out if the elderly are educated on ways to keep their cognitive levels strong, and if not, to educate them on proper diet and daily activities to participate in.

Significance: Memory loss is a very common side effect of aging, however, it is not inevitable. The body never loses the ability to create new cells, even with old age. Just like any muscle in the body, the brain needs to be stimulated to continue to renew itself. There are three causes of age-related memory loss. The hippocampus oftentimes deteriorates over the years, especially in the elderly. Hormones and proteins that usually stimulate neural growth are usually produced less as well. The third reason for possible memory loss is decreased blood flow to the brain with older age, which can affect cognitive skills. Luckily there are many daily life changes that can be made to help restore memory and cognitive skills, and also prevent the loss of them.

Method/Approach: Pre-quizzes were handed out to 27 participating senior citizens about the brain, memory, and activities and foods that are beneficial for memory. After the quizzes were collected, I conducted an educational program where I taught the seniors. The information presented was about the brain and how it changes over time, how these changes prevent memory abilities, and different daily activities and foods to eat that can be beneficial to the brain and improve memory function. After the presentation, a new quiz was distributed to evaluate if information was well-received and understood. A poll was also taken to see how many participants would use these recommendations in their daily lives.

Outcomes/Results: There were 27 seniors (n=27) present for the presentation. 16 (59%) out of the 27 seniors scored a 50% or less on the pre-quiz. 3 (11%) of the seniors scored a 1 or 2 out of 8. 13 seniors (48%) scored a 3 or 4 out of 8. 7 seniors (26%) scored a 5 or 6 out of 8. 4 seniors (15%) scored a 7 or 8 out of 8. After the informational presentation was given, new quizzes were handed out and scores increased. 0 out of the 27 seniors (0%) scored a 1 or 2 out of 8. 0 out of the 27 seniors (0%) scored a 3 or 4 out of 8. 5 seniors (17%) scored a 5 or 6 out of 8. 22 seniors (81%) scored a 7 or 8 out of 8 on the post-quiz. Of the 27 seniors, 23 (85%) of them claimed that they already do or will begin to make these lifestyle changes in order to improve memory and decrease memory decline.

Evaluation/Conclusion: Many elders are not properly educated on the best ways to enhance the later years of their lives. However, these results revealed that with the proper tools and information, seniors are willing to learn and make changes that will lead to an enhanced life. The Senior Center should continue to make an effort to provide the proper resources for the seniors to improve memory function.

Title:	Secondary data analysis to substantiate the need for a comparative analysis among pediatric patients with epilepsy in 4 counties
Name:	Anita Mampilly
Preceptors:	Adeola Sonaike, PhD, MPH, CHES, Senior Vice President
Agency:	The Family Resource Network

Purpose: To analyze and assess the differences in the services provided and overall quality of life of children who deal with Epilepsy, specifically in the New Jersey counties of Morris, Bergen, Passaic, and Hudson.

Significance: The Family Resource Network has partnered with Dr. Segal, an epileptologist at Hackensack Medical Center and a Board of Trustee for The Family Resource Network, and UCB, a pharmaceutical company, in designing a research study to investigate the disparities in Quality of Life outcomes and behavioral health indicators as it relates to the accessibility of services and resources for children with epilepsy in the counties of Morris, Passaic, Hudson, and Bergen.

Method/Approach: A general baseline health assessment of each of the counties was conducted, using the Robert Wood Johnson Foundation and Center for Disease Control's "500 Cities Project", which provides small city and county level data on health risks, health related variables, and health rankings. This information was used in creating the draft of the proposal, which was done in partnership with UCB.

Outcomes/Results: The research conducted regarding the overall health status and rankings of each of the counties being studied provided a basis for the proposal. Morris county is ranked number one out of all the 21 counties in New Jersey. Bergen, Hudson, and Passaic county are ranked 4, 12, and 13 respectively. Morris county has the lowest rate of self-reported poor health, being 11%. Bergen county follows closely with 13%, while both Hudson and Passaic share a rate of 21%. These differences found in the baseline health assessment allude to disparities that will be further investigated.

Evaluation/Conclusion: Currently, the draft of the research proposal is finished. Once the draft is reviewed and edited, it will be ready for submission to the IRB. After approval, the study can begin it's initial phase, participant recruitment, which will be conducted over a 3 month time frame. Phase two, data collection, is expected to span for 6 months. The final phase, evaluation and reporting, will span over a 3 month period.

Title:	Get FIT Survey Research
Name:	Hailey Marsh
Preceptor:	Renata Svincicka, MPA, Health Coordinator
Organization:	The Family Resource Network

Purpose: To analyze feedback about the Get FIT program.

Significance: According to the U.S. Census Bureau, roughly 19% of the U.S. population is living with a disability but that should not be a reason for them to live an unhealthy lifestyle. The significance of this survey was to receive feedback from past participants and stakeholders on their likes, dislikes, and feelings towards the need of programs that advance the health and wellness of children and young adults with special needs.

Method/Approach: A review of the Get FIT Program was conducted by creating a survey broken down into three separate sections: caregiver, professional, or past participant. The survey consisted of 46 questions. The caregiver's section was the most in depth because they are the ones who are most aware of how their child is reacting to a program they are participating in and are able to provide feedback. The survey was sent out to our Get FIT email contact list and 53 people participated. The data from the 53 respondents was then analyzed in Excel.

Outcomes/Results: An overall majority of caregivers and professionals (90%) believe that it is important for children and young adults with disabilities to live a healthy lifestyle. In addition, 68% of caregivers agreed that they would be willing to pay for health and wellness services. More than half of the caregivers that have children that participated in the program believe that their child benefitted from participating, but also agreed that some changes to the program are needed for its overall success. When asked about problems and possible changes to make a majority of the responses were that they wish the program was more reliable (57.1%), services were promised and nothing further happened (19%), and that they wish the overall program to become a success because they would love to regularly have they children participate in it (83%).

Evaluation/Conclusion: The survey shows that people believe a healthy lifestyle is important for people with special needs and having community-based programs will encourage and help them learn how to live a healthy lifestyle. When it comes to the Get FIT program it seems that it is somewhat inconsistent and unreliable. Participants and caregivers want to see a more structure and consistency in the program. Being that they have a strong relationship with Ocean Partnership for Children, Ocean County Care Management Organization we set up a face-to-face meeting to receive feedback regarding service improvement. All Get FIT literature will be updated to reflect current contact information and a brandnew website will be launched in 2019. In the first quarter of 2018, Get FIT had signed a contract with Monmouth Cares and Middlesex Coordinate Family Care that will strengthen the program.

Title:	RWJMS Staffing Improvement & Optimization Project
Name:	Gregory Mayers
Preceptors:	Project Supervisor: Dr. Vicky Craig, Executive Dean of Clinical Affairs
Agency:	Rutgers Robert Wood Johnson Medical School (RWJMS)

Purpose: To execute an improvement strategy that drives excellent patient experience by optimizing the productivity and effectiveness of RWJMS staff members.

Significance: Access barriers that affect a patient's ability to receive needed healthcare services have become a major healthcare issue in the United States and one of the most serious manifestations known to the world. These issues affect approximately half of the world's population according to the World Health Organization (WHO). The concept of healthcare access is defined by a multitude of social determinants of health that impact a person's ability to receive adequate care (WHO, 2018). Examples of these social determinants include safe and affordable housing, access to education, public safety, availability of healthy foods, and local emergency/health services. This indicates a need to better understand the issues that affect at-risk subsets of a HCO's catchment area. Gathering data from community needs assessments and conducting process improvement initiatives, locally, will address these gaps in care.

Method/Approach: A large-scale process improvement initiative was conducted to improve the organization's efficiency and, ultimately, to provide 100% employee response rates for patient's using electronic communication methods to access RWJMS health services. Utilizing the DMAIC process strategy, a project charter was created, along with a high-level process map, voice of the customer analysis, and notes from process walk interviews with each practice manager within the Departments of Surgery, Medicine, Neurology, and Obstetrics. Data from Human Resources and each department proved to show an absence of accountability for this type of communication with the patient. Additionally, the top-line management did not have great visibility into the workflow of the position identified to take on this new responsibility.

Outcomes/Results: By aggregating front office staff data, it was found that the registration clerk position was optimized. In fact, each member was responsible for 40 different tasks per day, 17 of which pertain directly to the registration process of each patient, averaging 2-5 minutes for pre-registered individuals and 8-10 minutes for those who are non-registered. This information changed the direction of the project to clearly defining to the management team; the title of each front desk member, a path for streamlining those responsibilities to all divisions within each department, negotiating with the practice managers for what role would be optimal in answering portal messages and incoming phone calls, and documenting these tasks and other miscellaneous tasks weekly in a "*Care Coordination Checklist*."

Evaluation/Conclusion: Project success comes from evaluating results over a 30-60-90-day period to analyze improvement, however with limited time results will be measured over a 2-week period.

Agency:	Union County Department of Economic Development
Preceptors:	Direct Supervisor: Brandon Givens, Director of Community Services Project Supervisor: Jim Heim, Bureau of Housing
Name:	Kelsey McInerney
Title:	Improving Low Income Verification Efficiency and Organization within Union County Bureau of Housing

Purpose: To record and organize low income verification packets and property site inspections to improve Bureau efficiency and compliance to Federal regulations.

Significance: The HOME Investment Partnerships Program (HOME) provides grant funds to local municipalities to provide affordable housing or rental assistance. These grants are completed through a partnership with a variety of nonprofits and local developers. In order to be in compliance with HOME rental assistance, proper documentation must be completed each year to recertify a tenant's rental assistance eligibility. This is intensive, therefore an inventory of those who submitted these documents will ensure efficiency and compliance across the multiple site and locations which Union County supplies HOME rental-assistance.

Method/Approach: An Excel spreadsheet was created to track location and corresponding sub-grantee of HOME rental-assistance units subsidized by Union County. The spreadsheet implemented included columns categorized into: Integrated Disbursement and Information System (IDIS) number, project name, sub-grantee name, address, number of HOME units, and contact information. The spreadsheet for this project will help organize location and corresponding IDIS number. The Department of Housing and Urban Development (HUD) uses the IDIS value as a way to recognize projects; project funding and affordability periods are formally documented in this system.

Outcomes/Results: A total of 89 different property addresses which house HOME rental units were analyzed in this Excel spreadsheet. A total of 715 HOME units were recorded at these 89 different locations. Out of all 89 locations 22.47%, or 20 properties, were identified as having the same IDIS number even though they are different sites. Another additional 20 properties were espied as using the property address as their project name, totaling 44.94% across the 89 properties. Although notedly, this varied by the specific sub-grantee organization.

Evaluation/Conclusion: By collecting and detailing HOME rental units location and IDIS numbers, obtaining information pertaining to low-income certification can be completed more effectively for the Bureau of Housing. The corresponding contact information for each property was entered into this Excel sheet to promote ease as the Bureau continues this annual and detailed process. The Bureau of Housing will continue to add and edit this spreadsheet as a way to continually track project location, sub-grantee, contact information, and the status of low-income verification compliance.

Title:	Barriers to Care in Homeless, HIV Positive Individuals
Name:	Jennifer R. Medeiros
Preceptors:	Christina Baluja, Community Partner Specialist
Agency:	New Jersey HIV Housing Collaborative, AIDS Resource Foundation for Children

Purpose: To assess barriers to access and adherence of Antiretroviral Therapy (ART) amongst homeless, HIV positive individuals throughout the state of New Jersey.

Significance: According to UNAIDS, "an estimated 36.7 million people are living with HIV across the globe in 2016, but only 19.5 million were accessing Antiretroviral Therapy (ART)" (p.6). ART is a combination of drugs that are used as a treatment method amongst HIV positive individuals. ART has not only been known to have a positive effect on physical health but on mental and social health as well, making nonadherence detrimental to one's quality of life (Oguntibeju, 2012, p.119). By addressing and eliminating the barriers to care that are present in an individual's life, they will be able to focus more on ART which will ultimately lead to a greater quality of life.

Method/Approach: An analysis of the client intakes was performed, and a list was created based on those who did not have/take ART medications at the time of their hotline intake. The referrals were then sorted by NJ region in order to contact that individuals Community Partner Specialist (CPS). A case conference with each client's CPS was done to determine the reason for their nonadherence or lack of access to ART. After the case conferences were complete, a table was created on a spreadsheet with rows labeled Client 1-46 and columns each labeled with a different barrier to care. The barriers to care included Mental Health Diagnosis, Substance Abuse Issues, Lack of Insurance/ Coverage Issues, Transportation/ Location Problems, Fear of Discrimination/ Stigmas/ Lack of Confidentiality, Unaware of Resources or Places to Receive Care, Other, and Unknown. The client would receive the number "1" if the barrier was present and "0" if not. Finally, a pie chart was created to determine and compare the percentage of clients that struggled with each specific barrier.

Outcomes/Results: After sorting through the 46 clients who were not on ART medications at the time of their intake, the results revealed that the largest barrier to care amongst clients was a mental health diagnosis at 29%. It also revealed that 26% suffered from a substance abuse issue, 18% lacked insurance, 12% were unaware of resources/ places to receive care, 4% experienced transportation/location problems, 1% feared discrimination or stigmas, 5% were due to other barriers such as being incarcerated, lack of time, etc., and the final 5% of clients had barriers that were unknown. In addition, 45.7% of clients had only 1 barrier to care. On the contrary, 25 clients or 54.3% had at least 2 barriers to care and of those 25, 11 or 24% had 3 or more barriers to care present that restricted them from receiving ART medications.

Evaluation/Conclusion: Effectively addressing the barriers to care that are present in an individual's life requires a multifaceted approach. As mentioned above, the majority of clients faced several issues that prevented them from receiving the care they needed. Therefore, it is crucial that several players work together to address and eliminate all of the existing concerns/ issues. Once these barriers are no longer present, the clients will be able to focus on areas within other vital determinants of health such as sustainable housing. In conclusion, supporting these clients by eradicating their barriers will aid them in living a longer, healthier life.

Title:	Deterra: Proper Prescription Drug Disposal Method in Atlantic County, NJ
Name:	Denise M. Mulbah
Preceptors:	Direct Supervisor: Kathleen McFadden, Associate Director Project Coordinator: Laurie Smith, Community Initiative Coordinator
Agency:	Atlantic Prevention Resources Inc., APR

Purpose: To assist physicians at AtlantiCare and hospice care providers in Atlantic County, NJ in educating patients and their families on proper drug disposal methods through the use of Deterra prescription drug deactivation pouches.

Significance: Prescription drugs are the third most commonly abused category of drugs, behind alcohol and marijuana (National Council on Alcoholism and Drug Dependence [NCADD], 2018). Overall, an estimated 48 million people have abused prescription drugs, representing nearly 20% of the U.S. population (NCADD, 2018). One of the best ways to reduce this growing issue is through the use of Deterra. Deterra is a technology that deactivates all pharmaceutical compounds to effectively reduce the availability of drugs in homes in order to prevent accidental poisoning, protect the environment, and to keep drugs out of the wrong hands preventing misuse.

Method/Approach: A google search was done to find how many hospices are in Atlantic County (AC), a total of 9 was found and a list of these hospices and their location was created. A press release about the significance of this project was created and sent out to residents in AC. Following the press release, a call was made to set up meetings with hospice care providers and then with the Directors of AtlantiCare. During the meeting, the importance of Deterra as a drug disposal method was discussed. A minimum of 25 free Deterra pouches were provided to AtlantiCare and the Hospices with Join Together Atlantic County (JTAC), a substance misuse prevention coalition that partners with APR, contact information so they can obtain more Deterra pouches.

Outcomes/Results: Through the use of qualitative research, physicians at AtlantiCare and all Hospices in AC were reached in order to inform them on the importance of educating patients and their families on proper drug disposal methods through the use of Deterra. At least 625 Deterra drug deactivation system pouches will be provided to AtlantiCare physicians and hospice care providers in AC. Half, 4 out of 8, Hospices on the list received Deterra pouches, while others haven't requested any yet.

Evaluation/Conclusion: Members of JTAC, as well as the Atlantic County Opioid Task Force, have been distributing the pouches through local physician offices, hospitals, police and fire departments, senior centers and other organizations which provide outreach to the Atlantic County community. Evaluation will be made when JTAC receives a call from AtlantiCare or Hospices in AC requesting for more Deterra pouches and/or JTAC follow-up in 6 months to see whether they need more Deterra pouches. Partnerships between JTAC, AtlantiCare, and Hospices throughout AC will serve as an effective strategy.

Title:	Making Dental/Oral Health more Affordable and Accessible
Name:	Faith Mutuku
Preceptors:	Direct Supervisor - Catherine Maundu (Director of Health Care Services) Project Supervisor - Florence Randari (DoD)
Agency:	Parkview Dental Center

Purpose: To create awareness by use of brochures and community outreach programs on oral diseases, conditions, and injuries, and improve access to preventive services and dental care through partnerships between dental centers/clinics and dental insurance companies.

Significance: Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions; however, oral diseases, from cavities to oral cancer, cause significant pain and disability for many Kenyans. The major barriers that limit most Kenyans' use of preventive interventions and treatments include: limited access to and availability of dental services, lack of awareness of the need for care, cost, and fear of dental procedures. Kenyans who have the least access to preventive services and dental treatment have greater rates of oral diseases, and when such cases are not diagnosed and attended to earlier on, they develop to more severe cases like teeth extraction due to pain and discomfort. This makes teeth loss and impaired oral function a major health problem amongst Kenyans. Parkview Dental Center is joining other dental clinics and other stakeholders in the efforts to create public awareness on oral health issues and improve accessibility to such services.

Method/Approach: Brochures detailing good oral self-care and preventive methods like brushing with fluoride toothpaste, daily flossing, and professional treatment were distributed to schools across Nairobi county. School to school visits and two community outreach programs were also organized where volunteer dentists and hygienists provided free dental check up to attendees and provided information to those in attendance. In addition to creating awareness, these two approaches also sought to promote interventions to reduce tooth decay, such as dental sealants in schools and fluoride use in community water. The third approach was geared towards getting Parkview Dental Center to sign up with more dental insurance companies, which would give a wide group of patients access to dental services at their clinic.

Outcomes/Results: One major success has been community water fluoridation, in which 7 out of 10 community water points and 8 out of 10 schools have fluoridated water. 5 of 7 grade 3 to 7 kids report that they brush their teeth at least once a day. Parkview Dental Center has also signed up with 4 insurance companies between May 14th and July 16th.

Evaluation/Conclusion: The approach used above was quite effective and if adopted across other counties, it is expected to have great improvement on the oral health of a lot of Kenyans. Community water fluoridation, which reduces tooth decay by 18-40 percent, and school based dental sealant programs are expected to have the most gains in the long term.

Title:	Exploring LGBT community engagement in Newark, New Jersey
Name:	Domonique Noel
Preceptors:	Dean Perry Halkitis, Director of the Center for Health, Identity, Behavior and Prevention Studies (CHIBPS), Dr. Pamela Valera, Co-Director of CHIBPS
Agency:	The Center for Health, Identity, Behavior and Prevention Studies (CHIBPS), Rutgers School of Public Health, Newark Campus

Purpose: To determine the barriers and facilitators that hinder and/or support community engagement in biomedical HIV prevention research studies among sexual and gender minorities in Newark, New Jersey.

Significance: Studying which factors promote and hinder community engagement is essential to advancing the health of the gay, bisexual and transgender women in Newark, New Jersey. According to the New Jersey Department of Health, Newark is ranked among the top ten cities with the highest number of HIV/AIDS cases, with 79% and 17% of the city's cases being among black and Hispanic residents, respectively (New Jersey Department of Health, 2016). In addition, among men in Newark living with HIV/AIDS, 31% have acquired the disease from male-to-male sexual contact (New Jersey Department of Health, 2016). Therefore, there is an urgent need to understand community engagement among gay/bisexual men and transgender women of color between the ages of 18 and 25 in Newark, New Jersey

Method/Approach: By reaching out to health providers, advertising the study on gay/ bisexual and transgender dating sites, meeting local community partners, and attending community events, the proposed study aimed to contribute to community engagement and collaboration research that targets communities of color. To understand the process of engaging gay/bisexual men and trans women of color into a biomedical HIV prevention study, the case study was conducted in order to: (1) understand communication exchanges between CHIBPS and partnering organizations; (2) assess where enrolled participants are learning about the study; (3) and interview CHIBPS interns and partner staff about their perspectives on community engagement. The findings showed the different factors that prevent and support the success of engaging a highly vulnerable population into a biomedical HIV prevention study.

Outcomes/Results: Findings indicate that communication exchanges occurred between researchers and local health clinics, community centers, university resources, and small businesses. However, upon further analysis, high engagement (a willingness to form mutually beneficial relationship with the university research staff) occurred with clinics, community centers, and university resources than small businesses. These exchanges included circulating advertisement about the study, helping with recruitment and engaging staff at their agencies to help recruit potential participants. Interviews were conducted with research staff, community partner, and potential participants. The following themes emerged from the qualitative interviews: (1) establishing a presence in the community (2) building trust and rapport by immersing oneself in the community; and (3) being transparent with the targeted community about the outreach efforts for recruitment purposes.

Evaluation/Conclusion: By exploring which outreach efforts are beneficial to study goals, as well as gaining input from research staff and agency partners, researchers ought to focus on building a network of providers and strengthening social ties with the LGBT population.

Title:	Measurement of Lead Standards on the Workforce
Name:	Brittany Nyers
Preceptors:	Fern Kulman, Health Educator, RN, MS, CHES
Agency:	Township of Woodbridge; Department of Health & Human Services

Purpose: To analyze the impact of Elevated Blood Lead Level cases on the Workforce of the Woodbridge Health Department pre and post revision.

Significance: The significance of this project is to analyze the effect on the Workforce after The State of New Jersey lowered the acceptable Blood Lead Level in children. The previous legislation permitted children to have Blood Lead Level no higher than 10 ug/dL. However, the recent law change lowered the action level to 5 ug/dL. Due to this change, there is now more work to do in local health departments across the state. This increase in workload has a correlated effect on man hours committed to each case. The objective of this project is to figure out what impact on the Woodbridge Health Department Workforce this revised standard made.

Method/Approach: A survey was sent to the Nursing and Environmental staff at the health department. The survey consisted of seventeen questions about lead effects, previous standards, and post revised lead standards. Results were analyzed in Excel spreadsheet. The goal of this was to assess how the new standards are affecting the workforce.

Outcomes/Results: The findings of the survey identified how post revision lead standards increase the number of cases from the previous lead standards. From the survey findings, the previous standards there were about one case per month with about twelve yearly. New standards increase caseload to two to three monthly with a total of thirty-to-thirty-five annually. Statistics have shown there have been twenty cases this year since June 2018, which is going on pace for around forty cases for the year. Whereas last year, there was about twelve cases. More cases now impact the nursing and environmental divisions because the lower action level of the new lead standards is affecting the workload. The nurse's role is to assess questions about how the patient developed lead and to promote safety. The lead inspector's role is to find and assess the source of lead poisoning and identify potential hazards. Therefore, they have two different roles but they collaborate together as a team to get the investigation and surveillance done successfully.

Evaluation/Conclusion: The revised lead standards has an impact on the department workforce. The only shortfalls of the study was the sample size associated with less data, due to the number of staff. There is one lead inspector and three nurses. A recommendation or a next step for the future would be to survey the staff again within six months to a year.

Title:	Staten Island Economic Development Corporation RFP for Local Needs Assessment
Name:	Andrew Olsen
Preceptors:	Direct Supervisor: Carol Mendez, Senior Project Manager Project Supervisors: Gail Lalla, Vice President of Operations Briana Morales, Marketing Coordinator
Agency:	Greener by Design

Purpose: To prepare a proposal and PowerPoint presentation in order to meet the scope of work required to win a contract with the Staten Island Economic Development Corporation SIEDC.

Significance: Staten Island has seen an astounding rate of change over the past few years. New business enterprises such as the forthcoming Amazon Fulfillment Center and the North Shore's Empire Outlets bring an aura of economic promise and opportunity to the Island. However, almost half of Staten Islanders who rent spend more than 35% of their monthly income on housing. Furthermore, some neighborhoods earn on average almost double the salary of other neighborhoods on the Island. Future planning efforts on Staten Island must understand the region's current strengths and weaknesses if they are to efficiently realize the Island's vast potential. A Local Needs Assessment will provide various studies of the Island's population, infrastructure and more, and will foster recommendations to guide future development.

Method/Approach: In order to win the contract with the SIEDC, the Greener by Design team has prepared a written proposal using Microsoft Word for the board of the SIEDC. In addition to this proposal, a thirty-minute PowerPoint presentation has been assembled that restates and develops the ideas laid out within the proposal. There were three main evaluation points along the way that helped determine the success of the proposal: 1) Submission of the written proposal on June 29th 2) Review of presentation outline with team members on July 11th 3) Final presentation on July 23rd.

Outcomes/Results: The team successfully submitted the written proposal on June 29th and received an invitation to present on July 23rd. In anticipation of the upcoming presentation, the team reviewed the written proposal and created an outline for the presentation using PowerPoint. The outline was used on July 11th during the call with the partnering companies for the contract. The team presented in front of the SIEDC board on July 23rd and is hopeful and confident that the presentation will result in a one year contract to execute the local needs assessment.

Evaluation/Conclusion: In the next steps of the Local Needs Assessment, the team will begin to design a regional profile of Staten Island which will help assess its needs. Throughout this project there were many opportunities to work as a team and learn about the RFP process. The work on the PowerPoint gave the team a good outline in order to develop the final presentation. Furthermore, the use of the outline during the July 11th call was a sign that it successfully met its goal. However, future proposals can be improved by communicating more with the team to find out what they need and create a more precise outline. All in all, this project offered insight about how to develop a response to an RFP.

Title:	Assessment of Developmental Disabilities and Their Impact On Ability to Work
Name:	Ndidi Osian
Preceptors:	Ashley Sloan, MSW, LSW, Director of Services
Agency:	Owen Health Care Agency

Purpose: To help people living with developmental disabilities live their highest quality of life and help them to achieve individual goals and gain employment.

Significance: According to National Core Indicators (NCI), only 6% of people in New Jersey living with developmental or intellectual disabilities have paid jobs in the community. The goal of support Coordinators here at Owen Health Care is to implement efforts that result in increased community-based, integrated employment opportunities for individuals with significant disabilities.

Method/Approach: Support coordinators interact with clients and their families to gather adequate information to put together Individualized Service Plans (ISP's). What these ISP's consist of are things such as budgets that the state gives the individual based on their need, a person-centered planning tool (PCPT) that includes what the individual likes to do and how they communicate, amongst a multitude of other aspects that will help to make their plan as individualized as possible. Under this approach, publicly-financed systems are urged to align policies, service delivery practices, and reimbursement structures to commit to integrated employment as the priority option. The data collected will analyze a portion of the clients who are enrolled in the Owen Health Care Support Coordination Services and how many of them are employed. After gathering that data, we will then go on to assess whether an individual's disability serves as a barrier to their ability to work.

Outcomes/ Results: Of the 25 clients who were assessed and analyzed, 3 of them had Cerebral Palsy of which 2 were employed, 10 had a mild intellectual disability of which 8 were employed, 4 had a severe intellectual disability of which none were employed, 4 were autistic of which one was employed, 1 had Rett's syndrome and was not employed, 2 had Down Syndrome and were both unemployed, and 1 had a developmental delay and was employed. However, despite having a disability, it is still very much possible to match these individuals up with employment services that align best with their individual wants and needs. The 2 clients who had Cerebral Palsy were employed and assisted with a job coach through Supported Employment that New Jersey Division of Vocational Rehabilitation Services (DVRS) provides. The analysis of this data shows that despite an individual's disability, it is still possible for them to gain employment in the workforce when provided with the right resources and connections.

Evaluation/Conclusion: Support coordination services serve as a helping hand to individuals who have developmental disabilities. Developmental disabilities are seen as a barrier to one's ability to work but the data shows that with the right resources and tools provided, they are capable of full participation in integrated employment and community life thus, helping them to live a higher quality of life.

Agency:	Johnson Matthey
Preceptors:	Dana Conte, Director of Occupational Health
Name:	Paige Paratore
Title:	Health and Wellness Program

Purpose: To promote health and wellness education and programs to the employees to improve the overall health of the company.

Significance: Cardiovascular disease is the leading global cause of death, accounting for 17.3 million deaths per year. This number is expected to grow to more than 23.6 million by 2030. An estimated 103 million U.S. adults have high blood pressure. Nearly 30% of the world's population are obese. With education and awareness these types of wellness programs can help effect positive change in public health. Company wellness programs will help educate people to move toward a healthier lifestyle.

Method/Approach: A seven-month wellness program was created for the entire company. Starting in July and ending in January each month was given a topic to cover. These topics include; nutrition, blood pressure, heart health, stress management, first aid, CPR, and home fire safety. Surveys were given out on site to employees to test some of their knowledge about these topics. More than 73% had very little knowledge of them and stated they would like to learn more. Two presentations on nutrition were made and gave the employee's time to ask questions they had. In months to come, articles are being sent out to help educate, free blood pressure readings are being held within the company for people to get their numbers and know their risks.

Outcomes/Results: Only one month of results have come out however, they were positive. Surveys were conducted after both presentations and 100% of the employees stated they learned things they were unaware of prior to the presentation. Of those employees 15% of them were wanting to schedule regular dietician meetings so they could work towards a healthier diet and lifestyle. Employees with health issues wanted to better their lifestyle choices simply by listening to how simple it can be.

Evaluation/Conclusion: From one month of results more than 30 employees wanted to make appointments with a dietician to discuss ways to better their diet and lifestyle. 100% of the employees that participated in the nutrition presentations recorded on a survey that their knowledge about nutrition increased. More than 60% recorded that they were going to improve their diet and lifestyle to better their overall health.

Title:	Attributions of Quality Measures to Physicians for Quality Compliance
Name:	Karan Patel
Preceptors:	Jordan Tannenbaum, MD, MBA, Chief Information Officer
Agency:	Saint Peter's University Hospital

Purpose: To attribute quality measures to physicians, in the Electronic Health Record (EHR), in order to meet Accountable Care Organizations & Medicare quality requirements.

Significance: Value-based care is the current payment model that is used to evaluate and pay physicians which includes the quality of care provided. A comprehensive set of standardized performance measures such as Healthcare Effectiveness Data and Information Set (HEDIS) and Merit-Based Incentive Payment System (MIPS) are used to determine physician quality compliance. Quality measures ensure physicians conduct/order certain preventative screenings and procedures, along with helping keep chronic conditions in control. EHRs have shown to increase physician workload, affecting their productivity and resulting in negative outcomes. Many of the quality standards in HEDIS and MIPS overlap and currently, physicians are assigned duplicate measures resulting in multiple alerts of the same quality measures. This excess workload results in alert fatigue and reduced quality compliance. The goal of this project is to assign a single instance of each quality measure to the proper specialty.

Method/Approach: The method/approach is simple. First, the specialty of care data was to be extracted from the EHR and cleaned up (removing duplicate specialties or similar specialties). The next step was to choose the most comprehensive quality measures from the HEDIS and the MIPS set. Following that, mandatory quality measures were to be assigned to the proper specialty (i.e. pediatrics). Then, the remaining quality measures were to be assigned to their appropriate specialty. After last-minute revisions and corrections, the spreadsheet was brought forth to the quality committee for approval. Changes were made as advised by the committee. The final step was to assign the quality measures to the provider specialty in the EHR.

Outcomes/Results: A spreadsheet containing comprehensive quality measures matched with the appropriate specialty is produced at the end of the project. This spreadsheet is used when assigning quality measures to physician specialty in the EHR. The same spreadsheet can be updated and used again anytime the quality requirements change. Other benefits of this project include the elimination of duplicate alerts and simplification of reporting to various regulatory agencies and payors bodies. Lastly, this project is standardizing physicians quality measures throughout the health system, increasing physician efficiency and satisfaction because of reduced alert fatigue.

Evaluation/Conclusion: The project can be evaluated through satisfaction surveys and post-tests. The goal of the project is to attain 100% elimination of duplicate alerts and 20% increase in quality compliance for physicians. The surveys can determine physician satisfaction after the project has concluded. Ultimately, the project will be evaluated through increased physician performance and compliance on quality requirements.

Title:	Participate in a Foundation wide open access policy, and use Wikipedia to disseminate grant funded research and devise a process to measure this impact.
Name:	Diego Pena
Preceptors:	Erin Kelly: Social Media Manager and Oktawia Wojcik: Program Officer
Agency:	The Robert Wood Johnson Foundation (RWJF)

Purpose: Create a content strategy for the Foundation to use Wikipedia to disseminate grant funded research and measure the impact of research funded by the Foundation.

Significance: Wikipedia is the 5th most visited site on the internet, and over time has become the "go-to" website for individuals to get information on a certain topic. The level of impact Wikipedia has is significant. RWJF sees this as an opportunity to contribute advancing the health field by sharing information openly and freely. Measuring the impact of grant funded research is crucial for a foundation to witness actual change in the health landscape from research they have funded.

Method/Approach: Interviews with the experts on Wikipedia provided the necessary information on how to use the website properly. Information was gathered, synthesized, and present to the Foundation to identify a strategy. No direct editing to Wikipedia was done as to avoid conflict of interest. Explored the Foundations PlumX system that tracks grant funded research as a potential way to measure impact of research on Wikipedia.

Outcomes/Results: A presentation introducing the Foundation to Wikipedia community was given on July 9th to give a general overview of the website. It included information on who contributes and who uses Wikipedia. Grant funded research that was used in Wikipedia articles have received over 150,000 views in the last 30 days, which reinforcing the reach of Wikipedia and the level of impact it possesses. I delivered a final memo and presentation illustrating the ways RWJF could leverage the power of Wikipedia. Adding grant funded research directly to Wikipedia poses a conflict of interest. Yet there are other avenues the Foundation can look into, such as hosting Wikipedia events like an Edit-a-Thon. Measuring impact using PlumX only provides the Foundation a small glimpse of the universe and does not provide much of an impact overview.

Evaluation/Conclusion: Measuring impact of open access journals is difficult since there are various types of research and data, all with varying degrees of impact. Using Wikipedia without violating any conflict of interest policies among the community can also pose a problem. Yet there is still great potential in this area for dissemination, to do this, information should be freely available. The Foundation should consider hiring a short-term Wikipedian-resident that has connections with the community to help distribute research funded.

Title:	Analysis of the Effects of Mental Health Awareness on Social Media
Name:	Ashley Penny
Preceptor:	Donald Parker, CEO
Agency:	Carrier Clinic

Purpose: To bring awareness to the community about mental illness through social media, webinars, blogs, and fundraisers events; while following the organization mission to inspire hope and recovery treatment to individuals in need.

Significance: Mental Health Disorder is a diagnosable illness that affects a person's thinking, emotional state, and behavior, and ability to relate to others. Mental Illness cost the United States \$193.2 billion in lost earnings a year (National Alliance of Mental Illness). According to Mental Health America, each year one in five adults is diagnosed with having a mental health condition. An individual with any form of a mental health illness can have severe consequences if left untreated. According to The American Foundation for Suicide Prevention, suicide is the 10th cause of death in the United States. Many people are unaware that they may have a mental illness or may be in denial. Males and females can be diagnosed with a mental illness, ranging from childhood years to adulthood.

Method/Approach: A pre-assessment was completed to evaluate the rates of individuals that view Carrier Clinics website, Facebook, and Twitter accounts. All three social media outlets are used daily by Carrier Clinics viewers to get vital information on mental health and up-to-date information on current events. The need for these social media outlets is essential, because New Jersey Mental Health Crisis is on the rise.

Outcomes/Results: In the month of June, Carrier Clinic hosted a webinar titled "Mental Health Awareness" hosted by Jackie Beinstock, a registered nurse at Carrier Clinic. There was a total of thirty-seven people signed-up, of which thirty-three people attended. (89%). The results were made available through Carrier Clinic's Zoom account. Carrier Clinic's Facebook and Twitter accounts were also monitored to see how frequently users were engaged on their blogs, videos, and posts. During the time of June 24th and July 27th, 2018 the average monthly views were 107. The number of times videos were viewed doubled from (3%) to (8%) within a 28-day period. The percentage of monthly viewers within this period, who read blogs and updates on social media outlets were 74%. Demographically, 86% percent of social media users are within a 30-mile radius from Carrier Clinic. The top three counties with the highest percentage of users are Somerset, Middlesex, and Mercer counties.

Evaluation/Conclusion: Social media can be beneficial to the community to bring awareness about mental health. An analysis found, that most of their users are within the surrounding counties of Carrier Clinic. The number of views may reflect the user's interest on different blogs, videos, and events that are posted on these sites.

Title:	Combating Fatigue Amongst Hospice and Palliative Care Staff
Name:	Bernadette Perez
Preceptors:	Margaret Santos, Registered Nurse
Agency:	Coney Island Hospital

Purpose: To promote self-care for palliative care professionals and encourage stress management to avoid compassion burnout or emotional strain.

Significance: A high volume of patients requires a respective number of staff, but in 2015, the turnover rate for hospice nurses was more than 20% nationwide. According to Bull and Kamal, et al. (2016) more than half of nonphysician staff in palliative care settings reported emotional anxiety and compassion burnout, as well as personal dissatisfaction in the job place. However, practicing burnout interventions and promoting self-care caregivers has the ability to increase retention, staff performance, and decrease psychological strain (Henry, 2013). To better serve patients in the end-of-life process, there is a need for the implementation of self-care efforts proposed palliative care settings, which will decrease the prevalence of burnout.

Method/Approach: Data was collected on the needs of families experiencing the end-of-life process by religion and demographic. The data provided an overview of the external effort a staff member would need to make. Anonymous questionnaires were released June 25th to nurses and asked the following on a "Yes," "No," or "N/A" basis: Is it emotionally taxing to care for patients? Do you feel as though you are forcing yourself to care for patients emotionally? Has your compassion in the job setting decreased? Would you benefit emotionally from a self-care program/workshop? Would your job performance improve from a self-care program/workshop? The questionnaire also offered a voluntary focus group July 1st where staff could brainstorm ideas on burnout prevention and voice frustrations regarding stress or fatigue. The final question posed as such: If you attended on July 1st, was the focus group helpful? One could answer as "Yes," "No," or "N/A." Questionnaires were collected July 5th.

Outcomes/Results: From the 20 questionnaires that were released to unit staff (n=20), 18 respondents felt emotionally taxed (90%). 15 respondents felt forced to emotionally care for patients (75%), 14 reported a decrease in compassion in the job setting (70%), and 19 (95%) staff members confirmed they would benefit emotionally from a self-care workshop. All respondents answered that their job performance would improve from a self-care workshop. 16 of the 20 (80%) staff members participated in the voluntary workshop; of those 16 staff members, 14 respondents (more than 85%) reported the group as helpful. 2 respondents did not answer.

Evaluation/Conclusion: With more than 50% of respondents feeling emotionally taxed and 100% of staff members reporting self-care workshops as beneficiary to job performance, implementing permanently scheduled self-care focus groups will serve as a short-term goal. With an increased success rate, long-term goals include developing workshops hospital-wide for all units. In the effort to increase retention and overall mental health, self-care must reach the forefront of employee satisfaction and safety.

Title:	Promoting Water Safety in Middlesex County
Name:	Peraveena Perinpanathan
Preceptors:	Diana Starace, Injury Prevention Coordinator
Agency:	Robert Wood Johnson University Hospital, Trauma and Injury Prevention Department

Purpose: To educate and promote water safety behaviors among children and parents through engaging educational sessions.

Significance: According to the Center for Disease Control and Prevention (CDC) each year about 4000 people drown in the United States. Among children 5-14 years old, drowning has become the second leading cause of injury related deaths in the the U.S. (SafeKids Worldwide, 2013). Drownings do not only occur at community pools, but also in residential pools, bathtubs, lakes, rivers, ponds, and beaches. Middlesex County has many community pools, YMCA's and private swim clubs throughout its 25 municipalities. The county has many rivers, streams, lakes and ponds, which are free and accessible to its residents for swimming, boating, fishing and general enjoyment. The leading causes of drowning include lack of "active adult supervision", life jackets, swimming lessons, fencing and other physical barriers around residential pools, and water safety knowledge. Drownings are highly preventable unintentional injuries among children and adults.

Method/Approach: Educational sessions for children and adults were held at local summer camps, and community pools. For children, water safety demonstrations were taught and illustrated with the book, *Clifford Takes a Swim* and an interactive water safety challenge game. The children were taught several water safety tips such as swimming with active adult supervision, to use the buddy system, and to always follow pool rules. Also, the proper use of safety gear/equipment such as a life jacket, rescue ring etc., were demonstrated. Parents participated in lessons and Safe Kids Worldwide resources with tips on water safety skills, and designated "Water Watcher" tags with a whistle. To assess the effectiveness of the sessions pre and post evaluations were collected from summer camps using a "yes/no" answer sheet. Adults were given a ten-question multiple choice and "true/false" survey. The responses were recorded in an excel spreadsheet.

Outcomes/Results: A total of 73 children and 12 adults (as of August 2nd) completed the evaluations. The average pre-test score for the children was 79%, as compared to the average post-test 95%, while adults scored, on average 91% on the pre-test vs. 100% on the post-test. These scores demonstrate a significant increase in desired responses and indicate an improvement in knowledge acquisition for both groups.

Evaluation/Conclusion: From the pre to the post test there is a clear increase in desired responses. After the educational/information discussions both the children and adults were more aware of water safety rules/tips. The outreach events proved to be successful in improving water safety knowledge and provided opportunities to reach the community with lifesaving information and resources.

https://docs.google.com/document/d/17U3Ao7AbdruC8x2jn-7z0pQJWhA2hKx2SiYEn4z08O0/edit?usp=sharing

Title:	Assessment of quality patient care in Home Healthcare
Name:	Keisha Pierre
Preceptors:	Hugues Lafond, CEO
Agency:	Beneficence Home Healthcare Agency

Purpose: To analyze satisfaction of Home Healthcare patients at Beneficence and measure patient knowledge of teaching and plan of care.

Significance: Ninety-one percent of American seniors favor the Medicare home health benefit, which provides care for 3.5 million Medicare beneficiaries. Eighty-seven percent of American seniors prefer to receive medical treatment at home (Bodie, A 2015). With homecare growing it is important to maintain the quality of services being provided. Surveying the patients at Beneficence Home Healthcare Agency would capture how satisfied patients are with care and treatment services received and identify areas of improvement. This will in term help the patients and the business in the long run, maintaining satisfied patients will help the growth and development of the business.

Method/Approach: An evaluation survey was conducted throughout the month of July that consisted of both quantitative and qualitative questions. The purpose of the survey was to obtain patient demographics, satisfaction with nurses and home health aides support and measure patient knowledge of teaching and plan of care. The surveys were completed by phone.

Outcomes/Results: Overall, the patients at Beneficence Home Healthcare showed great satisfaction with the company and the care that they are currently receiving. A total of 83 patients took these surveys and due to the vast distances between the homes of all the patients all were conducted over the phone. Patient demographics consisted of 97.6% black and 2.4% white, 71.1% female and 28.9% male. Of the black patients, 98.8% were Haitian. 100% of the patients are comfortable with and felt like they are treated with courtesy and respect by their home care providers. 20% of the patients are not aware of all the details of their treatment plans such as when and how many hours they are to be seen each week, end of treatment, and when and if their hours decrease.

Evaluation/Conclusion: 100% of the comments from the patients regarding their care were positive. Almost all of them spoke about their home care providers like family and are extremely grateful to have their services. The few recommendations that the agency received were: 1) obtain contracts as providers with multiple insurance companies outside of MassHealth because when a patient switches they are not able to continue receiving their services from this agency 2) push to increase hours of care in our prior authorizations because a lot of the patients have disabilities and need more than 2 hours of aid a day and 3) ensure psych patients that need a nurses visit every day get adequate care.

Title:	The Impact of Adverse Childhood Experiences on Adult Mental Health and Substance Use Disorders
Name:	Miranda Safir
Preceptors:	Direct Preceptor: Dr. Emily Bosk PhD, MSW
Agency:	Rutgers School of Social Work

Purpose: To examine the role Adverse Childhood Experiences (ACEs) of adult clients which are risk factors for substance use disorder and mental illness later in life.

Significance: Every day over a hundred people die of opioid overdose in the United States. If we can better understand how ACEs increase the risk for drug use later in life we can find the best interventions early to prevent further negative consequences. Additionally, this analysis draws attention to the fact that to date ACE surveys have been highly limited. Each adverse experience is weighted the same as every other. For example, a parent verbally insulting a child once is rated the same as being raped multiple times before the age of 18.

Method/Approach: Qualtrics surveys were previously given to clients over the age of 18 participating in various programs at the center. A staff member with access to the confidential data selected 13 random surveys for analysis. Each instance of a reported ACE was flagged. An anonymized table for each case was compiled in a Word Document. Each table specified the number and type of ACEs for further comparison. Final analysis was done in Excel.

Outcomes/Results: Results were as follows: 61.5% of clients with a substance use disorder reported being insulted or put down by their parent or an adult, 31% reported an adult in their home used illegal drugs or misused prescription drugs, 31% reported living with an adult who was a problem drinker or alcoholic, 31% reported living with an adult who spent time in a correctional facility, 31% lived with someone who was depressed, suicidal, or mentally ill, 31% reported having divorced or separated parents, 23% reported that they were touched sexually by an adult, 23% reported an adult tried to make them touch sexually, 23% reported that their parents hit or beat each other up, and 8% reported being forced to have sex with an adult.

Evaluation/Conclusion:

This survey was limited in scope, but overall, ACE surveys are a helpful tool in a trauma informed care setting. However, ACEs, as they exist now, are very limited. ACEs are rated equally on the survey no matter the severity of the negative action. Distinctions between adverse experiences could streamline care for clients. The trends found in this investigation confirm existing research which states that ACEs can increase risk for substance misuse or substance use disorder and that as the number of adverse experiences a person has increases, their psychological health decreases.

Title:	Raising Donor Awareness of the Matching Gifts Program
Name:	Neha Saini
Preceptors:	Direct/Project Supervisor: Michelle Silecchia, Donor Development Manager
Agency:	The Leukemia & Lymphoma Society- NYC Chapter

Purpose: To create content to raise donor awareness about the matching gifts program for the Donor Development Campaign.

Significance: The Leukemia and Lymphoma Society (LLS) is dedicated to beating blood cancer and improving the quality of life of patients. According to LLS *Facts 2017-2018*, approximately every 3 minutes one person in the United States (US) is diagnosed with a blood cancer. An estimated 1,345,123 people in the US are either living with, or are in remission from leukemia, lymphoma or myeloma. With the donations received, LLS is able to fund lifesaving blood cancer research and provide free information and support services. The matching gifts program is one way donors can contribute to LLS. They can make a donation to LLS and have their employer match the donation dollar for dollar or even double or triple the amount. There is a lack of awareness, however, among donors involved with direct giving to LLS without making another donation themselves. As a result, LLS can increase revenue and continue to support the three pillars of the mission: research, patient support and policy and advocacy.

Method/Approach: A mail insert was created to inform donors about what a matching gift is, the link to register and who they can contact for questions/more information about the program. Multiple edits were made to the insert throughout the process with the goal of creating the best and most appropriate content for donors. The mail inserts will be sent out with every acknowledgment letter which thanks donors for their donation. In the 2018 fiscal year, the LLS Donor Development Campaign received over 3,000 donations. As such, it is projected that approximately a similar number of donations will be received in the coming fiscal year and over 3,000 direct mail inserts will be sent out.

Outcomes/Results: A mail insert was created to raise awareness among donors about the matching gifts program. Research indicates that the most prominent components of matching gifts outreach material are an explanation of the impact of a matching gift, a link to access additional matching gift information and contact information of the nonprofit; the goal is to create material which is simple but effective.

Evaluation/Conclusion: Data will be collected and analyzed on an ongoing basis. Increased revenue from matching gifts in comparison to previous months will be an indicator that the outreach was successful. If so, the NYC Chapter will continue to use the direct mail content to spread awareness. If there is no significant increase then another method must be planned to conduct outreach.

Title:	Pre-Assessment on Live Well-Vivir Bien New Brunswick Social Media Sites
Name:	Maria Salas
Preceptors:	Manuel Castaneda, Director of Community Health
Agency:	New Brunswick Tomorrow

Purpose: To analyze the Live Well Vivir Bien New Brunswick Campaign (LWVBNB), in particular, its social media presence to gauge its effectiveness in the New Brunswick (NB) community and recommend best practices to adopt to increase the LWVBNB overall reach in the community.

Significance: Social inequality in the City of New Brunswick prevents residents from finding health resources available in the area. As a result, the LWVBNV Campaign was created to raise awareness of and participation in the health and wellness resources that are available to residents. LWVBNB connects residents with resources via a mobile application and website as well as through their instituted social media campaign in order to amplify individual awareness. Effective social media posts in social media platforms such as Facebook, Instagram and Twitter are imperative to further reach the NB community.

Method/Approach: A pre-assessment was completed to evaluate the rates of NB residents viewing the LWVBNB Campaign in the top three social media platforms-Facebook, Twitter, and Instagram. The pre-assessment assessed the helpfulness and relatability of the campaign's social media posts, as well as their effectiveness and its popularity among the residents of NB. The pre-assessment was available in both English and Spanish and was handed out during community outreach events. The feedback was logged into Rutgers Qualtrics and then calculated.

Outcomes/Results: Currently, the LWVBNB social media postings consist of photos at local community events, health/wellness resources, event flyers, and information on National Health Observances. Of the sample size (n=77), 37% of respondents like seeing photos at community events (i.e. Ciclovia, NB Farmers Market, Mercado Esperanza), 28.47% like seeing interesting photos of NB places of interest, while 24.31% like seeing flyers for different upcoming events. However, 44.4% of the respondents wish to see photos of people of NB engaging in healthy lifestyle habits on LWVBNB social media posts, 31.75% want to see more information on National Health Observances and 13.49% would like to see motivational quotes published.

Evaluation/Conclusion:

Of the sample size (n=77) 34.67% do not follow LWVBNB on Facebook, 60.81% do not follow LWVBNB on Instagram and 90.14% do not follow LWVBNB on Twitter. Additionally, a majority of respondents (84%) wish to see posts published in Bilingual (Spanish and English). In order to increase the LWVBNB'S social media popularity, platform sites should be added to community outreach products. Using more than five relatable hashtags on posts, sharing narratives of residents, posting in Bilingual, using verbs in posts to create a dialogue with followers will all serve as effective strategies to increase the number of impressions, likes and views.

Title:	Fact-Checking as a Vital Practice in Journalism
Name:	Sophia Samuel
Preceptors:	Tiffany Lopez, Tape Producer
Agency:	MSNBC's The Rachel Maddow Show

Purpose: To ensure that all information is factually correct in assigned nightly segments, track the errors and corrections that had to be made, and establish fact-checking as a vital practice in journalism as supported by previous polling of Americans' trust in the news.

Significance: Once limited to radio waves and printed newspapers, news platforms have become more expansive, more advanced, and at times, more susceptible to false information. In 2017, Bialik and Matsa discovered that U.S. adults are increasingly obtaining their news from online platforms, particularly social media sites, and that over half of adults say they see political news online that isn't entirely accurate. Aside from online platforms, cable news networks are facing considerable trust issues: only 20% of U.S. adults say they have a lot of trust in national news organizations and 52% say they have some trust. These statistics suggest that a vast majority of Americans view national news organizations as institutions that are unworthy - or at best, partially worthy - of our trust. Fact-checking has thus emerged as a vital practice in journalism, one that can allay widespread concerns about false information in the news.

Method/Approach: Over the course of 9 weeks, a varying number of segments per day were factchecked to ensure all information was factually correct. A spreadsheet was created to track each segment checked, what the general subject of that segment was (for example, immigration, foreign affairs, elections, etc.), and if any errors were caught.

Outcomes/Results: In 9 weeks, 50 segments were checked. Of those 50 segments, the topics covered were as follows: the Russia investigation (13), immigration (9), foreign affairs (8), SCOTUS (8), Trump administration officials (5), elections (4), and other (3). Of all the segments fact-checked, errors were found in 26% (13) of them. The most errors were located in segments covering the Russia investigation; of the 13 segments that discussed this topic, 5 had errors that required correction. Moreover, errors found appeared to be consistent with the number of segments in that topic. In other words, errors were discovered more often under the most frequent segment topics than under the less frequent topics.

Evaluation/Conclusion: By the end of the internship, a minority of the total number of segments checked contained errors that required correction. Errors were reported to the producer writing that segment, who corrected any mistakes prior to the show airing. The Rachel Maddow Show will continue to utilize fact-checking as a bulwark against false information in the news and to establish trust with its audience. It is undoubtedly a vital practice in the field of journalism and, if implemented satisfactorily across all platforms, can restore Americans' faith in the news they consume.

Title:	Assessment of New York City's Community Parks Initiative
Name:	Nicole Sandoval
Preceptors:	Direct Supervisor: Daniel Dunn, Sports Strategic Management Coordinator Project Supervisor: Kendra Van Horn, Director of Citywide Fitness Programs Chief Supervisor: Neil Harmon, Deputy Chief of Central Recreation
Agency:	New York City Department of Parks & Recreation

Purpose: To reconstruct targeted parks and playgrounds in need of improvement in order to make them cleaner, safer, and accessible.

Significance: The Community Parks Initiative (CPI) was launched in 2014 and funded by Mayor de Blasio in hopes to physically improve 110 targeted priority parks and playgrounds in underprivileged neighborhoods all over the city. This initiative was granted \$318-million to "redesign and reconstruction of 35 parks, enhance public programming at sites across the city, and to support dedicated outreach staff to connect New Yorkers with their neighborhood parks."

Method/Approach: There are three phases in The Capital Process: design, procurement, and construction. Before this is done, underserved parks must first be identified. In these neighborhoods, the community will be invited to input meetings where they are free to share their ideas for the future of their neighborhood park. Along with the community's ideas, CPI will implement programs in these new parks such as Kids in Motion (KIM), a program that promotes physical activity for kids, and Shape Up NYC, a program that offers free mobile fitness classes for adults. The design phase will then take place with a scope meeting, schematic design development, external schematic design approval, construction document review, and final document review. The procurement phase is next to approach which consists of pre-solicitation/legal review, contractor bid solicitation, bid opening and review/vendor review, contract awarded and pending registration, and contract registered with comptroller's office. Then comes the construction phase which consists of only order to work date set and active construction progress. Upon the reopening of these parks, assessment of parks traffic, program participant surveys, and staff program testimonials will be collected. The agency hopes to find that these projects have created a better connection with its neighborhood.

Outcomes/Results: Although this project was launched in 2014, the construction phase prolonged the process of reopening these parks to the public so these parks were not accessible until 2017 and June 2018. After the collection of data from surveys and observant site visits at these newly renovated parks, there was a significant increase in park visits and program participation. Some of the data bias recorded involved forecast issues, but what really played a huge part in this was construction re-bidding. Re-bidding is when constructors decide to pull away from their bid in the project, thus delaying the process.

Evaluation/Conclusion: In conclusion, about 76% of the targeted parks were completed in 2018, most of which were successful. Because of the CPI capital projects' success, funding for the program has since doubled and now 67 more parks across the five boroughs have been invested in renovating.

Title:	Counting Instrument Touches During Knee Replacements
Name:	Michele Scardelli
Preceptors:	Dr. Eric Gordon
Agency:	Mid Jersey Orthopedics, Hunterdon Medical Center

Purpose: Observe surgical procedures of the knee joints to count the number of touches used per instrument. The goal is to determine that frequency of instrument use and placement of each instrument has an influential effect on the efficiency of the procedure.

Significance: Motion economy reduces the extent of movement and the movements are developed in a way where it takes less time for the operator to complete a job so that the productivity is improved. Application of the principles of motion economy in an operative environment allows for improvement of manual work and prevention of error in surgery. The principles of motion economy affect the efficiency of operating room time, allocation of equipment and staff, performance of the overall surgery, and ultimately patient satisfaction.

Method/Approach: The principles of motion economy were applied to the surgical procedures. The three principles of motion economy included; The use of the human body, arrangement of the workplace, and design of tools and equipment. Through observation of surgical techniques, frequency of tool touches, and the placement of equipment, an ideal arrangement of the sterile field could be determined for increased efficiency in the operating room. The tools with the highest number of touches were considered most essential for placement with the shortest distance to the surgeon for accessibility.

Outcomes/Results: Using a grid that consisted of a completed list of each stage of a total knee replacement surgery and a list of tools, a count of each tool was marked per procedure stage to determine the frequency of tool touches. Each tool that was accounted for during a step of the procedure was marked with an "x" on the grid. Within this list of procedure stages, touches for 71 tools were counted. The tools with the most touches were the bent hohman with 52 touches, the straight hohman with 51 touches, the kocher with 20 touches, the posterior pcl retractor with 17 touches, the suction with 15 touches, the bovie with 15 touches, the drill with 12 touches, and the laminar spreader with 10 touches. All other tools would have less than 10 touches during surgery.

Evaluation/Conclusion: Future surgeries should be set up with the consideration that the tools listed with the most touches should be the closest and most accessible.

Title:	Chronic Illness Management Program Funding Request
Name:	Julia Simoes
Preceptors:	Ayana Hamilton, Patient Care Navigator
Agency:	Children's Specialized Hospital, Chronic Illness Management Program

Purpose: To apply for funding support for the Chronic Illness Management Program.

Significance: The Chronic Illness Management Program (CIMP) at Children's Specialized Hospital is a comprehensive inpatient program for children with chronic, life-altering conditions who have demonstrated a need for additional support to better manage their condition. The annual incidence of diagnosed diabetes in youth was estimated at 17,900 with type 1 diabetes, 5,300 with type 2 diabetes" (American Diabetes Association, 2018). The program provides children and families with structured, comprehensive service plan to address medical, nutritional, psychological, and communication needs to enhance child's total health and wellbeing. Due to the abundance amount of children diagnosed with diabetes, applying for additional funding support is necessary for the Chronic Illness Program.

Method/Approach: To complete a funding request application, the following steps were taken: trends in pediatric diabetes were analyzed from the Centers for Disease Control and American Diabetes Association to determine the importance of inpatient program. Data was collected from Salesforce and Census on the demographics of patients who were admitted into the program regarding residency and household income. Further research on other facilities and organizations was completed for potential collaboration with CIMP. Outcomes of program were measured with data collected pre and post discharge. Staff members of CIMP were polled to create a "wish list" of items beneficial to the patients and family members in the program.

Outcomes/Results: Application is still in process and the anticipated submission date is August 16, 2018. This request will be finalized and sent to Director of Sponsorship and Engagement Foundation. With full funding CIMP has the potential to improve the lifestyle of patients during inpatient stay and post discharge, to develop education sessions with technology and additional resources, to advance cooking skills and measurement tools, to provide transportation services for patients and family members to and from CSH for educational classes and any inpatient or outpatient appointments, to fund community trips to restaurants and stores for experiential learning, to provide resources to improve the patient's experience at CSH, to cover the cost an inpatient stay, to cover the cost of one patient's Enhanced Evaluation, and to cover the cost of a patient's 3,6,12 month follow up visits. Total "wish list" items cost was determined to be \$6,500, however total funding request amount is still to be determined upon completion of the project.

Evaluation/Conclusion: The success of the project funding request will be determined if the Chronic Illness Management Program receives funding of any size. Further actions to increase funding would include allowing potential donors tour Children's Specialized Hospital or possible input from previous patients and family members regarding any obstacles or resources the program was missing. Any additional information necessary for the funding request will be resubmitted for reconsideration for future funding.

Title:	The Correlation Between Mental Illness and Substance Abuse Among Human Trafficking Victims and Survivors
Name:	Janelle Swaggerty
Preceptors:	Diana Starace, Injury Prevention Coordinator, RWJ Trauma and Injury Prevention Rosario Sanchez MSN, RN, CFN, SANE-A, D-ABFN, Rutgers School of Nursing
Agency:	Robert Wood Johnson University Hospital Trauma and Injury Prevention Department

Purpose: To explore the correlation between mental health and substance abuse amongst victims of human trafficking and how availability of mental health services affects survivors. Finally, to create an informational graphic to raise awareness of the comorbidity of mental illness and substance abuse.

Significance: Mental health and substance abuse are two closely correlated topics within the focus of human trafficking. According to grantees from the Office on Human Trafficking in Persons and Substance Abuse and Mental Health Services Administration, there are many cases in which substance use is used as a tool to keep victims dependent on and submissive to the trafficker. It is important that services are available and offered to victims and survivors to ensure that they are able to recover and stay free from this modern day slavery.

Method/Approach: Provided assistance with the development of a statewide human trafficking resource directory that will provide information on services available for victims and survivors. This directory will be a "living document" that will reside on the NJ Coalition Against Human Trafficking website and will be updated as necessary.

Additionally, an investigation of research from credible public health sources was conducted on the correlations between mental health and substance abuse. These findings have been used to justify the need for dual treatment services for survivors who are recovering from both. More research has been done to explore the status of mental health services and funding throughout the state. This information has been used to create an informational graphic to raise awareness on dual diagnosis and the importance of full spectrum care.

Outcomes/Results: Thus far research from 2008 to 2017, my research has shown slow but gradual growth in the methods used to develop more effective care for survivors of human trafficking and those suffering from mental illness and substance abuse as a whole. Unfortunately, according to the Foundations Recovery Network on Dual Diagnosis, among others, there are still providers that turn survivors away until they have dealt with their addiction before their mental illness gets treated.

Evaluation/Conclusion: Analysis of information this far has shown that there is still much more progress to be made in the treatment industry for both diagnoses. There needs to be an adequate push toward getting all providers to accept and treat survivors within the full spectrum of mental illness and addiction as one plan of action to get survivors to regain control and freedom for themselves. The lack of dual treatment reaches further than survivors of human trafficking, it is a national issues for the general public.

Access to Sources Used Page

Title:	Private Dental Practices and their Affiliation with Government Insurance
Name:	Erin Swann
Preceptors:	Direct Supervisor: Dr. Loray Spencer DDM, Project Supervisors: Quandra Edgeworth, Office Manager & Heather George, Front Desk
Agency:	A Healthy Smile PA, Family and Cosmetic Dentistry

Purpose: To measure and analyze the positive and negative impacts of accepting Medicaid government insurance on a private dental practice.

Significance: As of April 2018, there were 73,765,374 people enrolled in Medicaid and Children's Health Insurance Program (CHIP) across the entire United States. A large percentage of private providers choose not to accept Medicaid patients because of the negative impacts that are associated with this contract, but there is a significant need to know the benefits that this serves from the provider and patient perspective.

Method/Approach: The approach began with observing the largest positives and negatives of accepting Medicaid patients, during an observation period from 6/1/2018 to 7/1/2018. The electronic medical records for adults and children and Dentrix appointment software were used as tools to analyze and collect the data. The positive impacts on the practice that were measured are the connection to the community, accessibility to more populations and demographics, and additional revenue stream. The negative impacts on the practice that were measured were low reimbursement rates, high no-show rates and patients low value in treatment.

Outcomes/Results: Of the 586 Medicaid patients seen in 2016, the practice saw a 67.8% increase by the end of 2017, showing that the practice is making a very large outreach to the York County, South Carolina community. They also have established a partnership with Tri County Pediatrics for dental referrals for children with Medicaid in order to increase visibility to a demographic of children who are not seeing a dentist and saw a \$88,563.05 total increase in revenue from Medicaid reimbursements as an additional revenue stream. Negative impacts include a \$61.09: \$153.00 ratio of Medicaid service fee scheduling to self pay patients for a 1 surface resin filling, which translates to almost a 50% price cut per Medicaid patient for that treatment. In the last 2 quarters of 2017 which were documented, there were 401 "no show" Medicaid patients and 325 patients who show a lack of value in oral health by not completing their dental treatment plans.

Evaluation/Conclusion: Looking forward, the practice will continue to accept South Carolina Medicaid in addition to private insurance and self pay patients. One shortcoming of my data collection was finding out the number of missed appointments for Medicaid patients. The practice has recently started keeping track of missed appointments as of June 2017, after noticing a positive trend. Going forward, the practice will continue to track missed and canceled appointments. Additionally, during the evaluation period a new procedure code was implemented to also monitor for rescheduled appointments.

Title:	Lab Monitoring Standardization for Better Patient-Physician Satisfaction
Name:	Alison Tiao
Preceptors:	Direct Supervisor- Samantha Bernard, Practice Manager Project Supervisor- Alanna Kendig, NP, Nurse Practitioner
Agency:	Weill Cornell Medicine Pulmonary and Critical Care Medicine

Purpose: To create a standardized system for lab monitoring, reduce complications for patients taking dangerous medication, and increase patient-physician satisfaction and communication.

Significance: Interstitial lung diseases (ILD) are pulmonary disorders in the alveoli of the lungs. According to Raghu, et al. (2004), 63.0 per 100,000 patients in the United States have an ILD. As much as one-third of ILD's include idiopathic pulmonary fibrosis and pulmonary hypertension. These are generally found in older patients and are life-shortening diseases that do not have cures. In situations like these, physicians recommend very strong medications to slow the progression of these conditions and add years to the patients' lives. However, due to the powerful nature of these medications, patients are required to follow a strict regimen and are strongly recommended to be closely monitored by physicians while on the drug. This will be done through periodic lab visits necessary for recording the progression of their conditions and how well the patients' bodies tolerate the drug. However, there is no system in place to successfully monitor the patients' progression in an efficient and timely manner, causing miscommunication, delayed labs, missed dates for dosage increase, and lower patient-physician satisfaction.

Method/Approach: In order to limit the amount of error on the patient's end, a guideline for the patients' drug regimens would greatly decrease the delay in labs. After creating an organized space for the attending physician to keep track of patient labs, the physician/fellows who keep track of the patient will be able to follow up with the patient regularly. A guideline for the patients will serve as a physical and organized tool to track important labs and dosage changes as well as inform them of drug information such as lab information, risks, and specific dates for lab appointments and dosage changes.

Outcomes/Results: A detailed brochure of each drug will guide patients through drug information, risks, and an organized table of dates. This will allow patients to better keep track of their timelines as they begin their treatment. A standardized guideline for staff will guide staff through organizing patient information regarding lab dates and dosage changes to follow up with patients to ensure their treatment is on schedule.

Evaluation/Conclusion: As a result, physicians will spend less time looking for missing/incorrect dates in the system and transition to easy-to-find dates in an organized calendar with compiled dates for different patients. Patients will experience fewer missed labs and doses, less confusion, greater patient satisfaction, and better health. Through a patient satisfaction survey, there will be a projected increase in patient-physician satisfaction in both communication and care.

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Agency:	Belmont Medical Center
Preceptors:	DNP Vincent Ayako
Name:	Salma Tumanga
Title:	Stigma on Obesity in Urban Medical Center

Purpose: To analyze the stigma on obesity in healthcare and how patients' habits such as diet and exercise are contributing to the obesity epidemic.

Significance: According to the CDC, "the prevalence of obesity was 39.8% and affected about 93.3 million of U.S. adults in 2015-2016". The prevalence of obesity continues to be a growing concern worldwide. Obesity is associated with health complications such as diabetes, heart disease, stroke, and high blood pressure. Obese children and adults often become withdrawn from society through experiences of rejection, stigma or stereotyping, which may have additional impacts on health and psychological wellbeing (Puhl and Brownell, 2006). The stigma on obesity can lead patients to be embarrassed and ashamed to report their health concerns. Puhl and Heuer (2010) suggest that obesity stigma is a health threat, may cause health inequalities and can hinder efforts to intervene with obesity.

Method/Approach: The target population were patients who come for regular checkups at Belmont Medical Center. Patients were informed and asked to complete an anonymous survey. Patients were asked to identify their sex, age, weight, how often they exercise, eat fast food, and how much sleep they get during each week. They were also asked to state factors that prevent them from being physically active and factors that influence their decisions to eat out.

Outcomes/Results: A total of 70 patients agreed to take the survey. 64.7% were female and 35.3% were male. 58.8% of patients were over the age of 60, 23.5% were between the ages of 41 to 60, and 17.6% were between the ages of 20 to 40. Only 23.6% of patients admitted that they were either overweight or obese while 35.3% indicated that they were at a normal weight. When patients were asked about their eating habits, 41.2% stated that they eat out a few times a month. Most patients admitted that they eat out because of being busy, not having the time to cook, and the convenience of fast food. 35.3% claimed that they exercise once of twice a week and patients stated that tiredness and health issues are the major issues that prevent them from being physically active. Lastly, 58.8% of patients claimed that they get five to seven hours of sleep per week.

Evaluation/Conclusion: It was observed that some patients provided false information about their eating habits and weight. The reason for providing false information may be because of the stigma around obesity. Patients indicated lower weights than normal, and many viewed their weight to be normal. When it comes to exercising, many patients are not exercising on a regular basis. Patients indicated that health such as problems with their legs, back pain and knee pain prevent them from exercising. Other patients indicated that they are too tired from work and their daily lives to regularly exercise.

Title:	Analysis and Enhancement of Emergency Department Associate Work Process
Name:	Brianna Valese
Preceptors:	Megan McNutt, Senior Administrative Manager
Agency:	Lenox Health Greenwich Village (LHGV)

Purpose: To analyze the current emergency department associate work process and assess areas for improvement to enhance Press Ganey scores, patient experience and point of service collection rates.

Significance: LHGV treats an average 111 patients per day, and 40,515 patients per year. Emergency department associate (EDA) interactions with patients have a direct influence on patient experience and further, point of service (POS) collections and Press Ganey results. As of June 2018, with a 3% Press Ganey response, which is in part due to the 38.6% email collection rate by the EDA team, registration courtesy scores at 69% and likely to recommend the facility scores at 73.7%. Further, within the past month the team has a POS collection efficiency of 36.2%. These deficits in said aspects signifies areas for potential growth and improvement.

Method/Approach: Initial data extraction was performed to pool information pertaining to the various aspects of an EDA work process: point of service collection, email collection and Press Ganey responses. An assessment of the data was performed to determine any underlying commonalities within Press Ganey. Further, reports were created pertaining to individual EDA performance of point of service and email collection efficiency via excel. Once defined, findings were brought to the attention of the EDA team and various projects were set underway to assert improvements. Information has been given variously through weekly huddles as well as one-on-one appointments between management and individual EDA members which took place at the end of July.

Outcomes/Results: Updated data analysis was performed on August 2nd for improvements in point of service collection efficiency, email collection and Press Ganey responses. The changes within the month showed an increase to 43% POS collection efficiency and 45% email collection efficiency. Through Press Ganey there showed to be no improvement in likelihood to recommend which reduced to 72.5% and registration courtesy remained stable at 69%. The ultimate outcome of these projects is to close the gap in inefficiencies among all the EDA team members, thus closing the overall gap within the team and improving patient experience significantly.

Evaluation/Conclusion: Ongoing analysis of data will determine the necessary steps to further improve in these aspects of patient experience. Immediate results may not be expressed via data, but these projects are a work in progress with management and EDA team as changes in workflow contain adjustment periods. Nonetheless, after the data analysis on August 2nd the data expressed that minor improvements occurred in the three aspects for the EDA work process. Further process improvements will be undertaken to improve these aspects further and focus on improving registration courtesy as well.

Title:	Grant Writing with JRMC
Name:	Daniel Vaysberg
Preceptors:	Direct Supervisor: Thomas Boggiano (Chief Operating Officer) Project Supervisor: Sunita Mookerjee (MPH)
Agency:	Jewish Renaissance Medical Center

Purpose: The purpose of this project was to locate, organize, and distribute the necessary information to submit grants to various agencies including Health Resources and Services Administration and the National Institute of Health (NIH).

Significance: Jewish Renaissance Medical Center is a Federally Qualified Health Center (FQHC) and receives a majority of its funding from federal and organizational grants. Grant writing is an integral function for health centers, especially those that operate in a medically underserved area like Jewish Renaissance. A large portion of the patients coming in have Medicaid or no insurance at all. Grant funding allows the health center to allocate funds to help this population. Grant funds will be used to pay staff, purchase medical supplies, and implement new programs that include behavioral health, dental services, and general primary care.

Method/Approach: The grant required multiple documents that included the current IRS tax status exemption, operating budget reports, a list of foundational and corporate sponsors among other documents. An updated narrative summarized the background of the organization and constituency served. Recent data that accurately described the demographics of both Perth Amboy and Newark communities was included. Using this data, we wrote an implementation plan that outlined where and how the funds would be used.

Outcomes/Results: The most recent grant we submitted was the Substance Abuse and Mental Health grant which will provide access to psychiatric services and training for Substance Abuse treatment models. The grant submission was approximately fifty pages. August 31st is the award announcement date.

Evaluation/Conclusion: Should the application for the grant be accepted the health center will be able to implement a new mental health program designed to address the increasingly devastating problem of addiction. The funds from the grant will also be used to hire a psychiatrist to expand the behavioral health program at the health center. Having the necessary demographic data to substantiate the need for funding will make future grant writing easier and we will use this data in the next grant application process.

Title:	Diabetes Resource Coaching Program: Medicare Coverage Guide on Caring for Diabetes
Name:	Yesenia Villagomez
Preceptors:	Bonnie Starr, Director of Programs and Initiatives
Agency:	Diabetes Foundation Inc.

Purpose: To develop an easy-to-follow guide on diabetic services and supplies covered under the Medicare program for the upcoming launch of the Diabetes Resource Coaching program.

Significance: Diabetes is a serious chronic disease that has become common and costly. Although diabetes affects individuals of all ages, it has become more prevalent among older adults. According to the American Diabetes Association, the percentage of individuals age 65 and older living with diabetes remains high at 25.2%. Individuals affected by diabetes are at greater risk for developing diabetes-related complications like blindness, renal disease, and neuropathy. Therefore, appropriate management and early treatment are significant in improving patient outcomes. Medicare provides coverage for medical and preventive services for individuals age 65 and older living or that have disabilities who are living with diabetes. However, navigating through Medicare's policies can be daunting for many of its beneficiaries. This guide will enable senior participants of the diabetes resource program to have access to the necessary information needed to manage their diabetes better.

Method/Approach: The review of current Medicare policies regarding diabetes care involved locating accurate and up-to-date information. Research conducted about Medicare's Part D coverage gap included gathering background information needed to develop preventive strategies. The guide involved the development of a list of available Medicare assistance programs in New Jersey. Final drafts of the guide were prepared after approval from the program director.

Outcomes/Results: The two sections in the guide included diabetes-related supplies and services covered under Part B, and information about the gap in coverage in Part D. This comprehensive guide will be available for the new diabetes resource coaching program. It will be used in conjunction with other materials designed for the program and will be made available to the participants. This will ensure that participants of the program are well-informed about the valuable services covered under Medicare, especially those who have fixed incomes.

Evaluation/Conclusion: Feedback about the guide from the director, coaches, and its participants were utilized to evaluate the effectiveness of the guide. Issues that arose during this process included condensing the information to determine was what appropriate and removing repeated information.

Title:	Healthier Meetings for RWJBarnabas Health Corporate
Name:	Tahis Viruet-Cruz
Preceptors:	Barbara Mintz, MS, RD, Senior Vice President, Healthy Living and Community Engagement Sarah Lechner, Esq., Senior Vice President, Policy Development and Government Affairs
Agency:	RWJBarnabas Health Social Impact Department

Purpose: To expose employees to nutrition while at work meetings and encourage a healthier lifestyle outside of the office.

Significance: 151 million Americans receive health insurance through their prospective employers. Therefore, nearly \$1.2 trillion are used every year for the employees' health expenses. This is a result of unhealthy employees and their lack of a healthy lifestyle. RWJBarnabas Health is concerned with the health of its fellow employees. The Health Assessment Overview provided a demographic of the different health domains that were affecting the employees, in 2017. Out of 35,857 eligible employees, 13,008 completed the health assessment. Of this sample 82% were women and 18% were men and the majority of them were 30-39 years old. In 2017, 62% of the employees at RWJBarnabas Health are at moderate risk of lack of a healthy diet. Of the employees, 58% is at moderate risk of stress, while 56% are at moderate risk of sleep deprivation.

Method/Approach: Due to the findings in the Health Assessment Overview, the diet and physical activity of an employee can be positively influenced by healthy and supportive policies in one's work environment. Creating a policy to provide healthier food during meetings could help decrease these numbers. The *Healthy Meetings* policy will apply to employees, interns, and volunteers of RWJBarnabas Health. Corporate will ensure that employees are provided with healthy choices during meetings and events sponsored and/or organized by this organization. Therefore, this policy will create and maintain healthy people and healthy communities.

Outcomes/Results: As a result of the Health Assessment Overview, new policies will be implemented in the Fall of 2018. Applying this policy will allow for a better environment for the employees at RWJBH. It will improve overall health and also serve as an example for others to follow. Not only will the policy better employees lives but also have a huge effect on the finances of health insurance distribution. However, extensive data collection must be done in order to measure the effectiveness of the policy.

Evaluation/Conclusion: As this policy is implemented, the employees at RWJBH must sign a pledge to follow the BHealthy Meetings Pledge. A new Health Assessment Overview must be done a year after the policy is put in place. This will aid measure the effectiveness of the policy. If the policy is not effective it must be re-valuated and made to fit the specific health domains that are lacking in the lives of the employees.

Title:	Investigation and Analyzation of the Three R's of Community Development Framework
Name:	Kori Warren
Preceptors:	Direct Supervisor, Urban Project Director: Michael Sylvester Supervisor, America's Keswick: Allison Lang
Agency:	Athletes in Action Urban Project LA; America's Keswick-Addiction Recovery and Retreat Center

Purpose: To review and analyze the effectiveness of non-profit organizations that have structured their organization on the three R's of community development (relocation, reconciliation, and redistribution)

Significance: From 2007 -2016, 42 states had an increase in poverty rates (United States Census Bureau). One solution to decreasing poverty is for organizations to implement the three R's of community development. The Urban Project- Los Angeles is an intense three-week internship that works with urban non-profit organizations in California to gain hands-on experiences working within this particular framework.

Method/Approach: Athletes in Action interns were separated into teams and assigned different nonprofit organizations to work alongside. America's Keswick is a non-profit organization that uses this framework. Interns were required to investigate the success of this framework by analyzing feedback cards from the guests. The cards had thirteen questions listed about the overall quality of their stay. Guests can circle one choice out of the five possible answers including: strongly disagree, disagree, neither, agree, strongly agree, or did not experience. Interns had to analyze four weeks worth of feedback cards to identify trends and overall satisfaction. Lastly, interns were required to present findings in a graphic design.

Outcomes/Results: There is a total of 88 rooms at the conference center. The number of respondents for the first week was 61 responses. The weekly satisfaction rating for this week was 4.82062/5.0. The second week had 54 responses with a satisfaction rating of 4.808288/5.0. The third week had 76 responses with a satisfaction rating of 4.79854/5.0. The last week had a total of 65 responses with a weekly satisfaction rating of 4.86432/5.0. The total overall satisfaction rating for the 2018 summer conference season was 4.822842/5.0.

Evaluation/Conclusion: The large sample size of feedback cards is so that this information is representative of the 2018 summer season guests. The overall success rating was 4.822842/5.0 which makes this non-profit operation successful. Non-profit organizations that are built on the foundation of relocation, reconciliation, and redistribution are successful in their missions. Practical implementations for how this non-profit can improve based on the feedback cards is: a.) improve the quality of the rooms b.) improve the quality of the food and c.) improve pre-event communication.

Title:	Acupuncture Effectiveness Assessment
Name:	Clifford Yan
Preceptors:	Elaine Cao-Zhen
Agency:	Zhen Clinic

Purpose: To assess people's general knowledge about acupuncture and to investigate what kind of people are more likely to participate in acupuncture.

Significance: Acupuncture is a traditional Chinese medicine that has been around for a little bit over 2000 years. Today more people are coming to accept and choose alternative medicine as their choice of remedy for certain medical issues. Acupuncture was mainly used as a pain remedy, but its uses are becoming broader. It is important to determine who is more likely to use acupuncture now because of its rising popularity.

Method/Approach: Created a survey in which its main goal is to assess the patient's general knowledge of acupuncture/eastern medicine. Also recording down their thoughts, reactions, before and after results of their treatment was important to the research as well. A conversational assessment with the patient to determine the patient's knowledge about acupuncture was done as well. A qualitative survey question was asked, "how effective was your treatment?" and they scored it from 1 - 5, 1 being not effective, 5 being very effective. We also have separated out the different kinds of treatments, such as treatment for pain, allergies, ailments, etc.

Outcomes/Results: Of my sample size of 32, 25(78.1%) of my survey participants have had prior experience with either acupuncture or eastern medicine. 4(16%) were for allergies, 2(8%) for stress, 1(4%) for eczema, 4(16%) for headaches/migraines, 12(48%) for sport injuries, 1(4%) for smoking, 1(4%) for kidneys. Of the 25 participants, 22(88%) participants have had other experiences with different eastern medicine treatments. 5(22.7%) were acupressure, 11(50%) were herbal treatments, 5(22.7%) were cupping, 1(4.5%) was spoon scratching. I asked how effective the acupuncture was immediately after. 1(3.7%) participant scored it a 1, 4(14.8%) participants scored it a 2, 6(22.2%) scored it a 3, 9(33.3%) scored a 4, 7(25.9%) scored a 5. Then I asked how effective the treatment was a week after. 2(7.4%) participants scored a 1, 1(3.7%) scored a 2, 6(22.2%) scored a 3, 6(22.2%) scored a 4, 12(44.4%) scored a 5.

Evaluation/Conclusion: A majority of the patients have had several treatments in acupuncture. Only 7(21.9%) of 32 have had no prior acupuncture treatments. That means that a majority of the patients are repeat patients. To accurately have a patient history for each of these patients is crucial in treating them since there is so much data on the patient's health. An intensive survey before and after the patient's treatment will increase the effectiveness of the patient's treatment.

Title:	Childhood Lead Poisoning Prevention Initiative in Freehold Borough
Name:	Miriam Zamudio-Coria
Preceptors:	Linda Brown, Health Educator, Mayors Wellness Campaign at Freehold Health Department Angelica Espinal-Garcia, MPH, Coalition Coordinator, Freehold Area Health Department
Agency:	Freehold Area Health Department, Neighborhood Connections to Health Coalition

Purpose: To develop an educational campaign to raise awareness of the risks of lead poisoning within the community to include identification of target audiences and increase lead screening/testing participation.

Significance: According to the CDC at least 4 million households have children that are being exposed to high levels of lead and an estimated 535,000 children have elevated blood lead levels. In 2016, New Jersey found 4,800 young children with a lead level at or above 5 micrograms per deciliter, which is the reference level at which the CDC recommends immediate intervention. Noting that about 85 percent of the housing stock was built before 1978 in Freehold Borough when the U.S. government banned the use of lead-based paint, many children could be at risk for lead contamination. With increased lead exposure testing and improved awareness/knowledge of elevated levels of lead in the blood, the number of children with long-lasting physical and mental damage can significantly decrease.

Method/Approach: A lead pre-test was distributed in June throughout Freehold Borough for residents to denote their knowledge on lead exposure. The pre-tests received from Freehold residents will be used as the baseline knowledge and to develop materials that will be presented and distributed to residents. The goal is to educate 200 Freehold Borough residents though group sessions, 100 through one-on-ones and the rest of the population through the distribution of educational materials. The distribution of some educational material began July 2. A post-test is expected to be distributed after the education campaign to measure knowledge changes. In addition, the Freehold Township Board of Health in collaboration with other entities, like the Neighborhood Connections to Health and Freehold Borough Schools, screened nearly 55 students ages 6 and under with no previous record of being tested for lead. The school district may cast a wider net next time the screenings take place in the upcoming 2018-2019 school year. It is expected that increased knowledge on effects of lead on children and prevention tips will increase lead testing participation rates and thus, decrease the incidence rate of children with elevated blood lead levels.

Outcomes/Results: By mid-July, 219 pre-tests were returned from Freehold residents. After analyzing the results, the data will be used to develop educational material that is appropriate and meets the needs of the community. Following the 9-month long campaign, post-tests will be distributed to measure the acquired knowledge from the residents. With regard to the 53 students screened, 2 students initially tested positive, further testing proved "false positive" results.

Evaluation/Conclusion: Data will be collected throughout the 9-month long campaign and compared in the weeks following the last in group/community presentation, one-on-one educational session, and educational material distribution. Children ages 6 and under testing positive with a lead level at or above 5 micrograms per deciliter require additional follow-up in accordance to New Jersey Administrative Code, Title 5. Community Affairs, Chapter 17. Lead Hazard Evaluation Abatement Code (N.J.A.C. 5:17).

Title:	Hudson-Bergen Light Rail Rider Satisfaction
Name:	Nina Zou
Preceptors:	Devajyoti Deka, Ph.D., Assistant Director of Research
Agency:	Alan M. Voorhees Transportation Center

Purpose: To examine possible predictors of overall value for money and likelihood to recommend the Hudson-Bergen Light Rail (HBLR) service using regression analysis.

Significance: Transit ridership is an important aspect to examine for the financial development of transit agencies to ensure stable revenues and determine whether improvements are economically favorable (Cao & Cao, 2017). Positive economic returns from increasing ridership are crucial for the continued success of a transit agency such as NJ Transit. Passenger loyalty, perceived value, and rider satisfaction are largely determined by service quality, and passenger loyalty is predicted by rider satisfaction and perceived value (Hussein & Hapsari, 2015). Thus, service quality is an important predictor of perceived value and rider satisfaction within a transit system. So, important service qualities affecting value and satisfaction should correlate with rider loyalty and possible growth in ridership.

Method/Approach: Satisfaction ratings for service quality variables from 3,322 surveys completed by HBLR riders in the Spring and Fall of 2017 were analyzed. Variables of perceived value, rider satisfaction, and service quality were matched with analogous variables collected with the survey. Each service quality independent variable run in the linear regression model explained at least 25% of the variance in the dependent variable satisfaction with overall value for money. Independent variables were also run against likelihood to recommend the HBLR in an ordered probit model. Data were analyzed in SPSS for riders who responded to the survey satisfaction questions.

Outcomes/Results: Satisfaction with scheduling, seating availability, on-board comfort, trip time, communications, on-time performance, security, safety, and employee performance together explain 56.1% of the variance in satisfaction with overall value for money and 21.3% of the variance in likelihood to recommend the HBLR service to a friend. Satisfaction with communications and seating availability were found to be insignificant in influencing satisfaction with overall value (p>0.05). Variables with the largest effect on satisfaction with overall value are satisfaction with trip time (B=0.222, p<0.001) and employee performance (B=0.195, p<0.001), followed by satisfaction with scheduling (B=0.136, p<0.001), on-time performance (B=0.111, p<0.001), on-board comfort (B=0.092, p<0.001), security (B=0.077, p<0.001), and then safety (B=0.067, p=0.003). Variables with the largest effect on likelihood to recommend the HBLR are satisfaction with scheduling (β =0.083, p<0.001), on-board comfort (β =0.092), security (β =0.040, p=0.002), and on-time performance (β =0.036, p=0.007).

Evaluation/Conclusion: Satisfaction with scheduling, on-board comfort, on-time performance, and security have the largest effect on both the likelihood for a rider to recommend the HBLR service to a friend and satisfaction with overall value for money. Addressing issues with scheduling, on-board comfort, on-time performance, and security may increase rider satisfaction and their perceived value of the HBLR service, possibly maintaining loyal customers, increasing ridership, and positively influencing economic returns for NJ Transit. However, it must be noted that these conclusions may only hold true for a small portion of HBLR riders, as surveyed riders may not be representative of all HBLR riders.

References: http://bit.ly/2LIoFKm

Field Work Internships

Name:	Olivia Gibson
Position:	Physician Office Assistant I, Intern
Preceptor:	Direct Supervisor: Dottye Miller, Clinical Practice Supervisor Project Supervisor: Jacqueline Beresky, Trainer
Agency:	Memorial Sloan Kettering Cancer Center, Monmouth Regional Site

Work Duties: The Physician Office Assistant intern at MSK Monmouth provides aid to six physicians' offices, schedules patient appointments, updates medical records, requests patient documents from various doctors and hospitals, answers patient questions and relays the message to the appropriate clinician. We also create daily pre-clinical summaries for six doctors and confirm upcoming appointments with the patients.

Techniques: We use analytical skills to differentiate various patient medical records and allocate them to the required locations. We remain organized to stay on top of work for each of the six physicians. We utilize the updated computer programs to locate the specified patient, obtain MSK patient medical records, view prescriptions, communicate with other MSK employees and access the Doctor's schedule. We also prioritize work based on urgency.

People Skills: Working at a cancer hospital means dealing with people who are going through one of the most difficult times in their lives. At every moment, excellent customer service and people skills are imperative to the job responsibility because added stress to a patient has the potential to cause adverse health effects. To excel at this position, patience, level-headedness, and empathy are required. These skills are used to interact with both the patients and the clinical teams. A clear, accurate, and to-the-point message must be triaged to the clinical team from the patient. Strong communication skills are mandatory for this position due to the numerous amounts of people involved in the care of a patient. Correct messages must be relayed to different members of the clinical team, requiring remembrance, accuracy and social skills.

Results: By perfecting the techniques and people skills needed to complete the required tasks, I completed a successful internship and networked with great professionals. Many new skills were developed, including improved organization and a deepened sense of empathy, that will aid in my personal and professional character. By the end of this internship I could confidently assist patients, complete my work at accelerated times and frequently request extra work.

Lessons Learned: Working at MSK has provided me with a significant amount of empathy and knowledge about cancer and hospital administration. Empathy is needed because if we come across a challenging patient, we must understand that they are not being this way on purpose, but their circumstances are causing them a tremendous amount of stress. Everything we do and say can benefit the patient and make their lives a little bit easier, which makes the challenging situations worth it.

Name:	Harmeet Kaur
Position:	Session Assistant & Systems Operations Intern
Preceptor:	Ann Kaczorowski
Agency:	Memorial Sloan Kettering Cancer Center

Work Duties: To gain a better understanding of how health informatics and data management work in a healthcare setting by working alongside the Ambulatory Care Systems Operation team.

Techniques: I reconciled an audit that checked for the accuracy of transcribed orders that clerical staff entered on behalf of a provider. I checked to see whether errors made were because of a transcription error or an error with how the order was requested. An update to our Clinical Information System was finalized and implemented after 2 years which created a more efficient and cleaner view of lab orders for the user. Over 74,000 orders required updating after the changes were launched. Training videos were created for our Clinical Information System for future employee training purposes.

People Skills: I was able to work alongside two different departments: the clinical teams that care for the patient and the Systems Operations team in which I was working with my preceptor. I gained valuable experiences while working in the clinical department because I had direct patient interaction and acted as the intermediary between them and the clinical staff. I also attended many meetings regarding updates in the DHI department with my manager, and I was able to network with different higher-level management in the department.

Results: The project that was finalized and launched after 2 years was significant and I was able to help finalize it but going into patient charts and updating orders manually. Though this was a tedious task it is beneficial for the users and clinical staff in the future. Also, while working with patients in the front provided no real, tangible results, I gained valuable experience and was able to create a comfortable environment for the patients and their families and help put them at ease in a difficult and stressful situation.

Lessons Learned: Throughout this internship, I have improved on my teamwork skills. Working in the clinical team forced me to be accountable and dependable, and also taught me how to work with others in a fast-paced environment. I also gained experience in the information systems sector of healthcare, which is many times forgotten as it can be "behind the scenes." This department does a lot of work in regards to the informatics and work flow throughout the patient experience, and it was a great experience working in this department.