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**ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL**

Summer 2022

healthy *together*

A photograph of a man and a young boy on a beach. The man is carrying the boy on his shoulders. Both are smiling and laughing. The man is wearing a white long-sleeved shirt and light-colored cargo shorts. The boy is wearing a blue and white plaid shirt. They are on a sandy beach with the ocean in the background.

**HEALTH NEWS:
SPREADING THE WORD**

**IS YOUR
TEEN VAPING?
HOW TO TELL**

**HELPING A 9/11 HERO
TREAT HIS TUMOR**

**HEALING HEARTS:
IT TAKES A TEAM**

MESSAGES FROM LEADERSHIP



“The newly opened RWJBarnabas Health Field of Dreams in Toms River, a recreational complex for people of all ages and abilities, is emblematic of our mission: to help the people who live in our communities feel healthier and enjoy their lives to the fullest.”

BARRY H. OSTROWSKY | Chief Executive Officer, RWJBarnabas Health



“I am deeply moved by the commitment my outstanding RWJBarnabas Health colleagues have to our mission and to serving everyone in our communities with inclusiveness for all, regardless of race, age, gender, background and ability.”

MARK E. MANIGAN | President, RWJBarnabas Health



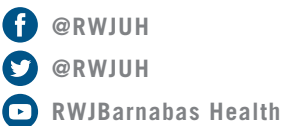
“At Robert Wood Johnson University Hospital, we are committed to extending our mission beyond hospital walls through robust outreach programs focused on education, prevention and health equity for all residents of the diverse communities we serve.”

BILL ARNOLD | President and Chief Executive Officer, Robert Wood Johnson University Hospital

Robert Wood Johnson University Hospital | **RWJBarnabas HEALTH**

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HEALTH NEWS



ADVANCED CERTIFICATION FOR STROKE

Robert Wood Johnson University Hospital (RWJUH) has earned a Gold Seal of Approval for Advanced Certification in Comprehensive Stroke Center from The Joint Commission (TJC) by demonstrating continuous compliance with demanding performance standards that reflect commitment to providing safe and quality patient care.

In a rigorous virtual survey, a TJC team evaluated compliance with national standards, clinical guidelines and outcomes of stroke care in several areas of the hospital. The RWJUH stroke program received a ‘perfect’ survey result from the virtual visit, with no requirements for improvement cited.



RECOGNIZED FOR BEST MATERNITY CARE

RWJUH was named to Newsweek’s 2022 list of Best Maternity Care Hospitals. This prestigious award is presented by Newsweek and Statista Inc., the world-leading statistics portal and industry ranking provider based on a complex methodology to ensure the quality and validity of the ranking.



A PLACE FOR NURSES TO REST

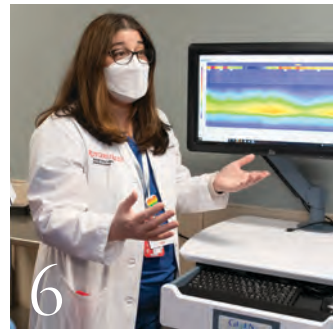
Recognizing the need to address fatigue, anxiety and stress in staff who cared for hundreds of patients during waves of the COVID-19 pandemic, RWJUH has unveiled a respite and rejuvenation room to support its nursing team.

The dedicated space features soothing colors, custom furniture designed for relaxation and a quiet environment where nursing staff can take a moment for themselves. Plans for the room resulted from RWJUH’s Resilient Together multidisciplinary committee assessing and addressing staff fatigue early in the pandemic.

The respite room is made possible through a generous gift from the Kaplan family, whose business, Kaplan Companies, includes family members Michael and Helen Kaplan, Jason Kaplan, Amy Kaplan-Schafer and Lisa Kaplan, and is one of the largest regional builders in New Jersey. The gift was an expression of the family’s gratitude for the care their patriarch, Michael, received at RWJUH in 2020.

healthy *together* contents

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PHOTO: JOHN O'BOYLE

HELPING A 9/11 HERO

**GAMMA KNIFE RADIOSURGERY
TREATS AN AGENT WHO AIDED
RECOVERY AT GROUND ZERO.**

Marcus Rivera catches bad guys for a living. He is a special agent with the Department of Justice, assigned to the Joint Terrorism Task Force, which is housed at the FBI and investigates everyone from bombers and hijackers

to white-collar terrorism financiers. But on the morning of September 11, 2001, Rivera was working in the Office of Labor Racketeering, investigating organized crime. Running late, he'd turned on the TV to hear the traffic report. The tone of the newscast changed as early reports came in of terrorist attacks on the twin towers of the World Trade Center, at the Pentagon and on a flight that crashed in rural Pennsylvania.

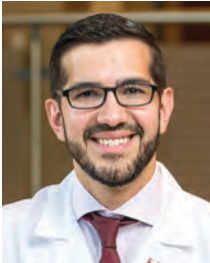
Horrified, Rivera jumped into his government-issued police car and raced to New York City. On the West Side Highway, he saw the second tower in his rearview mirror. "I glanced back to get a better look, and the tower was gone," he says. Black clouds of toxic dust filled the sky.

Over weeks and months, the law enforcement community aided rescue and recovery operations on "the Pile"—the term first responders coined to describe 1.8 million tons of rubble left by the buildings' collapse. Rivera put in 14-hour shifts alongside his father and brother, who also worked in law enforcement. "The air smelled bad, and that smell lingered for months," Rivera says.

Returning to his regular job, Rivera worried that the time he'd spent on the Pile posed a serious health risk. He had reason to be concerned.

EFFECTS ON RESPONDERS
In January 2006, Rivera lost his first-responder father to glioblastoma, an aggressive brain cancer. "It was recognized as a line-of-duty death," notes Rivera. "It was heartbreaking—he was only 61." A few years later, a close friend who'd spent time at Ground Zero also died of glioblastoma.

Some half a million people were exposed to toxic dust, chemicals and fumes in the 9/11 aftermath. Over time, many became sick and died from this exposure.



JOSEPH WEINER, MD

Rivera and many other first responders have

registered with the World Trade Center Health Program, a federally funded program providing no-cost monitoring and treatment of WTC-related health conditions. Care is provided through Clinical Centers of Excellence (CCE), including the Rutgers Environmental and Occupational Health Sciences Institute.

In 2017, Rivera began having headaches. An MRI scan at the Rutgers WTC clinic made a finding—but it wasn't glioblastoma. Instead, Rivera was diagnosed with a left hypoglossal schwannoma, a rare tumor at the base of the skull.

Though noncancerous, schwannomas can lead to nerve damage and loss of muscle control.

"While the tumor wasn't causing any problems, that could change, and then it would have to be treated," says Rivera.

He was referred to Steven Johnson, MD, a neurosurgeon at Rutgers Cancer Institute of New Jersey, Medical Director of the Gamma Knife Program at Robert Wood Johnson University Hospital (RWJUH) and Assistant Professor of Neurosurgery at Rutgers Robert Wood Johnson Medical School (RWJMS).

"Dr. Johnson said traditional brain surgery would be highly risky," Rivera says, "but I was an excellent candidate for Gamma Knife treatment."


A RELAXED THERAPY

Unlike traditional brain surgery, noninvasive Gamma Knife radiosurgery entails no incision, bleeding or sutures. Instead, it uses highly focused beams of radiation to target brain abnormalities. "It destroys the tumor, but the surrounding tissue is not harmed," says Joseph Weiner, MD, radiation oncologist at Rutgers Cancer Institute and Assistant Professor of Radiation Oncology at RWJMS, who performs Gamma

Marcus Rivera and his wife, Melissa, whom he describes as "my better half and always my pillar of support."



PHOTO: JOHN O'BOYLE


RWJBarnabas Health and Robert Wood Johnson University Hospital, in partnership with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the most advanced treatment options. Call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

Knife radiosurgery with Dr. Johnson at RWJUH.

Still, Rivera was hesitant. "My feeling was, if it's not broken, why fix it?" he says. But a second opinion eventually confirmed the diagnosis and the need for treatment.

"The location of this tumor on the hypoglossal nerve impairs that side of the tongue, leading to difficulty speaking, swallowing and eating," explains Dr. Weiner. "More serious problems may arise, including aspiration, where you could develop a serious lung infection. If we waited too long, the tumor might grow, making further treatment even more challenging."

Rivera decided to go ahead with radiosurgery in December 2021 at RWJUH's Gamma Knife Center. In the 72-minute outpatient procedure, Rivera's head was immobilized with a frame, or halo. "Once inside the machine, the patient does not move as the radiation is delivered,"

says Dr. Weiner. "Instead, we move the table around. It's quiet and not claustrophobic."

Awake during treatment, Rivera listened to classic jazz. "I felt very calm and relaxed," he says. With its precision accuracy, Gamma Knife treatment can be delivered in one to five sessions, and Rivera needed just one.

Recovering at home, Rivera experienced moderate swelling at the tumor site that temporarily compressed the nerve and affected his speech, but medication reversed it. "The fact that he had swelling tells us that his tumor was on the verge of causing real problems, possibly waiting to paralyze his nerve irreversibly," Dr. Weiner says. "Our timing was good. The odds are overwhelmingly in his favor that he'll never need any other treatment for this tumor."

After three weeks, Rivera went back to work. "At first, I had some headaches, but they went away," says Rivera, who will continue to be monitored with MRIs. "I'm feeling great."

To learn more about Gamma Knife radiosurgery at Robert Wood Johnson University Hospital, visit www.rwjbh.org/rwjuhgammaknife.





Ellen Stein, MD (center), speaks with colleagues about state-of-the-art advanced endoscopy for esophageal motility disorders.

WHAT TO KNOW ABOUT MOTILITY DISORDERS

SWALLOWING PROBLEMS AND OTHER ISSUES WITH THE ESOPHAGUS ARE COMMON, BUT TREATMENT CAN RESOLVE THESE POTENTIALLY DANGEROUS CONDITIONS.

When you eat and drink, gravity does most of the work to move food and liquid down the chute-like esophagus into the stomach. “That’s why we sit upright to eat,” says Ellen Stein, MD, Associate Professor and Director of Motility at Robert Wood Johnson University Hospital (RWJUH) and Rutgers Robert Wood Johnson Medical School.

But even without a gravity assist, muscles in the esophagus contract to give the tube its own motion, or motility. Esophageal motility helps things go down and explains why astronauts have no trouble eating in space.

When people have difficulty swallowing food and drink properly or

regurgitate it back into the throat, they may have a potentially serious problem known as an esophageal motility disorder. “These are people who should be seen by a doctor,” Dr. Stein says.

Here are key facts you should know about motility disorders and how to resolve them:

- **MOTILITY DISORDERS HAVE MANY CAUSES.**

Sometimes the esophagus works too hard or not hard enough, causing a swallowing problem called dysphagia. The esophagus may spasm, preventing food from moving down. It may become inflamed, leading to narrowing and strictures. Or esophageal muscles can become weak so they’re less

able to propel food along.

In a disorder known as achalasia, neurological problems prevent the lower esophageal sphincter between the esophagus and stomach from working properly, preventing food from going down.

In a common problem called gastroesophageal reflux disease (GERD), the lower esophageal sphincter becomes weakened, allowing stomach acid and food contents to come back up the throat. Being overweight can trigger GERD by increasing pressure on the abdomen. An estimated 20 percent of Americans have GERD, and numbers are increasing as the population becomes increasingly obese, says Dr. Stein. GERD also can result

from a hiatal hernia, in which part of the stomach bulges through an opening in the abdominal diaphragm.

Other conditions that can cause esophageal dysfunction include infectious diseases such as Chagas disease and underlying health issues such as scleroderma and rheumatoid arthritis.

• SYMPTOMS VARY.

Different underlying causes can trigger a range of symptoms. You may experience difficulty swallowing, chest pain and discomfort, regurgitation, acid reflux, heartburn, vomiting, weight loss, poor sleep or anxiety. While occasional symptoms may not bother some people, persistent, recurring symptoms can become highly disruptive and interfere with proper nourishment.

• PREVENTIVE MEASURES MAY HELP.

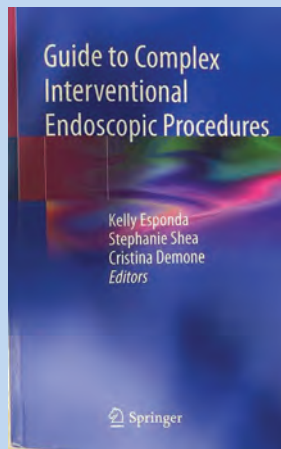
Not all esophageal motility disorders are preventable, but a healthy lifestyle can help people avoid conditions such as GERD. “Reflux disease has risk factors,” Dr. Stein says. “These include smoking, drinking too much alcohol, being overweight, consuming problematic items such as spicy or fatty foods or drinks, eating large meals or eating late at night.”

• TREATMENTS DEPEND ON CAUSE.

A range of treatments for underlying causes are available at the RWJUH Center for Digestive Diseases, including advanced endoscopy, which uses state-of-the-art technology to view esophageal function and perform procedures inside the body. Specific treatments depend on what’s triggering the problem and may include medications for muscle spasms or heartburn, dietary and lifestyle changes, or endoscopic or surgical procedures.

For achalasia, doctors can inject botulinum toxin (Botox) to relax the lower esophageal sphincter; stretch the muscle with a dilation procedure; or cut the muscle in a procedure called myotomy.

GERD patients can take medications such as proton pump inhibitors (PPIs)



WRITING THE BOOK ON ENDOSCOPIC PROCEDURES

A first-of-its-kind guidebook on advanced endoscopic procedures recently was published, with Cristina Demone, RN; Kelly Esponda, Senior Endoscopy Technician; and Stephanie Shea, BSN, RN—members of the nursing endoscopy team at Robert Wood Johnson University Hospital (RWJUH)—serving as its editors.

The *Guide to Complex Interventional Endoscopic Procedures* walks clinicians such as endoscopy nurses and technicians, as well as radiology technicians and endoscopists, through setup, supplies, nursing considerations, troubleshooting, and steps to successfully assist during cutting-edge

interventional gastroenterological procedures.

Having a step-by-step manual that details each procedure and how it benefits patients promises to help endoscopic surgical centers train medical professionals to better provide safe and cost-effective advanced treatments.

and make dietary and other lifestyle changes, including exercising, stopping smoking, eating smaller meals, avoiding late-night snacking, cutting back on spicy or acidic foods and drinks, and drinking less alcohol. Endoscopic or surgical procedures can repair or tighten the valve that allows stomach contents to creep up the esophagus, and can repair hiatal hernias.

• MOTILITY PROBLEMS SHOULD BE EVALUATED.

Seek medical attention for evaluation and proper treatment if you have trouble swallowing. Call 911 or go to the emergency room if you have chest pain: It may be a heart attack. But if chest pain isn't explained by a heart condition, ask your physician about a possible esophageal motility disorder such as spasm or reflux.

Over-the-counter medications may help quell occasional heartburn. But if heartburn is frequent or persistent, consult a physician to get the condition under better control. “Anybody who’s having reflux or heartburn symptoms more than two or three times a week

WHAT IS MOTILITY?

Gastrointestinal (GI) motility refers to the body’s movement of food not only through the esophagus, but also through the entire GI tract, including the stomach, small and large intestines and pelvic floor.

Motility problems caused by abnormal nerve or muscle function can trigger a variety of conditions depending on where in the body they occur. Intestinal motility disorders, for example, can cause bloating, nausea, diarrhea, abdominal discomfort and weight loss. Gastric motility disorders of the stomach can cause conditions such as gastroparesis and dumping syndrome. Pelvic floor motility disorders can cause problems with bowel movements.

should talk to their doctor about their symptoms,” Dr. Stein says. “Likewise, if you’ve been taking a proton pump inhibitor medication and still need it after six months, you should consult your doctor.”

To learn more about treatments for motility disorders including advanced endoscopy at Robert Wood Johnson University Hospital, call **888.MD.RWJUH (888.637.9584)**.





MAYA RAMAGOPAL, MD

HOW VAPING HARMS KIDS

A STUDY EXPLAINS WHAT HAPPENED TO A GROUP OF LOCAL TEENS—AND MAKES A SURPRISING DISCOVERY.

Vaping resembles smoking cigarettes: Users inhale and expel a smoke-like substance. But vaping devices don't burn tobacco. Instead, they heat liquid chemicals such as nicotine to form an inhalable aerosol. These devices don't produce a telltale smoky smell like cigarettes, so parents may not know children are vaping.

Research led by Maya Ramagopal, MD, a pediatric pulmonologist at The Bristol-Myers Squibb Children's Hospital (BMSCH) at Robert Wood Johnson University Hospital and Associate Professor of Pediatrics at Rutgers Robert Wood Johnson Medical School, shows how parents can be fooled—and how vaping can harm kids.

In her study, published in *Pediatric Pulmonology*, parents brought teens to doctors thinking symptoms such as coughing, fever, breathing difficulty, abdominal pain and diarrhea were signs of COVID-19. "Most parents were very surprised to find out their children instead had a condition known as EVALI, or e-cigarette or vaping product use-associated lung injury," says Dr. Ramagopal. "EVALI was essentially masquerading as COVID."

Here, Dr. Ramagopal elaborates on her findings.

What prompted your study?

This cluster of teenage patients—six males, six females—had been admitted

to BMSCH early in the pandemic between February and June 2020, and presented to us like COVID patients would: similar symptoms, chest X-rays that looked like COVID and inflammatory markers in their blood as with COVID. Yet repeated COVID testing was negative.

The patients did, however, test positive for tetrahydrocannabinol (THC), the psychoactive substance in marijuana. When asked, teens admitted to vaping both nicotine and THC for anywhere from one month to five years.

What's the significance of these findings?

Figuring out what was causing symptoms meant we could treat these patients correctly with steroids and supplemental oxygen. It's important for physicians and parents to know vaping can cause symptoms that look like COVID-19.

Why is vaping dangerous to kids?

The Centers for Disease Control and Prevention says no vaping products should be used by children, young adults or pregnant women. Most products contain nicotine, but they also may contain THC, flavorings and other harmful ingredients.

Nicotine is addictive, causes lung inflammation and can interfere with brain development. THC makes people

high and reportedly harms lungs more than nicotine. And an ingredient in some vaping products, vitamin E acetate, is toxic to lungs. Vaping products containing vitamin E surged around the time of our study, which might explain why we saw this cluster of EVALI cases.

What red flags should parents look for?

Clues that kids may be vaping include:

- Shortness of breath, or cough
- Mood swings, behavior changes or declining school performance
- Sweet-smelling fragrance around your child that may be due to fruity flavors in vaping products
- Unexplained weight loss that may be due to appetite suppression from nicotine
- Nausea or vomiting
- Finding vaping device parts such as pods, coils or lithium batteries in children's belongings



To learn more about The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital, visit www.rwjbh.org/bmsch.

HEALING HEARTS

A TEAM APPROACH TO CORONARY ARTERY DISEASE



Coronary artery disease (CAD)—when major arteries to the heart are damaged and blood flow is partially or totally blocked—is the most common type of heart disease in the U.S.

However, new technology, along with a team-based approach to treatment, have greatly improved patient outcomes, says interventional cardiologist Bruce Haik, MD, Chief of the Division of Cardiology and Director of the Cardiac Catheterization Lab at Cooperman Barnabas Medical Center (CBMC), who is also a member of RWJBarnabas Health Medical Group.

“Treating CAD sometimes involves a complex decision tree requiring a Heart Team consultation,” says Dr. Haik. “When a patient and family have input from cardiac specialists with a wide array of expertise, they can feel confident in making a decision about treatment.”



BRUCE HAIK, MD

MEMBERS OF THE TEAM

CAD can be diagnosed in a variety of ways, including cardiac stress tests, which show how the heart works during physical activity; a

coronary CT scan, a specialized, ultra-fast imaging test that can provide a calcium score and also provide noninvasive information about the arteries; and an angiogram, an X-ray that can accurately detect blockages. These tests are often ordered by a **cardiologist**, a doctor trained in finding, treating and preventing cardiac disease.

The noninvasive cardiologist may refer the patient to an **interventional cardiologist**. “This is a specialist in the nonsurgical opening of arteries,” says Dr. Haik. A procedure done by an interventional cardiologist is angioplasty, also known as percutaneous coronary intervention (PCI). In this procedure, a soft, flexible guide wire and various balloon catheters and devices are inserted into a narrowed blood vessel in order to open the artery with stents. The process is sometimes aided by imaging from within the blood vessel utilizing specialized imaging systems.

The interventional cardiologist will consult with a **cardiac surgeon**, whose specialty is open heart surgery, in which an incision is made in the chest in order to perform coronary artery bypass graft surgery, sometimes combined with valve repair or replacement.

Both of those doctors will rely on the information provided by a **cardiac**

imaging specialist, who uses sophisticated technology to provide detailed images of a heart’s chambers, valves, walls and blood vessels. “It’s important to know the severity, location and extent of the narrowing, but also to understand whether the blockage is rigid and calcified, or is more consistent with soft plaque,” says Dr. Haik.

MAKING THE CALL

The Heart Team approaches each patient’s individual treatment plan by considering many clinical factors, including age, frailty and coexisting medical conditions like diabetes in order to achieve the best possible outcomes.

“The cardiology field has evolved so that we now have many effective ways of treating CAD and related conditions,” says Dr. Haik. “For example, the Shockwave balloon utilizes ultrasound waves to break up calcified plaque before placing a stent, allowing for more complete expansion.

“All of these options are weighed along with the particular patient’s risk profile,” he explains. “A major benefit of the Heart Team process is that sometimes a hybrid approach using both catheter-based procedures and surgery turns out to be the safest and most effective means of treatment.”

RWJBarnabas Health supports the largest-volume elective and emergent angioplasty program in New Jersey. To connect with a top cardiovascular specialist at RWJBarnabas Health, call **888.724.7123** or visit **www.rwjbh.org/heart**.



NEW WAYS TO TREAT SKIN CANCER

RWJBarnabas Health, together with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provides close-to-home access to the latest treatment options. For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

OUR PATIENTS HAVE THE BENEFIT OF ADVANCED TREATMENT OPTIONS, CLINICAL TRIALS AND GREATER ACCESS TO EXPERT CARE.

“Over the years, there’s been a revolution in the way we treat skin cancers, especially melanoma,” says Sarah Weiss, MD, Director, Melanoma/Cutaneous



ADAM BERGER, MD



SARAH WEISS, MD

Oncology Program at Rutgers Cancer Institute of New Jersey, the state’s only NCI-Designated Comprehensive Cancer Center. “The important thing to know is that with skin cancer, even if it’s advanced, there are now a number of potentially effective therapies available.”

“A diagnosis of skin cancer can be scary,” says Adam Berger, MD, FACS, Chief, Melanoma and Soft Tissue Surgical Oncology at Rutgers Cancer Institute, “but when you’re treated by a multidisciplinary team, the chances of a good outcome are excellent.”



MELANOMA: WHAT TO KNOW

Melanoma is a type of skin cancer that develops when melanocytes (the cells that give the skin its tan or brown color) start to grow out of control. It's more likely than other skin cancers to spread to other parts of the body if not treated early.

"I advise patients to see a dermatologist for a skin check regularly, and if there's any change in a mole, to be seen right away," says Adam Berger, MD, FACS, Chief, Melanoma and Soft Tissue Surgical Oncology at Rutgers Cancer Institute.

The most important warning sign of melanoma is a new spot on the skin or a spot that is changing in size, shape or color. Be on the lookout for spots that have any of the following features:

A

A IS FOR ASYMMETRY:

One half of a mole or birthmark does not match the other.



B

B IS FOR BORDER:

The edges are irregular, ragged, notched or blurred.



C

C IS FOR COLOR:

The color is not the same all over and may include different shades of brown or black, or sometimes patches of pink, red, white or blue.



D

D IS FOR DIAMETER:

The spot is larger than 6 millimeters across (about ¼ inch—the size of a pencil eraser), although melanomas can sometimes be smaller than this.



E

E IS FOR EVOLVING:

The mole is changing in size, shape or color.



Source: American Cancer Society

ADVANCED TREATMENTS

Although melanoma accounts for only 1 percent of skin cancers, it causes the majority of skin cancer deaths. "Physicians at Rutgers Cancer Institute and RWJBarnabas Health treat all types of skin cancers, but we worry about melanoma because it has the highest chance of spreading in the body," says Dr. Weiss.

"The majority of patients we see will have surgery to remove the melanoma, and that will be the only treatment they'll need," explains Dr. Berger. However, if a lymph node biopsy reveals that the cancer has spread, systemic treatment may be given. This may include targeted therapy or immunotherapy.

"The FDA has approved many new therapies over the past 10 years, including several new ones just this year, that enable us to harness a patient's immune system to fight melanoma as well as other skin cancers," says Dr. Weiss.

Patients may be eligible for one of

a number of clinical trials available at Rutgers Cancer Institute or one of the RWJBarnabas Health (RWJBH) hospitals. "Our goal is to offer clinical trials in every setting of the disease, for patients who've never had treatment to patients who've had prior treatments but are in need of new therapies," says Dr. Weiss.

MANY MINDS

Multidisciplinary care means that patients at RWJBH hospitals and Rutgers Cancer Institute benefit from the expertise of a dedicated team of specialists, including surgical oncologists, radiation oncologists, medical oncologists, radiologists, dermatologists, pathologists, nurses, nurse navigators and social workers.

"We meet on a weekly basis to discuss each patient's case," says Dr. Berger. "We put our heads together to create a personalized plan of care for each individual."

Physicians throughout Rutgers

Cancer Institute and RWJBH coordinate care across the state at RWJBH hospitals. Their mission, says Dr. Berger, is to make top-level cutaneous oncology (skin cancer) care available for patients close to home.

Franz O. Smith, MD, MAcM, MMM, FACS, Northern Lead, Melanoma and Soft Tissue Oncology Program, RWJBarnabas Health, and Medical Director, The Melanoma Center at Cooperman Barnabas Medical Center, collaborates with the cutaneous oncology team at Rutgers Cancer Institute, attends the weekly multidisciplinary tumor board meetings and offers patients access to clinical trials. He also sees patients at Clara Maass Medical Center in Belleville.

The cutaneous oncology team at Rutgers Cancer Institute also works closely with surgical oncologist Victor Gall, MD, who treats melanoma and skin cancer patients at Community Medical Center in Toms River, Monmouth Medical Center in Long Branch and Monmouth Medical Center Southern Campus in Lakewood.

To learn more about treatment for skin cancers at RWJBarnabas Health and Rutgers Cancer Institute of New Jersey, call **844.CANCERNJ** or visit **www.rwjbh.org/beatcancer**.





A PLACE WHERE EVERYONE CAN PLAY





At the ribbon cutting for the RWJBarnabas Health Field of Dreams, opposite page, from left: Maurice Hill, Mayor, Toms River; Mitchell Little, Police Chief, Toms River; Barry Ostrowsky, CEO, RWJBarnabas Health; Christian, Gavin and Mary Kane; Michael Ritacco, Board President, Field of Dreams; Michelle Minnelli, Kane family friend; and Todd Frazier, former Major League Baseball All-Star and supporter of Children's Specialized Hospital.

THE RWJBARNABAS HEALTH FIELD OF DREAMS IS OPEN TO KIDS OF ALL ABILITIES.

“Gavin has no place to go. He used to have places to go, but a beer truck changed all that. And that can happen to you or someone you love in the blink of an eye.”

That's how Christian Kane explained the need for a recreational complex for people with disabilities to potential donors. In 2012, the car Christian was driving was hit by a truck, leaving his son, Gavin, just 19 months old, with a fractured skull and severe disabilities.

Since then, Kane and his wife, Mary, who also have four other children, have spared no effort to help Gavin have as normal a childhood as possible. That's how they learned that even “inclusive” playgrounds—“with some rubber flooring and a big red swing chair”—can create an environment in which disabled children feel unwelcome. And that's why they decided it was necessary to build a comprehensive recreational facility where children of all abilities, and their caretakers, would feel at home.

So Kane, a math teacher at Toms River North High School, became the chief organizer, fundraiser and salesperson for their dream. “To sell teenagers on the idea that math is cool, you have to know how to sell,” he says with a laugh.

Five years and one month from the day the couple had the idea, the RWJBarnabas Health Field of Dreams opened in Toms River. It features a basketball court, baseball field, nine-hole miniature golf course and a playground

area specially designed for wheelchairs and adaptive equipment. The complex has a “quiet corner” pavilion for children with autism, strategically placed outlets for recharging wheelchairs and more. There's nothing like it anywhere in the country.

“The Kanes' passion project aligned perfectly with RWJBarnabas Health's commitment to health equity and supporting community-based initiatives,” says Barry Ostrowsky, Chief Executive Officer of RWJBarnabas Health (RWJBH).

OUTSIDE THE BOX

The Kanes already had a connection with RWJBH through Children's Specialized Hospital in Toms River, an RWJBH facility, where Gavin has been receiving physical and occupational therapy since the accident.

“Mind you, most of the doctors we were seeing early on told us to put Gavin in a home because he would amount to nothing,” says Kane. “We said, we'll take him to *our* home, and we found help for Gavin at Children's Specialized. The physical and occupational therapists there have basically treated Gavin like their own child. They're always thinking outside the box, trying new things—

anything to help him get better.”

Gavin is now in fourth grade in the Toms River public school system. “Through the use of a tablet, he's able to communicate and learn,” says Kane. “Through the use of my body and my wife's body, he's able to walk around. He's come a long way, but he's still not where we want him to be. That's our number one project.”

After that priority comes Field of Dreams, which now needs to be maintained and to grow. Adults with disabilities—who often have limited options after they age out of support provided by the public school system—will make up a large part of the staff. Sports leagues are being formed. Since the complex is a private entity and doesn't get state funding, fundraising will be a constant need.

“This project is immensely important to individuals with special healthcare needs,” says Matthew McDonald III, MD, Chief Executive Officer of Children's Specialized Hospital. “It gives folks an opportunity to socialize and exercise. We are so looking forward to packing this place.”

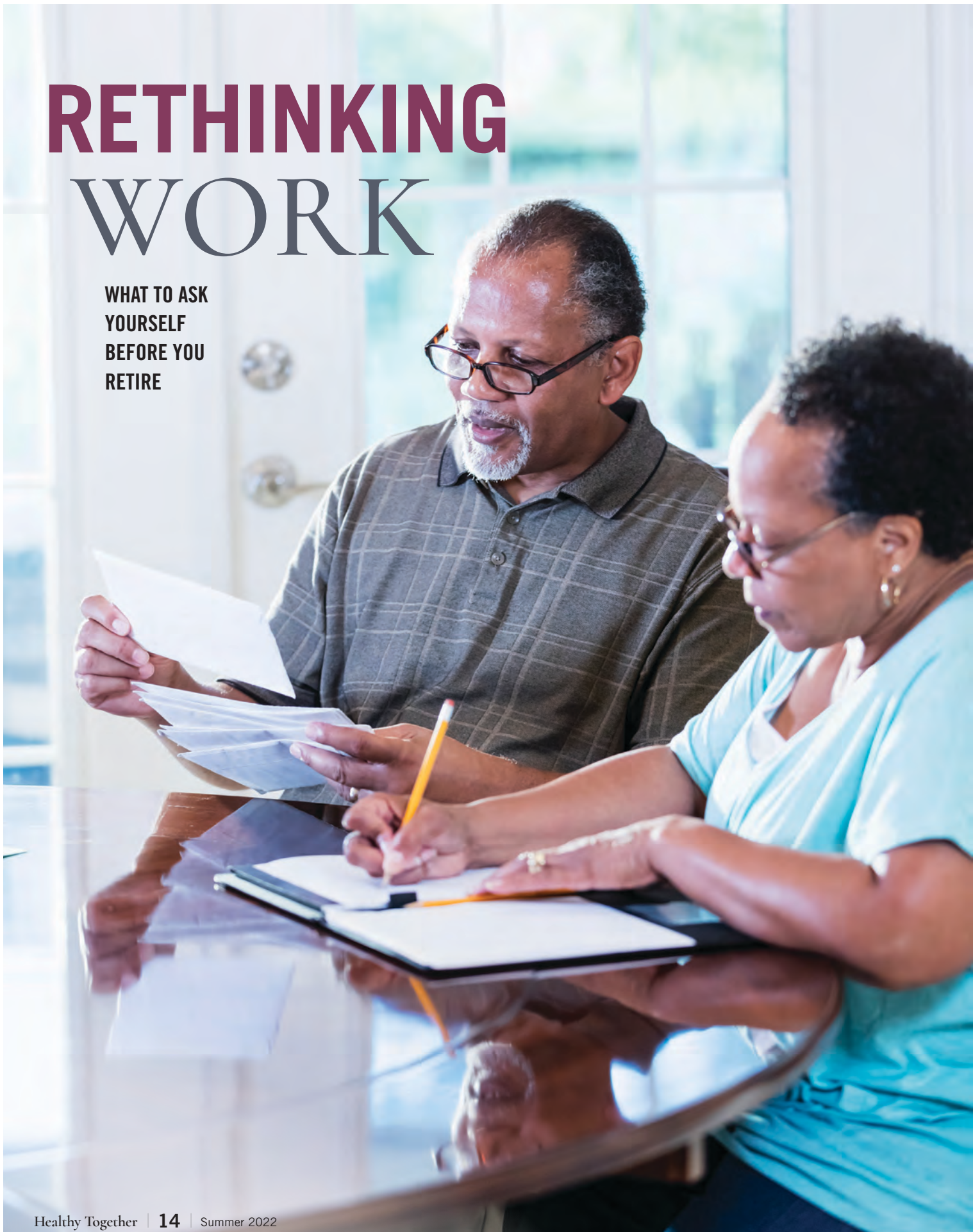
“Gavin is extremely excited,” says Kane. “Now he can play with his friends and meet new people.”

To learn more, visit
www.rwjbhfieldofdreams.com.



RETHINKING WORK

WHAT TO ASK
YOURSELF
BEFORE YOU
RETIRE



For most of the past 20 years, retirement rates in the U.S. were declining. People were staying in jobs longer, experts speculated, because of factors such as increased life expectancy, higher education levels and the rise in the minimum age to collect full Social Security benefits.

In the past two years, that trend began to reverse: Beginning with the pandemic-related economic shutdown, a significant number of U.S. adults who hadn't necessarily planned to retire did so. It's estimated that two and a half million "excess" retirements took place between March 2020 and the second quarter of 2021.

"What we've been seeing is a wave of people who have rethought the contract between themselves and the world of work," says Frank A. Ghinassi, PhD, Senior Vice President of Behavioral Health and Addictions at RWJBarnabas Health and President and CEO of Rutgers University Behavioral Health Care. "The question is whether they made the choice with a complete understanding of what the consequences would be."

REASONS TO LEAVE

Fear was a motivator for many, Dr. Ghinassi says. "Early in the pandemic, before we had vaccinations and better medications, lots of people were dying," he says. "People began to ask themselves, is going into work worth my personal risk? You saw this in people who couldn't work from home, such as environmental services workers, first responders and healthcare workers.



FRANK A. GHINASSI, PHD

"Also, many individuals began to experience symptoms of anxiety and depression. Surveys indicate that's been true for an increasing number of people in the past two years.

"Then, as the

pandemic ground on, making decisions about vaccination and risks and new variants have all begun to weigh on people," Dr. Ghinassi explains. "Older adults started thinking about how they wanted to spend the rest of their lives. A lot of employees began to examine whether they could make retirement work earlier than previously planned."

For a fortunate subset of people, personal wealth grew during this time period due to a heated housing market and booming stock market. With more money came more options.

AND THEN WHAT?

"Some people have a good plan for retirement and have really thought out the budget and what they'll do," says Dr. Ghinassi. "But often, people have a fantasy of retirement life that's based on their vacations: You don't have the stress of work, you go somewhere nice and spend more money than you usually do. The reality of retirement is that you have to create a lifestyle that can fit your budget, 52 weeks a year for the next 25 to 30 years."

Retirees also need to be prepared to find new ways of being with their families, he says. "Americans tend to be very hardworking. That means you were away from your family 45, 55, sometimes more hours a week," he says.

"When you retire, your family members are going to see you infinitely more than they have before and that's a big change, even in happy, well-adjusted families," he says. "Now you have to find structured ways not only to be together, but to be apart. People deal with issues like, how do you get your alone time when your spouse is always around?"

Selling a house and downsizing to a smaller space can present challenges as well. "You're not only spending way more time together, but now you're doing it in a smaller space," Dr. Ghinassi says. "That's not necessarily good or bad, but it does require renegotiation. Ideally, retirement is based on a realistic plan."

If it turns out that full-time retirement doesn't suit, the current

8 QUESTIONS TO ASK

"It's important to walk through the actual realities of retirement as thoroughly as you can before you take that step," says behavioral health specialist Frank A. Ghinassi, PhD.



- How are you going to cover medical costs?



- What is your debt situation? How much of your nest egg is tied to the stock market? Finances can be a source of significant stress.



- Are your friends retired and if not, how will that affect your social life?



- How will you structure a typical day, from the time you get up until the time you go to bed? What will a typical week look like? A month?



- What are your hobbies, and how will they help provide structure for your time?



- Have you talked to people you know well and asked them what retirement has meant for them?



- If you've decided to move away from where you've lived, how will you make new friends?



- If your partner is also retired or not working, how will you negotiate daily life now that you're together for a greater part of the day?

shortage of employees in the U.S. offers opportunities to return to the workforce. "Some people," says Dr. Ghinassi, "decide to rejoin the workforce in a totally different profession and become reinvigorated about work."

To learn about mental health services at RWJBarnabas Health, call the Behavioral Health Access Center, which is open 24 hours a day, at **800.300.0628**.





Opportunity Project now provides a combination of hybrid and virtual support to adults with brain injuries.

THE VIRTUAL CLUBHOUSE

A UNIQUE PROGRAM INNOVATES TO HELP ADULTS RECOVER FROM BRAIN INJURY.

When lockdowns created by the pandemic began, the staff at Opportunity Project, a program for adults with brain injury, knew they had to pivot quickly. Members of the Opportunity Project Clubhouse were relying on them as they worked to rebuild their life skills—and they were used to meeting in person at the Millburn-based facility.

“People were in a panic,” says Jacqueline Marino Rizzi, Cognitive and Community Integration Skills Counselor. “We had to think fast. Right away, we created a Facebook private group for members. But we knew our members varied greatly in technology know-how and access.”

The staff learned how to create meetings that members could join by either video or phone. They helped those without an internet connection get one. Members left their iPads out on their porches so a staffer could download the apps needed for virtual meetings. Soon, just about everyone had the appropriate technology to participate in video calls.

“Then we made sure to keep our programs very consistent, because our members are routine-oriented,” Marino Rizzi says. “We held the groups at the same times and we provided reminders to make sure people would stay engaged.”

A NEW MODEL

Now there’s a range of new services, including Mental Health Mondays, Grief Counseling Tuesdays, Wellness Wednesdays, Team-Building Fridays and an Adjustment Counseling Group on Saturdays. There’s virtual cognitive retraining, adaptive chair yoga, music therapy, team building, stress relief and more. The OP Resilience Squad, where members provide peer-to-peer support, was launched, as was the OP Caregiver Support Group.



Similarly, Melissa Moyer, Nutrition Counselor, adapted her wellness groups to the virtual world. Fitness classes became videos that groups watched together, following along at home. Opportunity Project teamed with the SPIRIT Club to connect with its online database of inclusive fitness classes. Healthy cooking classes were livestreamed from the Clubhouse.

In individual and group sessions, members discussed ways to overcome limitations related to their brain injury that hinder them from meeting their health and wellness goals.

Now, as COVID-19 health protocols permit, the Opportunity Project Clubhouse has transitioned to a hybrid model, with limited in-person activities. Counselors say, however, that a virtual component is here to stay.

“Sometimes members had transportation barriers to coming to our in-person programs,” Moyer says. “Others struggled with the amount of preparation it takes to get out of the house. The fact that they can participate from their living rooms has been a great thing for them.”

“We’ve evolved and been able to keep providing positive support,” says Marino Rizzi. “Our members are continuing to make progress!”

Children’s Specialized Hospital partners with Opportunity Project to ensure that children in its brain injury programs can continue to have the support they need throughout adulthood. To learn more, visit www.opportunityproject.org. For more information about Children’s Specialized Hospital, call **888.244.5373** or visit www.rwjbh.org/childrensspecialized.

At Children’s Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to a full scope of developmental, behavioral and mental health concerns. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Monmouth, New Brunswick, Newark, Somerset, Toms River, Union and West Orange.



Spearheading the Chinese Medical Program are (from left) Stephanie Zou, Regional Director and Patient Navigator; Karen Lin, MD, Assistant Dean for Global Health, Professor of Family Medicine and Community Health, and Assistant Director of the Family Medicine Residency Program, Rutgers Robert Wood Johnson Medical School; and Angela Lee, Manager and Patient Navigator. Not pictured: Shirley Hwang, Senior Vice President, Business Development, RWJBH Southern Region and RWJUH.

complete cycle of patient care,” Lee says. “We see it as one-stop service.”

REMOVING CULTURAL BARRIERS

The program works to break down cultural barriers that can reduce access to care from RWJUH doctors, who are experienced in treating conditions prevalent in Asian American communities such as heart disease and gastrointestinal conditions. One key challenge is that older Chinese adults often delay seeking treatment for medical problems, potentially resulting in worse outcomes.

“The thinking among much of the older Chinese population is that they don’t want to bother their adult children to help with care,” Lee says. “We can help play that role,” she says, by providing additional pathways to healthcare services.

CMP staffers also go into the community through senior centers, pharmacies and schools to offer education seminars and webinars on various medical topics.

“More than 550 people were served in the Chinese Medical Program’s first year at RWJUH,” Zou says. “We also hosted four education webinars for the Chinese community with Karen Lin, MD,” Assistant Dean for Global Health, Professor of Family Medicine and Community Health, and Assistant Director of the Family Medicine Residency Program, Robert Wood Johnson Medical School. “We’ve received many thank-you notes,” Zou says.

The navigators plan to keep improving services, says Lee: “We want this program to reach the next level and help even more people.”

REACHING OUT TO CHINESE PATIENTS

A NEW PROGRAM IMPROVES ACCESS TO VITAL HEALTHCARE SERVICES.

Of all the obstacles Chinese immigrants to the U.S. face, perhaps none is more significant than trying to communicate a health problem or access medical services, especially among those who speak limited English.

That’s why Robert Wood Johnson University Hospital (RWJUH) established a Chinese Medical Program (CMP) in March 2021 to meet the healthcare needs of the area’s growing Chinese population. The program facilitates access to inpatient and outpatient services and provides navigation, translation, transportation, scheduling, free screenings, community education and prevention programs.

“The CMP is a patient-centered, family-oriented and culturally specific program,” says Angela Lee, Manager and Patient Navigator.

“We speak the patient’s language and act as a bridge between the patient

and the hospital,” says Stephanie Zou, Regional Director and Patient Navigator.

The CMP first launched in October 2010 at Monmouth Medical Center, initiated by Shirley Hwang, Senior Vice President of Business Development, RWJBarnabas Health (RWJBH) Southern Region and RWJUH. Chinese Medical Programs expanded to RWJUH Hamilton and RWJUH Somerset in 2018.

Multilingual staffers at the RWJUH program are fluent in Mandarin, Cantonese, Toishanese, Fukienese and other Chinese dialects. People of Chinese ancestry who don’t require interpretation services but need to find specialists and surgeons are also welcome to participate in the program.

Personalized case management services that are culturally and linguistically competent can ease the stress and anxiety of handling medical care so patients can concentrate on being healthy. “The program facilitates the

To learn more about the Chinese Medical Program at Robert Wood Johnson University Hospital, call **732.372.8550** or visit www.rwjbh.org/rwjuhcommunityoutreach.





Theresa Rafferty can enjoy activities such as taking longer walks with her dog now that an innovative pacemaker-like device helps control her heart failure.



Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at Robert Wood Johnson University Hospital, call 888.724.7123 or visit www.rwjbh.org/heart.

NEW HOPE FOR HEART FAILURE

**A RECENTLY APPROVED IMPLANTED DEVICE
GIVES A WOMAN HER LIFE BACK.**

Theresa Rafferty's heart failure had progressed to the point that she had little energy and could no longer do many of the activities she loved.

"I was mainly hanging around the house not doing much," says the 80-year-old Staten Island resident. Having systolic heart failure meant her heart couldn't pump forcefully enough to meet her body's needs for blood and oxygen.

"I used to take my dog over to the bay and walk her around, but it got so I couldn't even walk her much in the neighborhood," Rafferty says.



JOHN KASSOTIS, MD

A groundbreaking procedure at Robert Wood Johnson University

Hospital (RWJUH) in June 2021 changed all that. Rafferty regained much of her energy and started once again enjoying favorite activities such as having lunch with friends and taking longer walks with her dog.

The procedure implants a pacemaker-like device under the collarbone for a treatment known as Barostim baroreflex activation therapy. Barostim was approved by the Food and Drug Administration in 2019 and is the first medical technology to use neuromodulation, a technology that harnesses the power of the brain and nervous system, to improve symptoms in patients with heart failure.

STIMULATING SIGNALS

The Barostim device connects to an electrode that lies on the carotid artery in the neck and stimulates a cluster of sensors called baroreceptors, explains John Kassotis, MD, a cardiologist at RWJUH and Professor and Director, Cardiovascular Fellowship and Education Programs, Rutgers Robert Wood Johnson Medical School, who specializes in clinical cardiac electrophysiology, is board-certified in advanced heart failure and performed Rafferty's surgery.

Baroreceptors sense changes in blood pressure and other factors associated with blood flow. Signals from these baroreceptors help the brain regulate cardiovascular function. "These sensors in part tell the brain what hormones to release to allow organs like the heart to work properly," Dr. Kassotis says.

In people with heart failure like Rafferty, this regulation system becomes out of balance. One effect is that too much adrenaline spills into the body, creating stress on the cardiovascular system. "That's very bad for the heart," Dr. Kassotis says.

With Barostim implanted, baroreceptors send the brain appropriate

signals to restore balance, release less adrenaline and improve heart function. Arteries relax, allowing blood to course more easily through the body and reducing the heart's exertion. Barostim also prompts the kidneys to reduce fluid in the body, lowering blood pressure and further relieving the heart's workload. "Over a period of four to six weeks, Barostim reregulates the body and returns it to a more even homeostasis," Dr. Kassotis says.

The implant procedure takes 45 minutes to an hour and involves a one-inch incision on the right side of the neck and a two-inch incision under the collarbone. The device is programmed to meet individual patient needs, and doctors can adjust it for best results. Its battery generally lasts five to six years.

Not all patients with heart failure are candidates for Barostim. The device is intended only for people who lack other treatment options for systolic heart failure, sometimes called heart failure with reduced ejection fraction (HFrEF), in which the left ventricle becomes weak and can't contract properly.

"If you're suffering from heart failure, consult with your treating physician to see if you specifically have systolic heart failure and may be an appropriate candidate for this intervention," Dr. Kassotis says.

QUICK IMPROVEMENT

Barostim clearly can improve quality of life, Dr. Kassotis says. "People who receive it feel better and walk better," he says. "On average, they can walk more than half a football field more distance after undergoing the procedure than before. That's a lot for these patients." Research now under way is expected to show that Barostim also helps people live longer by reducing risks associated with heart failure.

Rafferty can attest to the improvement she felt after successfully



WHAT IS HEART FAILURE?

A healthy heart muscle continuously pumps blood through two upper chambers (atria) and two lower chambers (ventricles). Heart failure occurs when the muscle has trouble pumping enough blood to meet the body's needs. To compensate, the heart may pump faster, the muscle may become larger and thicker, blood pressure may increase and the body may divert blood from less important organs.

Often silent at first, heart failure can lead to symptoms such as fatigue and difficulty breathing. As the heart fails to keep up with its workload, fluid can back up in the body's tissues—a condition called congestive heart failure that can cause swelling and impair the function of vital organs such as the lungs.

undergoing the Barostim procedure. "I had no pain and felt good right away," she says. The implantation required her to spend just one night in the hospital for observation.

"Barostim has been wonderful," Rafferty says. "It gives me energy, and I can do more. My mind is alert, my breathing is excellent and I can walk further—and want to walk further. I walk around stores. I go for walks with my dog. It's made a big difference."

To learn more about Barostim baroreflex activation therapy at Robert Wood Johnson University Hospital, visit www.rwjbh.org/barostimtherapy.





DELIVERING COMFORT



A GENEROUS GIFT FUNDS A WIRELESS FETAL MONITORING SYSTEM THAT HELPS MOTHERS AND BABIES.

Giving away money sounds easy, but it takes effort. At least that's true for leaders at the Nandansons Charitable Foundation, a family-run charitable trust that supports community-oriented projects and organizations both in the United States and internationally.

"We do a lot of due diligence to identify needs and make sure we feel good about the causes we support and the difference our contributions make," says Ankit Gupta, Managing Director at the Edison-based foundation. "Part of my responsibility is to identify health-related causes."

The Nandansons Charitable Foundation recently provided funds that helped Robert Wood Johnson University Hospital (RWJUH) acquire a wireless fetal monitoring system for the hospital's labor and delivery unit. The system enhances care and comfort for both mother and baby.

"For us, giving tends to be recurring," Gupta says. "We don't give one gift and call it a day. We meet with leadership about what opportunities are on the horizon and the needs of the community."

A FOCUS ON IMPACT

The organization has a history of supporting pediatric health at RWJUH. In its first project with the hospital, the Nandansons Charitable Foundation helped fund the acquisition of a pediatric ECMO (extracorporeal membrane oxygenation) system—a form of life support.

Investing in children's health has particularly far-reaching benefits as it essentially funds the future, Gupta says. "We work with RWJUH to determine

which investments have the most impact," he says. "We want to know which projects, for each of the dollars donated, yield the highest return both empirically and for the wellness of the community." The ECMO donation proved to have broad significance, as the hospital also has used the technology for critically ill adults.

Its singular focus on impact drives the Nandansons Charitable Foundation toward specific boots-on-the-ground projects. "One of our caveats is that funds are applied immediately and not to be invested in an endowment," Gupta says.

Ongoing conversations with RWJUH leadership next led the foundation to support equipment needs for RWJUH's Emergency Department (ED), which underwent a significant renovation and expansion in 2019.

"We support pediatrics in part because many of my nieces and nephews were born at RWJUH and surrounding hospitals," Gupta says. "But family and friends also have gone through the EDs, and so we also support emergency care. These are both areas where we see great need and great impact on the community overall."

For the next project, foundation leaders pored over a list of prospects at RWJUH. "The fetal monitoring system stood out in that there was a significant need, funds could be deployed immediately, the technology didn't require a lot of extra training and the unit had long-term viability," Gupta says. "We agreed we would support it."

EASING LABOR

Maternal and fetal monitoring is a staple of labor and delivery. The new monitoring system that RWJUH obtained with Nandansons Charitable Foundation support records the baby's and mother's heartbeats, and tracks the frequency and duration of contractions

during labor.

"The difference with this system is that it's wireless," Gupta says. "Previous systems were noninvasive like this one, but with a wired solution, the mother had difficulty moving in bed and getting up to move around, for example, to use the bathroom." Not being hooked up to wires allows much greater freedom of movement. "You can even take a shower wearing the wireless unit," Gupta says.

The system's Bluetooth technology displays data on a monitoring unit in the patient's room but also feeds information to the nurse's station. "It not only allows patients to be more comfortable, but also optimizes caregiver workflow," Gupta says. "It helps ensure a better, more personalized birthing experience for both mother and baby."

Monitoring helps care providers detect complications or labor difficulties before they become more serious. But comfort affects the birthing experience as well. "Going through hospital care can be stressful, and if this helps put people at ease, it's done its job," Gupta says. "Our hope is that this unit elevates the standard of care and will be deployed more widely throughout the health system."

Working with RWJBarnabas Health has dovetailed nicely with Nandansons Charitable Foundation goals, Gupta says. "We enjoy how RWJUH and the entire system is well organized, and people from the C-suite level to the front lines seem happy to be part of a great organization," he says. "Staff often spend their entire careers there, which helps give everyone a vested interest in the wellness of the community. We're quite happy with projects we've supported. We can see dividends to patients and care providers for many years to come."

◀ Top, from left: Donors Ankur Gupta and Ankit Gupta of the Nandansons Charitable Foundation meet with Bill Arnold, RWJUH President and CEO, near a plaque acknowledging the foundation's support of the hospital's Emergency Department. Bottom: The brothers view a demonstration of a new wireless fetal monitoring system acquired with help from a Nandansons Charitable Foundation gift.

To support the Robert Wood Johnson University Hospital Foundation, visit www.rwjbhgiving.org.





SPREADING TRUSTED INFORMATION

A NEW HEALTH AMBASSADORS PROGRAM SENDS 'TEAM SALUD' INTO THE COMMUNITY.

Working as a church volunteer, Martha Barragan Noyola had seen firsthand that many fellow congregation members were misinformed about health issues. The experience motivated her to become part of a new program at Robert Wood Johnson University Hospital (RWJUH) that organizers call Team Salud, or Team Health. The program empowers team members—and through them, the community—to learn about health and how to access hospital services.

Launched in 2021 with the help of a \$250,000 grant from Johnson & Johnson, RWJUH's Health Ambassadors initiative has trained 10 area residents about topics such as chronic conditions, disease prevention, medical screenings and community outreach.

Team members have taken their

newfound knowledge into the communities where they live. They hope that fanning out where people already know and trust them will influence neighbors to improve health behaviors and choices.

In many cases, Team Salud members engage with people from multigenerational, bilingual households that face barriers to healthcare access.

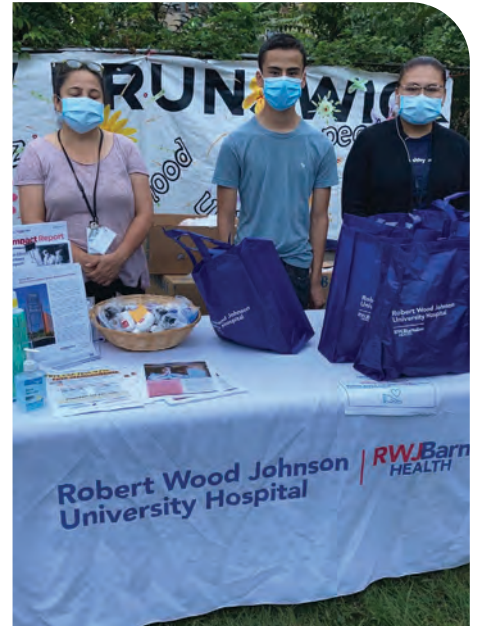
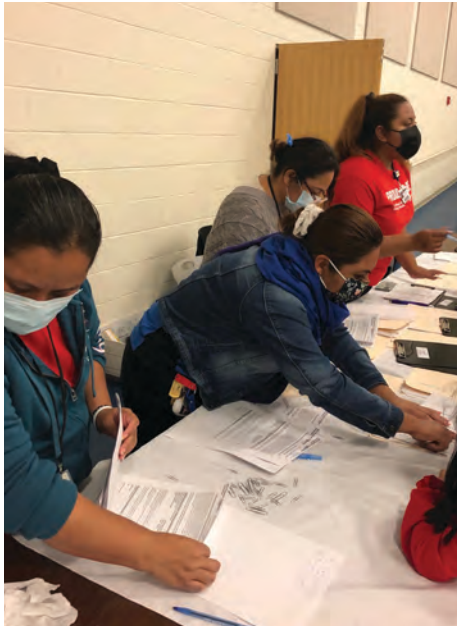
"The training I've received has helped me become informed little by little and grasp the skills needed to communicate with diverse members of the community," Noyola says. "My goal as a community health ambassador is to provide people with as much information and as many options as possible with respect to resources in the community so they can live healthier, happier lives."

BUILDING BRIDGES

Spreading accurate health information through community workers is a model that Mariam Merced, MA, Director of RWJUH Community Health Promotions, knew from prior experience "could work in a city like New Brunswick," she says. "It was a matter of expanding the program to train additional community residents to do this kind of work."

Classes for health ambassadors consisted of some two dozen in-person and online sessions covering health education in matters such as obesity, nutrition, mental health, children's health and breast screenings.

Ambassadors also work with community partners; promote RWJUH public health events such as vaccination drives, family planning clinics and



Robert Wood Johnson University Hospital has trained 10 community members to bring health education and resources into local neighborhoods as part of the hospital's new Health Ambassadors initiative. The ambassadors' Team Salud works to improve access to healthcare services and improve health behaviors.

Senior Day; and help people learn to advocate for themselves when they need services and care.

As with RWJUH community health specialists who promoted COVID-19 vaccinations during the pandemic, health ambassadors employ grassroots techniques to connect with their communities—knocking on doors, speaking and listening to church groups and visiting bodegas and other small businesses. Through these efforts, Team Salud has reached out to over 15,000 community residents.

“The ambassadors have become a bridge between the hospital and the community,” says Rosabel Pastrana, an RWJUH lead community health promoter who helps to recruit and train other health promoters. “They’re shrinking those barriers that people sometimes have when accessing healthcare.”

“It’s about one-on-one conversations with community members, especially women, to make sure they’re taking care of their health so they can take care of the rest of their family,” Merced says.

“We have a large immigrant community in New Brunswick, and many people spend long hours working in factories or on weekends. We often see that people don’t know where to go, who to ask or when services are available. To have someone they can trust speak to them and relay information in a non-intimidating way is key.”

SPREADING THE WORD

All RWJUH health ambassadors were chosen in part because of their intense desire to help their community. With their ties to neighborhoods, Team Salud members not only interact sensitively with people from diverse cultures, but also convey various aspects of those cultures and the local community to RWJUH leadership.

“I always say that people don’t relate to buildings, they relate to people,” Merced says. “We need to have faces in the community that people recognize. They’re our trusted messengers.”

Team Salud members spend about four hours per person each week on

health ambassador duties. Their efforts already have reaped noteworthy results that may translate into better health behaviors and outcomes. “We recently did a Pap smear screening at the hospital, and a week before the event, more than 40 women already had called about it,” Pastrana says.

Looking ahead, Merced and Pastrana would like to expand the Health Ambassadors program and bring on more team members. “I would eventually like to see them become part of the structure of the hospital in a more formal way and continue this empowering path,” Merced says.

Pastrana hopes the overall impact of the program will help beat back an avalanche of health misinformation that has spread over the past several years.

“We saw so often during the COVID pandemic that people are getting information from unreliable places and people,” Pastrana says. “I want the program to eradicate misinformation and give people the resources they need to make better health decisions for themselves and their families.”

To learn more about health and community initiatives at Robert Wood Johnson University Hospital, visit www.rwjbh.org/healthambassadors.



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