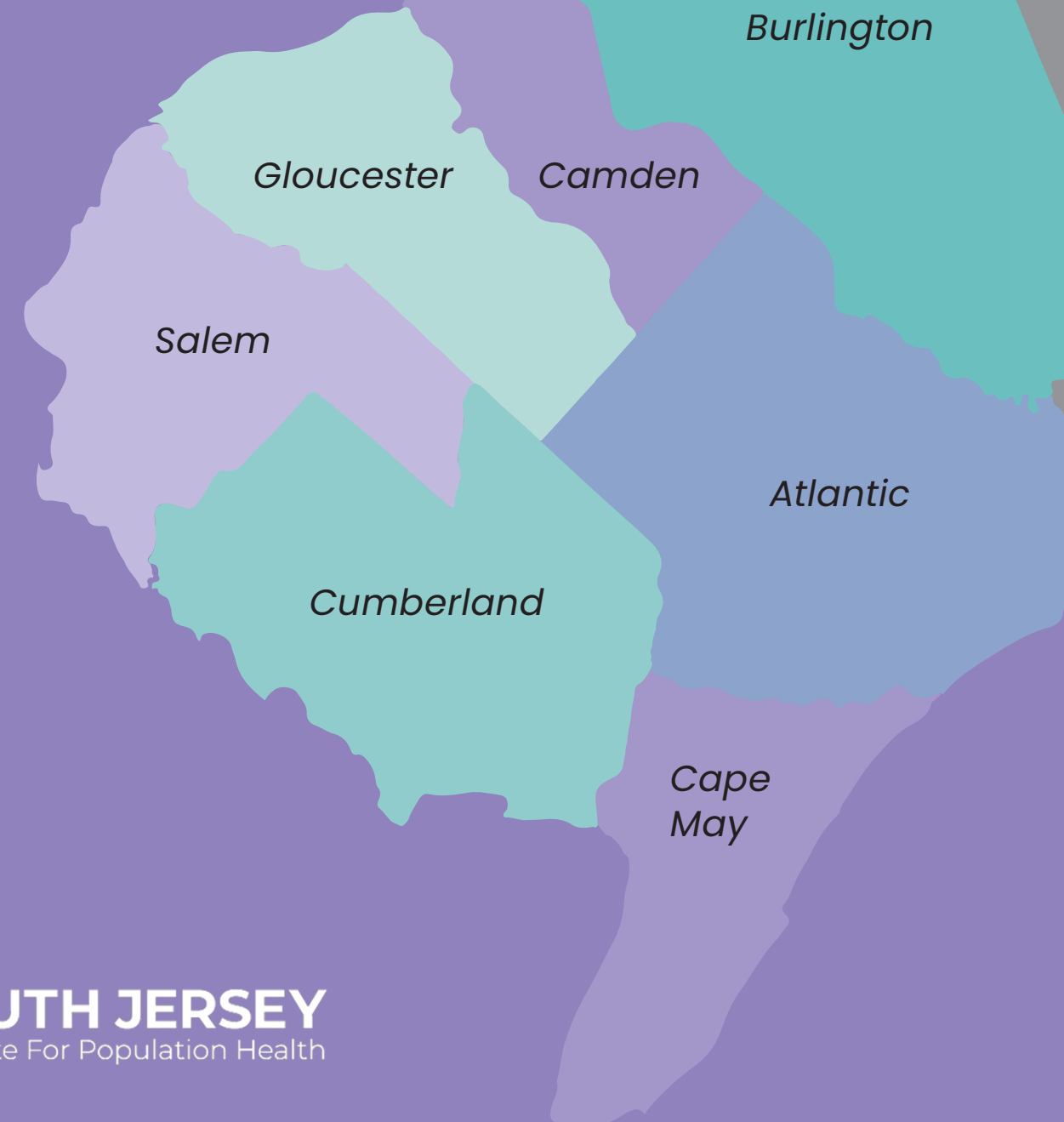


Projects & Partnerships

Addressing Health Outcomes
in Southern New Jersey



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The South Jersey Institute for Population Health continues to be a shining example of collaboration between government, educational institutions and community organizations. The collaborative research projects highlighted in this report focus on health outcomes specific to our region and will equip policymakers and community stakeholders with the insight they need to meet these issues head-on. The Rowan University / Rutgers-Camden Board of Governors will continue to support this important work in service of our ultimate goal; improved health and wellbeing for residents across the seven-county region.



A handwritten signature in blue ink, appearing to read "Jeffrey L. Nash".

Jeffrey L. Nash
Chief Executive Officer
Rowan University / Rutgers - Camden Board of Governors



Nicole A. Vaughn, PhD
Faculty Co-Lead
Rowan University



PhD Stephen Danley, DPhil
Faculty Co-Lead
Rutgers University-Camden

As health remains at the forefront of our collective minds, we know that impact, no matter how big or small, is critical for our region. The health outcomes for southern NJ remain a concern as our population continues to rank below national and state statistics for many health indicators. Deleterious health outcomes for chronic disease, substance abuse, mental health, maternal and child health combined with the impact of limited transportation, access to health care, employment and housing are all contributing to a decline in health and well-being for our residents.

The South Jersey Institute for Population Health (SJIPH) advances innovative research to improve health outcomes across our 7-county region. We connect dedicated community-based organizations—serving rural, urban, and suburban populations—with passionate academic researchers. Our approach centers on community-identified needs, with research designed to address those specific priorities. By partnering Rowan University and Rutgers University-Camden researchers with local organizations, we foster collaborative teams capable of making a meaningful difference in the health and well-being of our region.

SJIPH continues to hold the values of collaboration, innovation and impact at its core. With our own teams at Rowan and Rutgers-Camden, we have demonstrated what it means to work collaboratively. We know that this is no small feat to bring together two institutions under one accord to address improving health, but we have continued to persevere in order to be able to support the work of the funded research teams. We understand the flexibility needed, the time commitment and the

communication required to stay in partnership. We know that the work is “that” much better when we are putting our minds together to innovate on new ways to support both our community based organizations and our researchers. This commitment included \$360,000 in investment for 10 projects for 18 months. We are thrilled that this impact report is structured so that you, the reader, can easily understand the research, the research question and how key findings can potentially lead to next steps in practice and ultimately policy.

Our goal with this impact report is to provide a clear, accessible window into the research conducted across southern New Jersey, effectively ‘de-mystifying’ the process for the public and policymakers alike. By highlighting these projects, we demonstrate the tangible results of our collaborations and explore the broader implications of these findings on community and population health. We hope to make these complex insights actionable and understandable, providing a bridge between academic study and real-world application.

To support this transparency, this report includes common research definitions and QR codes to help you easily explore each project’s findings and team. The following sections offer a synthesis of our research and a look toward the future of our initiatives; we invite you to review these findings, share them with your networks, and join us in advocating for more research investments for communities as we work to understand, take action and improve health across all populations in our seven counties.

Understanding Research Terms for the Impact Report

Acceptability	Measures how well people receive, tolerate, or view a treatment, program, or study design
Efficacy	Ability to produce a desired or intended result through evidence-informed interventions
Feasibility	Comprehensive analysis of the practicality and potential success of a proposed project that assesses costs, benefits, risks, and necessary resources..
Outcomes	Measurable results, changes, or discoveries produced by a research study
Policy	High-level statement of intent or principle adopted by an institution or government to improve a community long-term
Practice	Changes in behavioral practices or organizational workflows that become established over time
Principal Investigator (PI)	Person designated to be primarily responsible for the proposed research or training project
Randomised Control Trial (RCT)	A study design that randomly assigns participants into an experimental group or a control group. The experimental group consists of participants who receive the experimental treatment or intervention, while the control group includes participants who do not receive the intervention.

Request for Proposal/ Request for Funding Announcement	Request issued by a funder for support of a specific research or training project or program.
Research Question	Clear, specific, and concise statement that defines the focus of a research study or project
Social Determinants of Health	Conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes. (CDC)
Sustainability	Project’s capacity to continue its operations, maintain its impact, retain key partnerships, and secure ongoing funding or resources after the initial grant period ends

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Our funding aims to elevate both academic excellence and grassroots impact. On these pages, you will hear from two essential perspectives: a community partner who shares the continued shifts their neighborhood can experience through research collaboration and researchers who share how our SJIPH funding advanced their study.

COMMUNITY PARTNER



Shaneka Boucher, MPA
President and Founder, Social Responsibility Through Me
Community Partner of Camden Stormwater Heavy-Metal Analysis and Mapping Project (CASH-MAP)

“From our perspective as a community partner, these projects made a meaningful difference because they did more than collect data. They created opportunities for residents to engage in the process, ask questions, attend community meetings, and receive the findings once the research was complete. That transparency helped build trust and empowered community members with information they could use to better understand the issues affecting their neighborhoods. Partnering with researchers also demonstrated how complex community challenges can be addressed through credible data, objective analysis, and genuine collaboration.”

RESEARCHERS



Dr. Mahbubur Meenar
Associate Professor of Department of Geography, Planning, & Sustainability
Principal Investigator of Camden Stormwater Heavy-Metal Analysis and Mapping Project (CASH-MAP)

“With SJIPH’s support, our project team was able to investigate a real and pressing concern for Camden families: heavy metal exposure from flooded stormwater. This funding made it possible to turn community health concerns into rigorous, published science that connects contamination patterns to the built and social environment, and that can now inform local policy and infrastructure decisions.”



Dr. Kristin N. Bertsch
Assistant Professor, NJ AHEC Director, CSLL Course Director, Rowan-Virtua School of Osteopathic Medicine
Principal Investigator of Southern New Jersey Community Health Worker Coalition: A Demonstration Project

“What has been most meaningful to me about this project is seeing how the experiences shared by community members can help us better understand what people actually need and where those needs are greatest. It is one thing to look at national health disparities data broadly, but it is another to hear directly from the local community and then see those experiences reflected in the data. I’ve really valued the opportunity to be part of a project that centers community voices and uses what we learn to think more intentionally about how we can better serve our communities.”

Mission

We seek to advance collaborative, community-engaged research that improves health and promotes health equity across Southern New Jersey.

Values

Collaboration

We seek to actively listen, authentically connect and build partnerships that are mutually beneficial to improve health and health equity in the region.

Innovation

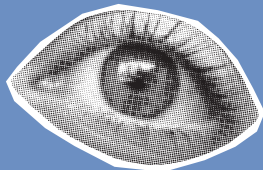
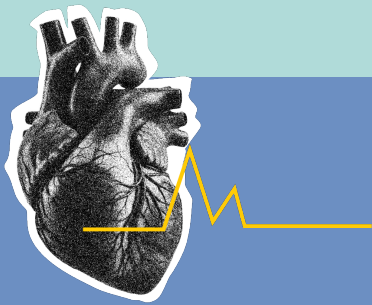
We approach population health and health equity focused data and projects with an open-mind and seek to explore new ideas that will have a sustainable impact.

Impact

We believe that Southern New Jersey is a unique and valuable place to live and work. Our focuses make an impact that is inclusive and lasting.

Vision

We serve as a hub for research collaboration, community connection and innovation that improves health and health equity in populations and communities throughout Southern New Jersey. We believe that positive change happens when research and data are partnered with action. We believe that by leveraging the work of engaged stakeholders who are focused on research that has direct relevance and benefit for communities of greatest need, we will be able to advance health equity for our region.



Community Engaged Research Grants

SJIPH provides Community-Engaged Research Grants to support and fund community-university partnerships that engage in research to advance health outcomes for South Jersey residents. These partnerships are between community organizations and faculty researchers from Rutgers–Camden and Rowan Universities (i.e., Rowan University–Glassboro, Rowan College of South Jersey, Rowan SOM, CMSRU). The community organization has to be based in at least one of the seven counties – Burlington, Atlantic, Camden, Gloucester, Salem, Cumberland, and Cape May.

Sandbox Model

During each funding cycle, project teams submit Letters Of Intent. Once reviewed, a number of project teams are invited to move forward in their application process by attending what is called a “Sandbox Event”. The Sandbox Event serves three purposes: (a) clearly communicate to potential grantees the goals of the research funding; (b) bring researchers and community organizations with related interests and complementary skills together; (c) produce, during the meeting, proposal outlines that can be guided to full research proposals.



Cycle 2 by the Numbers

10 PROJECTS AWARDED
\$362,000
IN FUNDING

Most grants received \$25K as small-scale, pilot studies.
Two grants received \$75K for projects with a larger impact on health outcomes.

11 community-based organizations



from non profit, academic, and healthcare sectors collaborated with researchers

- Atlantic County Sheriff Department
 - Camden Coalition of Healthcare Providers Community Advisory Committee
 - Cooper University Health Care
 - Cumberland County Prosecutor’s Office
 - Cure4Camden
- Inspira Health Network
 - Millville Police Department
 - Philippine Community of Southern New Jersey
 - Social Responsibility
 - Stockton University Through Me
 - United Advocacy Group

8 Major Populations Served

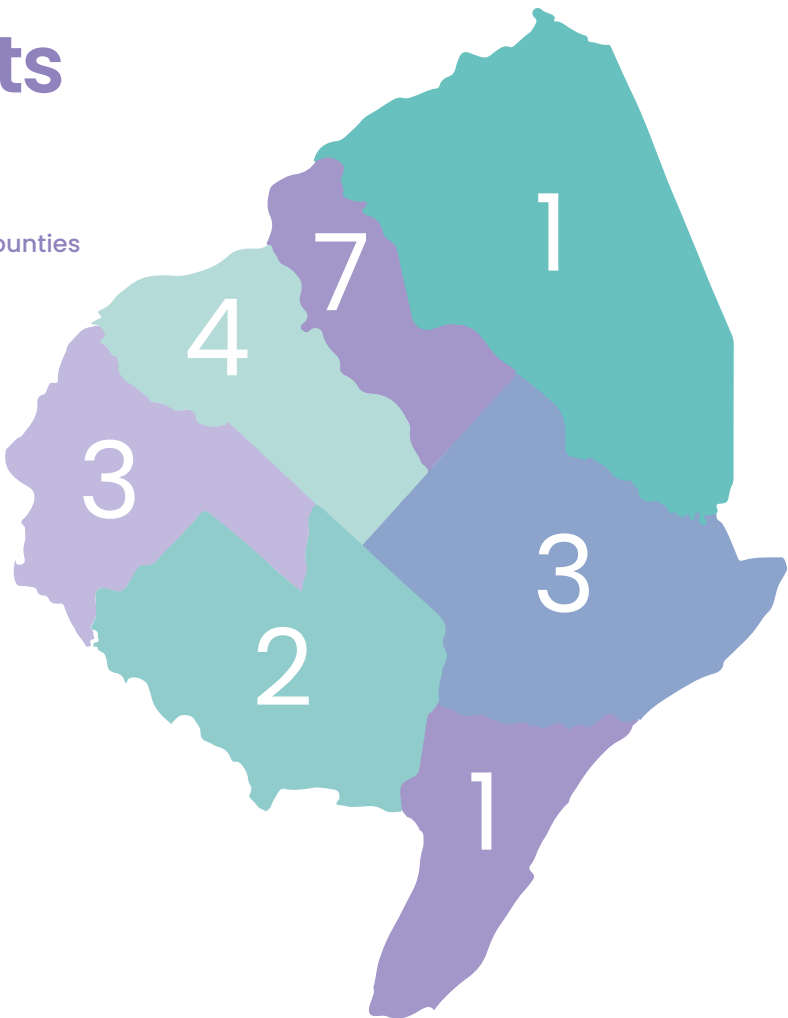


- Adolescents with asthma
 - Critically ill patients
 - Filipino American women
 - Healthcare providers
- Individuals experiencing mental health challenges
 - Individuals injured by firearms
 - Low-income populations
 - Patients with heart failure

Number of Research Projects in Each County

*Research for some projects was across multiple counties

- Atlantic: 3
Burlington: 1
Camden: 7
Cape May: 1
Cumberland: 3
Gloucester: 4
Salem: 2



Section 1

Comprehensive
Community Well-Being:
From Specialized Care to
Environmental Safety

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1.1

Camden Stormwater Heavy-Metal Analysis and Mapping Project (CASHMAP)

Counties:
Camden

Target Population:
Camden Residents

Funding Received:
\$25,000

The Issue

Camden’s industrial legacy and frequent flooding from outdated combined sewer systems create a high risk for chronic heavy metal exposure, which poses severe long-term neurological and cardiovascular threats to residents. To protect public health and environmental quality, non-biodegradable heavy metal ions must be removed from contaminated water using physical or chemical methods such as precipitation, filtration, ion exchange, or adsorption.

The Goal

This study pursued two primary objectives: first, to analyze the concentrations of heavy metals—specifically lead, cadmium, and arsenic—within Camden’s stormwater following significant rainfall; and second, to evaluate how the matrix crystallinity of various chitosan/urea composite compositions influences their effectiveness in removing lead ions.

The Takeaway

Heavy metal testing in Camden City revealed that lead frequently exceeded safe EPA limits, highlighting dangerous exposure risks driven by aging infrastructure and socio-economic factors. To combat these levels, optimizing the structural fabrication and chemical composition of water treatment materials can provide an effective solution for targeted lead removal.



Sample Collection

1.1 (con’t.)

Camden Stormwater Heavy-Metal Analysis and Mapping Project (CASHMAP)

What We Asked / Research Question

What is the spatial distribution of heavy metals in Camden’s stormwater and how does the structural and chemical modification of chitosan/urea hydrogel films influence their mechanical efficiency in adsorbing toxic lead ions?

What We Did/Methodology

Stormwater samples collected from locations across Camden were tested for heavy metals, and the results displayed using geographic information system based mapping. The structural properties of modified chitosan/urea hydrogel films were analyzed to assess their suitability for use in water treatment to remove lead ions.

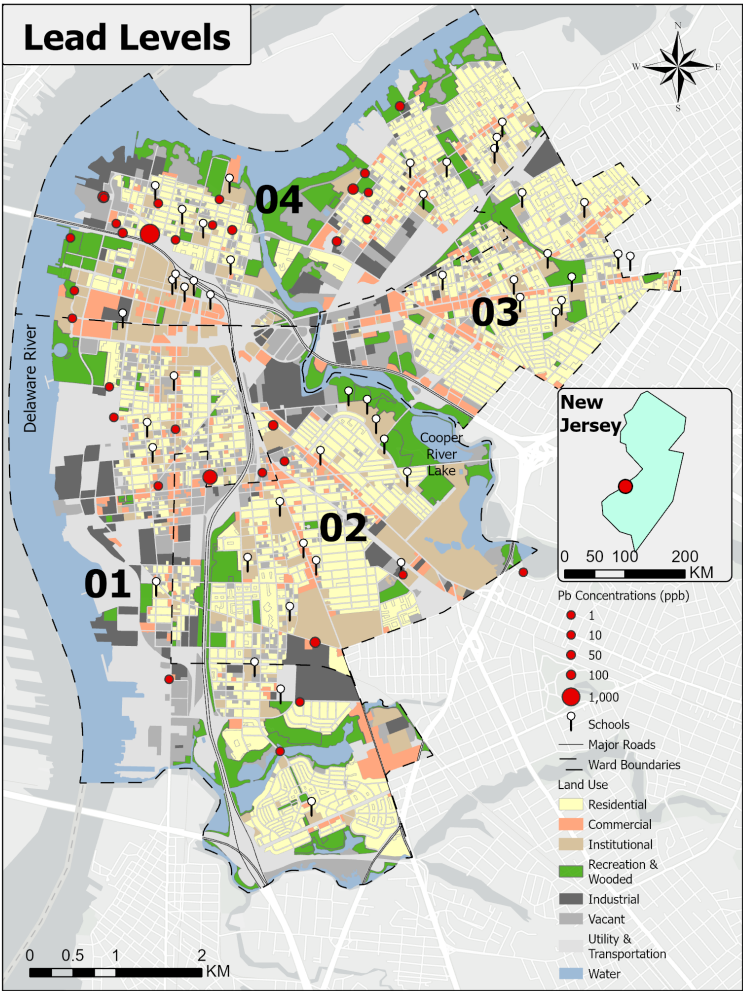
What We Found/Results

Heavy Metal Testing:

While cadmium and arsenic levels generally remained within safe limits, lead concentrations frequently exceeded EPA action levels across Camden City—with a critical spike of all three metals in a flooded basement—suggesting that localized socio-economic factors and older infrastructure (like lead paint) are driving varied and potentially dangerous exposure risks.

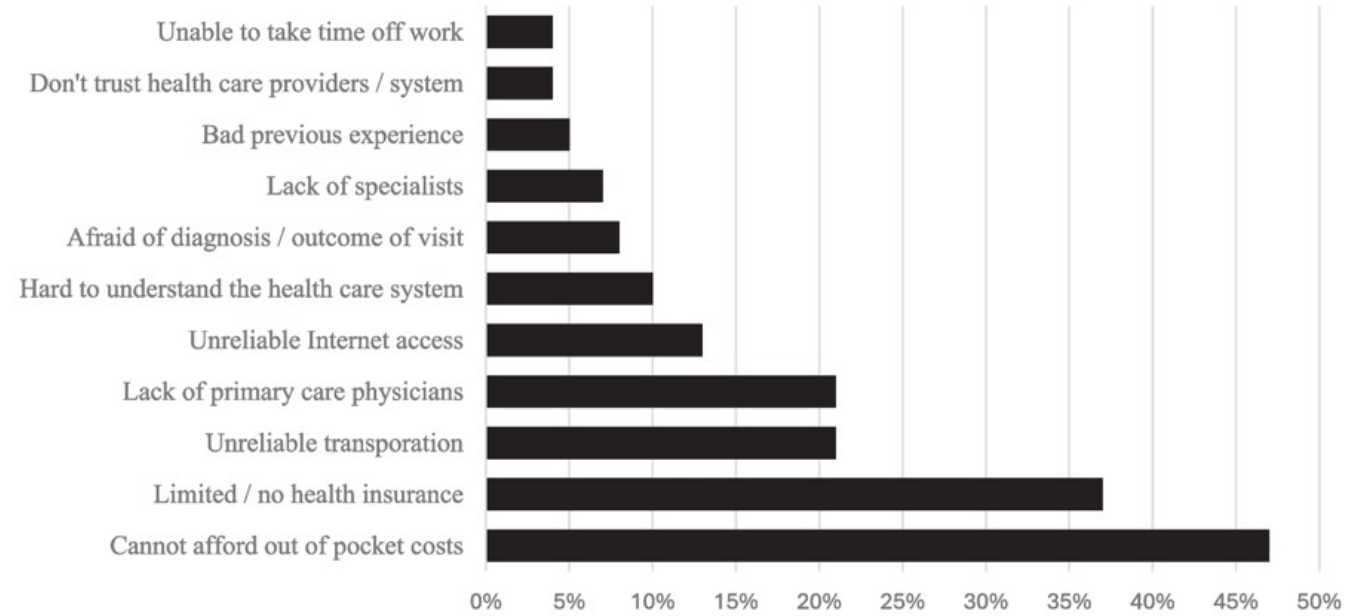
Removing Lead:

Understanding the interplay between urea concentration, structural properties, and fabrication conditions helps optimize the material for practical applications in water treatment to remove lead.



Map showing Lead (Pb) levels

Barriers to healthcare access among shooting survivors (N = 92)



Notes: Respondents indicated all that apply

Policy/Practice Implication

Policymakers must urgently fund targeted lead-abatement programs for Camden’s older infrastructure and mandate household testing in flood-prone zones, while water utility practices should integrate advanced, high-capacity chitosan/urea composite filtration systems to effectively capture localized heavy metal spikes. Planners should prioritize infrastructure upgrades in high-contamination zones, especially those prone to combined sewer overflows.



Visit the project page on SJIPH’s website to learn more about the methodology and technical aspects of this research.

PROJECT TEAM



Mahbubur Meenar, PhD
(PI) Professor, Geography, Planning, and Sustainability, Rowan University
meenar@rowan.edu



David Salas-de la Cruz, PhD
Associate Professor, Chemistry, Rutgers University-Camden



Thivanka Ariyaratna, PhD
Assistant Professor, Environmental Science, Rowan University



Shaneka Boucher
President and Founder, Social Responsibility Through Me

1.2

Developing a Culturally Congruent Survey to Study Trauma, Gun Violence, and Health among Black Men in Southern New Jersey

County Served:
Camden

Population Served:
Black Men Injured by Firearms in Camden

Funding:
\$25,000

The Issue

Black men are disproportionately harmed by and exposed to gun violence throughout the country, including in New Jersey, yet their needs and experiences have rarely been studied.

The Goal

Examine the health barriers and healthcare needs of people who were shot at any point in their lives, and understand their personal histories including adverse childhood experiences, experiences with drug use and substance abuse, and experiences with other types of violence.

The Takeaway

Individuals in Camden who have survived gunshot wounds frequently face significant socioeconomic instability and ongoing vulnerabilities. Participants in the study reported significant health struggles and extensive trauma alongside systemic barriers to medical care and insurance coverage.



What We Asked / Research Question

This research explores the intersection of lifelong trauma, systemic healthcare barriers, and evolving self-identity among Black men who have survived firearm injuries.

What We Did/Methodology

The study used a mixed-methods research design that centered the work and expertise of research partner, Cure4Camden. Qualitative interviews and quantitative surveys were designed to learn about the health needs and barriers of violently injured respondents, their life experiences, their perceptions of their injury, and their means of moving past their victimization experiences.

What We Found/Results

Survivors of firearm injuries face a cycle of lifelong trauma and socioeconomic instability, compounded by systemic barriers to care such as lack of insurance and medical dismissal, which ultimately shapes their complex self-perceptions of manhood and their status as a victim vs. a survivor.

Policy/Practice Implications:
Practices such as trauma-informed, hospital-based violence intervention programs can provide holistic case management and social work advocacy needed to address the chronic instability of firearm survivors. Policies should prioritize funding for community-centered models like Cure4Camden to address the multifaceted health and socioeconomic vulnerabilities of this population, ultimately breaking cycles of retaliatory violence.



Visit the project page on SJIPH's website to learn more about the methodology and technical aspects of the research.

PROJECT TEAM



Daniel Semenza, PhD
(PI) Associate Professor,
Rutgers University
daniel.semenza@rutgers.edu



Jeanna Mastrocinque, PhD
Associate Professor,
Rowan University



Devon Ziminski, PhD
Rutgers University; Postdoctoral Fellow,
New Jersey Gun Violence Research Center
(GVRC)



Nazsa Baker, PhD, MA
Rutgers University; Postdoctoral Fellow, New
Jersey Gun Violence Research Center (GVRC)



Cure4Camden:
Carlos Erazo, Darnell Whye, Lesly Heredia

1.3

Feasibility and Efficacy of Lymphatic Therapy in Patients with Heart Failure

County: Camden
Population Served:
Adults aged 18–80 years old with heart failure
Funding:
\$30,000

The Issue

Heart failure (HF) is primarily driven by coronary heart disease, which is disproportionately prevalent among adults in Camden, New Jersey. Fluid overload is a key driver of HF symptoms and rehospitalization, yet effective interventions require further research.

The Goal

To investigate the feasibility and efficacy of The Optimal Lymph Flow (TOLF) intervention in reducing fluid overload symptoms in adults with HF. TOLF is a lymphatic exercise training and self-care practice to promote lymph flow.

The Takeaway

The TOLF lymphatic exercises are a simple, non-drug approach that appears safe and helpful for adults with heart failure. They may reduce fluid buildup, improve symptoms and overall health, lower the chance of returning to the hospital, and improve quality of life for people at high risk.



Caption

1.3 (con’t.)

Feasibility and Efficacy of Lymphatic Therapy in Patients with Heart Failure

What We Asked / Research Question

What is the feasibility, acceptability, and preliminary effects of lymphatic exercise training on fluid overload symptoms, thoracic fluid content, and body fluid levels in adult patients with heart failure compared to a daily monitoring group? How does this intervention impact hospital readmission rates, frequency of abnormal weight fluctuations, and quality of life in adult patients with heart failure compared to a daily monitoring group?

What We Did/Methodology:

The team used a Randomized Controlled Trial (RCT) design to assess the feasibility, acceptability, and outcome patterns that suggest the efficacy of TOLF (“The Optimal Lymph Flow”) in a sample of 40 adult heart failure (HF) patients during a four-week intervention. TOLF is a structured exercise program designed to stimulate lymphatic drainage by mechanically promoting lymph movement through coordinated muscle contractions of the trunk and upper and lower extremities, combined with deep diaphragmatic breathing. The program consists of brief, twice-daily sessions performed in the morning and evening, each lasting approximately 8–10 minutes. Data collection methods included quantitative surveys, objective measures of fluid overload, and daily logs

Policy/Practice Implications

Lymphatic stimulation therapy may help people with heart failure better manage their health and improve their overall outcomes. The Optimal Lymph Flow provides patients with a low-cost, accessible method for keeping symptoms under control.

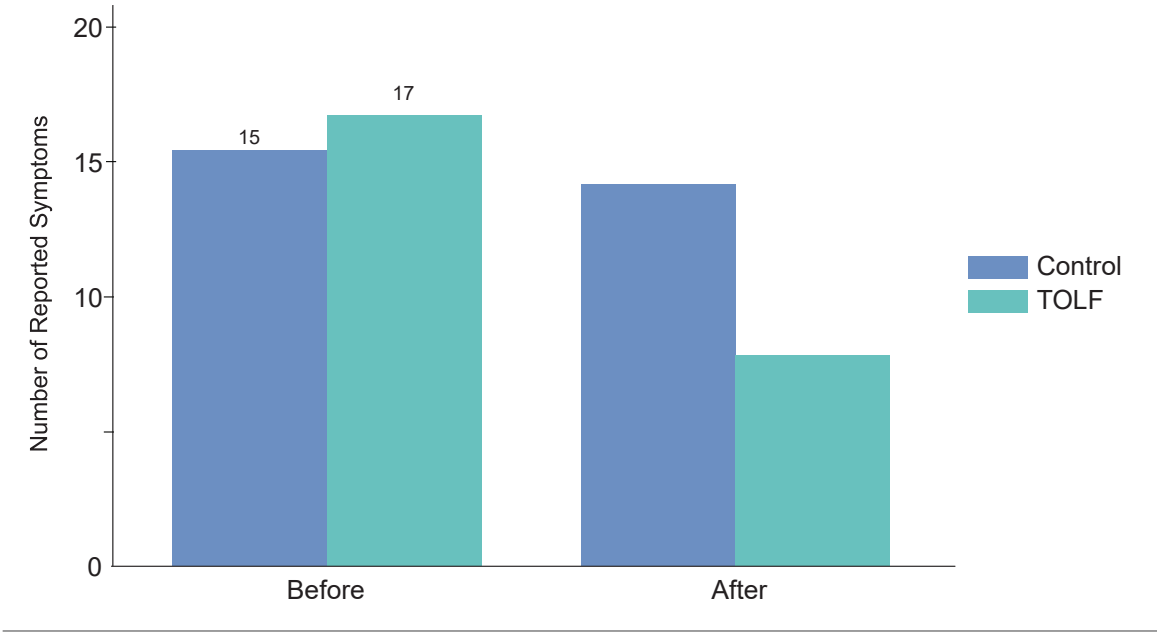


Visit the project page on SJIPH’s website to learn more about the methodology and technical aspects of the research.

What We Found/Results:

Lymphatic exercise training was feasible and well accepted. Compared to daily monitoring control group, participants demonstrated improvements in fluid overload symptoms, thoracic fluid content, and body fluid levels. Findings also showed reduced abnormal weight fluctuations, lower hospital readmission rates, and improved quality of life.

Symptom Prevalence By Group and Time



PROJECT TEAM



Rida Gharzeddine (PI), PhD, RN, APN,
Assistant Professor,
Rutgers University–Camden
rg1041@rutgers.edu



Mei Rosemary Fu, PhD, RN, FAAN
The Dorothy and Dale Thompson Missouri
Endowed Professor in Nursing, Associate Dean
for Research, School of Nursing and Health
Studies, University of Missouri–Kansas City



Brigitte Cyprus, EdD, RN, CCRN
Associate Professor,
Rutgers University–Camden



Elizabeth Cerceo, MD
Associate Professor, Associate Program
Director, Internal Medicine Residency, Director,
Climate Health, Director, Medical Humanities,
Cooper Medical School of Rowan University



Timothy D. Marks,
DNP, MBA, RN, CEN, NEA–BC, CAVRN
Assistant Vice President– Clinical Workforce
Development and Academic Partnerships,
Cooper University Health Care



Amine Al Soueid MD
Cardiology Fellow,
Cooper University Health Care

1.4

Women’s Health and Mental Health Needs Assessment for Filipino American Women in Southern New Jersey

Counties:
Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem

Population Served:
Filipino American Women

Funding:
\$25,000

The Issue

The lack of research and targeted care for Filipino American women has created gaps in accessing essential mental health, physical health and preventative care. This research addresses these disparities and increases access to care for Filipino American women in South Jersey.

The Goal

This study collected data on the specific disparities in accessing healthcare experienced by Filipino American women in South Jersey. The data is intended to influence future policy and practice to increase care for this population, and to encourage research focused on eliminating these gaps in care.

The Takeaway

Factors such as discomfort, transportation, insurance barriers, and limited knowledge of the procedure were barriers to accessing care for Filipino American women.



What We Asked / Research Question

What are the mental and women’s health needs, barriers to accessing care, and protective factors supporting positive health outcomes of Filipino American women living in South Jersey?

What We Did/Methodology

This study surveyed participants through local organizations, social media, and communities. Post-survey participants were interviewed to assess women’s health and mental health needs.

What We Found/Results

The study showed that Filipino American women experienced high rates of postpartum depression, anxiety, and postpartum struggles, yet only about half received therapy or counseling. Preventative care measures such as mammograms and cancer screenings showed higher levels of education were linked to greater participation in preventative care procedures, while gaps in preventive care are influenced by discomfort, transportation, insurance barriers, and limited knowledge procedures.

Policy/Practice Implication

The data shows a clear need for improved access, education, and awareness in Filipino American women’s healthcare. Addressing these gaps can support more culturally competent care and inform policies and programs that reduce barriers, leading to measurable improvements in health outcomes for Filipino American women in South Jersey.



Visit the project page on SJIPH’s website to learn more about the methodology and technical aspects of the research.

“...unfortunately, like mental health was a taboo topic. There was a point where I did tell my mom I felt like anxious and depressed, and it was kind of met with with a little bit of of anger... In her part, she felt like she was failing as a mom, and I can see that now, but at the time, like it felt very like it felt like my mental health was getting pushed to the side.”

— Survey Response

PROJECT TEAM



Jamille Nagtalon-Ramos,
EdD, MSN, WHNP-BC, FNPWH, FAANP
FAAN Assistant Professor,
Rutgers School of Nursing-Camden
nagtalonramos@rutgers.edu



The Philippine Community of
Southern New Jersey



Cynthia Ayres, PhD, RN, FNAP, FNYAM
Associate Professor,
Rutgers School of Nursing-Camden

Section 2

Promoting Health for Adolescents and Student Success

2.1 Factors Influencing Asthma Self-Management and
Disparities in Asthma Control Among Adolescents
from Low-Income Minority Families

29

2.2 Finances and Future Health – Understanding Barriers to
First-Generation Student Utilization of Federal Work Study

33



2.1

Factors Influencing Asthma Self-Management and Disparities in Asthma Control Among Adolescents from Low-Income Minority Families

Counties:
Camden, Gloucester, and Burlington

Population Served:
School-aged children with asthma who live in Camden, Gloucester, and Burlington counties, and caregivers of adolescents aged 11-18 with persistent asthma who reside in Camden County

Funding:
\$35,000

The Issue

Little is known about the barriers to managing asthma in ethnic minority groups and socioeconomically marginalized groups.

The Goal

To examine the positive and negative impact of specific SDOH (i.e., housing, food security, transportation, utility, and safety needs) and sociodemographic factors (i.e., age, sex, and race/ethnicity) in the use of asthma-related healthcare among low-income minority children and adolescents in South Jersey. Additionally, the team examined caregivers’ perspectives on barriers and facilitators of adolescents’ asthma self-management among low-income racial and ethnic minority families in relation to the influence of SDOH

The Takeaway

Persistent racial and ethnic disparities in asthma outcomes continue among low-income minority children. Barriers to asthma management included stress, smoking exposure, financial difficulties, and limited asthma knowledge, while trigger control, symptom identification and management, and social support contributed to improved asthma control.



2.1 (con’t.)

Factors Influencing Asthma Self-Management and Disparities in Asthma Control Among Adolescents from Low-Income Minority Families

What We Asked / Research Question

How did sociodemographic factors such as age, sex, and race/ethnicity and pandemic-related impacts influence trends in emergency department visits in school-aged children in South Jersey from 2017-2022? What are parent-perceived barriers for effective asthma management among adolescents with persistent asthma?

What We Did/Methodology

A multi-method design leveraged large and pooled data from the Camden Coalition Health Information Exchange and Accountable Health Communities survey from 2017 to 2022. This was augmented with in-depth individual interviews of caregivers with descriptive design to gain a deeper understanding of the barriers and facilitators of asthma self-management and subsequently asthma control.

What We Found/Results

There are persistent racial and ethnic disparities in asthma control. Black children experience disproportionately higher emergency department visits than white children. Key barriers for asthma self-management include difficulty accepting activity restrictions, environmental triggers, emotional stress, lack of family knowledge about asthma care, smoking exposure, and financial challenges. Better asthma control was achieved by trigger control, proper identification and management of symptoms;; and a positive support system.

Policy/Practice Implication

Investment in reducing structural barriers and expanding preventive care strategies can reduce asthma disparities and reduce emergency department visits. Expanding funding for Community Health Workers and school/community-based asthma education programs can strengthen families’ knowledge, skills, and self-management. Policies should also reduce environmental, financial, and systemic barriers while promoting social support systems and self-management behaviors that help improve asthma control.



Visit the project page on SJIPH’s website to learn more about the methodology and technical aspects of the research.

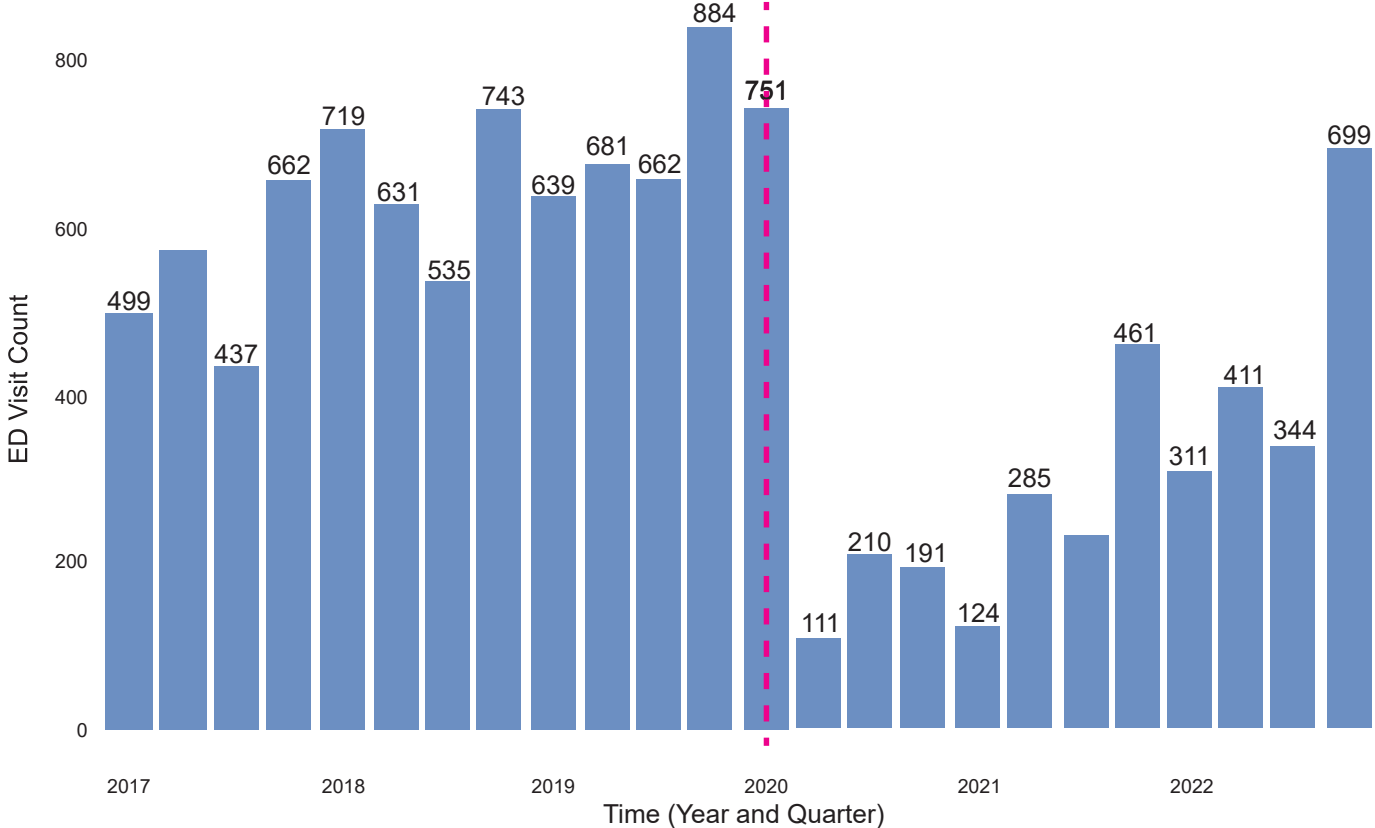


Figure 1. Quarterly Trends of Asthma ED Visits in South Jersey from 2017 to 2022

Note: The bar plots reveal the counts of ED visits in the two distinct periods: a pre-pandemic phase (2017-2019) characterized by stable and gradually increasing counts; and the pandemic phase. The latter also consisted of an onset phase (a sharp decline coinciding with the COVID-19 pandemic onset in 2020, marked by a vertical dotted line) and a recovery phase (2021-2022). Quarter 1: January–March; Quarter 2: April–June; Quarter 3: July– September; Quarter 4: October–December.

PROJECT TEAM



Sangita Pudasainee-Kapri (PI), Ph.D., DNP, RN, APN, FNP-BC, CPN
Associate Professor, Rutgers University-Camden
sangita.pudasaineekapri@rutgers.edu



Mei Rosemary Fu, Ph.D., RN, FAAN
The Dorothy and Dale Thompson Missouri Endowed Professor in Nursing, Associate Dean for Research, School of Nursing and Health Studies, University of Missouri-Kansas City



Kul Kapri, Ph.D.
Associate Professor of Economics, Rowan University



Yupeng Li, Ph.D.
Associate Professor of Economics, Rowan University



Dawn Wiest, Ph.D.
Director- Research & Evaluation, Camden Coalition



Mohammed Hussain, MD
General Pediatrics- Cooper Health, Associate Professor of Clinical Pediatrics, Cooper Medical School of Rowan University

2.2

Finances and Future Health – Understanding Barriers to First-Generation Student Utilization of Federal Work Study

Counties:
Atlantic, Gloucester, and Camden

Population Served:
Students attending Educational Opportunity Fund Summer Programs in Summer 2023

Funding:
\$22,000

The Issue

First-generation students face disproportionate challenges, including low financial literacy, limited awareness of financial aid, and limited understanding of student loans, which create stress and barriers to academic success. These challenges significantly impact students’ academic success, future careers, and health outcomes.

The Goal

To identify the financial barriers that first-generation students in South Jersey are facing and examine how targeted financial support can improve their wellbeing and resilience. Addressing these challenges helps first-generation college students to navigate and alleviate the stress of attending higher education.

The Takeaway

Factors such as limited awareness of financial aid opportunities, low financial literacy, insufficient guidance from high schools and Educational Opportunity Fund (EOF) programs, and uncertainty about student loans were barriers to accessing financial and academic support.



What We Asked / Research Question

What are the ways in which first-generation students participating in an EOF program think about the role of financial literacy, and in particular Federal Work-Study, as a component of their current and future health status and overall academic success?

What We Did/Methodology

This study used surveys and focus groups to assess students enrolled in summer EOF programs regarding financial aid, on-campus employment, and participation in Federal Work-Study (FWS). Participants were recruited from southern New Jersey institutions, including Rutgers University–Camden, Rowan University, and Stockton University.

What We Found/Results

There is a significant gap in financial aid awareness and financial literacy among first-generation students in southern New Jersey EOF programs, which contributed to increased stress, anxiety, and concerns about the value of pursuing a college degree. Additionally, students felt underprepared by their high schools and EOF programs, highlighting ongoing barriers to academic and financial success.

Policy/Practice Implications

There is a need to improve financial literacy education and access to clear financial aid information for first-generation students. Strengthening high school and EOF program support, increasing awareness of Federal Work-Study, and improving institutional outreach can reduce barriers and student stress. Policies and program changes that reduce these barriers will increase first-generation students’ academic success and financial wellbeing.



Visit the project page on SJIPH’s website to learn more about the methodology and technical aspects of the research.

“The cost of education has risen so much. So people that used to get out of high school now have to go to graduate school more so that feels scary. I’m going to want to do something that I’m gonna have to pursue higher education and how am I gonna support myself?”

PROJECT TEAM



Principal Investigator:
Dr. Anthony Dissen
Associate Professor of Health Science,
Stockton University
Anthony.Dissen@stockton.edu



Heidi Kovalick
Director of Financial Aid,
Rowan University



Dr. Daniel Tomé
Director of Community Engagement,
Rutgers University–Camden

Section 3

Exploring
Holistic Health

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3.1

Developing and Testing a Nurse-Led Technology-Enhanced Family Engagement Program (Nurse-TECH-Family) Among Critically Ill Patients in the ICU: A Feasibility Trial

County:
Camden

Population Served:
Patients, family members, and healthcare providers in the intensive care unit.

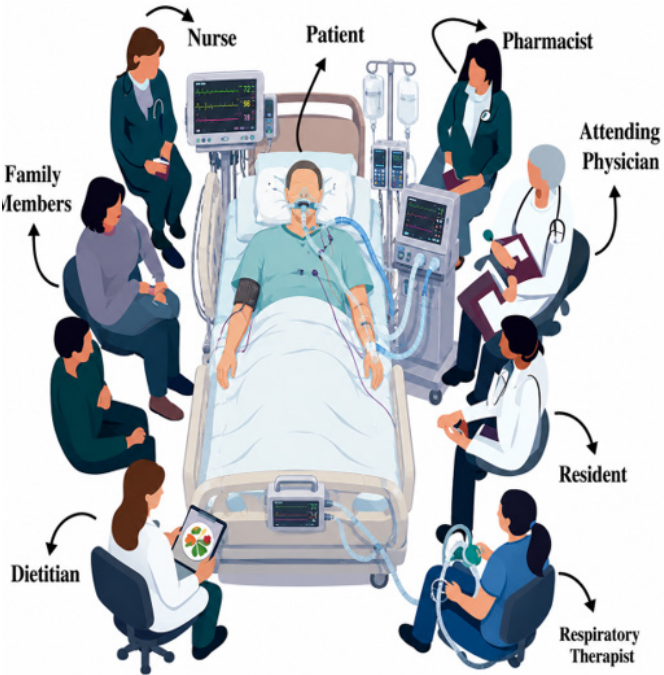
Funding:
\$25,000

The Issue

Rounds are a time in a hospital when doctors meet with a patient and/or their families to discuss health status. Patient- and family-centered interdisciplinary rounds (PFCC-IR) improve communication, shared decision-making, and care coordination on critical care units in the hospital. However, family participation during rounds is often limited by transportation challenges, work obligations, scheduling conflicts, and geographic distance. Inadequate resources, inconsistent interprofessional practices, insufficient organizational leadership, and limited institutional support for family-centered care further hinder implementation of PFCC-IR.

The Goal

To test the feasibility, acceptability, and preliminary effects of the Nurse-Led Technology-Enhanced Family Engagement Program (Nurse-TECH-Family), a nurse-led intervention that uses telehealth technologies to facilitate family participation in PFCC-IR among critically ill patients and their families is feasible, practical and acceptable in a hospital setting.



The Takeaway

Healthcare providers perceived patient- and family-centered interdisciplinary rounds as a vital strategy for building trust and identified shared governance, nursing workload support, and staff education as key facilitators of implementation. This pilot randomized controlled trial demonstrated the feasibility of a nurse-led, telehealth-enabled family engagement intervention and showed promising improvements in family psychological and pain-related outcomes, thus supporting the need for a larger-scale evaluation.

What We Asked / Research Question

What is the feasibility and acceptability of the Nurse-TECH-Family program? What are the preliminary effects of NURSE-Tech Family on the patient’s family stress, mental and physical health symptoms, quality of life, length of stay, and satisfaction post-program?

What We Did/Methodology

The study included a focus group of healthcare providers to explore perceptions of family engagement during PFCC-IR and identify barriers and facilitators to implementation. Findings informed a pilot two-group randomized controlled feasibility trial involving 30 family members of critically ill patients admitted to a mixed-acuity Coronary Care Unit at Cooper University Health Care. Family participants were randomized to either the Nurse-TECH-Family intervention or standard care, and outcomes related to feasibility, family well-being, and patient outcomes were evaluated.

What We Found/Results

The project successfully met all feasibility benchmarks, including recruitment, protocol adherence, and retention. Healthcare providers viewed PFCC-IRs as opportunities for information sharing, transparency, trust, and compassionate care, while identifying logistical and communication barriers to family engagement. Compared with standard care, the Nurse-TECH-Family intervention demonstrated significantly greater reductions in family depression, anxiety, stress, and pain-related outcomes. Notably, improvements

in bodily pain and high-impact pain were observed, a novel finding in family critical care research, suggesting that structured family engagement may reduce both emotional distress and embodied burden.

Policy/Practice Implications

Findings support integrating nurse-led, telehealth-enabled family engagement into ICU interdisciplinary rounds as a feasible strategy to promote equitable participation, strengthen communication, and improve family outcomes. Policies that support patient- and family-centered interdisciplinary rounds through shared governance models, adequate nursing workload support, professional education and training, and family-centered technologies may enhance satisfaction, inclusion, and quality of critical care delivery.



Visit the project page on SJIPH’s website to learn more about the methodology and technical aspects of the research.

PROJECT TEAM



PI: Brigitte Cypress, EdD, RN, CCRN,
Associate Professor, Rutgers School of Nursing-Camden
Email: brigitte.cypress@rutgers.edu



Nowai Brapoh, PhD, RN, NPD-BC
Assistant Vice President, Nursing Quality, Professional Practice, and Innovation, Cooper University Health Care



Mei Rosemary Fu, PhD, RN, FAAN
The Dorothy and Dale Thompson Missouri Endowed Professor in Nursing, Associate Dean for Research, School of Nursing and Health Studies, University of Missouri-Kansas City



Paul Lambrecht, MJ, MHA, CPHQ, CPPS, FACHE, VP
Quality and Patient Safety, Cooper University Health Care

3.2

An Evaluation of Co- and Alternative-Responding Models for those Experiencing Mental/Emotional Health Crises in Millville

County Served:
Cumberland

Population Served:
Individuals Suffering From Mental Health Issues in Millville

Funding:
\$25,000

The Issue

Law enforcement lacks the specialized training and capacity to safely manage mental health crises, leading to disproportionate levels of force and incarceration for those experiencing mental health crises. The Millville Police Department, Cumberland County Prosecutor’s Office (CCPO), and the Inspira Health Network partnered to “embhed” a social worker in the Millville Police Department in a pilot program called the “Effective Mental and Behavioral Health Emergency Diversion” (EMBHD) Project.

The Goal

To evaluate the EMBHD Project, exploring how the project was implemented and delivered, examining whether the EMBHD Project is effective at connecting individuals to resources, and analyzing whether the EMBHD Project is reducing contact with and reliance on the Millville Police Department.

The Takeaway

The EMBHD pilot launched successfully despite the complex logistical coordination required between diverse stakeholders. Evaluation is ongoing, but there are early signs of changes in Millville’s unhoused community behavior, including individuals referred to the Resource Coach by the police department and “walk-in” visits to the Resource Coach independent of police calls.

What We Asked / Research Question

How does the implementation and department-wide adoption of the EMBHD Project facilitate service enrollment for individuals in crisis, and what impact does this engagement have on reducing future law enforcement contact?

What We Did/Methodology

The research team synthesized and merged secondary data from both MPD and Inspira Health Network, which employs the resource coach involved in the EMBHD project. A process and outcome/impact evaluation of the EMBHD Project was conducted using this data, which includes calls for service records, narrative descriptions of dispatched calls, and successful contacts and enrollments for referred individuals.

What We Found/Results

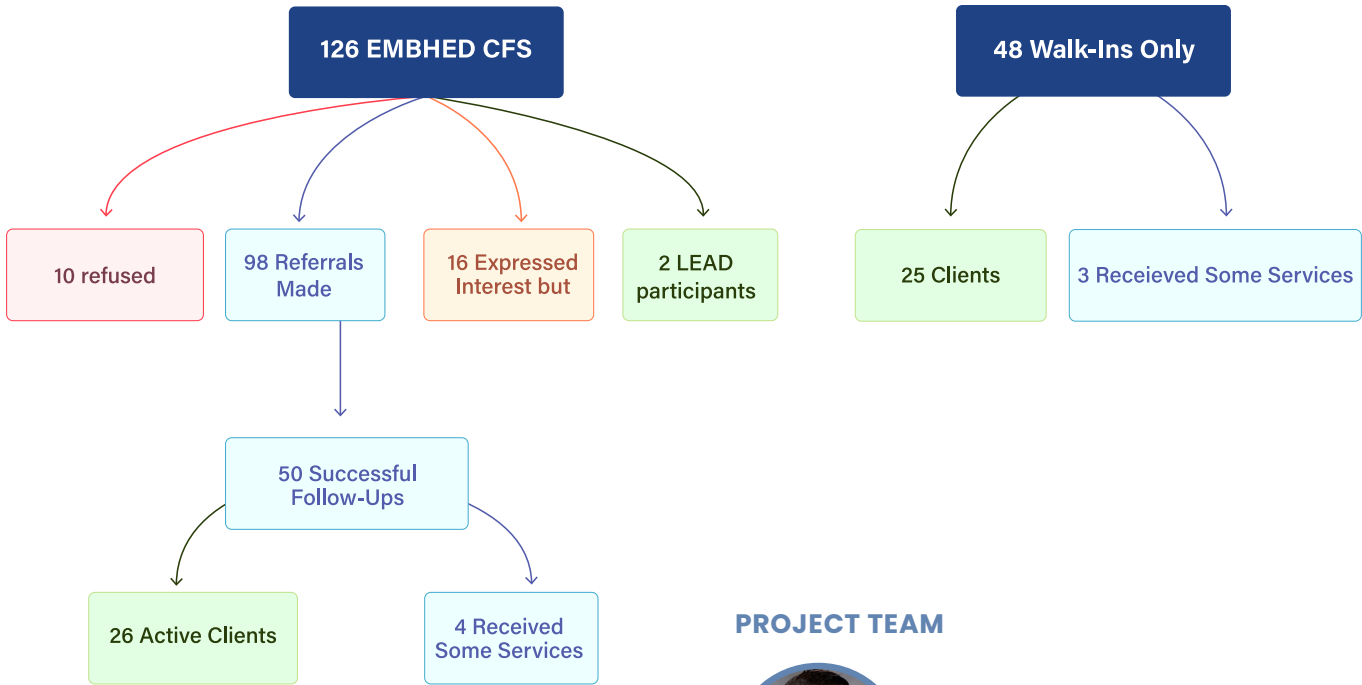
Evaluation is ongoing, but shows the EMBHD Project achieved department-wide adoption by successfully identifying service needs during routine police encounters, yet it faced a significant “engagement gap” where nearly half of the identified individuals failed to connect with a Resource Coach.

Policy/Practice Implications

These findings speak to the challenges, expectations, and potential results of similarly-situated innovative programs that broaden the scope of intervention, formalize non-police pathways, and increase department-wide training standards. Through policy, there is an opportunity to inform both law enforcement/ public safety and mental/behavioral health professions to address significant gaps of engagement and increase crisis intervention training.



Visit the project page on SJIPH’s website to learn more about the methodology and technical aspects of the research.



PROJECT TEAM



PI: John Shjarback, MA, PhD
Associate Professor, Rowan University
shjarback@rowan.edu



Tracy Swan
Public Safety Reform Strategist,
Cumberland County Prosecutor’s Office



Lauren Nash Mitchell
Manager, Inspira Health Network



Dwight Lee
Resource Coach, Inspira Health Network

3.3

The Impact of Family Advocates and Addressing the Social Determinants of Health for Families in South Jersey

Counties Served:

Cumberland, Gloucester, and Salem

Population Served:

Low-Income Families

Funding:

\$75,000

The Issue

Families in South Jersey face significant challenges related to social determinants of health, including barriers to transportation, housing, healthcare, and access to services, which impact their overall wellbeing. This report examines how support from the Family Strengthening Network (FSN), an informal, family-based support model of advocates, influences these outcomes and explores ways to better meet the needs of the families served.

The Goal

This study identified the barriers families in South Jersey face related to social determinants of health and how they can be addressed by informal and personalized support. Addressing these challenges helps improve access to resources and strengthens the effectiveness of the FSN Family Advocate model in supporting family wellbeing.



“And she [my family advocate] came... into mine and into my daughter’s life, at a time where I couldn’t even write my own name... She helped us in so many ways... it’s just a wonderful program and it’s only been a gift to me and my daughter.”

The Takeaway

Findings revealed that barriers such as limited access to transportation, affordable housing, healthcare, and education, along with challenges navigating services and limited resources, impacted families’ ability to meet their needs and access support. This study demonstrates the nuances around social service delivery from the perspectives of individuals, and assists in data-driven decision-making around designing and implementing social service delivery for rural communities.

What We Asked / Research Question

How do families served by Family Advocates understand the impact of this model on social determinants of health, and how might this approach be applied and improved to address the needs of families in South Jersey?

What We Did/Methodology

This report used interviews and focus groups with families and family advocates from Cumberland, Gloucester, and Salem Counties to assess the impact of the Family Advocate model on families and social determinants of health. Participants were recruited in collaboration with the Family Strengthening Network (FSN), which provided contact information for eligible family participants and coordinated three focus groups with Family Advocates

What We Found/Results

While families faced deep structural barriers related to social determinants of health, including transportation, affordable and stable housing, access to healthcare, and education, the study found that the Family Advocates’ personalized service delivery countered resource gaps, ultimately producing tangible, positive impacts and enabling families to achieve their goals.

Policy/Practice Implications

There is a need to strengthen support systems addressing social determinants of health for vulnerable and isolated families in South Jersey and how family advocates successfully work with families to address their complex needs. Addressing these gaps can lead to more effective, family-centered approaches and better informed policies and programs. Recommendations include increasing communication and collaboration by social service organizations, increasing flexible funding to provide multi-faceted services and holistic support, and increasing advertising or marketing to improve awareness and accessibility of services.



Visit the project page on SJIPH’s website to learn more about the methodology and technical aspects of the research.

PROJECT TEAM



Kristin Curtis, M.A.
Associate Director of Research, The Senator Walter Rand Institute for Public Affairs (WRI),
krcurtis@camden.rutgers.edu



Madeliene Alger, M.A.
Research Project Coordinator I, The Senator Walter Rand Institute for Public Affairs (WRI)



Priyal Shah
Student at the Rowan – Virtua School of Osteopathic Medicine; NJ AHEC (Area Health Education Center) Scholar



Rich Nichols
Executive Director:
Family Strengthening Network



Rachel Bill
Director of Family Advocacy and Training, Family Strengthening Network

3.4 Southern New Jersey Community Health Worker Coalition: A Demonstration Project

County:
Atlantic

Population Served:
Attendees of food distribution events

Funding:
\$75,000

The Issue

Ongoing challenges with healthcare access in Atlantic County, including limited provider availability, high costs, transportation barriers, and gaps in culturally and linguistically appropriate care, have led to poor health outcomes. Community Health Workers (CHW) may help address these gaps by evaluating where support is needed most.

The Goal

To assess community health needs and inform targeted Community Health Worker outreach, particularly in underserved areas of the county.

The Takeaway

Factors such as out of pocket-costs, health insurance, lack of transportation, and housing insecurity were barriers to accessing care. The project demonstrated how data can be used to deploy Community Health Workers in areas of greatest need with the long-term goal of using a mobile Community Health Work Unit representing a new access point for services.



Caption: Community health assessments were conducted during a food distribution events in Atlantic County identify health needs and barriers to care and inform Community Health Worker outreach efforts.

What We Asked / Research Question

What regions of Atlantic County demonstrated the greatest need for community health worker support based on health outcomes?

What We Did/Methodology

This study conducted a quantitative online health survey and a health screening assessment to collect blood pressure and glucose levels. This data was analyzed to interpret where the most efficient locations may be to set up future mobile health clinics, as well as what services may be offered.

What We Found/Results

Atlantic County has a quantifiable need for community health support. Atlantic County community members experienced high rates of high blood pressure, high cholesterol, diabetes, arthritis, mental health issues, obesity, and chronic pain. Over 70% of respondents reported being at risk for two or more chronic conditions.

Policy/Practice Implications

There is a strong need to improve healthcare access and expand community-based supports in Atlantic County, especially in underserved communities. Funding to increase the role of Community Health Workers, along with policy efforts that reduce structural and financial barriers and improve culturally and linguistically responsive services, will help improve access and reduce disparities.



Visit the project page on SJIPH's website to learn more about the methodology and technical aspects of the research.

Key	Barrier	Shore (%)	Central (%)	West (%)
GREEN=LOW	Out of Pocket Expenses	19.7	26.5	15.2
YELLOW=MEDIUM	Limited or No Insurance	22	23.5	12.9
HIGH=RED	Lack of Transportation	9.8	6.8	6.1
	Housing Insecurity	11.4	6.1	2.3
	Language Barriers	6.8	7.6	4.5

Figure 2: Access Barriers by Region

PROJECT TEAM



Kristin Bertsch, Ph.D.
Associate Professor, NJ AHEC Director, CSLL Course Director, Rowan-Virtua School of Osteopathic Medicine
bertsch@rowan.edu



Carla Villacis, M.A.
Research Program Coordinator Senator Walter Rand Institute for Public Affairs; Rutgers, The State University of New



Anne Jones, DO, MPH
Associate Professor, Assistant Dean of Student Affairs, Rowan-Virtua School of Osteopathic Medicine



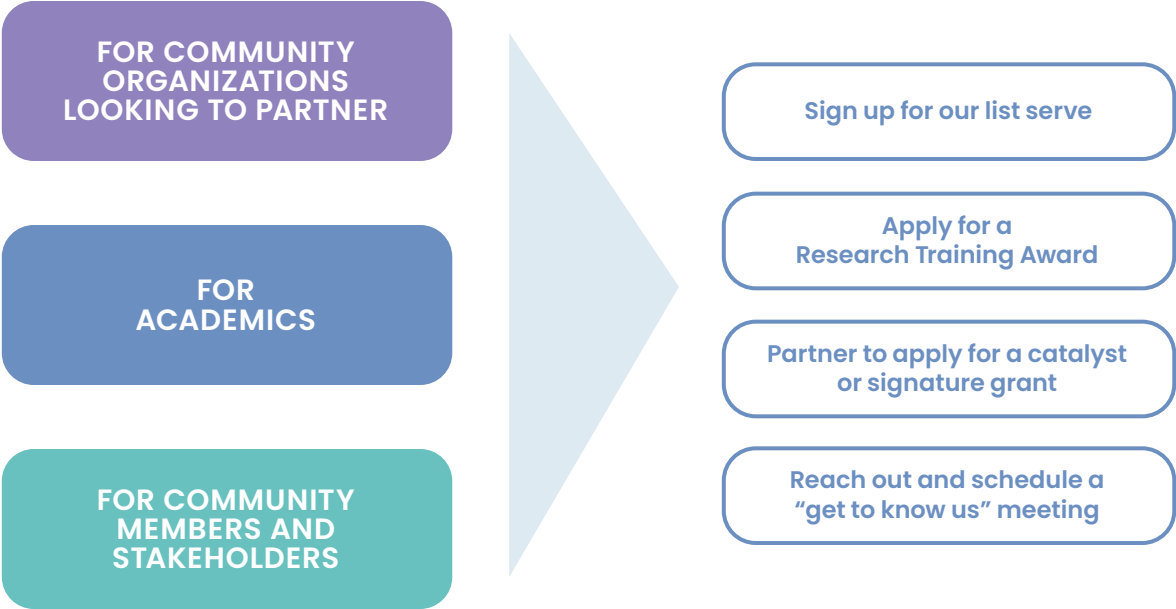
Looking Forward

These pilot projects demonstrate that with innovation and partnership, we can advance research ideas worth studying. Working with researchers and community-based organizations to improve health in Southern New Jersey is our charge. SJIPH continues to learn and adapt as an institute. This means supporting research teams and providing technical assistance throughout the project period.

To this end, we have launched the Partnership Development Awards (PDA) for future cycles. The PDAs are designed to give unrestricted funding of up to \$5000 for community-based organizations to find and engage with researchers ahead of a full request for proposal (RFP) cycle. This additional time and funding allow CBOs the opportunity to find the right match for their work in the 6-10 months before an RFP is released. Providing this additional time gives CBO paid time to find the right fit and ensure authentic engagement.

In addition to the PDAs, SJIPH has launched the Research Training Awards (RTAs). The RTAs are designed to balance the other side of the equation and give researchers the tools they need to be an effective partner to a community-based organization. Our RTA program will provide 4 guided sessions using materials developed by leading Community-Based Participatory scholars to prepare researchers for the potential challenges and opportunities of this method of research. These awards serve as a resource for communities and researchers in our service area.

Getting Involved





Synthesis: What We Learned

Too often, medical interventions target a narrow health outcome. Imagine a patient who needs physical therapy after a knee injury – the knee exercises themselves are the targeted intervention. They directly build strength in the knee post-injury. But there are a hidden set of assumptions that go into successful physical therapy. The patient needs transportation to get to the physical therapist office. They need to be able to afford physical therapy. They need to have space and time to do the exercises they learn from the physical therapist. For some parents, that may require informal childcare so their kids are taken care of while they do the exercises. A targeted intervention would focus only on the knee exercises. A holistic intervention would ensure the patient had transportation, funding, and child care.

The studies in this report provide evidence that holistic interventions are not just “nice to have” but critical to improving health outcomes. These interventions involve social workers, community members, and families to provide a more holistic approach to treatment.

For example, in Salem County, a study of the Millville Police Department partnered with Inspira Health to divert mental health issues away from police officers and towards social workers. At Cooper University Health Care, nurses used telehealth technology to ensure

family members were (virtually) present when important health information was provided during morning rounds to patients. In Atlantic County, researchers used data to deploy a mobile Community Health Worker Unit so that community health workers could meet residents in their communities. The Family Strengthening Network used their model of advocates for families to address social determinants of health. A research team between Rutgers University–Camden, Rowan University, and CURE4Camden found harm for Black men experiencing

gun violence is more than the physical wound. These men face chronic instability. The study shows the promise of treatment that extends beyond traditional medical care – it shows the promise of holistic case management and social advocacy.

“South Jersey has the potential to improve health outcomes by investing in holistic interventions – and in doing so to build these projects and become a leader in the field”

Taken separately, each of these studies addresses a specific intervention to address a specific health disparity in South Jersey. Taken together, they represent something more: an emerging evidence base that shows the promise of these types of holistic interventions to improve outcomes.

This has implications both for the region and the broader field of population health. For the region, these findings provide an opportunity for policymakers, health care institutions, and nonprofits. South Jersey has the potential to improve health outcomes by investing in holistic interventions – and in doing so to build these projects and becoming a leader in the field. For population health, these studies contribute to an emerging evidence base that shows the value of these interventions. This comes at a critical moment both locally and nationally. These types of “soft” interventions are often the first programs cut from schools, municipal budgets, or hospitals in times of austerity. Our evidence shows that these institutions should do the opposite – in times of austerity, it is more critical to invest in holistic health interventions.



What’s going on at SJIPH?

We have funded four cycles of Community-Engaged Research Grants:

Inaugural Cycle 1 Grants

The inaugural Cycle 1 Grants (2021, 10, \$230,000) are complete, and can be found in the first edition of our impact report. That report highlighted the contributions of these research projects. The projects both showed disparities in the region including health outcomes related to food access and family health. They also provided results on interventions to address these health outcomes.

Cycle 2 Grants

Our Cycle 2 Grants (2022, 10, \$362,000) are complete, and can be found in this edition of our impact report.

Cycle 3 Grants

Our Cycle 3 Grants (2023, 10, \$350,000) are wrapping up (9 of 10 completed). They include work on topics ranging from migrant health, breast cancer, and K-12 education with community partners such as: Migrant Health Collaborative of South Jersey, South Jersey Breast Cancer Coalition, and Mighty Writers. For more on these projects, visit our website.

Cycle 4 Grants

Our Cycle 4 Grants (2025, 12, \$350,000) grants are in the field. We funded 11 Catalyst (\$25,000) and 1 Signature (\$75k) awards. We saw an increase in projects in Salem and Cumberland counties.

We anticipate releasing the next call for these grants in Spring 2027.



We’ve just announced our second cohort of Partnership Development Awards (2026). Our first cohort of 10 community organizations saw all 10 of the research partnerships apply for our main cycle of funding, and 7 of the 10 received funding. Awardees were over 4x more likely to receive funding than other applicants – promising results for our partnership development process.

We also launched a Research Training Award for faculty at Rowan University and Rutgers University-Camden who want rigorous training on community-based participatory research (CBPR).

As the New Jersey Center for Health Equity and Wellbeing (CHEW) was launched and started programming, we have worked closely with them to strengthen ties and support for South Jersey.

Lastly, SJIPH has built out its research team and now has both the capacity and process to receive grants through our co-lead institutions and conduct research internally. We’re “open for business” for the right project!

ACKNOWLEDGEMENTS

We want to start these acknowledgements highlighting the support we received during Cycle 2. Thank you to previous Oversight Committee members: Carly Melchert (Meals on Wheels), Sheila Roberts (Cooper Lanning Civic Association), Tyshaneka Saffold (Rutgers–Camden School of Nursing), Megan Sheppard (Cumberland County Department of Health), Robert Weaver (Rowan University), Anthony Welch (Cooper University Health Care), Angela Beale–Tawfeeq (Rowan University). Thank you to previous leadership and staff members: Naomi R. Marmorstein (former Co–Lead) and Emily Herrberg (Operations & Research Coordinator).

CURRENT SJIPH SUPPORT & STAFF

Leadership

SJIPH is led by two distinguished faculty members of Rowan University and Rutgers University–Camden. Together, they bring more than four decades of research excellence and community–based, collaborative investigation into some of our region’s most complex challenges. Both have published in their respective areas of focus, and led other academic–community partnership funding initiatives of varying scales.

Nicole A. Vaughn, MS, PhD
Founding Co–Lead
Associate Professor (Health and Exercise Science)
Rowan University

Stephen Danley, D. Phil
Co–Lead
Director of the Center for Urban Research and Education (CURE)
Professor
Rutgers University – Camden

Academic Institutions

Anthony Lowman, PhD, Professor & Chancellor, Rowan University
Antonio Tillis, PhD, Chancellor, Rutgers University–Camden

Managing Committee

Annette Reboli, MD, Dean, Cooper Medical School of Rowan University
Tom Risch, PhD, Vice Chancellor for Research, Rutgers University – Camden
Jeffrey L. Nash, ESQ, President & CEO, Rowan University/Rutgers – Camden Board of Governors

Advisory Committee

The oversight committee was renamed the advisory committee in 2026. The advisory committee plays an integral role in establishing and leading the inaugural funding cycle of SJIPH by providing key support to the co–leads in the call for proposals, evaluation process, and dissemination efforts. The committee brings diverse expertise and invaluable local and regional perspectives that are vital to this funding process.

Darrin W. Anderson, Sr., PhD, MS – Urban League of Greater Philadelphia
Gladys Antelo–Allen, RN, NP – Camden Coalition
Akilah Chatman, BS – Academy of Natural Sciences of Drexel University
Michael Hayes, PhD – Rutgers University– Camden Faculty
Kara Janson, MS, CPM – Atlantic County Public Health Division
Meredith Jones, PhD – Rowan University Faculty
Dan Master, MPA – Virtua Health
Matthew Rudd, MBA – Inspira Health
Rebecca Sleeter, MPH, CPH, HO, REHS, LI/RA – Salem County Dept of Health & Human Services

Rowan University Staff

Charalampos (Babis) Papachristou, PhD
Senior Biostatistician
Associate Professor of Statistics
Rowan University

Leslie Canales Franco, MS
Public Health Data Analyst

Regina Jannetto, BS
Public Health Analyst

Isabella Capelli
Research Assistant

Center for Urban Research & Education Staff

Skye Horbrook, MS
Operations & Research Coordinator
Rutgers University– Camden

Mariah Casias, MS
CURE Department Administrator
Rutgers University– Camden

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RURCBOG Leadership & Staff

Jeffrey L. Nash, ESQ
President & CEO
Rowan University/Rutgers –
Camden Board of Governors

Corey Hoffmann, MPA
Director– Programs & Partnerships
Rowan University/Rutgers –
Camden Board of Governors

Tomorrow Baldwin–Montgomery, MPH
Manager – Programs & Partnerships
Rowan University/Rutgers –
Camden Board of Governors