



POP HEALTH CENTRAL

IN THIS ISSUE:

COMMUNITY SERVICE IN ACTION | HEALTH COMMUNICATIONS RESEARCH
 DOMESTIC VIOLENCE AWARENESS | CONSORTIUM MEMBER SPOTLIGHT | RUTGERS HEALTH AND
 WELLNESS CORNER | FUNDING OPPORTUNITIES | ANNOUNCEMENTS | UPCOMING EVENTS



COMMUNITY SERVICE IN ACTION

Prioritizing the Social Determinants of Health through Healthy UH at University Hospital, Newark

Contributing authors: Colette Barrow Adams, PhD, MPA (Executive Director, Community and Population Health) and Kathryn Corpuz, MPH (Population Health Fellow, RBHS)

This fall, University Hospital (UH) in Newark will introduce its new hospital-wide initiative to address the social determinants of health (SDOH). This initiative is called "Healthy UH" and is led by the Community and Population Health Department. This is a part of a larger project, which involves Population Health's transition into Epic Compass Rose, a case management platform. This will allow the team to increase the visibility of population health to the hospital community. Healthy UH emphasizes screening for SDOH during patient assessments and by connecting patients to the appropriate resources based on their needs.

Edited by: Donna Meeker-O'Rourke, Kathryn Corpuz, & Mary O'Dowd (RBHS)

For recommendations on future newsletter topics or to be a contributing author, reach out to us.

Contact us at:

 vepherbhs.rutgers.edu

This initiative will be rolled out through these three components:

1. Raising awareness and education about SDOH among UH staff and its patient population

- To educate UH's healthcare providers, a train-the-trainer model will be employed. First, champions for each practice area will be identified. The champions will participate in an orientation that covers the basics about SDOH and walk through the SDOH tab within the Epic electronic health records system. Following the orientation, the champions will be equipped to train colleagues within their respective practice areas.
- In addition to staff training, it is important to raise awareness among the UH patient population about SDOH. To make the concept of SDOH easily understood, communication materials such as a flyer and short educational videos were created and shared in patient accessible areas of the hospital.

2. Conducting SDOH screening through Epic

- At least once per year, patients in all care settings at UH will be screened for social determinants of health needs.
- Within the Epic system, a patient's care team can access the SDOH assessment tab. The screening can be conducted by any member of the care team and the assessment notes are also viewable by the team. Any patients who have urgent needs will be linked with a staff member who will be able to work with them.



3. Connecting patients to resources

- As staff get trained to use the SDOH assessment tab in Epic, it is important that the care team can connect patients with resources. Forthcoming in the Healthy UH initiative is the addition of a community resource directory in Epic. This will allow for the care team to search for the appropriate resources as per the identified patient needs.

Through these efforts, the Healthy UH initiative is making strides to address the SDOH within their patient population and improve the overall health of the Newark community at large. For more information, please feel free to contact the Department of Community and Population Health at populationhealth@uhnj.org or 973-972-0771.

Health Outreach Practice Experience (H.O.P.E.) Clinic

Contributing author: Frank Gianelli, PhD, PA-C (Director, Rutgers H.O.P.E. Clinic)

For the past 15 years, the faculty and students of the Department of Physician Assistant (PA) Studies and Practice, School of Health Professions, have partnered with various clinics in under-resourced communities to improve access to care. In 2016, the Rutgers PA faculty and students partnered with Saint Mary's Medical Clinic (SMMC) in Plainfield, NJ increasing its operational capacity. Due to the COVID pandemic, this location closed in March 2020 leading to a vital service being needed in the community. To fill this void and continue a legacy of service, the [Rutgers H.O.P.E. Clinic](#) was launched as an independent, free clinic in July 2021 at a new Plainfield site purchased and refurbished by Charity Works, LLC. The clinic opened once a week, offering free primary care services to any uninsured adult. This year, services are expanding thanks to additional collaboration with nationally recognized partners.

"At the Rutgers H.O.P.E. clinic, we are committed to working with our community partners to reduce healthcare disparities. Additionally, our students have the privilege to

learn by serving in our community." Says [Frank Giannelli](#), PhD, PA-C, Director of the Rutgers H.O.P.E. Clinic. In Plainfield, nearly 30% of the population is uninsured, and almost 40% report not having a primary care provider. Adding to these disparities is a language barrier as over 50% are Spanish speaking. "To address these disparities, our clinical approach is patient-centric, upholding the dignity of each individual," says Elizabeth Di Prospero, MD, Medical Director.

At H.O.P.E., there is an emphasis on ensuring that patients' concerns are heard and treatment plans are understood. This is achieved through the use of an interpreter team made up of both staff interpreters as well as student interpreters. Additionally, we spend more time with patients to identify barriers to meeting health goals and supports to enable success. We collaborate with our patient in the development of treatment to ensure they are realistic and achievable.

The clinic's mission aligns with the PA program's mission to both educate students and engage with the local community—students are exposed to a clinical setting early

in their training and have an opportunity to learn first-hand how to address socioeconomic determinants of health. Students begin serving in their very first semester of the program, performing tasks such as taking vitals and helping to implement the discharge plan. Clinical phase students have an opportunity to lead a patient encounter under the supervision of a licensed PA or physician.

"Treating a patient is more than giving an answer on a multiple-choice test. It's about getting to know the whole person and choosing a treatment plan that works for them," says Alexis Espinoza, a third-year PA student. "That's what we learn to do at the H.O.P.E. clinic."

Not long after opening, the demand for services exceeded capacity. Thanks to the generosity of a multitude of donors and partners, including leading gifts by Quest for Health

Equity and the Affinity Foundation, the Rutgers H.O.P.E. Clinic expanded access to healthcare for the community, moving from providing clinical services one day per week to two as of July 2023. Rutgers and Quest initially partnered last year to provide no-cost laboratory tests to help diagnose and manage acute and chronic diseases. The results are transmitted directly back to the clinic for follow up with the patient, streamlining the process to make it easier for patients to receive the treatment they need. "We are grateful for our team of partners who have shared their time, talents, and resources to bring this vital service to the community and transformative learning experience to our students," says Giannelli.



Elijah's Promise: a conversation with Stacy Lopez and Michelle Wilson

Contributing authors: Stacy Lopez (Associate Director of Development, Elijah's Promise) and Michelle Wilson (Executive Director)

[Elijah's Promise Community Kitchen](#) is a multi-service organization that was established in August 1989. Since then, Elijah's Promise has served over 375,000 free meals to communities in central New Jersey annually. We spoke with Stacy Lopez, Associate Director of Development to learn more about the initiatives at Elijah's Promise.



1. What is your mission and who do you serve?

Elijah's Promise harnesses the power of food to break the cycle of poverty, alleviate hunger, and change lives. For decades, we have worked with our community and listened to their needs to build programming that addresses needs. Every day we strive to do more to change lives through the power of food - that is our promise to the Greater New Brunswick community.

2. What services do you provide?

For almost 35 years, we have been expanding our role in Central New Jersey with life-changing programs and services including:

- Serving over 350,000 free, nutritious meals a year at our [Community Soup Kitchen](#);
- Providing life-changing job training through our [Promise Culinary School](#) to some 50 students annually who need marketable job skills;
- Conducting [Let's Cook! classes](#) that teach healthy recipes to local adults and children;
- Providing medical services to uninsured individuals through [Promise Clinic](#), in partnership with the Rutgers Robert Wood Johnson Medical School (RWJMS), to offer free primary care and social services to uninsured clients of Elijah's Promise;
- Operating a Social Service team that traverses Middlesex County to bring food, clothing and hygiene products to homeless individuals; and

- Providing one-on-one interaction with Community Soup Kitchen clients to guide those in need of additional state and federal assistance programs to the correct services as well as counseling on next steps to achieve long-term health and success.

3. What is the most rewarding aspect of the work you do?

The most rewarding aspect of the work we do is that we are a reliable community service. Despite the weather, global pandemics, economic uncertainties, and hardships our promise to never miss a day in over 30 years of serving our guests hot, free meals have always prevailed.

4. What are the challenges facing the people you serve and how do you work to help them?

Limited access to resources is the reoccurring challenge in our community and amongst our guests. Our guests struggle with finding the proper assistance and social services. Every day there is a client with a new challenge or another phone call regarding how they can receive food assistance, housing, clothing, etc. Food always has the power of bringing people together, which is why at Elijah's Promise we harness that power to connect guests to further assistance outside of our organization. We work diligently to raise awareness of our neighboring organizations and refer our guest to partners depending on the need of our guests.

5. How can people donate to help you?

Everyone is welcome to support with whatever means allow. Monetary donations will always go a long way at our organizations via our online giving page, a check mailed to 211 Livingston Ave., New Brunswick, NJ 08901, or Venmo. We are also accepting items from our wish list, such as: lunch bags, utensils bundles, snack packs, and hygiene kits. Ways to get involved with Elijah's Promise can be found on www.ElijahsPromise.org/volunteer. Elijah's promise also accepts volunteers who wish to come on site and help with food prepping. Every contribution helps us further our mission.

HEALTH COMMUNICATIONS RESEARCH

Exploring Health Information Engagement on Social Media Among U.S. Latinos

Contributing authors: Yonaira Rivera, PhD, MPH (Assistant Professor of Communication, Rutgers School of Communication and Information), [Nicole Mendoza](#), BA (PhD Student, Rutgers School of Communication and Information), and Kathryn Corpuz, MPH (Population Health Fellow, RBHS)

In recent years, the COVID-19 pandemic brought forth widespread health communication and oftentimes misinformation in online and social media platforms. Health information was frequently viewed, shared, and acted upon, regardless of its accuracy or truthfulness. The spread and utilization of health misinformation can significantly impact the health outcomes of individuals and populations. Addressing this topic of health misinformation on social media is a key research focus of [Dr. Yonaira Rivera](#), Assistant Professor of Communication, and her team at the Rutgers School of Communication and Information.

One project of Dr. Rivera and her team explores the engagement and dissemination of health misinformation on social media applications (apps) among U.S. Latino adults. Latinos are the largest minority group in the United States¹ and avid social media consumers². Therefore, this team's research seeks to identify factors that drive engagement with health misinformation among Latinos age 35 and above in different groups including cancer survivors, caregivers, advocates, and the general population. Additionally, they are interested in exploring the mechanisms for engagement and dissemination across popular social media apps (Facebook and WhatsApp) in this population.



Using a qualitatively-driven mixed methods approach, participants are currently being interviewed to discuss their social media utilization and the types of cancer and COVID-19 information they have encountered on those social media apps. Preliminary analyses have shown in-depth insight into the ways Latino community health workers use their strong sense of identity to serve their community by engaging with health information they find online. Several participants have described that once they encounter health information that they believe might be helpful to disseminate online to community members, they take the time to assess the credibility of online health information that they believe to be helpful for their community before sharing it. Other preliminary findings include descriptive narratives about reasons why older Latinos avoid information of certain topics and platforms, such as information fatigue and having negative emotional responses to online information that led them to then navigate platforms and content with a degree of skepticism.

The goal of uncovering how and why Latinos engage with health information and misinformation is multifaceted. In a recent data analysis Dr. Rivera led using national data from the [2022 HINTS survey](#), findings suggest that U.S. Latinos engage with and utilize health information found on social media at higher rates than non-Latino whites. As such, understanding the specific attributes in health information that attract Latino engagement can help with the development of culturally relevant, evidence-based social media communication interventions tailored to the Latino community in New Jersey and beyond. Furthermore, understanding how and why Latinos assess the veracity of health information when they encounter it can assist in the development of theory-driven implementation science projects that serve to help reduce health inequities among Latinos. To learn more about this study and other social media and health communication research conducted by Dr. Rivera and her team, check out this Rutgers Global Health Institute ["Meet our Faculty" article](#).

References cited:

1. U.S. Census Bureau. (2017, March). ACS Demographic and Housing Estimates: 2011-2015 American Community Survey 5-Year Estimates. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_DP05&src=pt
2. Smith, A. & Anderson, M. (2018, March 1). Social Media Use in 2018. Pew Research Center. Retrieved from: <https://www.pewinternet.org/2018/03/01/social-media-use-in-2018/>

DOMESTIC VIOLENCE AWARENESS

October is Domestic Violence Awareness Month

Contributing author: Donna Meeker-O'Rourke, MPH (Population Health Fellow, RBHS)

Since 1989, October has been designated as Domestic Violence Awareness month. This is a time to acknowledge survivors of domestic violence (DV) and their narratives. Although the spread of DV awareness has contributed to a reduction in the number of such incidents, DV remains prevalent in every community and affects ten million Americans every year.

According to the [Centers for Disease Control and Prevention](#) (CDC), DV is a critical and widespread public health crisis. In fact, over half of all female murder victims are killed by a current or former intimate partner. The CDC further indicates that one in four women in the U.S. have experienced some form of DV and the impacts of DV are devastating at the individual, familial, and societal levels. DV includes physical, sexual, or emotional abuse, as well as sexual coercion and stalking by anyone with whom you have or had a close personal or sexual relationship (US DHHS).

The [U.S. Office for Victims of Crimes](#) estimates that in their lifetime, one-third of women will be victims of physical violence and one-fourth of women will experience sexual violence. 9% of homicides are committed by intimate partners. 20% of women who identify as victims of DV report they experience one or more PTSD symptoms. An estimated 71% of female intimate partner victims are victimized before the age of 25. In more than 80% of intimate partner victimizations, the victim did not receive assistance from victim service agencies; and because the personal nature of these victimizations often influences a victim's decision to report the crime, victimizations by intimate partners are highly underreported.

The [National Domestic Violence Hotline](#) provides essential tools and support 24/7, 365 days a year, to help domestic violence victims live their lives free of abuse. Highly trained, expert advocates offer free, confidential, and compassionate support, crisis intervention information, education, and referral services in over 200 languages.

**The National Domestic Violence
HOTLINE**
1.800.799.SAFE (7233) • 1.800.787.3224 (TTY)

To help spread awareness, report violence, support a victim, and help reduce the occurrences of domestic violence, consider employing these resources:

On Campus:

- [Domestic Violence Clinic](#)
- [Office for Violence Prevention and Victim Services](#)
- [Additional Campus Resources](#)

National and State:

National Coalition Against Domestic Violence: [Resources for Victims and Survivors](#)

Center for Family Services: [Domestic Violence Services](#)

Office of Family Violence Prevention and Services: [Resource Centers](#)

Studying Attempted Intimate Partner Homicide

Contributing author: Esprene Liddell-Quintyn, PhD (Community Psychologist and Post Doctoral Fellow, New Jersey Gun Violence Research Center)

Firearms are known to make [domestic violence deadly](#). The current study led by Post-doctoral Fellow, [Dr. Esprene Liddell-Quintyn](#) (Principal Investigator, New Jersey Gun Violence Research Center) in collaboration with [Dr. Noelle St. Vil](#) (Associate Professor, School of Social Work, University at Buffalo) focuses on understanding the experiences of women who were almost killed by an intimate partner.

Intimate partner homicide (IPH) accounts for more than half of all homicides of female victims in the in the US¹. In fact, women are more likely killed by someone they know such as an intimate partner - a husband, boyfriend, or ex-husband than anyone else^{2,3}. While a variety of mechanisms of intimate partner homicide include a sharp instrument, strangulation, hanging, and suffocation, firearms are used in 53.9 % of female homicides of females aged 18 years and older⁴. Firearm ownership significantly increases the risk of homicide^{5,6} even with safe storage practices^{7,5}. The majority of intimate partner homicides are committed with a firearm and abusers with a firearm increase the risk of homicide by 500 percent^{8,9}. Using firearms as weaponry allows abusers to increase dominance, exert power, control victims, psychological abuse, threaten and injure victims^{10,11}.

According to the nationally representative study on intimate partner violence, 4.5 million women have reported being threatened by a partner with a firearm and almost 1 million alive reported being shot or shot at by an intimate partner¹². Such lethal victimization of women shows the dangerous interconnection between firearms and gun violence among all racial and ethnic groups, intimate partner homicide disproportionately impacts people of color⁴. Research suggests that Black women are killed at a rate of 4.4 per 100,000 people compared to White women who are killed at a rate of 1.5 per 100,000 thereby placing Black women at greater risk⁴. While research shows women's risk of being killed by a partner with firearm has been high for decades¹³, more research is needed to understand the nonfatal use of firearms in intimate partner



violence (IPV) relationships where victims have been almost killed by the abuser specifically those women from historically disadvantaged groups.

To better understand the non-fatal use of firearms among racial and ethnic minority groups, evidence can come from the lived experiences of African American and Black immigrant women who have been abused by an intimate partner in a manner that involved a firearm. Gathering data from racial and ethnic minority women who have been threatened, coerced, severely injured or almost fatally harmed by a firearm in an intimate partner violence relationship can help to paint a fuller picture of the use of firearms in intimate partner violence relationships prior to such relationships becoming fatal. If you or anyone you know would like to become a research participant, [click here](#) to complete the screening survey.

References cited:

1. Fridel EE, Fox JA. Gender differences in patterns and trends in U.S. homicide, 1976–2017. *Violence and Gender*. 2019;6(1):27–36. doi:10.1089/vio.2019.0005
2. Cooper, A., & Smith, E. L. (2011). *Homicide trends in the United States, 1980–2008*. Washington, DC: Bureau of Justice Statistics.
3. U.S. Department of Justice, Federal Bureau of Investigation. Uniform crime reporting program data: Supplementary homicide reports, 2009–2013. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor]. Retrieved May 25, 2015
4. Petrosky, E., Blair, J. M., Betz, C. J., Fowler, K. A., Jack, S. P., & Lyons, B. H. (2017). Racial and ethnic differences in homicides of adult women and the role of intimate partner violence—United States, 2003–2014. *Morbidity and Mortality Weekly Report*, 66(28), 741.
5. Kivisto, A. J., Magee, L. A., Phalen, P. L., & Ray, B. R. (2019). Firearm ownership and domestic versus nondomestic homicide in the US. *American Journal of Preventive Medicine*, 57(3), 311–320.
6. Stansfield, R., & Semenza, D. (2019). Licensed firearm dealer availability and intimate partner homicide: A multilevel analysis in sixteen states. *Preventive medicine*, 126, 105739.
7. Dahlberg, L. L., Ikeda, R. M., & Kresnow, M. J. (2004). Guns in the home and risk of a violent death in the home: findings from a national study. *American journal of epidemiology*, 160(10), 929–936.
8. Campbell JC, Webster DW, Glass N. (2009). The danger assessment: validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of Interpersonal Violence*, 24(4):653–74.
9. Fox, J. A., & Zawitz, M. W. (2001). *Homicide trends in the United States: Intimate homicide*. Washington, DC: US Department of Justice, Bureau of Justice Statistics. Retrieved May, 29, 2002.
10. Sorenson, S. B. (2017). Guns in intimate partner violence: Comparing incidents by type of weapon. *Journal of Women's Health*, 26(3), 249–258.
11. Sorenson, S. B., & Schut, R. A. (2018). Nonfatal gun use in intimate partner violence: A systematic review of the literature. *Trauma, Violence, & Abuse*, 19(4), 431–442.
12. Tjaden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence: Findings from the National Violence Against Women Survey (NCJ 181867)*. Washington, DC: U.S.
13. Kellermann, A. L., & Mercy, J. A. (1992). Men, women, and murder: Gender-specific differences in rates of fatal violence and victimization. *Journal of Trauma*, 33, 1–5.

CONSORTIUM MEMBER SPOTLIGHT

For this newsletter edition, we want to take a moment to introduce you to some of the new members of the Rutgers Population Health Consortium. Learn more about each member below.

Meet our new Population Health Fellow: Donna Meeker-O'Rourke

In August 2023, the Rutgers Office of Population Health welcomed our second population health fellow, Donna Meeker-O'Rourke, MPH. Prior to joining Rutgers, Donna worked at Montclair State University for 18 years in different capacities. Most recently, she was the Program Coordinator in the Department of Social Work and Child Advocacy. In addition to her full-time position, she served as Advisor for Theta Phi Alpha sorority, Co-creator of the Social Entrepreneurship initiative between the College of Humanities and Social Sciences and the Feliciano School of Business, and Co-Chair of Student Engagement in the Global Center on Human Trafficking. She also has experience teaching courses in epidemiology, Latinx health, women and gender studies, and medical humanities.



Donna graduated from Montclair State University with a Master of Public Health degree with a concentration in Community Education. She is currently a doctoral student in the Family Science and Human Development program and is interested in the systemic factors that contribute to intimate partner violence and is currently assisting with research on Asian/Asian American women who experienced intimate partner violence and tried to leave their partner during COVID. Donna is working on several projects, including student wellness, HPV prevention, and health communication efforts.

Meet Dr. Balpreet Grewal-Virk

Balpreet Grewal-Virk, PhD is the Senior Vice President of Community Health at RWJBarnabas. Dr. Grewal-Virk designed and is implementing the strategy for the health system's pilot program grant in Newark, developing an academic health system and Federally Qualified Health Center (FQHC) partnership aimed at providing highly coordinated clinical care and social determinants of health support to Newark residents. She has also formed strategic partnerships with FQHCs to increase coordination and access to care to reduce healthcare disparities in vulnerable communities.

Before joining RWJBarnabas Health, Dr. Grewal-Virk held several community-focused roles at Hackensack Meridian Health (HMH), most recently serving as the Vice President, Community Outreach and Engagement for the HMH Northern Region.

Dr. Grewal-Virk will be the primary speaker for our upcoming Rutgers Population Health Consortium Meeting on December 4, 2023, and will be presenting on the RWJBarnabas health system's new CHW initiative in Newark.



RUTGERS HEALTH AND WELLNESS CORNER

What's new in Student Health?

Contributing author: Noa'a Shimoni (Associate Vice President for Student Health and Wellness, Rutgers University; Associate Vice Chancellor for Student Affairs, Student Health and Wellness at Rutgers-New Brunswick)

Rutgers Office of Student Health Services is pleased to share two new mental health resources for students. They recognize that navigating life and school is complex, and want to empower students to have the best experience at Rutgers by offering these new wellness tools:

The first is [UWill](#), which is the leading mental health and wellness solution for colleges and students. [UWill](#) provides free immediate access to teletherapy and mental health crisis support for students through an easy-to-use online platform:

- Students choose a therapist based on their preferences, including issue, gender, language, and ethnicity.
- Students select a time that fits their schedule with day, night, and weekend availability.
- Access is quick and easy. Students can register and book their first session using their Rutgers email.
- [UWill](#) is private, secure, and confidential.



The second is TogetherAll, which offers free peer-to-peer mental and well-being health support community:

- Students can access peer-to-peer groups through an app.
- Students can choose their community based on their preferences.
- There is a 24/7 online community with self-help courses and assessments covering topics such as anxiety, sleep, depression and more.
- Licensed and registered mental health practitioners monitor the community to ensure the safety and anonymity of all members.
- TogetherAll will be available to students in November 2023. Please visit the [CAPS website](#) for more information about the timing of its availability.

These new programs are offered in partnership with the New Jersey Office of the Secretary of Higher Education.

Improving Employee Wellness through the Search Inside Yourself Initiative: A Conversation with Dr. Vicente Gracias

Contributing author: Kim S. Tuby (Executive Director, Clinical and Health Affairs, RBHS)

1 What is the SIY Initiative and what inspired its creation?

The Rutgers Health Office of Clinical and Health Affairs hosted a Search Inside Yourself workshop for leaders throughout Rutgers. The program, originally developed at Google, promotes a mindfulness approach to emotional intelligence rooted in neuroscience. The goal was the explore compassionate accountability at work creating psychological safety individually and on teams in the workplace to promote a more humanized workplace.



2 What are the main tenets of a mindfulness approach to emotional intelligence?

The program combines neuroscience, attention-training and emotional intelligence and seeks to provide “practical tools that can be applied immediately in life or at work”. Search Inside Yourself is evidence based and strives to make an impact on leaders’ response to stress and crisis management.

3 Is there anything else you would like to share about the initiative?

“We hope to continue to promote one Rutgers Health by supporting an equitable work environment where a diverse group of individuals can feel safe to work and thrive. supporting each other while deepening a mind training experience including micro-practices in mindfulness and emotional intelligence within the Rutgers community.”

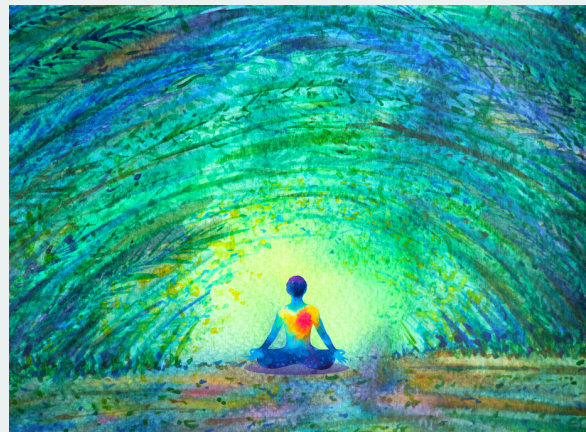
-Vicente Gracias, Senior Vice Chancellor for Clinical Affairs & Vice President for Health Affairs, Rutgers University



MINDFUL MOMENT

We all go through stressful times throughout the day. However, there are simple practices that we can take to help calm feelings of anxiety and reset our focus. Going through breathwork exercises is a great tool to relieve stress. Try out the following breathwork technique from this Headspace video the next time you are feeling stress or anxiety:

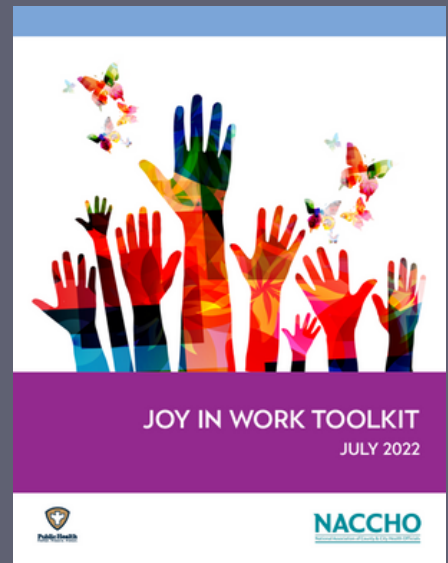
[Learn Breathing Technique Box Breathing: Practice Breathwork for Focus and Anxiety with Dora Kamau](#)



READING/RESOURCE RECOMMENDATIONS

The COVID-19 pandemic revealed not only vulnerabilities in our health care system but also cracks in the fabric of our public health infrastructure. Although the physical and social toll of the disease is evident in statistics and headlines, an equally alarming trend is emerging: an accelerating exodus of professionals from state and local health departments. Read more about the crisis in public health: addressing the exodus from our essential workforce [here](#).

The Joy in Work Toolkit is an adapted version of the Institute for Healthcare Improvement (IHI) Framework for Improving Joy in Work, modified to meet the needs of local governmental public health workforce. In 2017, the IHI developed the IHI Framework for Improving Joy in Work as a tool for healthcare organizations to better understand barriers to joy in work that lead to high rates of staff turnover and burnout and co-create strategies to address them. Read more about the Joy in Work Toolkit [here](#).



FUNDING OPPORTUNITIES

- Rutgers Global Health Institute: [Global Health Seed Grants](#). The Global Health Seed Grants are an annual award from the Rutgers Global Health Institute for faculty conducting collaborative and interdisciplinary activities that address health inequities in New Jersey and around the world. Grants cover one of these two categories: (1) education, training, and capacity building or (2) research. Proposals for the 2024 Global Health Seed Grant are due by 5:00 PM on December 9, 2023. Full details and the online application can be found on the [Rutgers Global Grants website](#).
- Burroughs Wellcome Fund: [Postdoctoral Diversity Enrichment Program \(PDEP\)](#). PDEP awards \$60,000 over the course of three years to support the career development activities of underrepresented minority postdoctoral fellows from degree-granting institutions in the United States or Canada. These postdoctoral fellows are trained and guided by mentors whose goal is to help them advance in their biomedical or medical research careers. The application deadline is on January 18, 2024. Visit this [webpage](#) for details about the award, the application instructions, and the award timeline.



- National Science Foundation: [Science of Science: Discovery, Communication, and Impact \(SoS:DCI\)](#). The SoS:DCI program is designed to increase the public value of scientific activity. The program pursues this goal by supporting basic research in three fundamental areas: How to increase the rate of socially beneficial discovery; How to improve science communication outcomes; and how to expand the societal benefits of scientific activity. The SoS:DCI program places a high priority on broadening participation. It encourages leadership

National Science Foundation (Continued)

- from junior faculty, women, members of historically underrepresented groups, and proposals from Minority Serving Institutions (MSIs), Research Undergraduate Institutions (RUIs), and EPSCoR states. Of particular interest are proposals that have the highest potential to strengthen America's global leadership in science and increase national competitiveness across a broad range of domains. The application deadline is February 7, 2024. Please visit this [website](#) for more information.
- National Institutes of Health: [Research Enhancement Award Program \(REAP\) for Health Professional Schools and Graduate Schools \(R15 Clinical Trial Not Allowed\)](#) and [Research Enhancement Award Program \(REAP\) for Health Professional Schools and Graduate Schools \(R15 Clinical Trial Required\)](#). Supports proposals that stimulate basic and clinical research in educational institutions that provide baccalaureate or advanced degrees for a significant number of the Nation's research scientists, but that have not been major recipients of NIH support. The deadline to apply is February 20, 2024. Please visit this [website](#) for additional information.

ANNOUNCEMENTS

CDC Office of Health Equity Director urges everyone to get vaccinated



Leandris Liburd, PhD, MPH, MA, Acting Director for CDC's Office of Health Equity

Given the disproportionate impact of respiratory viruses on communities of color, the Office of Health Equity is reaching out to partners to share prevention messages and encourage everyone to get vaccinated.

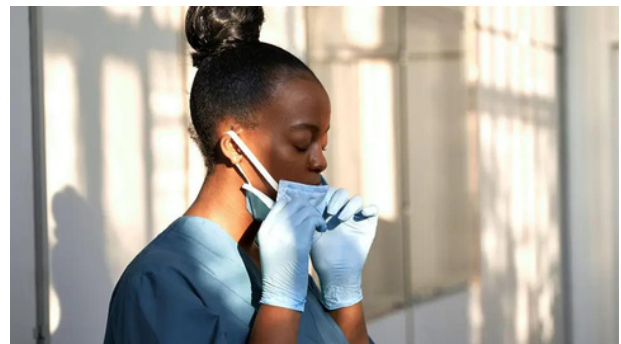
Since the start of the COVID-19 pandemic, people in racial and ethnic minoritized groups have experienced challenges accessing and accepting vaccinations. Research has shown that social disadvantage, and by extension social vulnerability, increase health disparities for many populations. The [Social Vulnerability Index \(SVI\)](#) is a tool that can identify and quantify social needs of vulnerable communities during public health emergencies.

Learn more about the SVI and what CDC is doing to support vaccine equity in the latest [Conversations in Equity blog post](#). Read the full story [here](#).

New CDC Vital Signs Report: Health workers face a mental health crisis

In a recent report, the CDC reveals a decline in mental health among health workers. According to the report, almost half (46%) of health workers reported often feeling burned out in 2022, a 32% increase since 2018. More than double the number of health workers reported harassment at work in 2022 than in 2018. Now, health workers are reporting burnout and symptoms of poor mental health at levels higher than before the COVID-19 pandemic, according to the latest CDC [Vital Signs](#) report.

To learn more about improving health worker mental health, visit the Vital Signs [webpage](#) and read the [full report](#).



UPCOMING EVENTS

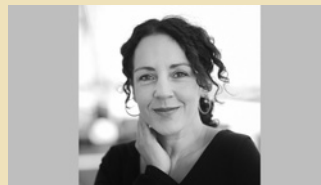
Ninth Annual Rutgers Brain Health Institute Symposium will be held on Thursday, November 30th, 2023, at the Douglass Student Center in New Brunswick from 8:00AM to 5:30PM.



The keynote speaker will be Dr. Michael Shadlen from Columbia University. Shadlen is an Investigator of the Howard Hughes Medical Research Institute and Professor of Neuroscience at Columbia University Medical School. An outstanding group of new Rutgers BHI faculty will be giving talks on research spanning basic, translational, and clinical neuroscience. The event will also feature student/post-doc presentations and best poster awards.

[Learn more and register.](#)

**Writers at Rutgers Series featuring Angie Cruz
Wednesday, November 29, 2023; 7:30PM - 9:00PM
College Avenue Student Center, New Brunswick**



Angie Cruz is a novelist and editor. She is the author of *How Not to Drown in a Glass of Water* (2022), *Dominicana* (2019), *Let It Rain Coffee* (2005), and *Soledad* (2001). Her writing has also appeared in *The Paris Review*, *VQR*, *Calaloo*, *Gulf Coast*, and other journals. She is the founder and editor-in-chief of the award-winning literary journal *Aster(ix)*, and is currently an associate professor at University of Pittsburgh.

[Learn more.](#)

[Stories are Science, Stories are Policies: Lessons, Challenges, and Opportunities When Working with Health Equity Storytellers](#)



Thursday, January 18, 2024; 12:00 - 2:00 PM

The Interdisciplinary Association for Population Health Science (IAPHS) is hosting a webinar that explores storytelling and narrative as an approach to share the voices of community partners in efforts to promote population health practice and policy change. During this session, a case study about a storytelling project with Black women on the cancer continuum, as patients and informal caregivers, will be featured. Registration for this event and other upcoming online events by IAPHS can be viewed on this [webpage](#).