



Title: *Same title as your Project Summary*

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Community Preceptors: *Michelle Aydniec, BSN, RN; Mouy Eng K. Van Galen; Dayna Fondell, MSN, RN*

## COMMUNITY PARTNER

### Camden Coalition

The Camden Coalition of Healthcare Providers is a multidisciplinary, community-based nonprofit working to improve care for people with complex health and social needs in the city of Camden, New Jersey, and across the country. We develop and test care management models and redesign systems in partnership with consumers, community members, health systems, community-based organizations, government agencies, payers, and more, with the goal of achieving person-centered, equitable care.

<https://camdenhealth.org>

## BACKGROUND/CONTEXT

The Camden Coalition began in 2002 as a monthly meeting for primary care providers from across Camden to discuss how to improve care for Camden residents. It has transformed to become a multidisciplinary, community-based nonprofit working to improve care for people with complex health and social needs. As one of New Jersey's four Regional Health Hubs, they work with regional partners, New Jersey's Medicaid office, and other state agencies to expand data sharing and collaboration between organizations.

## TEAM'S EXPERIENCE

- Baby Formula Resource Directory: created a comprehensive list of hotlines and resources distributing formula and human milk to individuals in Southern Jersey during the formula shortage crisis
- Safer Cities Childbirth: triaged patients using the Health Information Exchange (HIE) found to be pregnant at the ED; performed outreach to connect them to the appropriate care (ex. prenatal, termination services, domestic violence, etc.)
- Diabetes Checklist for Community Health Workers: created a presentation for community health workers on symptom identification, home-management, and connection to advanced care for prediabetes and diabetes
- Colorectal Cancer Screening: this pilot sought to remove health care barriers between uninsured/underinsured camden residents and cancer screening services. Staff worked to reduce language, health education, and transportation barriers while providing support to each patient. Worked on data analysis and patient feedback to streamline process

## ACCOMPLISHMENTS/ CHALLENGES/ JOYS

- Interdisciplinary collaboration
- Site Visits at FQHC, Midwifery, Addiction Medicine Clinic
- Collecting and processing data to contribute to evidence-based medicine
- advocating for high-risk patient populations with complex needs

## REFLECTION

*As the summer progressed, we described the Camden Core Model as, "the future of successful medicine". The model addresses aspects of hospital medicine that have felt ineffective to us: even with our limited experience as first-year medical students. When outreaching patients, we came in contact with barriers to healthcare that we had never previously considered. One high-risk patient in particular, was considering not going to her prenatal appointment for the sole reason of not having the money to pay for parking. No amount of medical knowledge on our part would have made a difference in this patient's situation: this was an issue that required care coordination with social services. In the case of the diabetes project, we gained a deep respect for community health workers. In the office, we might only see that a patient's sugar levels remain high despite their reports of taking their insulin. When a community health worker does a home visit, they may be able to uncover that my patient is not aware of the sugar content in the foods they keep in their pantry, or is unsure on how to take their insulin correctly. Our time at the Camden Coalition has been an invaluable introduction to the complexity of care. Most importantly, it has been humbling as future physicians. Our work cannot be effective without the input of advocates, policy reformists, community health workers, social workers, and countless other professionals outside of the realm of traditional medicine.*

