



E-Newsletter – October 17, 2005

## Announcements

***Cornwall conducts program evaluation for Greater Essex Council of Child Welfare Collaboratives.*** In 2003, the State of New Jersey initiated a major redesign of its child welfare system. In cities with extraordinary need, the new state plan calls for the creation of “community collaboratives.” To serve as liaison between community collaboratives and the state, the plan also calls for the creation of “councils of collaboratives.” Essex County has been a leader in the formation of these community collaboratives and has received state support for several community collaboratives as well as a council of collaboratives to assist these organizations.

The Greater Essex Council of Child Welfare Collaboratives has asked the Cornwall Center to assist them in documenting and learning from the experience of collaboratives in Essex County. This institutional learning process is critical to ensure that future collaboratives are established quickly, efficiently, and that they offer the best mix of quality services to their communities.

***Bush-Baskette participates in community events.*** Cornwall Center Director, Dr. Stephanie Bush-Baskette delivered the keynote address at the Newark Emergency Services for Families’ annual meeting on Friday, October 7th. On October 20<sup>th</sup>, Dr. Bush-Baskette will deliver opening remarks at the “New Jersey Institutional Investors Forum VIII”. Dr. Bush-Baskette will also moderate the panel on “Housing, Health Care and Education.”

***Robinson presents at Coalition of Urban and Metropolitan Universities conference.*** Dr. Kelly Robinson, Senior Research Analyst at the Cornwall Center, traveled to Torrance, California to participate in the “11<sup>th</sup> Annual International Conference of the Coalition of Urban and Metropolitan Universities” (CUMU). Dr. Robinson’s presentation, “Urban Revitalization through Community –Based Research” highlights the opportunities and challenges of connecting the Center’s research programs to the local community.

***Abbott Leadership Institute welcomes a new staff member.*** Robyn Curry joins the Abbott Leadership Institute as their new administrative assistant. Ms. Curry graduated from Douglass College of Rutgers University in May of 2002 with a B.A. in English. For the past four years, Ms. Curry worked as an educator in the Newark public school system.

***Abbott Leadership Announces Fall Schedule.*** “Does Your Parent Organization Need More Gusto?” the Abbott Leadership Institute’s fall course began on Saturday, September 24<sup>th</sup>. Classes will meet on October 8<sup>th</sup> and 22, November 8<sup>th</sup> and 19<sup>th</sup> and December 3<sup>rd</sup>. For additional information, contact Junius Williams at 973-353-1750 ext. 229.

***Reinventing Newark Exhibit to Commence in November.*** Reinventing Newark: Visions of the City from the Twentieth Century, an exhibit, will be featured at the Paul Robeson Gallery, Rutgers University - Newark from November 2 to December 15, 2005. Reinventing Newark focuses on unrealized designs for projects in Newark, including civic centers, sports arenas, recreation areas, commercial districts, and much more. For more information please visit: <http://pubadmin.newark.rutgers.edu/exhibit/>

Exhibit Dates: November 2 to December 15, 2005  
Paul Robeson Gallery  
Rutgers University - Newark  
Paul Robeson Campus Center  
350 Dr. Martin Luther King Blvd..  
Newark, NJ 07102

Opening Reception  
November 2, 2005 - 5:00pm

Panel Discussion  
November 30, 2005 - 5:00pm  
The Dana Room,  
4th Floor John Cotton Dana Library  
185 University Ave.  
Rutgers University - Newark

Associated Exhibit  
Reinventing Newark: Troy West/ Anker West  
Dana Library - Nov. 2 - Jan. 31  
Rutgers University - Newark

Please RSVP for the Opening Reception: (973) 353-5093 ext 10.

The exhibit is sponsored by the New Jersey Council for the Humanities, the Graduate Department of Public Administration at Rutgers-Newark, the Faculty of Arts and Sciences - Newark, and the Joseph C. Cornwall Center for Metropolitan Studies.

## **Cornwall Events**

***Cornwall Center to host a series of "brown-bag" luncheon seminars.***

The Cornwall Center for Metropolitan Studies will host two brown-bag luncheon seminars during the fall semester. The series will begin on October 26, 2005 with, "Roadblocks to Obtaining Special Education and Early Intervention Services in Urban School Districts" presented by Esther Canty-Barnes, Clinical Professor and Director of the Special Education Clinic, and Jennifer Rosen Valverde, Assistant Clinical Professor and staff attorney. On November 2, 2005, Dr. Michael Maxfield from the Rutgers School of Criminal Justice will deliver the second seminar, "Measuring racially-biased traffic enforcement in New Jersey." Both lectures will be held at the Cornwall Center headquarters, 47 Bleeker Street, from 12:00 noon to 1:30 pm.

If you would like to attend, please contact Ms. Irene Welch at 973-353-1750 ext. 221 or [irenew@rutgers.edu](mailto:irenew@rutgers.edu). Our seating is limited, so responses will be taken on a first come, first serve basis.

## Faculty News

***Herman discusses aftermath of Katrina.*** Dr. Max Herman, Assistant Professor in the Department of Sociology and Anthropology, was recently interviewed for an article in the NY Times. In the September 18<sup>th</sup> article, "Post-Katrina, Bricks and Mortals" by Clifford J. Levy, Dr. Herman was asked to discuss the parallels between the aftermath of the riots in Newark and Detroit and the hurricane in New Orleans.

***Two new publications for DaCosta Holton.*** Dr. Kimberly DaCosta Holton, Assistant Professor Coordinator of Portuguese and Lusophone World Studies in the Department of Classical & Modern Languages, has two recent publications:

Kimberly DaCosta Holton. 2005. *Performing Folklore: Ranchos Folclóricos from Lisbon to Newark*, Bloomington: Indiana University Press.

Kimberly DaCosta Holton. 2005. "Pride Prejudice and Politics: Performing Folklore Amid Newark's Urban Renaissance," *Etnografica* 9 (1): 81-101

***Butterfield appears on Comcast Television Network.*** In May 2005, Dr. Sherri-Ann Butterfield, Assistant Professor in the Department of Sociology and Anthropology, appeared on "Its Your Call with Lynn Doyle". The show topic was: "Is Anyone American Anymore?" which dealt with issues of hyphenated Americans potentially causing problems by not being "American" enough. Dr. Butterfield was a panelist.

***Institute on Education Law and Policy announces new initiatives.*** The Institute on Education Law and Policy (IELP) is beginning a new project, "Setting the Stage for Informed, Objective, Deliberation on Property Tax Reform." The goal of the project is to inform the current debate over property tax reform and help balance demands for tax reform with the needs of public schools. IELP convened a group of interdisciplinary experts from the fields of education law, school finance, and state tax policy. Among the assembled were former Governor Jim Florio and former New Jersey Supreme Court Justice Gary Stein.

IELP has also joined with the Foundation for Educational Administration, an arm of the New Jersey Principals and Supervisors Association, to establish the Rutgers-FEA Education Law and Policy Institute, an intensive nine-month professional development program for public school principals and other school leaders. The program will cover topics such as education finance, governance, school desegregation, special education, and student rights.

Finally, Professor Paul Tractenberg and Brenda Liss, executive director of IELP, attended a conference entitled "The Education Pipeline from Preschool to Law School." This project is supported by the American Bar Association and the Law School Admissions Council. Tractenberg and Liss discussed a new collaborative effort between Rutgers-Newark and the

Newark public schools that is designed for high school students with interests in careers in law, law enforcement and allied fields.

## Health Care Conference Follow-up

The Joseph C. Cornwall Center for Metropolitan Studies held its second annual conference, “Health in the Newark Metropolitan Area: Being Well in the Midst of Opportunities & Challenges,” on Wednesday, June 22, 2005, at the Paul Robeson Campus Center, Rutgers-Newark Campus.

The one-day conference explored the various dimensions, opportunities, and challenges, for maintaining good health and healthy lifestyles in the Newark Metropolitan area. The conference featured three panels that explored issues around wellness, health status, and health care. The panels explored these issues from the perspective that everyone—individuals, communities, public institutions, governments, etc.—must take responsibility for improving health outcomes in the region.

Below is a summary of the presentations from each panelist. For additional information visit the Center’s website at <http://www.cornwall.rutgers.edu/Conference-Health.htm>.

### *Panel I. Wellness*

The goal of the Wellness panel was to explore strategies, opportunities and challenges for maintaining good health in the Newark Metropolitan area. To accomplish this, we assembled a panel of experts to cover four key areas: preventative health care, nutrition, exercise and mind, body, spirit. Panelists were asked to discuss current trends in wellness, and opportunities and challenges of staying healthy in an urban environment. Dr. Stephanie Bush-Baskette moderated the panel



Left to Right: Deanna Johnson, Stephanie Bush-Baskette, Karen D’Alonzo, Kathleen Morgan, Donald Louria

**Preventative Health Care.** The Wellness Panel opened with a discussion of preventative health care by **Dr. Donald Louria**, Director of the Healthful Life Program at UMDNJ. Dr. Louria began with information on the Healthful Life Program, which has been translated into the “New Jersey Health Wellness Promotion Act”. This law requires HMOs and health insurance plans to provide free, comprehensive annual physicals. New Jersey is unique in that it is one of the only states to have passed such legislation.

The goal of the program is to encourage healthier living and catch problems early. According to Dr. Louria an effective program must be “spartan but comprehensive, easy to follow, and inexpensive”. The Healthful Life Program encourages people to follow the “17 Point Human Tune-up”—seventeen tests and actions that can lead to a longer and healthier life.

Initial results are positive, however, fear of additional costs has led to some resistance from the insurance industry. Although the program has been successful, there are more steps that need to be taken so that everyone is aware of it and benefits from it. For more information on the Healthful Life Program visit <http://healthfullife.umdnj.edu/index.htm> .

**Nutrition.** **Kathleen Morgan**, Family and Community Health Sciences Educator of the Rutgers Research and Cooperative Extension Program, discussed the importance of nutrition in a wellness plan. The discussion included the special needs nutritional needs of children and women, the nutritional challenges of living in an urban environment, and current trends in nutrition.

When discussing children and nutrition, there are several significant concerns. Exposure to lead is a leading concern in urban areas. Lead exposure can lead to lower IQs, behavioral problems, learning disabilities and kidney problems. Studies have shown that iron and calcium rich foods can help slow down lead absorption. However, a child would need to have a balanced diet to have an adequate supply of iron and calcium.

Another concern related to children and nutrition is the steady increase in childhood obesity. The increasing obesity rate is leading to increases in other related illnesses like type 2 diabetes, asthma and hypertension that were once considered to be adult conditions. A healthy, balanced diet and regular exercise can help to reduce the increasing rate of childhood obesity.

Women's specific nutritional needs were also discussed. Calcium, Folic Acid, Iron and Vitamin C are necessary for a healthy diet that prevents illness. Limited access to healthy foods makes meeting this requirement more difficult. Ms. Morgan mentioned the federal program, Women, Infants and Children (WIC), that assists women in meeting their nutritional needs. The WIC program serves to safeguard the health of low-income women, infants, & children who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.

Ms. Morgan discussed some of the challenges of eating healthy in an urban environment, specifically, the availability of healthy food choices. In urban settings, there are fewer and smaller grocery stores, which lead to less access to nutritional foods. Limited transportation can also prevent access to healthy foods. Economics is a significant influence in food choices. Fast, unhealthy food tends to be less expensive and more available in urban settings. People living on low incomes may not be able to afford the healthier food choices, so they opt for the less expensive, less healthy food that is easily accessible.

In conclusion, Ms. Morgan discussed some current trends in nutrition. The popularity of low-carb diets seems to be decreasing. The "next wave" of diets will most likely focus on the Glycerin Index, which measures how fast the body, can metabolize carbohydrates. Another expected trend is the disappearance of trans-fats from foods. Trans-fats can contribute to heart disease. Foods fortified with Omega 3s are expected to increase. Omega 3s have been found to reduce the occurrence of coronary heart disease. Finally, the "Food Allergen Labeling and Consumer Protection Act of 2004" that goes into effect January 1, 2006, will help alert consumer on potentially dangerous food contents.

**Exercise.** Dr. Karen D'Alonzo, Assistant Professor at the Rutgers College of Nursing, continued the discussion on wellness by looking at exercise. The presentation included the difference between physical activity and exercise, the benefit of physical activity, recommendations for physical activity among adults and child, and issues related to exercise in an urban environment.

Dr. D'Alonzo discussed health benefits of physical activity as a means of disease prevention and stress management. Unfortunately, lifestyle changes have reduced our physical activity. Greater reliance on electronic forms of communication, (e.g. email, on-line shopping), labor saving devices and physical structure of communities has lead to less "incidental" physical activity. Although generally the change in lifestyles has resulted in a decrease in exercise, the actual recommendations have increased. In 1995, the recommend amount of exercise was 30 minutes per day several days a week, now in 2005, the recommendations are for 60 minutes per day, several days a week, along with a balanced diet, to manage body weight.

Dr. D'Alonzo's discussion concluded with information on groups that are at a high risk for inactivity for example, women, people of low income and immigrant populations. She reviewed the challenges of being active in an urban environment, for example configuration of streets and safety issues, and the opportunities such as commuter activity, walking at lunch, etc. View Dr. D'Alonzo's conference presentation at: <http://www.cornwall.rutgers.edu/pdf/Wellness-DAlonzo.pdf>

**Mind, Body, and Spirit.** Deanna Johnson, President of the Holistic Urban Guidance Center, Inc., concluded the Wellness Panel with a discussion on the intersection of mind, body, spirit, and health. In her presentation, Ms. Johnson discussed the belief that the mind, body, and spirit are one entity and that more and more people are beginning to agree. People are reaching out to alternative types of healing. Prevention is important, however, some insurance companies are not willing to cover alternative prevention treatments. Ms. Johnson described patients as having responsibility for their wellness and stressed the importance of support networks for treating the body and maintaining good health. Since the spirit is in the body, the maintenance of the body is important. Therefore, she supported the earlier presentations that encouraged good nutrition, exercise, and preventative healthcare.

### ***Panel 2: Health Status and Health Issues in the Newark Metropolitan Area***



*Left to Right:* Denise Davis, Donna Weinman, Robert Atkins, Bruce Stout, Rose Marie Martin, Stephanie Bush-Baskette

The Health Status/Health Issues panel presented information and discussion on factors that affect health in the Newark metropolitan area. The panel was comprised of representatives from state agencies, academia, and community-based organizations. **Denise Davis**, Ph.D., Policy Analyst, Center for State Health Policy, Rutgers University, served as moderator.

**Health Status.** **Rose Marie Martin**, MPH., Division of AIDS and former Chief, Data Analysis and Evaluation Unit, Center for Health Statistics, New Jersey Department of Health and Senior Services, began the session with an overview of the general health status in the Newark metropolitan area. Ms. Martin also provided urban and suburban comparisons and contrast.

Although much of the data specific to Newark and its metropolitan area was not available, the overall conclusion derived was that “disparities in income and race/ethnicity are related to the lower health status evident in the data for Newark”. View Ms. Martin’s conference presentation at: <http://www.cornwall.rutgers.edu/pdf/Health-Martin.pdf>

**Urban and Environmental Health.** **Jeffrey R. Backstrand**, Ph.D., M.A.; Associate Professor, Programs in Urban Systems, University of Medicine and Dentistry NJ of NJ., presented a discussion of urban and environment health factors and issues that should be considered in developing urban health policies. These include the “built in environment”, socio-cultural factors and economic factors that impact health in urban areas such as the Newark Metro area. View Dr. Backstrand’s conference presentation at: <http://www.cornwall.rutgers.edu/pdf/Health-Backstrand.pdf>

The issue of violence and other behavioral factors that may impact both physical and mental health were discussed by **Bruce Stout**, Ph.D., Executive Director of the Violence Institute of New Jersey, University of Medicine and Dentistry and **Robert Atkins**, Ph.D., Assistant Professor, Rutgers College of Nursing.

**Violence.** Dr. Stout presented a preliminary look at surveillance data created by the Institute’s violent death information collection system. This system was developed in conjunction with the Centers for Disease Control and Prevention (CDC), Center for Health Statistics (CHS) of the New Jersey Department of Health and Senior Services (NJDHSS). With the ultimate goal of reducing the incidence of violent deaths, the system data is used to educate and inform the decision making of New Jersey public health and safety professionals. Hence, violence is presented as a health and safety problem. Within the Newark metropolitan area, fire armed homicide and suicide were found to be the leading and third leading causes of death, respectively, among African American males 15-24 years of age. In 2003, the Newark metro area accounted for 32% of reported violent deaths in New Jersey. View Dr. Stout’s presentation at: (<http://www.umdnj.edu/vinjweb/publications/cornwall/cornwall.pdf> )

**Youth Violence and Mental Health.** Dr. Atkins presented research findings on factors that affect the health and development of children in high poverty urban neighborhoods such as Newark and Camden, New Jersey. Findings indicate that high poverty urban neighborhoods are less developmentally supportive than affluent neighborhoods and suggest that within the same environment, personality can affect behavior. Research suggest that while “resilient” youth may function well, those less resilient will often encounter problems, e.g. poor academic achievement, and involvement in anti-social and high risk behaviors. It was also noted that stress within the family can negatively impact resilient personality and suggested that children in high poverty neighborhoods were more likely to show the maladaptive change in personality than were children in affluent neighborhoods.

Child density is identified as another health and developmental factor that warrants consideration. While demographics suggest differences in resources, analyses of assault data found that assaults increase in neighborhoods with high child density. Dr Atkins emphasized the importance of, particularly with high risk youth, having more adult/institution than peer interactions and influences. Dr. Atkins concludes that early intervention may reduce the stress leading to personality change. It was suggested that in child dense neighborhoods there is a need for institutions to provide opportunities to youth and for institutions and adults to direct the energy of youth. He warns that interventions in which high risk youth are place together may increase problem behavior. View Dr. Atkins' conference presentation at: <http://www.cornwall.rutgers.edu/pdf/Health-Atkins.pdf>

**HIV/AIDS.** **Donna Weinman**, Director of Clinical Services for the Hyacinth AIDS Foundation, is responsible for the development and implementation of *The Wellness Community at Hyacinth* (TWCH), a psychosocial group support program based in the field of psychoneuroimmunology. The program focuses on helping people with HIV/AIDS not simply live, but live well with their disease. Accordingly, clients are encouraged to be "patient active" by partnering with their doctors in their fight for improved health as well as combining traditional support groups with alternative approaches to their wellness such as yoga and art therapy.

Ms. Weinman discussed the prevalence of HIV, the racial gap in the epidemic and many of the barriers to treatment. She stated that most of the program's HIV clients seek assistance not for HIV treatment issues but for related issues such as housing, accessing health care, inquires about social security or other HIV related issues. Program clients rated HIV as number five on the list of what is the most important need to take of in their lives. Ms Weinman noted that the vast majority of the program's clients have the same issues: staying drug free, struggling with mental illness, providing food, and involvement in abusive relationships.

She reported that most of the people living with HIV and Aids in the Newark metro-area don't just recklessly get involved with high risk behavior but often have a history of serial trauma from early in life that has not been addressed or treated. Often many may get involved in high risk behaviors as a means to deal with the trauma and the accompanying stress. A survey of program clients revealed that: 62% were victims of sexual assault prior to reaching 18 years of age; 15% were victim of domestic violence in the last 5 years, 70% have coexisting mental illnesses; and 79-82% have coexisting conditions of hepatitis C. These findings corroborate research findings in the greater HIV community and indicate that the problem is bigger than HIV. Research also reveals that those living with HIV suffer from 3 main issues: loss of hope, loss of control and unwanted aloneness. Consequently, to minimize stress and provide access to healthcare, these feelings of hopelessness, race and ethnicity related disparity, and the stigma of disclosure of HIV must be addressed.

### ***Panel 3. Health Care***

The Health Care panel explored the relationship between the health care system and health status. This panel discussed barriers that limit access to health care as well as new opportunities and programs to address these issues. The panel was moderated by **Richard Roper**, President, The Roper Group.



*Left to Right:* Stephanie Bush-Baskette, Linda Holmes, Shari Munch. Not Pictured: Debbie Salas-Lopez, Richard Roper

***Clinical Factors.*** **Dr. Debbie Salas-Lopez**, Chief, Division of Academic Medicine, Geriatrics & Community Programs, University of Medicine and Dentistry of New Jersey, began the program with an in depth discussion of the role of cultural competency in providing quality healthcare to the community. Dr. Salas-Lopez described the key goals and beliefs associated with delivering culturally competent medical care. These include preparing medical practitioners to provide the best quality care to individuals of diverse values, beliefs, cultures, races, languages, and socioeconomic statuses. In addition, she stressed the importance of training practitioners to become more self aware so that they could better understand and appreciate individual perspectives and adapt to the needs of their patients.

Dr. Salas-Lopez explored the relationship between health disparities among poor and minority individuals and the delivery of culturally competent care. She discussed the changing demographics in the US and emphasized the need to respond culturally and linguistically to the very diverse population in this region. Dr. Salas-Lopez identified several important recent studies and reports that link higher incidence of disease and poorer health outcomes in various minority communities. She also discussed studies which conclude that socioeconomic status, gender, and race are correlated with fewer numbers of certain therapeutic interventions and treatment plans.

She identified several ways in which to remediate these negative findings. They include: involving family and community members, providing interpreter services, recruiting a more diverse medical workforce, coordinating with traditional healers, involving community health workers, immersing practitioners in other cultures, and providing culturally competent training. She described the growing support—both from within the medical field and among public policy makers—for increasing cultural competence through targeted educational initiatives and described two such programs in more detail.

Dr. Salas-Lopez cautioned that several challenges remain—how to deal with resistance from established medical care providers, measurement issues, and evaluation of effectiveness—but concluded that it is important for both receivers and providers of medical care to remain vigilant and to continue to insist that quality care be made available to all residents.

***Health Care Environment.*** **Linda J. Holmes**, Executive Director, Office of Minority & Multicultural Health, New Jersey Department of Health and Senior Services discussed the ways

in which the health care system affects health outcomes among ethnic and minority populations. She called attention to striking differences in morbidity (illness) and mortality (death) between white and non-white populations, especially with respect to certain diseases like prostate cancer, and stroke. She pointed out that Newark is one of the areas of the country where some of these differences are most noteworthy.

Ms. Holmes provided handouts that depict differences in health outcomes among minority populations in New Jersey. Disparities in health outcomes are known to be associated with lower socioeconomic status, education, health literacy, personal behavior, and access to insurance. More recent research has allowed some of the focus to also shift to disparities in health care based on discrimination. Countless studies show that health care disparities are also a product of race, ethnicity, language, gender, and age. These studies show that these disparities are often a product of differences in treatment plans, tests and pharmaceuticals made available to minorities.

How we collect data also has an impact on health disparities. Different standards are used to collect racial and ethnic data and most are problematic, where patients are allowed to self-identify or have a racial/ethnic classification imposed upon them. Ms. Holmes suggests that it is important to communicate to people *why* these data are needed.

Ms. Holmes identified a number of minority physicians who had made important strides in Newark for the minority population, however, she noted that minority doctors getting privileges in Newark hospitals was a very recent phenomenon. Most hospitals refused to grant minority physicians privileges until after WWII.

Pointing to the solutions offered by Dr. Salas-Lopez, she also made note of the new initiative launched by New Jersey Department of Health and Senior Services Commissioner, Dr. Fred Jacobs. The initiative plans to investigate how we can do a better job at incorporating humanism, cultural competency across medical personnel, including doctors, nurses, social workers, etc. Connecting care givers with their patients is a first step in improving these relationships that are critical to success.

Involving patients in decision making is critical. Studies suggest that perceptions of competency of the physician, the medical environment, etc., all influence the patient's receptivity to care. Providing appropriate social supports are also important to achieve improved outcomes.

***Patient Factors.*** **Dr. Shari L. Munch**, Assistant Professor, Rutgers University, School of Social Work, addressed patient perspectives on the health care environment and health services delivery. Her comments focused largely on patient-physician relationships, gender perspectives, and communication strategies. Dr. Munch used lessons learned from her own recent research, "*A Qualitative Analysis of Physician Humanism: Women's Experiences with Hyperemesis Gravidarium*," to illustrate the very important relationship between health care practice and health care outcomes.

Hyperemesis Gravidarium (HG) is a debilitating and potentially life-threatening pregnancy disease marked by rapid weight loss, malnutrition, and dehydration due to unrelenting nausea and/or vomiting with potential adverse consequences for the newborn(s). It is often misdiagnosed and women who suffer from the disease have often had their symptoms

downplayed by physicians. Dr. Munch’s research explored the experiences of women who suffered with the disorder and their feelings about the type and responsiveness of treatment they received.

Her findings led her to conclude that the physician-patient relationship is strengthened when patients feel that their symptoms are taken seriously. Skepticism and unresponsiveness on the part of physician may delay patients from seeking much needed care and result in anger, frustration, and withdrawal. Communication is an essential component of an efficient patient-physician relationship, as are humanism and trust.

***Closing Session: Where Do We Go From Here?***

The conference closed in the traditional Cornwall Center fashion: soliciting audience participation to chart the course for future action. A summary of suggestions and discussion from this session will be included in upcoming editions of the *Cornwall Center MetroNews*.

For additional information on the conference and related activities, please visit our website at: <http://www.cornwall.rutgers.edu/>

There you will also find links and information describing the ***Greater Newark Health Systems Survey***, our current funded research on health in the Newark metropolitan area.



Cornwall Center and Greater Newark Health Systems Survey Staff (left to right): Irene Welch, Donita Devance, Denise Davis, Stephanie Bush-Baskette, Lela Keels, Fayth Ruffin, Katherine Accousti. *Not Pictured:* Kelly Robinson, Richard Roper



The Cornwall Center for Metropolitan Studies circulates the ***Cornwall MetroNews*** e-newsletter to: 1) inform readers about important local, state, and national issues and, 2) showcase the work of the Center and members of the Rutgers-Newark community. The Center’s primary geographic focus is Northern New Jersey, with special emphasis on Newark and the Newark metropolitan area.

If you would like to add an item or add/remove a name from our distribution list, please contact Katherine Accousti. For story ideas and suggestions please contact Donita Devance-Manzini. Contact information follows.

*The following individuals contributed to this edition of the **Cornwall MetroNews**:* Katherine Accousti, Donita Devance-Manzini, Lela Keels, and Irene Welch.

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