

# HIP Student Seed Grant Round 1 APPLICATION

<b>Submission Date</b>	2016-01-15 20:37:05
<b>TYPE OF SUBMISSION</b>	Research Project Grant
<b>STAGE OF RESEARCH <a href="#">click here for more information</a></b>	T3 - Translation to Practice
<b>TITLE OF PROJECT:</b>	Urban Health Initiative's Ear, Nose and Throat Telemedicine Screening Program
<b>SUMMARY Please provide a brief summary - no more than 4 sentences</b>	The Telemedicine program under Emory School of Medicine's Urban Health Initiative (UHI) is a new, student-led program that works with healthcare organizations across Atlanta to increase access to quality care for medically underserved populations. The program (under the guidance of Dr. Charles Moore, who is the Co-Director of UHI) has been working with Grady Memorial Hospital and Healing Community Center over the past several months to develop a strategic plan for implementation of a store-and-forward telehealth program for ENT patients at both health organizations. Through this program, at-risk patients at the Healing Community Center will have images of the inside of their ear, nose and throat taken via a video otoscope and have those images stored and forwarded electronically to an Otolaryngologist at Grady Memorial Hospital's ENT Clinic for review and potential referral. UHI's Telemedicine Program is requesting \$5,000 to help launch our Ear, Nose and Throat Telehealth Screening program at the Healing Community Center and Grady Memorial Hospital's ENT Clinic; funds will be used to purchase the equipment and software necessary to set up a clinically compliant store-and-forward telehealth system at the two locations.
<b>HUMAN SUBJECTS RESEARCH</b>	Yes
<b>RESEARCH EXEMPT</b>	No
<b>CLINICAL TRIAL</b>	No
<b>VERTEBRAE ANIMALS</b>	No
<b>HUMAN EMBRYONIC STEM CELLS</b>	No
<b>TOTAL BUDGET REQUEST</b>	5,000
<b>PI LAST NAME</b>	Ameen
<b>PI FIRST NAME</b>	Khadijah
<b>PI EMAIL</b>	kameen@emory.edu
<b>ORGANIZATIONAL AFFILIATION</b>	EMORY UNIVERSITY
<b>DIVISION/SCHOOL</b>	Rollins
<b>DEPARTMENT</b>	HPM
<b>PI LAST NAME</b>	Moore
<b>PI FIRST NAME</b>	Charles
<b>ORGANIZATIONAL AFFILIATION</b>	EMORY UNIVERSITY

<b>DIVISION/SCHOOL</b>	Emory School of Medicine
<b>DEPARTMENT</b>	Otolaryngology; also affiliated with Grady and Emory Healthcare
<b>Please indicate if there have been any changes to the other investigators originally included in the LOI.</b>	Shreya Kothari was added.
<b>PROJECT SUMMARY (Abstract), Relevance, Project/Performance Sites, Senior/Key Personnel, Other Significant Contributors, and Human Embryonic Stem Cells.</b>	<a href="#">NIH Project Summary.pdf</a>
<b>PROJECT NARRATIVE One PDF document including the project plan (5-page limit), figures and references</b>	<a href="#">Project Narrative.pdf</a>
<b>DETAILED BUDGET</b>	<a href="#">NIH Detailed Budget.pdf</a>
<b>BUDGET JUSTIFICATION</b>	<a href="#">NIH Budget Justification.pdf</a>
<b>ADDITIONAL INFORMATION (i.e. IRB/IACUC Approvals, Approved Protocol, Relevant Certifications, Cell Line Registration, etc.)</b>	<a href="#">citiCompletionReport Biomedical.pdf</a>

PROJECT SUMMARY (See instructions):

The Telemedicine program under Emory School of Medicine's Urban Health Initiative (UHI) is a new, student-led program that works with healthcare organizations across Atlanta to increase access to quality care for medically underserved populations. The program (under the guidance of Dr. Charles Moore, who is the Co-Director of UHI) has been working with Grady Memorial Hospital and Healing Community Center over the past several months to develop a strategic plan for implementation of a store-and-forward telehealth program for ENT patients at both health organizations. Through this program, at-risk patients at the Healing Community Center will have images of the inside of their ear, nose and throat taken via a video otoscope and have those images stored and forwarded electronically to an Otolaryngologist at Grady Memorial Hospital's ENT Clinic for review and potential referral. UHI's Telemedicine Program is requesting \$5,000 to help launch our Ear, Nose and Throat Telehealth Screening program at the Healing Community Center and Grady Memorial Hospital's ENT Clinic. The funds will be used to purchase the equipment and software necessary to set up a clinically compliant store-and-forward telehealth system at the two locations.

RELEVANCE (See instructions):

Both Grady Memorial Hospital and Healing Community Center are located and serve almost exclusively Medically Underserved Areas and Populations in Dekalb and Fulton County. This population faces particular barriers in access to care due to inconsistent means of transportation, limited specialty care options due to lack of insurance, and long wait list at these limited healthcare options. In addition, this population is particularly vulnerable to risk factors leading to Head and Neck Cancer such as smoking and drinking.

PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page)

**Project/Performance Site Primary Location**

Organizational Name: Healing Community Center

DUNS:

Street 1: 2600 Martin Luther King Jr. Dr., SW Street 2:

City: Atlanta County: Fulton State: GA

Province: n/a Country: USA Zip/Postal Code: 30311

Project/Performance Site Congressional Districts: 5th

**Additional Project/Performance Site Location**

Organizational Name: Grady Memorial Hospital

DUNS:

Street 1: 80 Jesse Hill Jr Dr SE Street 2:

City: Atlanta County: Fulton State: GA

Province: n/a Country: USA Zip/Postal Code: 30303

Project/Performance Site Congressional Districts: 5th

SENIOR/KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Program Director(s)/Principal Investigator(s). List all other senior/key personnel in alphabetical order, last name first.

Name	eRA Commons User Name	Organization	Role on Project
Khadijah Ameen		Emory Rollins - HPM	PI
Charles Moore		Emory/Grady/UHI/Healin	Faculty Sponser
Tong Yin		UHI/Emory SOM	Data Analyst
Julie Pan		Emory College of Arts	Data Analyst
Shreya Kothari		Emory Rollins - Global	Operations/M&E
Shahidah Mallay		Emory Rollins - eMPH	Strategic Planning

OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project
Bruce Bond	AMD Telemedicine	Equipment/Software Vendor
Shea Ross	GA Partnership of Telehealth	Policy and Implimentation
Carolyn Aidman	Urban Health Intitiative	UHI support

**Human Embryonic Stem Cells**  No  Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/research/registry/eligibilityCriteria.asp>. *Use continuation pages as needed.*

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line

## **Introduction/Statement of Need**

### **Diseases of the Ear, Nose and Throat**

Conditions and Diseases of the Ear, Nose and Throat (ENT) are broad and include but are not limited to Allergies, Dizziness and Vertigo, Deviated Septums, Hearing Loss, Ear Infections, Eardrum Perforations, Sinusitis, Facial Paralysis, Snoring, Dysphagia, Tinnitus, Taste and Smell Disorders and Tonsil and Adenoid Problems (U.S. National Library of Medicine, 2015). Head and Neck Cancer is also categorized as a type of ENT disease and includes cancers of the mouth, nose, larynx (throat), lips and salivary glands (National Cancer Institute, 2013).

Head and Neck Cancer accounts for roughly 3% of all cancers in the United States, with an estimated 59,340 individuals developing the disease and 12,290 individuals dying from the disease each year (National Cancer Institute, 2013). There is no standard or routine screening test currently in place for Head and Neck Cancer (National Cancer Institute, 2013). There is also a limited amount of focus on secondary prevention when it comes to cancers of the head and neck (National Cancer Institute, 2013). Currently only 14% of the National Cancer Institute's research funds for Head and Neck Cancer go towards Early Detection, Diagnosis and Prognosis (National Cancer Institute, 2013). When diagnosed at an early stage while the cancer is localized and not spread, treatments for Head and Neck Cancer have a higher probability of success (National Cancer Institute, 2013).

### **Factors that Contribute to Disease Burden**

Tobacco and alcohol use are the two leading risk factors associated with cancers of the head and neck (National Cancer Institute, 2013). In addition, Human Papillomavirus (HPV), a type of sexually transmitted disease, has been identified as a cause of over half of all cases of Oropharyngeal Cancer, a type of Head and Neck Cancer (National Cancer Institute, 2013).

Race, socioeconomic status, age and locality are also all significant determinants of Head and Neck Cancer diagnosis and survivorship. According to a 2013 retrospective cohort study that analyzed treatment patterns and survivorship among low-income Medicaid patients with Head and Neck Cancer in Georgia and California, fewer than one-third of Medicaid patients received a diagnosis at an early stage (Subramanian et al., 2013). In addition, black patients were less likely to receive timely treatment and more likely to die than their white counterparts, even after controlling for all other factors (Subramanian et al., 2013). This disparity was also seen among older patients, who faced higher mortality rates than their younger counterparts (Subramanian et al., 2013). The study also found that Georgia Head and Neck Cancer patients had approximately double the odds of dying within a 24 month period compared to patients in California (Subramanian et al., 2013).

### **Organizational Background and Community Being Served**

Grady Memorial Hospital is the premier safety net hospital in Atlanta and considered by many as the backbone of metro Atlanta's healthcare system. Grady Memorial Hospital predominately serves low-income and uninsured African American residents of Fulton and Dekalb county and serves for many as the only means of accessing specialty and diagnosis services. Grady has a full service ENT Clinic that evaluates, diagnoses, and treats a wide range of otolaryngological conditions and diseases, including Head and Neck Cancer. Grady's ENT Clinic currently serves roughly 2500 patients each year, with approximately 15% of those patients having Head and Neck Cancer. Due to the volume of late stage Head and Neck Cancer patients and patients with other advanced ENT diseases, the current wait time within Grady's ENT Clinic exceeds 8 weeks.

While ENT specialty care options are limited for low-income metro Atlanta residents, primary care services through community health centers are more prevalent and easily accessible for these residents. One of their community health center options is the Healing Community Center. Healing Community Center is a Federally Qualified Health Center located in Northwest Atlanta that provides primary care services for low-income adults, as well as a range of other services spanning from behavioral health to pediatrics. Healing Community Center accepts all patients, regardless of income or insurance status, and follows a Sliding Fee Scale model for payments. Healing Community Center currently services 3500 adult and child patients per year, with approximately 35% of those patients suffering from ENT issues. While Healing does provide ENT services and has an Otolaryngologist visit the center every month, the specialist is only able to see 10-15 patients per visit, which has resulted in current wait times of over 2 months.

Both Grady Memorial Hospital and Healing Community Center are located and serve almost exclusively Medically Underserved Areas and Populations. Medically Underserved Areas and Populations are defined by

HRSA as areas or populations that have too few medical providers, high infant mortality rates, high poverty rates and/or a high elderly population (HRSA, 2016). The majority of patients that visit Grady and Healing live in zip codes such as 30314 that are designated by HRSA as underserved areas (HRSA, 2016).

### **Access to Care Issues Among the Community being Served**

Another obstacle that low-income ENT patients in the metro Atlanta area confront beyond limited financially-viable ENT specialty care options is lack of reliable private transportation. A 1994 cross-sectional study that looked at obstacles in seeking care among 3,897 Grady Hospital patients found that walking or using public transportation to receive medical care was a significant predictor of not having a regular source of care (Odds Ratio of 1.44), and patients who did not use private transportation were more likely to delay care (Odds Ratio 1.45) (Rask et al., 1994). For many Grady Hospital and Healing Community Center patients, the only means of accessing care is via the Metropolitan Atlanta Rapid Transit Authority (MARTA). Grady Hospital is located across the street from the Georgia State MARTA station and Healing Community Center is located nearby the H.E. Holmes MARTA station.

### **Increasing Access to Care through Telemedicine**

Telemedicine, or Telehealth, is defined as the delivery of healthcare information and services via telecommunication to a patient from a provider located in a remote location (American Telemedicine Association, 2015). Telemedicine can be used as a means of expanding access to secondary preventative services such as ENT screenings for patients living in medically underserved locations (Berkeley Research Group, 2015).

The Telemedicine program under Emory School of Medicine's Urban Health Initiative (UHI) is a new, student-led program that works with healthcare organizations across Atlanta to increase access to quality care for medically underserved populations. The program (under the guidance of Dr. Charles Moore, who is the Co-Director of UHI) has been working with Grady Memorial Hospital and Healing Community Center over the past several months to develop a strategic plan for implementation of a store-and-forward telehealth program for ENT patients at both health organizations. Through this program, at-risk patients at the Healing Community Center will have images of the inside of their ear, nose and throat taken via a video otoscope and have those images stored and forwarded electronically to an Otolaryngologist at Grady Memorial Hospital's ENT Clinic for review and potential referral.

### **Funding Proposal**

UHI's Telemedicine Program is requesting \$5,000 to help launch our Ear, Nose and Throat Telehealth Screening program at the Healing Community Center and Grady Memorial Hospital's ENT Clinic. The funds will be used to purchase the equipment and software necessary to set up a clinically compliant store-and-forward telehealth system at the two locations.

### **Goals and Objectives**

The Urban Health Initiative Telemedicine Program's primary goal is to increase equitable access to ear, nose and throat medical care services to medically underserved populations in Atlanta, Georgia.

The project's objectives are to:

1. Install telehealth equipment and software within the primary care clinic at Healing Community Center and the ENT clinic at Grady Memorial Hospital.
2. On-board and train the appropriate staff members on how to use equipment and software and how to appropriately run the program.
3. Initiate screening of patients at Healing Community Center and forward their results to Grady's ENT clinic for review and referral.
4. Monitor and Evaluate patient and provider satisfaction of telehealth program.

### **Project Objective 1: Purchase and Installation of Telehealth Equipment and Software**

Objective 1 will involve purchasing and installing the telehealth equipment and software needed for the project. The UHI Telemedicine program has already contacted and gotten a quote from AMD Global Telemedicine, the world's leading supplier of telehealth software and equipment, and will be working with them for any technical needs. The UHI Telemedicine program also has a relationship with GA Partnership of Telehealth to ensure appropriate and compliant installation of all equipment and software.

### **Project Objective 2: On-board and Train the Appropriate Staff Members**

Objective 2 will involve onboarding and training of the appropriate staff members to familiarize all engaged parties with the operations component of the program. Appropriate staff includes all providers at Grady ENT Clinic and Healing Community Center that will be involved at any capacity with the project, as well as all current and new UHI Telemedicine team members.

**Project Objective 3: Initiate Patient Screenings**

Project Objective 3 will involve the introduction of Healing Community Center patients to the telehealth program. More specifically, this will involve the taking, storing, forwarding and interpretation of images of the ear, nose and throat. If image results present an urgent ENT issue, patients will then get referred to Grady Memorial Hospital’s ENT Clinic.

**Project Objective 4: Monitoring and Evaluation**

Project Objective 4 will include the ongoing monitoring and evaluation of the telehealth program once implemented. This will occur quarterly and involve feedback from both patients and providers on the quality and performance of the program.

The timetable for the proposed objectives is presented below:

Table 1. Four Phases of UHI Telemedicine Project

Phase	Time Period	Objective
1	June 2016	Purchase and Installation of Equipment and Software
2	June 2016	On-Boarding and Training of Appropriate Staff
3	July 2016	Initiation of Patient Screenings
4	Ongoing	Monitoring and Evaluation of Program

**Methods/Implementation Plan**

In order to appropriately establish the activities necessary to increase patient access, the UHI Telemedicine Program referenced and built upon the four aforementioned program objectives of purchasing and installing equipment and software, on-boarding and training appropriate staff, initiating patient screenings and monitoring and evaluating the program. The activities done to achieve these objectives will be carried out in four primary phases over the Summer of 2016, with monitoring and evaluation occurring continuously throughout the process after implementation is complete.

**Phase 1 Activities: Purchase and Installation of Equipment and Software**

The UHI Telemedicine program will work with technicians at AMD Global Telemedicine to purchase, deliver and install the equipment and software necessary for the program. The UHI Telemedicine program will purchase one AMD 2000 Video Otoscope Camera from AMD Global Telemedicine, which will be installed in an exam room within the primary care department at the Healing Community Center. The program will also purchase AGNES Interactive Web-based software and Telehealth Consult software from AMD Global Telemedicine for both sites. We will use the technical assistance of a Health IT specialist at Grady Memorial Hospital and the Healing Community Center to ensure that the web-based and consult software is installed appropriately and in compliance with Grady, Healing and federal policy on computers at both work stations. In addition, UHI Telemedicine program team members will continuously work with Georgia Partnership of Telehealth to ensure that compliance is met.

**Phase 2 Activities: On-board and Training of Appropriate Staff**

In concurrence with installation of required equipment and software, all Grady and Healing providers and staff members involved with the project, as well as all current and new UHI Telehealth team members, will be properly on-boarded onto the project. More specifically, this onboarding process will include Otolaryngologists at Grady ENT Clinic, Mid-level providers within the primary care department at Healing Community Center, Health IT specialists at both sites, and clinic administrators at both sites. The onboarding will involve training on both how to use the purchased equipment and software, as well as all program implementation requirements. Providers and administrators will be trained on which patients will receive

screening, how to store images, and how quickly to forward and interpret images. In addition, the revenue cycle team at both locations will be informed on how to code and bill for the telehealth services.

### **Phase 3 Activities: Initiation of Patient Screenings**

Phase 3 activities will be conducted in three sub-phases: Taking of Images, Storing and Forwarding of Images, and Interpretation of Images.

#### *Taking of Images:*

All Adult and Child patients presenting with an ENT-related issue will be screened once a year within the primary care department at Healing Community Center. This screening will take place in an exam room by a nurse practitioner or mid-level provider after the patient's vitals are taken and is projected to take approximately 2 minutes. According to data from the Healing Community Center, 35% of adult and child patients present with ENT-related issues each year, which will result in approximately 1,225 patients being screened per year in year 1 and 2,450 patients being screened by 2017 as Healing Community Center continues to expand.

#### *Storing and Forwarding of Images:*

Upon taking the ear, nose and throat images, the nurse practitioner or mid-level provider will immediately upload the images onto the AGNES Interactive Web-based and Telehealth Consult software on the computer in the exam room at the same time as they are entering in any other important patient information. The nurse practitioner or mid-level provider should then forward the images via the software to the Otolaryngology department at Grady Memorial Hospital. This entire process is estimated to take approximately 3 minutes per patient.

#### *Interpretation of Images and Referral:*

Once the images have been forwarded to the ENT clinic at Grady, an allotted timeframe each day will be set-aside for a specialist to interpret the received images. The length and time of this timeframe will be predetermined by Dr. Moore and any other project-affiliated specialist at the Grady ENT clinic. Once images are reviewed, the specialist will produce a recommendation based on the severity of the ENT issue, and if necessary, will notify Healing Community Center that the patient needs to be referred to the Grady ENT clinic. If no significant ENT disorder is presented, the patient will be seen back in a year for another screening at Healing if medically necessary. Notification of a referral decision will be made the same day as the images are taken.

### **Phase 4 Activities: Monitoring and Evaluation**

Phase 4 activities will include quarterly monitoring of: patient utilization of the telehealth system, the number of patients being referred to Grady ENT clinic, the number of patients presenting with ENT diseases (and at what stage) and the timing of each encounter. Each quarter, benchmarking of provider and patient satisfaction with the program will also be conducted. Provider satisfaction will be evaluated by assessing work flow improvements, ease of device/software usage, and the quality of images being taken. Patient satisfaction will be assessed by evaluating experiences with provider interaction and encounter time. Quarterly monitoring will be conducted internally by a designated UHI Telemedicine Program student team member. Provider and Patient satisfaction will be assessed through qualitative surveys.

### **Anticipated Results and Impact on Healthcare Delivery**

The anticipated results of the program can be broken down by anticipated short, intermediate and long term outcomes.

#### **Anticipated Short Term Outcomes**

The primary anticipated short-term outcome of the UHI Telemedicine program will be an increase in the number of patients being screened for conditions and diseases of the ear, nose and throat. Because no current screening program is in place at Healing Community Center or Grady, this result will not be difficult to achieve.

#### **Anticipated Intermediate Term Outcomes**

The primary anticipated intermediate outcome of the UHI Telemedicine program is decrease in wait times for ENT patients at both Healing and Grady. If Healing patients no longer have to rely solely on monthly visits by an affiliated Otolaryngologist and only patients with moderate to severe ENT-related are referred to Grady's ENT department, waitlist are projected to decrease for both health organizations.

#### **Anticipated Long Term Outcomes and Overall Impact on Healthcare Delivery**



There are two primary long-term outcomes for the UHI Telemedicine project. The first is to decrease the prevalence of late stage ENT diseases, particularly Head and Neck Cancer, among medically underserved individuals in the Atlanta area. Through ongoing monitoring and evaluation of the program, the UHI team will be able to track any changes in the number of late-stage ENT diseases that are presented at the Healing Community Center and Grady.

The second primary long-term outcome of this project will be expansion of the project to other Grady-affiliated community health centers. Healing Community Center is a perfect center to pilot this program due to Dr. Moore serving as both the Chief of Service of Otolaryngology - Head and Neck Surgery at Grady and as the CEO and Founder of Healing Community Center. If the UHI Telemedicine project proves to be successful at Healing Community Center (this success will again be regularly monitored and evaluated by the UHI Telemedicine student-led team), the program plans on expand the project to all seven of Grady's satellite community health centers.

By implementing a telehealth program at two health systems dedicated to serving medically underserved populations, the potential for successful population health management of this project is grand. In this case, telehealth services will be used to solve patient access issues revolving around lack of transportation, lack of insurance and lack of availability of specialty care services among medically underserved populations in the metro Atlanta area experiencing ENT complications. In addition, this program will address gaps in secondary preventative and early detection services, in addition to provider inefficiencies involving excessive wait times and poor patient flow that both healthcare institutions are currently experiencing.

### References

- American Telemedicine Association. *ATA State Telemedicine Toolkit: Improving Access to Covered Services for Telemedicine*. American Telemedicine Association, 2015. <http://www.americantelemed.org/docs/default-source/policy/ata-state-telemedicine-toolkit---coverage-and-reimbursement.pdf?sfvrsn=4>
- Berkeley Research Group. *Telehealth Utilization: Potential Benefits of Expanded Coverage and Reimbursement*. BRG Healthcare, 2015. [http://www.thinkbrg.com/media/publication/689\\_Younts\\_Telehealth\\_Whitepaper\\_20150916.pdf](http://www.thinkbrg.com/media/publication/689_Younts_Telehealth_Whitepaper_20150916.pdf)
- HRSA. *Medically Underserved Area Finder*. US Department of Health and Human Services, 2016. <http://datawarehouse.hrsa.gov/tools/analyzers/maufind.aspx>
- National Cancer Institute. *Head and Neck Cancer*. National Institute of Health, 2013. <http://www.cancer.gov/types/head-and-neck/head-neck-fact-sheet#q1>
- Rask et al.. *Obstacles predicting lack of a regular provider and delays in seeking care for patients at an urban public hospital*. JAMA. 1994 Jun 22-29; 271(24) <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/#R40>
- Subramanian S, Chen A. *Treatment Patterns and Survival Among Low-Income Medicaid Patients With Head and Neck Cancer*. JAMA Otolaryngological Head Neck Surgery, 2013;139(5):489-495. <http://archotol.jamanetwork.com/article.aspx?articleid=1677922>
- U.S. National Library of Medicine. *Ear, Nose and Throat*. National Institute of Health, 2015. <https://www.nlm.nih.gov/medlineplus/earnoseandthroat.html>

<b>DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY</b>	FROM March 2016	THROUGH March 2017
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List PERSONNEL (*Applicant organization only*)  
 Use Cal, Acad, or Summer to Enter Months Devoted to Project  
 Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Khadijah Ameen	PD/PI	7	6	1	0	0	0	0
Charles Moore	Faculty Sponser	60	48	12	0	0	0	0
Tong Yin	Data Analyst	7	6	1	0	0	0	0
Julie Pan	Data Analyst	13	13	3	0	0	0	0
Shreya Kothari	Operations/ M&E	16	13	3	0	0	0	0
Shahidah Mallay	Strategic Planning	7	6	1	0	0	0	0
<b>SUBTOTALS</b> →						0	0	0

CONSULTANT COSTS Set up and Installation Fee	0
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EQUIPMENT ( <i>Itemize</i> ) AMD 2000 Video Otoscope Camera	2000
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SUPPLIES ( <i>Itemize by category</i> )	0
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TRAVEL 0	0
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INPATIENT CARE COSTS	0
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OUTPATIENT CARE COSTS	0
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ALTERATIONS AND RENOVATIONS ( <i>Itemize by category</i> )	0
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OTHER EXPENSES ( <i>Itemize by category</i> ) AGNES Interactive web-based software AMD Telehealth Consult software	3000
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CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	5000
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<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> ( <i>Item 7a, Face Page</i> )	<b>\$ 5000</b>
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CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	0
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<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>	<b>\$ 5000</b>
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**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD  
DIRECT COSTS ONLY**

BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD <i>(from Form Page 4)</i>	2nd ADDITIONAL YEAR OF SUPPORT REQUESTED	3rd ADDITIONAL YEAR OF SUPPORT REQUESTED	4th ADDITIONAL YEAR OF SUPPORT REQUESTED	5th ADDITIONAL YEAR OF SUPPORT REQUESTED
PERSONNEL: <i>Salary and fringe benefits. Applicant organization only.</i>	0	0	0	0	0
CONSULTANT COSTS	0	0	0	0	0
EQUIPMENT	2000	0	0	0	0
SUPPLIES	0	0	0	0	0
TRAVEL	0	0	0	0	0
INPATIENT CARE COSTS	0	0	0	0	0
OUTPATIENT CARE COSTS	0	0	0	0	0
ALTERATIONS AND RENOVATIONS	0	0	0	0	0
OTHER EXPENSES	3000	0	0	0	0
DIRECT CONSORTIUM/ CONTRACTUAL COSTS	0	0	0	0	0
<b>SUBTOTAL DIRECT COSTS</b> <i>(Sum = Item 8a, Face Page)</i>	5000	0	0	0	0
F&A CONSORTIUM/ CONTRACTUAL COSTS	0	0	0	0	0
<b>TOTAL DIRECT COSTS</b>	5000	0	0	0	0
<b>TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD</b>					<b>\$ 5000</b>

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.

UHI's Telemedicine Program is requesting \$5000 to help launch our ENT Telehealth Screening program. The funds will be used to purchase the equipment and software necessary to set up a clinically compliant store-and-forward telehealth system at the two locations. Total project cost is estimated at \$7500, however all equipment and software cost exceeding \$5000 will be covered by an outside funding source (Grady Memorial Hospital). Project costs were established from direct price quotes from AMD Global Telemedicine . Personnel Costs (Total Project Cost: \$0; Requesting: \$0)

This project will be run entirely from UHI Emory student volunteers. UHI is a volunteer-based organization and thus volunteers do not expect to get compensated unless UHI's overall budget has room for student stipends.

AMD 2000 Video Otoscope Camera (Total Project cost: \$2000 per unit; Requesting: \$2000)

The Video Otoscope Camera will be used to take images inside ENT patients' ears, noses and throats. AGNES Interactive web-based (Total Project cost: \$1500; Requesting: \$1000)

This software will be used as a web-based live transport mechanism for storing and forwarding images AMD Telehealth Consult Software (Total Project cost: \$4000 (for 2 exam sites); Requesting: \$2000)

~~When paired with AGNES software, this software provides the capability to permanently store images~~

# COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

## COURSEWORK REQUIREMENTS REPORT\*

\* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Khadijah Ameen (ID: 3733321)
- **Email:** kameen@emory.edu
- **Institution Affiliation:** Emory University (ID: 317)
- **Institution Unit:** Anthropology - College of Arts and Sciences
- **Phone:** 757-297-0489

- **Curriculum Group:** Basic/Refresher Course Human Subjects Protection
- **Course Learner Group:** Group 1. Biomedical Focus
- **Stage:** Stage 1 - Basic Course
- **Description:** This course is suitable for investigators and staff conducting BIOMEDICAL RESEARCH with human subjects. The IRB can assist you in determining whether these additional modules are necessary.

- **Report ID:** 17272350
- **Completion Date:** 09/19/2015
- **Expiration Date:** 09/18/2018
- **Minimum Passing:** 80
- **Reported Score\*:** 89

### REQUIRED AND ELECTIVE MODULES ONLY

### DATE COMPLETED

Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	09/19/15
History and Ethics of Human Subjects Research (ID: 498)	09/19/15
Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)	09/19/15
Informed Consent (ID: 3)	09/19/15
Social and Behavioral Research (SBR) for Biomedical Researchers (ID: 4)	09/19/15
Records-Based Research (ID: 5)	09/19/15
FDA-Regulated Research (ID: 12)	09/19/15
Research and HIPAA Privacy Protections (ID: 14)	09/28/13
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	09/19/15

**For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.**

#### CITI Program

Email: [citisupport@miami.edu](mailto:citisupport@miami.edu)

Phone: 305-243-7970

Web: <https://www.citiprogram.org>

# COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

## COURSEWORK TRANSCRIPT REPORT\*\*

\*\* NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Khadijah Ameen (ID: 3733321)
- **Email:** kameen@emory.edu
- **Institution Affiliation:** Emory University (ID: 317)
- **Institution Unit:** Anthropology - College of Arts and Sciences
- **Phone:** 757-297-0489

- **Curriculum Group:** Basic/Refresher Course Human Subjects Protection
- **Course Learner Group:** Group 1. Biomedical Focus
- **Stage:** Stage 1 - Basic Course
- **Description:** This course is suitable for investigators and staff conducting BIOMEDICAL RESEARCH with human subjects. The IRB can assist you in determining whether these additional modules are necessary.

- **Report ID:** 17272350
- **Report Date:** 09/19/2015
- **Current Score\*\*:** 88

### REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES

### MOST RECENT

History and Ethics of Human Subjects Research (ID: 498)	09/19/15
Students in Research (ID: 1321)	09/28/13
Informed Consent (ID: 3)	09/19/15
Social and Behavioral Research (SBR) for Biomedical Researchers (ID: 4)	09/19/15
Records-Based Research (ID: 5)	09/19/15
FDA-Regulated Research (ID: 12)	09/19/15
Research and HIPAA Privacy Protections (ID: 14)	09/28/13
Vulnerable Subjects - Research Involving Workers/Employees (ID: 483)	09/28/13
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	09/19/15
Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)	09/19/15
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	09/19/15

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

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**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.  
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Khadijah Ameen		POSITION TITLE Program Director/Principal Investigator	
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>residency training if applicable.</i> (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and			
INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY
Emory University College of Arts and Sciences, Atlanta, GA	BA	05/14	Anthropology and Global Health
Emory University Rollins School of Public Health, Atlanta, GA	MPH	05/16	Health Policy

Please refer to the application instructions in order to complete sections A, B, C, and D of the Biographical Sketch.

**A. Personal Statement**

My professional and academic background involves experiences in clinic operations and compliance, process improvement and project management that have equipped me with the leadership and data analytical skills necessary to serve as program director for the Urban Health Initiative Ear, Nose and Throat (ENT) Telehealth Screening program. My clinic operations and compliance experience includes working within both a major academic health center and a federally qualified health center. As a Clinic Operations and Process Improvement Intern for the Radiation Oncology department at the Emory Clinics, I was in charge of leading a process improvement project centered on improving provider workflow efficiencies in timing, scheduling and layout, which had involved intensive observational data collection and subsequent synthesis and analysis of the collected information. Similarly, as a Clinical Compliance Specialist for Whiteford Family Health Center, I am currently assisting the Medical Director and Clinical Nurse Manager in reviewing, organizing and updating clinic administrative policies and procedures in order to ensure legal operations of the clinic. Both positions provided me with the broader understanding of federal compliance laws, provider workflow improvement strategies and day-to-day clinic operations that will be essential in directing a telehealth screening program at two clinics.

In addition to clinic operations experience, my project management skills have been developed through my experience as project manager for Urban Health Initiative's Telemedicine Program. Since its creation in Fall of 2014, I have managed a team of providers and students across various health systems and academic institutions in the development of program implementation strategies for our ENT and Diabetic Retinopathy Telehealth projects. My tasks in this position have included scheduling, budgeting, vendor management, project charter development, strategic planning and monitor and evaluation planning in order to keep the team organized and establish key operational goals and desired outcomes for the program. In addition to project management skills, this position has provided me with the wealth of knowledge necessary to implement a successful telehealth program. One of my key roles in this position has been performing literature reviews of current ENT telehealth programs, conducting informational interviews and site visits to health systems with

already established telehealth programs, and working with 3rd party vendors such as Georgia Partnership of Telehealth to more clearly understand the compliance information necessary to operate a telehealth program.

Beyond my professional experience, I have also strengthened my leadership skills, analytical skills and knowledge of telemedicine through my academic experiences. My academic background includes a six week health systems research program in London through Emory University and University of College London, during which I evaluated the structure of General Practitioner and Accident and Emergency departments within the National Health Service in order to come up with solutions to increase female patient satisfaction. This experience, which included surveying over 400 United Kingdom citizens and compiling the subsequent data to perform univariate and bivariate analyses, provided me with key qualitative and quantitative data collection and analysis skills. My graduate coursework in areas such as Epidemiology, Biostatistics and Economic Evaluation have additionally provided me with a stronger foundation of analytical skills fundamental for this position. In addition, I completed my graduate school capstone project on the health and economic impact of telehealth adoption in Georgia, as well as conducted a Health Administration Law project on the current legal barriers impacting telehealth implementation. Furthermore, my leadership skills have been strengthened through my position as President of the Association of Black Public Health Students, the 2nd largest organization at Rollins School of Public Health.

With my past and current experience working in clinic operations, clinic compliance and project management, coupled with my strong analytical skills and working knowledge of telemedicine, I believe I would be a fit program director for the Urban Health Initiative Ear, Nose and Throat (ENT) Telehealth Screening program.

## **B. Positions and Honors**

### **Positions and Employment**

October 2015 - Present                      Clinical Compliance Specialist, Whitefoord Community Program  
October 2014 – Present    Project Lead, Urban Health Initiative Telemedicine Program  
October 2014 – Present    Graduate Assistant, Healthcare Innovation Program  
June 2012 – Present    Medical Reserve Corps Member, Virginia Beach Department of Public Health  
January 2015 – July 2015    Clinical Operations Intern, Emory Healthcare  
June 2013 – August 2013    National Health Service Researcher, University of College London  
June 2012 – May 2013      Grant and Social Media Intern, Physician for Peace  
June 2012 – October 2012    Eye Care Intern, Colleagues in Care

## **C. Selected Peer-reviewed Publications**

n/a

## **D. Research Support**

n/a

**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: **MOORE, Charles Earl**

eRA COMMONS USER NAME (credential, e.g., agency login): **MOORE7578**

POSITION TITLE: **Associate Professor; Chief of Service**

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	Completion Date MM/YYYY	FIELD OF STUDY
Union College, Schenectady, NY	B.S. Summa Cum Laude	06/87	Biology
Harvard Medical School, Boston, MA	M.D. Cum Laude	06/91	Medicine
University of Michigan, Ann Arbor, MI	Medical Residency	06/92	General Surgery
University of Michigan, Ann Arbor, MI	NIH Research Fellow	06/93	Otolaryngology
University of Michigan, Ann Arbor, MI	Medical Residency	06/97	Otolaryngology
University of Michigan, Ann Arbor, MI	Medical Chief Resident	06/97	Otolaryngology Craniofacial- Cranial
University of Michigan, Ann Arbor, MI	Fellow	12/98	Base and Reconstructive Surgery

**A. Personal Statement**

As a faculty member at Emory University and Chief of Service in the Department of Otolaryngology at Grady Health System in Atlanta, Georgia, I have focused my career on educating high school, college and medical students, medical residents and fellows in the area of otolaryngology and head and neck oncology. This endeavor led to my founding Health Education, Assessment and Leadership (HEAL) to connect academic institutions with secondary schools, other academic and community organizations. Through this vehicle, I have been successful in educating the community on health issues, assessing their needs and working to build leaders from within the community to address those health issues.

I have forged a community collaboration that developed a recuperative care center for homeless men discharged from the hospital. The Recuperative Program is a 20 bed facility that provides continued medical care and access to resources that allows these men to transition to independent living. In 2008, the national event, Convoy of Hope, was held in Atlanta, Georgia. In addition to the provision of food, Convoy of Hope provided health information and screenings to people in need. As medical director, I organized the participation of healthcare personnel from Emory University, Morehouse Medical School and community practices to provide comprehensive medical and dental care and social services to over 5000 attendees. Additionally, as Principle Investigator of a NIH R13 grant, I created a conference/scientific meeting (HEALing Our Communities) in 2009 on cancer diagnosis and treatment options for the following cancers: breast, lung, prostate, head and neck, colorectal and cervical/ovarian cancer. The conference included health professionals and lay people and was focused on underserved communities. Free screenings were provided for each cancer topic discussed.

In 2009, I founded a traveling medical resource out of the back of my personal vehicle after seeing an inordinate number of patients that came to my Grady clinic with advanced medical conditions as a result of a



lack of access and transportation to a medical facility. These conditions could have been treated easily if they had been diagnosed early. This travelling resource has grown into the Healing Community Center (HCC), one of Atlanta's newest Federally Qualified Healthcare Centers. This center is a free and affordable medical facility providing general medical and specialty medical care including mental health services for the uninsured and disadvantaged. The HCC is focused on those who fall in the gap between public funded health care and the privately insured. A primary emphasis is on preventative health, nutrition and wellness. This center incorporates all of the major Atlanta academic institutions and community organizations in an integrated fashion to provide service-learning experiences while also providing the necessary care to those in need.

HCC is supported by Emory's Urban Health Initiative, which serves as a bridge between the work I do at Emory and HCC. I serve as the Co-Director of the Urban Health Initiative which deploys professionals and students into the community to increase access to high quality health care. Through UHI, I have worked to promote health and wellbeing in underserved communities through the Fooducate program and many others.

As an African-American head and neck oncologist, I have demonstrated a longstanding and profound commitment to the research training and development of minority students. I have been a mentor for numerous high school students, undergraduates, graduate students, medical students, residents, and fellows. In summary, I have a demonstrated record of successful and productive research projects in an area of high relevance to underserved populations. Consequently, the expertise and experience I have gained through these activities have prepared me to co-lead this project.

## **B. Positions and Honors**

### **Positions and Employment**

1998-present Chief of Service, Otolaryngology Clinic, Grady Health System, Atlanta, GA  
2000-present Co-Director, Center for Cranial Base Surgery, Emory Healthcare, Atlanta, GA  
2004-present Founder, Director Health Education, Assessment and Leadership  
2009-present Founder, President HEALing Community Center, Atlanta, GA  
2011-present Atlanta Promise Neighborhoods Medical Committee, Atlanta, GA  
2011-present Associate Professor, Otolaryngology Department, Emory Healthcare, Atlanta, GA  
2013-present Co-Director, Urban Health Initiative, Atlanta, GA

### **Other Experience and Professional Memberships**

1999-present Reviewer, *Otolaryngology—Head and Neck Surgery*  
1999-present Reviewer, *Archives of Otolaryngology—Head and Neck Surgery*  
2002-2005 Cancer Committee, Grady Health System, Atlanta, GA  
2004-present Reviewer, *The Laryngoscope*  
2008 Grants Committee Review Board, Fulton County  
2008 Medical Director, Convoy of Hope, National Conference  
2008 American Association of Cancer Research Member  
2008 Intercultural Cancer Council Network Member  
2009 Association of Clinicians for the Underserved Member  
2009 American Association of Cancer Education Member  
2010 Organizational Board for the Intl. Medical Volunteerism Conference, Atlanta, GA  
2010-present United Way of Atlanta Business Ambassador  
2011-present Member at Large, Executive Council, American Association of Cancer Education Correctional  
2011-present Medicine Program Credentialing Committee Medical Association of Georgia  
2011-present Visiting Scholar, National Center for Bioethics in Research and Health Care, Tuskegee University  
2011-2014 Lillian Carter Center for International Nursing Advisory Committee  
2011-2014 Advisory Board, Halle Institute for Global Learning Georgia Coalition  
2012-present Editorial Board, International Scholarly Research Network Endoscopy  
2012-present Editorial Board, Journal of Cancer Education  
2013-present Advisory Board, Morehouse School of Medicine Master of Public Health Program  
2015 South Atlantic Board of Directors of American Cancer Society Member

## Honors

2000	Herbert W. Nickens Faculty Fellowship Award
2002	Woodruff Fund Clinical Teaching Support Award in Otolaryngology
2008	Teacher of the Year for Excellence in Resident Teaching, Dept. of Otolaryngology-Head and Neck Surgery, Emory University
2008	Americas Top Physicians
2010	Leadership Atlanta Class 2010
2011	U.S. News & World Report-High Performing Adult Specialty: Department of Otolaryngology, Grady Health System
2011	Georgia Physicians Leadership Academy Class
2011	Emory Rollins School of Public Health/Goizueta Business School Martin Luther King Community Service Award
2011	American Medical Association Foundation Pride in Profession, Excellence in Medicine Award National Academy of Otolaryngology Gold Foundation Award for Humanism in Medicine
2011	Health Care Hero Finalist, Atlanta Business Chronicle
2015	Jerome C. Goldstein, MD Public Service Award, American Academy of Otolaryngology, Head and Neck Surgery

## **C. Contribution to Science**

1. My research and teaching initially focused on craniofacial approaches to the anterior skullbase for cancer extirpation and repair of craniofacial trauma. Through this work, I was able to assist with the promotion of surgical techniques that decreased patient morbidity and mortality from anterior skullbase cancer resections.
  - a. Moore CE, Marentette LJ, Ross DA. Craniofacial Resection: Decreased Complication Rate with Modified Subcranial Approach: Skull Base Surgery. *Journal of Neurosurgery* 1999;9:2: 95–100.
  - b. Moore CE, Marentette LJ, Ross DA. Critical Pathways in Anterior Cranial Base Surgery. *Otolaryngology Head and Neck Surgery* 121:1, 1999 113–118.
  - c. Moore CE, Marentette LJ, Ross DA. The Subcranial Approach to Tumors of the Anterior Cranial Base: An Analysis of Current and Traditional Techniques. *Otolaryngology Head and Neck Surgery* 120:3 1999 387–390..
  - d. Rogers GA, Moore CE. Contemporary Considerations in Skull Base Surgery. *Otolaryngology–Head and Neck Surgery –Medscape Journal of Medicine*. Dec 2008; 10(12): 272.
2. Based on my experiences from the work described above, I began to focus my research on the etiology and treatment of cancers involved in the head and neck region. In particular, I explored the role of HPV in head and neck cancer and treatment modalities for esthesioneuroblastoma.
  - a. Moore CE, Wiatrak BJ, Carey TE, Bradford CR, Koopmann CF, McClatchey KM, Thomas G, High Risk HPV Types and Squamous Cell Carcinoma in Patients with Respiratory Papillomatosis. *Otolaryngology Head and Neck Surgery* 120:5, 1999 698–705.
  - b. McLean JN, Nunley S, Klass C, Moore, CE. Combined modality therapy of Esthesioneuroblastoma. *Otolaryngology–Head and Neck Surgery* 136:6 May 2007 998–1002.
  - c. McLean JN, Nunley S, Klass Moore CE, Johnstone P. Esthesioneuroblastoma: The Emory Experience. *Academy of Otolaryngology–Head and Neck Surgery*. June 2007: 135; 191
  - d. Nugent A, Moore CE. Esthesioneuroblastoma: A Review of Combined Modality Therapy *SurgyTech*. 2008, Sept 7.
3. I utilized my experiences in working with underserved communities to explore concepts of social support, and quality of life for African American cancer patients. This work led me to explore strategies that could be utilized in low income communities to explore cancer prevention and control.
  - a. Moore CE., Durden F. Head and Neck Cancer Screening in Homeless Communities: H.E.A.L. (Health Education, Assessment and Leadership) *Journal of the National Medical Association*, 2010; 102:811–816.

- b. Hamilton, J. B., Moore, C. E., Powe, B. D., Agarwal, M., & Martin, P. P. Perceptions of social support among older African American cancer survivors. *Oncology Nursing Forum*, 37:4 July 2010, pp 484–493.
- c. Moore CE, Warren R, Maclin S. Head and Neck Cancer Disparity in Underserved Communities: Probable Causes and the Ethics Involved. *Journal of Health Care for the Poor and Underserved*, 23:4: Supplement November 2012, pp 88-103.
- d. P. Daraei, C. Moore. Racial Disparity Amongst the Head and Neck Cancer Population. *Journal of Cancer Education*. November 26, 2014.

**Complete List of Published Work in MyBibliography:**

<http://www.ncbi.nlm.nih.gov/sites/myncbi/1RqWztbCxkn5j/bibliographahy/47966313/public/?sort=date&direction=ascending>

**D. Research Support**

**Active Research Support**

H80CS26594-01-00	Moore CE (PI)	2013-2015
<i>HRSA New Access Points</i>		
The purpose of this grant is to transition the Health Education, Assessment and Leadership (dba HEALing Community Center) into a Federally Qualified Healthcare Center.		

Blank Foundation	Moore CE (PI)	2013-2015
<i>Food Is Medicine, Nutrition Prescription Program</i>		
Support for the development of a nutrition prescription and healthy food options program in underserved communities.		

United Way of Metropolitan Atlanta	Moore CE (PI)	2010-2015
Support for expansion of health services to underserved communities.		

**Completed Research Support**

5P50CA128613-06	Shin, DM (PI)	2011- 2014
<i>SPORE in Head and Neck Cancer: Prospective Study of HIV in Head and Neck Cancer</i>		
This is a clinical study correlating the incidence of head and neck cancers in HIV/Aids patients. Role: Clinical Study PI		

Betty and Davis Fitzgerald Foundation	Moore CE (PI)	2011-2013
Support to provide health services to underserved communities and for the expansion of the HEALing Community Center		

NIH/NHMA	Moore CE (PI)	2011 - 2012
Office of Minority Health, Department of Health and Human Services Department Unsolicited Proposal to address low infant weight/infant mortality prevention at the HEALing Community Center		

Zeist Foundation	Moore (PI)	2011-2012
Support for the development of the HEALing Community Center		

Mobile Medical International	Moore (PI)	2009-2012
Support for creation of new clinics serving underserved areas. Additional support for mobile medical outreach, treatment and long term healthcare management		

Georgia Dept. Community Development	Moore (PI)	2009-2011
Support for the development of the HEALing Community Center		

Program Director/Principal Investigator (Last, First, Middle): Ameen, Khadijah, Bint Shafeeq

**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2. Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

**Commented [AMD1]:** Fill out an NIH Biographical Sketch ([MS Word](#) and [Fillable PDF](#) versions are available). You can find instructions and an example [here](#). Delete this comment if you choose to use this form.

NAME Shreya Kothari		POSITION TITLE Volunteer	
eRA COMMONS USER NAME (credential, e.g., agency login) Shreya.kothari			
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY
Jaipur Dental College, Rajasthan University of Health and Sciences, Jaipur- Delhi N.H-8, Rajasthan, 302028	Bachelor of Dental Surgery	12/15	Dentistry
Rollins School of Public Health, Emory University, 1518 Clifton Road, Atlanta, GA 30322	Master of Public Health	05/17	Global Health

Please refer to the application instructions in order to complete sections A, B, C, and D of the Biographical Sketch.

**A. Personal Statement**

The goal of my proposed work is to plan and coordinate community activities and events, develop strategies to promote and collect data for the Super Giant Community Garden and engage girl scouts in the program. I have the expertise and motivation necessary to successfully carry out the above-mentioned tasks, and have a broad background in leading and coordinating projects. I was the elected class representative in college for 5 years, which required me to be a conduit between the students and the college management, making me responsible for managing day-to-day activities relating to schedules, submissions and communicating student needs. I struck a good balance in managing my academics and the needs of my batch efficiently. I have also been the Cultural Head of Dental Student Welfare Association of India, Rajasthan branch, where I headed the cultural committee to organize cultural events at an inter college level. Apart from seeking funds from the college council, I have also managed a 20-member board for finance and public relations for the annual college festival held in March. I have also been closely associated with the humanitarian wing of the Indian Development Foundation and participated in poverty elimination drives and sanitation & water cleanliness awareness programs. This has provided me with a unique perspective into the lives of medically underserved populations, and prepared me for this project. My dedication along with positive attitude and ability to work independently and collaboratively will make me a good candidate for the UHI ENT Telehealth Screening Program.

Program Director/Principal Investigator (Last, First, Middle): Ameen, Khadijah, Bint Shafeeq

## B. Positions and Honors Positions and Employment

1. Cultural Head, Dental Student Welfare Association of India, Rajasthan branch, India, Oct'12 - Nov '13.
2. Divisional Representative, Student Body Council, Jaipur Dental College, Rajasthan, India, Sep'09 - Nov'13.

## Honors

1. Awarded the top student honors for excellence in academics, co-curriculars and research for the academic year Nov'12 to Dec'13
2. Chosen by faculty as one of seven senior dental students for a student exchange program with the "Gr.T.Popa" University of Medicine and Pharmacy, Iasi, Romania, in May'12.

## D. Research Support

1. "Dental health conditions of women and children in rural areas of Jaipur", International Center for Women and Child. I conducted a study comparing the dental health conditions between rural and urban Jaipur for women and 13-15 year old children to assess the prevalence of dental diseases such as OSMF and fluorosis in May'14.
2. Presented a paper on 'Nutrition and the elderly: implications of oral health care', at the 7th International Dental Student Conference, Goa, India, where I explained about the effect of nutrition on the oral cavity and general health of geriatrics in March'14.
3. Presented a poster on 'Comparitive study between Chronic and Aggresive periodontitis at the 6th International Dental Student Conference, Rishikesh India, where I highlighted the key differences between the symptoms, clinical features, course of duration and treatment of aggressive and chronic periodontitis in Nov'12.

Program Director/Principal Investigator (Last, First, Middle):

### BIOGRAPHICAL SKETCH

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Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME		POSITION TITLE	
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY

Please refer to the application instructions in order to complete sections A, B, C, and D of the Biographical Sketch.

Program Director/Principal Investigator (Last, First, Middle):

Program Director/Principal Investigator (Last, First, Middle):



Program Director/Principal Investigator (Last, First, Middle):

### BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.  
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME <b>Shahidah Mallay</b>	POSITION TITLE <b>Credentials Coordinator</b>		
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY
Clayton State University	BS	12/13	Healthcare Administration
Emory University – Rollins School of Public Health	MPH	12/16	Public Health Informatics

Please refer to the application instructions in order to complete sections A, B, C, and D of the Biographical Sketch.

**A. Personal Statement**

My involvement is initially for practicum purposes. This will be a learning experience along with a way for me to become more involved in the community and to volunteer my time. With the exemplary training I'm receiving at Rollins School of Public Health, I'm hoping to incorporate this experience to improve your current system/process.

**B. Positions and Honors**

Position - Currently I hold an administrative position with the Grady Health System as a Credentialing Coordinator.

Honor - I graduated Cum Laude in my undergraduate program at Clayton State University

**C. Selected Peer-reviewed Publications**

**None**

**D. Research Support**

**None**

**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2. Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Tong Yin	POSITION TITLE
eRA COMMONS USER NAME (credential, e.g., agency login)	

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY
Sichuan University, Chengdu, China	Bachelor	07/04	Health Insurance
Peking University, Beijing, China	Master	07/08	Demography
Emory University, GA	MPH	05/15	Health Policy

Please refer to the application instructions in order to complete sections A, B, C, and D of the Biographical Sketch.

**A. Personal Statement**

Before coming to the US, I have obtained a Master’s Degree in Demography from a top university in China, and worked for four years as a Health Insurance Underwriting/Claims Senior Specialist at China’s fifth largest life insurance company. From that job, I sharpened my skills in process management and problem solving through dealing with thousands of complicated health insurance claim and underwriting cases at head office management level, and became an experienced operations analyst and proficient Excel user via making the department’s periodical operational data analysis and reports. In addition, I gained a deep insight on China’s health insurance market by doing healthcare industry research, as well as participating in compiling training books for the Insurance Association of China. At Rollins School of Public Health of Emory University, my studies mainly focused on health policy, involving health economic analysis, health outcomes measurement, Medicaid financing, and programs under the Affordable Care Act. During my two-year study, I won the Rollins Earn and Learn Award which sponsored me to work part-time. With my academic background and previous work experience, I successfully fulfilled various tasks in a non-profit international tobacco control program and at a dental practice services company. Meanwhile, in order to enhance my business vision, I took an additional 21 credit hours of MBA courses at the University’s Goizueta Business School. I also studied more than one hundred analysis reports on healthcare and pharmaceutical industries written by top consulting firms to gain a comprehensive understanding of the modern US healthcare environment. I hope that, with the experience working on this project, I could be able to become a professional healthcare consultant armed with sophisticated understanding of both the complex reality in China and the advanced health management philosophies that apply in developed countries. In this way, I can make more contribution to the cooperation among governments/enterprises, medical institutions and insurance companies in my country, and eventually help local social security bureaus solve the problem of "difficult and costly access to healthcare services", which arouses intense public concerns.

## **B. Positions and Honors**

### **Positions and Employment**

2008-2012 Senior Underwriting/Claims Specialist, Accidental & Health Insurance Department, Taikang Life Insurance Ltd., Beijing, China  
2013-2014 Graduate Research Assistant, China Tobacco Control Partnership, Emory Global Health Institute, Emory University, Atlanta, GA  
2014-2015 Revenue Cycle Intern, Benevis (Dental) Practice Services, Marietta, GA

## **C. Selected Peer-reviewed Publications**

## **D. Research Support**