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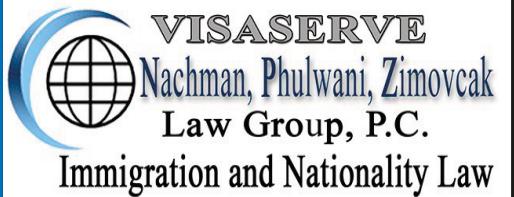
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Making NJ a Magnet for New Investments

By Anthony Russo
President, CIANJ

New Jersey ranked almost last place (48th out of 50 states) on WalletHub’s “Best & Worst States to Start a Business in 2025” report.

The state’s low ranking stemmed from issues like business costs (No. 50), office space affordability (45th), corporate taxes (48th), and state tax rates (46th).

Bringing new businesses and investments into New Jersey is not only good for our citizens and economy but it is also good for government. When new investment and business comes to New Jersey, that means more private sector jobs, which in turn means more entities paying taxes – whether those are corporate taxes, income taxes or more sales tax when money is

spent on goods and services in NJ. Growing the number of entities paying taxes (our tax base) will lessen the burden on those who pay taxes now.

However, it is important for all levels of government to constantly evaluate their costs and budgets and make cuts where possible. CIANJ is proud to be a leader in a free-market economy and when businesses are allowed to thrive and grow that helps everyone.

One bright spot for New Jersey in the WalletHub report was its highly educated workforce, ranking 3rd for its share of college-educated residents and 4th for human capital availability.

We have a very robust and effective higher education system and a willing workforce so we should do everything we can to attract startups and new investments. This can be accomplished when government is seen as a partner and not an obstacle when it comes to its relationship to the business community. Smart and effective regulations, an expedited permitting system, and an evaluation of our tax codes should be a priority. 📈

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Managing Clinical Trials With a Health Equity Criteria

By Dominique Demolle, PhD, CEO
Cognivia

Driven by ethics and real-world evaluation, implementing health equity in clinical development faces several challenges. These include recruiting patients from diverse communities; addressing Social Determinants of Health (SDOH) such as socioeconomic status, education, physical environment, and access to healthcare; managing data variability from greater diversity; and ensuring treatment adherence and patient retention. An integrated approach is required from the very beginning, at the stage of the clinical development plan.

Clinical trial implementation and interpretation can no longer follow historical methods. Embracing new approaches and technologies, such as integrating machine learning (ML), artificial intelligence (AI), and digital health into clinical trials, presents a transformative opportunity to advance equity, enhance diversity, and improve the predictability of trial outcomes, all while accelerating drug development and better aligning with real-world conditions.

Economic Implications of Improving Adherence

Improving adherence has clear economic benefits. Trials with higher adherence rates are more likely to produce clear, actionable data, reducing the need for costly follow-up studies or extended trial durations. Furthermore, enhanced adherence reduces the risk of patient conditions worsening in particular in chronic diseases or compound resistance, especially in the context of chronic conditions like HIV, where inconsistent treatment can drive drug-resistant strains. This is dramatic for the patients and results in higher healthcare costs.

Using innovative, AI-driven tools to support adherence ensures the integrity of clinical trial data while making the drug development process more cost-effective and efficient. These forward-thinking approaches help overcome one of the most pervasive barriers in clinical research, underscoring the importance of health equity and patient-centered trial design which can be extended to real world conditions.

Addressing Data Variability in Clinical Trials

While broader participant populations in clinical research are the best venue to investigate safety and efficacy in the real world, they also introduce greater heterogeneity of data.

Clinical trial outcomes can be significantly influenced by data variability. Variability in subjective and objective endpoints can skew efficacy data, impacting the speed and success of bringing new drugs to market. The emphasis on health equity necessitates a comprehensive approach to designing trials that account for patient diversity while employing predictive models to minimize this variability.

Physiologically-based pharmacokinetics (PBPK), population-based pharmacokinetics (PopPK), biomarkers, and awareness of metabolic factors related to ethnicity can help limit data variability and make necessary adjustments. However, specific sources of variability resulting from patients’ personalities, traits, emotional status, and the influence of SDOH also need to be addressed.

Using tools, as the ones offered by Cognivia (<https://cognivia.com>), that leverage behavioral science and predictive modeling to address these challenges will become essential. They could optimize trial data interpretation by capturing the influence of these factors, helping to mitigate placebo response, for example. Placebo response is largely influenced by expectations, which can vary depending on SDOH.



Dominique Demolle, PhD, CEO, Cognivia

Additionally, capturing overall participant-specific characteristics will be required.

By understanding how psychological factors influence outcomes, we can better interpret trial data, reduce biases, and ensure more representative and equitable participation across diverse populations.

ML and AI: Catalysts for Equitable and Efficient Trial Design

Machine learning and AI technologies are driving a paradigm shift in clinical research. These tools can predict patient outcomes with greater precision by analyzing vast datasets and identifying patterns related to demographics, health conditions, and genetic predispositions. Such innovations are instrumental in designing trials that are not only more inclusive but also more efficient. Critical pieces of information, new information, about a trial participant like their traits of personality, their motivations for participating in trials, and more, provide different insights of critical importance. 📈

Dr. Dominique Demolle is the CEO at Cognivia and holds a PhD in biochemistry from the University of Brussels. She has held various leadership positions at Eli Lilly and Company and has extensive knowledge in global early phase drug development. Dr. Demolle consulted with pharmas and biotechs before founding Cognivia and contributed to the clinical development of dozens of drugs and several launches. Most recently, she has been recognized as one of the 2022’s Most Inspiring People in the life sciences for the annual PharmaVoice 100 awards.

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Advancing Health Equity in New Jersey in 2025

By Jamie Grill-Goodman

As the new year unfolds, there is hope for a future where everyone has an equal opportunity for optimal health, regardless of their social, economic or demographic background.

But significantly narrowing the gap in health outcomes in 2025 faces a multitude of barriers, including addressing nutrition, education, health care access, and housing inequities that are detriments to health. Additionally, as artificial intelligence (AI) and machine learning (ML) become more widespread in healthcare, their adaption offers a double-edged sword. While AI offers many benefits, there is also the risk of biases.

Despite much to overcome, many companies and organizations in New Jersey are up to the challenge. They are making tangible changes, from opening food pantries and offering free patient transportation, to educating students to address the root causes of health disparities.

To learn more about how New Jersey entities are working to improve health equity in 2025, COMMERCE Magazine interviewed several experts in their respective fields. We also asked for their thoughts on AI and ML, what needs to be done in New Jersey to address social determinants of health, and how average businesses and citizens can take action.

As Dr. Adeola Sonaike, PhD, MPH, Chief Operating Officer, Baker Street Behavioral Health, noted to COMMERCE, sometimes the answer we need is not in the room because we are in the “wrong room.” With that in mind, here are those that were in the “room” for this article:

- Joshua Gregoire, MS, MPH, RN, LSSBB, NEA-BC, Assistant Vice President, Quality & Performance Improvement & VMG Clinical Operations for [Valley Health System](#)
- Andy Anderson, MD, Executive Vice President and Chief Medical and Quality Officer, [RWJBarnabas Health](#)
- Natasha Carew, DNP, ACNP-BC, PMHNP-BC, Professor in the [Ramapo College Nursing program](#)
- Patrick Mattis Ph.D., DNP, MSCS, FHIMSS, CPHIMS, CNE, NI-BC, Professor in the [Ramapo College Nursing program](#)
- Brigitte Johnson, Esq., President and CEO of [CarePlus NJ](#)
- Denise Anderson, Ph.D., MPH, Executive Director, [The Center for](#)



Shari Gold, Senior Vice President for Regulatory Compliance & Chief Quality and Equity Officer, Bergen New Bridge Medical Center

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- Shari Gold, Senior Vice President for Regulatory Compliance & Chief Quality and Equity Officer, [Bergen New Bridge Medical Center](#)
- Dr. Adeola Sonaike, PhD, MPH, Chief Operating Officer, [Baker Street Behavioral Health](#)
- Chrissy Buteas, President and CEO, [HealthCare Institute of New Jersey](#)
- J. Cedar Wang, MSN, APN, GNP-BC, CHSE, Vice President of Nursing Operations at [Holy Name Medical Center](#)
- Denise Rodgers, MD, FAAFP, Vice Chancellor Interprofessional Programs, Rutgers Health, Director-[Rutgers Urban Health and Wellness Institute](#)

We hope our readers keep the conversation going and the room open, as we all look forward to a brighter, healthier future for everyone. For now, here is a look at what lies ahead for health equity in New Jersey in 2025.

Jamie Grill-Goodman: What is your organization doing to improve health equity in 2025?

Shari Gold: Bergen New Bridge Medical Center is proud of its health equity achievements. We



Denise Rodgers, MD, FAAFP, Vice Chancellor Interprofessional Programs, Rutgers Health, Director-Rutgers Urban Health and Wellness Institute

were one of the first medical centers in the country to receive The Joint Commission's Advanced Certification in Health Care Equity in January 2024. This has strengthened our focus on diversity, equity and inclusion (DEI), hard wiring it into what we do every day for our patients and residents. We will continue to screen our patients for the Social Determinants of Health (SDOH) to directly address their healthcare disparities including food insecurity, housing referrals, financial assistance, transportation, and personal safety needs.

We recently opened an onsite food pantry for our outpatient population and provide patients with food, supermarket gift cards, and referrals to local food pantries and meal programs. Our new Logistics Department is not only coordinating providing rides for employees in need, but also for patients facing transportation challenges.

Denise Rodgers: Rutgers Health is steadfast in its mission to advance health equity and ensure quality care and access for everyone. In 2025, we continue to make transformative strides. Rutgers Equity Alliance for Community Health (REACH) grant, which is a four-year, \$10M initiative funded by the Robert Wood Johnson Foundation, supports

Continued

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Rutgers faculty and staff collaborating with community-based organizations in Camden, New Brunswick, and Newark to address five social determinants of health: education, employment, food insecurity, housing, and population health. These factors, which influence up to 80% of health outcomes, are key drivers of health inequities. By bringing together the expertise of those working at the university with the expertise of those working on the ground in the community, we hope to implement more effective and sustainable solutions.

Joshua Gregoire: Valley Health System is dedicated to enhancing health equity through a range of strategic initiatives. In 2025, we will continue our investment in cultural competency training for staff, ensuring that every patient receives respectful and responsive care. We are also increasing the accessibility of screenings for SDOH by utilizing technology that enables patients and families to complete these screenings independently, while offering additional support from staff when necessary. Our data-driven strategies will help us identify health disparities and track our progress in meeting the varied needs of our community. Collaborating with local organizations, we will tackle barriers such as transportation and language access, informed by patient feedback.

To address the link between food access and maternal/infant health outcomes, we are piloting a maternal Food Farmacy to provide nutritious food and nutritionist services to high-risk patients. Furthermore, we are enhancing LGBTQ+ cultural competency through a program that uses virtual standardized patients – actors portraying real patients who will meet with Valley staff members – for educational and training purposes to provide valuable feedback on the care experience.

Andy Anderson: RWJBarnabas Health is committed to advancing health equity in 2025 through key initiatives aimed at reducing health care disparities and promoting inclusive care. Efforts include seeking National Committee for Quality Assurance (NCQA) Health Equity accreditation for all of our acute care hospitals; operationalizing a system-wide health equity collaborative with hospital-specific advisory boards and community partnerships to standardize health equity; enhancing health literacy through patient education and improved communication, ensuring patients understand their care and the resources available to them; leveraging REaL (Race, Ethnicity and Language), SOGI (Sexual Orientation and Gender Identity) and social determinants of health (SDOH) data to identify care gaps and develop targeted community programs; and collaborating with Rutgers University, the State of New Jersey and state partners to drive health equity research and position RWJBarnabas Health as a national leader in health equity.

Natasha Carew: Ramapo College of New Jersey integrates health equity into its nursing



Joshua Gregoire, MS, MPH, RN, LSSBB, NEA-BC, Assistant Vice President, Quality & Performance Improvement & VMG Clinical Operations for Valley Health System

curriculum by preparing students to address social determinants of health, promote equitable care, and advocate for vulnerable populations. Courses emphasize the impact of systemic inequities, health literacy, and access to care while fostering cultural competence and advocacy skills. Students engage with diverse patient populations through community partnerships and clinical placements, including underserved urban and rural areas. Classes like Community and Mental Health Nursing challenge students to address the root causes of health disparities and implement evidence-based interventions.

The curriculum promotes interprofessional collaboration, preparing graduates to work across disciplines in delivering patient-centered, inclusive care. These initiatives ensure nursing students are equipped to lead efforts in reducing health disparities and advancing equity in health care delivery.

Brigitte Johnson: As one of the first Certified Community Behavioral Health Centers, CarePlus NJ sets the gold standard for delivering comprehensive mental health and substance use disorder services to all who need them. Our commitment to health equity ensures barrier-free access to care and social support, regardless of a person’s diagnosis or regardless of one’s ability to pay. By addressing essential needs such as employment, housing, education, and transportation, our programs empower individuals and families to lead healthier, more fulfilling lives at every stage of life.

Denise Anderson: In 2025, The Center for Health Equity & Wellbeing, New Jersey’s Public Health Institute, will develop and implement a three-year strategic plan aligned with its



Andy Anderson, MD, Executive Vice President and Chief Medical and Quality Officer, RWJBarnabas Health

mission. We aim to actively promote collaborative and community-driven partnerships to effect policies and practices that improve health, strengthen public health infrastructure, leverage resources to foster collective impact and social justice, and systemically advance equity and quality of life for all. We envision a New Jersey where everyone and their communities have a fair and just opportunity to experience health and quality of life to their full potential. Public health is what we do. Our work prioritizes eliminating disparities and supports communities’ engagement and empowerment. Our nonpartisan, inclusive, committed, and trustworthy team is accountable and data-driven, serving the most in need and addressing social and structural determinants of health.

Adeola Sonaïke: Health Equity continues to be a fundamental priority for Baker Street Behavioral Health. In 2025, we are focusing even more on ensuring equitable access to care so that our clients can achieve their full health potential. We have invested in the expansion of our Clinical Health and Geropsychology program which ensures seniors and individuals with chronic health conditions can access care in any of our clinics or via telehealth using their Medicare benefits. Through our Foundation, we are partnering with local businesses and law enforcement to provide Sensory Sensitivity training on neurodiversity to increase opportunities for community inclusion and to ensure safety for people with disabilities. We are providing free transportation to our grant-funded Group Therapy programs so that youth who traditionally have not had access to behavioral health care can access our integrated therapy

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centers and learn the skills that they need to effectively navigate daily life stressors.

Chrissy Buteas: HINJ remains committed to advancing health equity in all our advocacy efforts, ensuring that patients have fair and equal access to life-saving treatments and cures developed by our biopharmaceutical, medical technology, and diagnostic member companies. In 2025, we are prioritizing key initiatives to address systemic barriers to healthcare access and affordability.

One critical focus is advocating for PBM (Pharmacy Benefit Manager) reform to ensure that the billions of dollars in rebates and discounts provided by manufacturers – intended to reduce the cost of brand medicines by 50% or more – are directly passed on to patients. Currently, PBMs often require patients to pay based on the full price of medications, forcing them to pay more than intermediaries. Reforming this practice will help reduce out-of-pocket costs for patients, improving affordability and access.

Additionally, our companies are continuously working to expand diversity in clinical trial participation to better understand how treatments impact different patient populations. Through these actions, HINJ strives to eliminate disparities in healthcare, empower patients, and build a stronger, more equitable healthcare system for all.

J. Cedar Wang: Holy Name offers community-based educational programming in various languages (e.g. Korean, Spanish and Russian) directly in the community setting at churches, senior centers, recreational facilities, and housing developments. Such programs include culturally sensitive education to raise awareness about diabetes, smoking cessation, heart disease and cancer.

Additionally, as an organization, we aim to train our future healthcare providers in issues related to health equity in both our nurse and physician residency programs.

Grill-Goodman: How do you think artificial intelligence and machine learning will impact health equity in the next five years?

Patrick Mattis: AI and ML are revolutionizing healthcare. AI/ML improves patient outcomes, including diagnostics, treatment, and patient prevention, and cost efficiency in health services. AI/ML analyzes enormous volumes of data to identify disease markers and trends and improve early disease detection.

However, AI/ML has challenges related to health equity. Biases are one of the most significant issues impacting health equity. Existing data and methods may have embedded types of biases. The lack of data on race, ethnicity, or social factors can create biases. This can result in people being under-represented in the dataset and underserved by public health.

Examples of intrinsic biases in AI are prioritization of care based on cost data instead of care needs, which adversely affects sicker marginalized patients. Current skin cancer detection



Natasha Carew, DNP, ACNP-BC, PMHNP-BC, Professor in the Ramapo College Nursing program

algorithms are less effective on darker skin tones. Algorithms predict lower health risks for populations without consideration for underserved populations with limited access to care.

Rodgers: AI and ML can help address health disparities by predicting optimal treatments and identifying patients at risk of adverse effects, enabling tailored interventions. However, if existing biases in healthcare are embedded in algorithms, these technologies could also exacerbate health inequities.

Denise Anderson: Artificial intelligence (AI) and machine learning (ML) can potentially reduce or perpetuate health inequities in the next five years. Their positive attributes include their ability to analyze large and complex data sets efficiently, forecast future health trends; curate customized health interventions to individual needs, provide evidence-based/informed treatment plans, expand access to care through telehealth tools and virtual health assistants, translate multiple languages, automate burdensome health administrative processes, and more. However, AI and ML can perpetuate existing biases if the data feeding AI and ML are biased or incomplete. Further, the digital divide, or lack of access to the internet or a device, will continue to exclude underserved populations without access to or training on the use of AI and ML. Moreover, we will continue to grapple with data privacy and ethical concerns related to the use of AI and ML.

Wang: AI will help us better identify health disparities and provide automated tools to extend the healthcare workforce by engaging individuals to promote health in marginalized and vulnerable populations.

Gregoire: Over the next five years, AI and ML are poised to significantly improve health equity



Brigitte Johnson, Esq., President and CEO of CarePlus NJ

by facilitating more personalized and efficient healthcare delivery. These technologies can identify at-risk populations through the analysis of social determinants of health, enabling targeted interventions. Additionally, AI can optimize administrative processes, thereby reducing wait times and enhancing access to care. Predictive analytics will guide resource allocation, ensuring underserved communities receive the necessary attention. However, it is vital to address potential biases within AI algorithms to prevent the exacerbation of existing disparities, ensuring these tools serve to advance health equity effectively.

Andy Anderson: AI and ML will play a critical role in advancing health equity through their potential to enhance data-driven decision-making, address disparities, expand access to care, and personalize health care delivery and patient education.

AI allows providers to analyze large datasets to identify health risk and social determinants of health factors, enabling us to develop community-specific interventions, while targeting support for at-risk populations through predictive analytics. AI-powered telehealth solutions can bridge care gaps in underserved areas, addressing barriers like provider shortages and transportation challenges. Personalized AI-driven health education platforms cater to diverse literacy levels and cultures and ML can identify behavioral risks and support interventions, improving outcomes in populations with higher prevalence of chronic conditions.

Of course, achieving these benefits will require a commitment to ethical standards, intentional design, prevention of algorithmic bias and diverse data inclusion.

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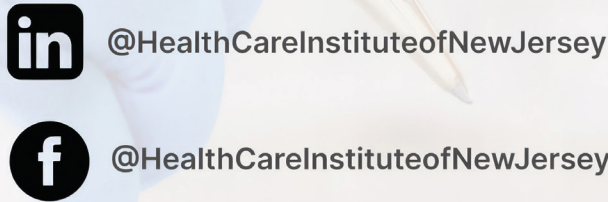


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Chrissy Buteas, President & CEO



Buteas: AI and ML are transforming health-care and will profoundly impact health equity in the next five years by addressing critical gaps in access, diagnosis, treatment, and care delivery. These technologies can improve diagnostics, enable personalized care, and accelerate clinical trials with diverse representation. They also optimize workflows, streamline drug discovery, and enhance supply chain efficiency, ensuring timely treatments in underserved areas. Additionally, tools like chatbots and virtual assistants reduce barriers to healthcare information. By thoughtfully leveraging AI and ML, we can bridge healthcare disparities and improve outcomes for all communities.

Johnson: At CarePlus NJ, we use an Augmented Intelligence platform to assist clinicians and case managers with clinical documentation. This serves as a tool to enhance access to care for our clients and help overcome language barriers. By automating documentation processes, and through telehealth services, our clinical staff has more time to focus on patient-centered care, helping to bridge the gap where clinicians are in short supply, in both rural and urban areas.

We use AI and ML tools to streamline human resources processes, reduce administrative burdens, ease staff burnout, and build a resilient, engaged workforce, aligning with our goal of supporting staff and reducing turnover. AI and ML streamline our operations by optimizing staff surveys and entry/exit interviews, providing actionable insights to guide our strategies for expanding access to care. Embracing innovation, CarePlus NJ is committed to improving care quality and advancing health equity for all.

Sonaïke: AI functionality is based on machine learning, this means that AI is not creating anything new, it's applying existing knowledge and algorithms to provide alternative solutions to complex problems. AI is already being applied in the healthcare sector at multiple levels, and while this may be beneficial in some areas when used as an asset in tangent with healthcare professionals, a glaring fact that we cannot ignore is that AI systems built to eliminate or replace the human role, end up doing more harm than good. AI machines have learnt from and adopted practices from an existing healthcare system that was not built on equitable values.

In order for AI to positively impact health equity, we need to ensure that responsible, equitable and ethical practices are at the forefront of this technological revolution. In doing so, we can be intentional about creating machine learning systems that prioritize equitable health outcomes without repeating the same mistakes of our current healthcare infrastructure.

Grill-Goodman: What policies and programs can be implemented in New Jersey to address social determinants of health that impact health equity?

Andy Anderson: Addressing social determinants of health in New Jersey requires comprehensive policies and programs in key areas like



Denise Anderson, Ph.D., MPH, Executive Director, The Center for Health Equity & Wellbeing, New Jersey's Public Health Institute

housing, health care access, economic stability, education, food security and transportation.

We need to expand affordable housing programs, strengthen eviction prevention efforts, and enforce lead-free housing policies to improve living conditions. We can invest in Community Health Worker programs, mobile health clinics, and telehealth infrastructure to enhance access for underserved populations. We can support living wage policies, job training initiatives, and childcare subsidies to improve financial wellbeing for families. When it comes to food insecurity, we can increase access to healthy food through urban farming, incentivizing grocery stores and farmers' markets to operate in food deserts, and expanding school meal programs. When it comes to transportation, there are opportunities to subsidize public transit for low-income residents and promote transit-oriented development to improve access to jobs, and health care.

Denise Anderson: The Center for Health Equity and Wellbeing (CHEW) is exploring launching an initiative to develop health opportunity zones (HOZs) in New Jersey, addressing social determinants of health. Three pilot HOZs—one in each region (north, central, south)—will be selected based on HOZ rankings. CHEW will convene community members and public, private, and non-profit stakeholders to identify up to three key social determinants to tackle: economic stability, neighborhood and physical environment, education, food insecurity, community and social context, or the health care system. Through community asset mapping, CHEW will support enhanced services, address a service gap, and avoid duplication. The institute will secure funding to support these efforts, empowering



Dr. Adeola Sonaïke, PhD, MPH, Chief Operating Officer, Baker Street Behavioral Health

community-based organizations (CBOs) in each HOZ to address identified priorities. It will also provide training and technical assistance to strengthen their capacity to improve local or place-based health outcomes.

Rodgers: To address health equity in New Jersey, policies such as universal access to healthcare and guaranteed minimum income could be implemented. Reducing poverty, a key driver of health disparities, is essential to eliminating inequities.

Buteas: To address social determinants of health and advance health equity in New Jersey, policymakers can implement the following targeted policies and programs:

PBM Reform: Legislation should ensure that rebates provided by drug manufacturers to Pharmacy Benefit Managers (PBMs) are directly passed on to patients. This reform would significantly lower out-of-pocket costs and increase medication affordability for vulnerable populations.

Prohibit Copay Accumulator Programs: Enact legislation to ban the use of "copay accumulators," a practice by insurance companies and PBMs that prevents consumers from applying drug company discount coupons to their prescription cost-sharing requirements. Discount coupons are a lifeline for many patients to afford their medications, and prohibiting accumulator programs would ensure that this financial assistance directly reduces deductibles and out-of-pocket expenses.

Gregoire: New Jersey can adopt comprehensive policies to tackle social determinants of health, emphasizing affordable housing, nutrition, and transportation access. Expanding

Continued

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Healthcare

Medicaid coverage and increasing funding for community health centers will enhance care access for vulnerable populations. Notably, New Jersey's Medicaid program already supports healthy food access, and such initiatives can be further developed to benefit at-risk communities, promoting health equity and improving outcomes. Investing in public health education will empower residents with knowledge about healthy living. Collaborating with local governments and organizations to establish job training and financial literacy programs will help address economic disparities. By taking a holistic approach to health equity, we can foster an environment where all residents have the opportunity to thrive.

Johnson: CarePlus NJ is committed to ensuring equal access to quality healthcare by addressing social determinants of health that create disparities. As a Certified Community Behavioral Health Center (CCBHC), we provide integrated support services – including employment, housing, education, and transportation assistance—to improve the quality of life for individuals and families.

Expanding the CCBHC model statewide is a major step toward health equity, ensuring diverse and underserved populations have access to culturally competent behavioral health and social support services, regardless of income, insurance, or diagnosis. Policies should also prioritize increasing funding support to promote stability and prevent homelessness, improving access to job training and employment opportunities in underserved areas, and expanding public transportation to connect individuals to essential healthcare and services. Additionally, addressing educational barriers through childcare support and adult learning programs, and fostering collaboration with local organizations to meet unique community needs, will further reduce disparities. Together, these efforts can create a more equitable and healthier New Jersey.

Grill-Goodman: How can the average citizen or business take action for health equity?

Sonaïke: We each can play an individual role in taking action and advancing health equity by exercising humility in accepting and acknowledging the lens we individually use to perceive the “problems” we aim to address. Sometimes the answer we need is not in the room because either we are in the wrong room, we are asking the wrong questions, or more frequently, we haven’t created systems where the right people have access to the same rooms we are in. By intentionally creating pathways that encourage inclusion and diversity of thought, each of us can play a positive role in improving health equity.

Wang: There is an opportunity to leverage public health nursing to strategically address social determinants of health by identifying vulnerable populations and placing trained nurses directly in the communities served to focus on disease prevention and to address chronic disease. For example, we are initiating a new



Chrissy Buteas, President and CEO, [HealthCare Institute of New Jersey](#)

targeted stroke awareness education and risk assessment program specifically targeting individuals 46-65 years of age to meet the needs of that specific population and mitigate their risk of stroke and cardiovascular disease.

Gold: Education and advocacy of behalf of those challenged by the SDOH are how the average citizens and the business community can take action for health equity. By educating themselves and others, they can better understand the impact these factors have on a person’s health and wellness. They can then advocate for policies and programs that address health disparities including affordable housing, quality education, access to nutritious food, reliable transportation, employment opportunities, and access to mental health services. Volunteering at local health clinics or food pantries can also make a significant impact.

Businesses can build partnerships with local communities and organizations, sponsoring events, and collaborating on projects focused on health equity. By taking these steps, both individuals and businesses can contribute to a more equitable and healthy society.

Johnson: Individuals can play a vital role in advancing health equity by educating themselves about current challenges and advocating for policies that support vulnerable and underserved populations. Engaging disparities are powerful ways to contribute.

Businesses can lead by example, fostering inclusive workplaces and equitable hiring practices while raising awareness about health equity issues that matter to their employees and communities. Supporting local organizations through donations, sponsorships, or partnerships can amplify efforts to address critical care needs.



J. Cedar Wang, MSN, APN, GNP-BC, CHSE, Vice President of Nursing Operations at [Holy Name Medical Center](#)

Achieving health equity requires collaboration across all sectors. By working together – residents, businesses, community organizations, and government – we can build a healthier, more inclusive society where everyone has the opportunity to thrive.

Gregoire: Both individuals and businesses play a vital role in advancing health equity. Citizens can advocate for policies that enhance equitable healthcare access, engage in community health initiatives, and volunteer with local organizations addressing social determinants of health.

Businesses can contribute by fostering inclusive workplaces that prioritize employee wellness and collaborating with local health organizations to support community health programs. For instance, Valley Health System’s Social Equality Council strategically supports vendors from diverse backgrounds, addressing structural inequities impacting health equity for minority populations. Our Career Engagement Program offers employees from diverse backgrounds opportunities for professional development. Furthermore, promoting a diverse workforce helps us connect with the communities we serve. By supporting local economies and making health-conscious decisions, individuals and businesses can collectively create a more equitable society, fostering a culture of health equity that benefits everyone in our communities.

Denise Anderson: Businesses can take action for health equity in three steps. First, they can engage with the community where their business(es) are located and invest in underserved communities. Investing in the social determinants of health, such as housing, education, transportation, and food insecurity, can

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support better health outcomes in populations. Second, sponsor and partner with nonprofits and public health organizations and support public health initiatives that improve access to care and health education. Funding can help research, advocacy, and community programs that address health disparities, which are the differences in health outcomes between groups. Third, businesses can assess their policy and public advocacy positions, ensuring they do not perpetuate disparities and inequities.

Andy Anderson: Citizens can take action for health equity by contacting legislators to support policies addressing SDOH like housing, health care access, and food security. Community members can volunteer at local food banks and shelters or raise awareness and host community discussions to promote solutions. We can all support local and minority-owned businesses to strengthen local economies, and businesses can commit to purchasing from diverse, local suppliers. Businesses can also promote workplace equity by implementing inclusive hiring and health benefit practices that address diverse employee needs in addition to offering cultural competency, DEI training, and health literacy education to employees.

Wang: The average citizen can learn more about their health by attending reputable webinars and seminars to help identify their own risk of preventable diseases. They can use their

knowledge to set their own health goals to improve their quality of life and to enhance their ability to contribute to the community.

Buteas: Both individuals and businesses can play a critical role in advancing health equity. Here are some actionable steps they can take:

Utilize Resources for Affordable Medications: Leverage tools like the Medicine Assistance Tool (MAT – www.mat.org), a search engine offering access to over 900 drug assistance programs. This resource can help patients find affordable medication options.

Advocate for Patient Rights: If a prescription is denied or delayed due to prior authorization, patients can file complaints or seek assistance from the New Jersey Department of Banking and Insurance (DOBI). DOBI can intervene to ensure patients get timely access to necessary treatments.

Engage with Employers: Employees of self-funded plans should communicate with their Human Resources (HR) departments to advocate for better coverage options. This includes requesting the inclusion of critical treatments or procedures that may currently be excluded from their benefits.

Rodgers: Health disparities in NJ harm everyone, causing lost productivity, premature deaths, and economic and emotional strain on families. These disparities disproportionately impact African Americans, Hispanics and those living in under-resourced communities



Patrick Mattis Ph.D., DNP, MSCS, FHIMSS, CPHIMS, CNE, NI-BC, Professor in the [Ramapo College Nursing program](#)

in our state. Achieving health equity requires a collective commitment and compassion. As the Dalai Lama reminds us: “If you want others to be happy, practice compassion; if you want to be happy, practice compassion.” 🧡

HEALTHCARE

Cardiac Care Treatments and Technology in 2025

Compiled by Jamie Grill-Goodman

February is American Heart Month. This annual national awareness campaign seeks to raise awareness about heart disease, still the leading cause of death for both men and women in the United States, according to the [Centers for Disease Control \(CDC\)](#). Throughout February, organizations set out to educate the public about heart health, promote healthy lifestyle choices, and encourage preventative screenings. In this vein, COMMERCE spoke with cardiac specialists to discuss the latest treatments and technologies – from artificial intelligence (AI) to robotics – healthcare experts are tapping in 2025 to provide cutting edge care across New Jersey. Here is what we learned:



Bergen New Bridge Medical Center
Dr. Irfan Admani
Chief of Cardiology

One of the innovations we are bringing to cardiac care at Bergen New Bridge Medical Center is the integration of cardiology services in our Ambulatory Care Center (ACC). Oftentimes, primary care providers are the first line of defense when it comes to cardiovascular disease.

By having cardiologists work directly with primary care providers, the Medical Center will offer seamless care leading to earlier diagnosis of cardiovascular disease by identifying high blood pressure, obesity, diabetes, high cholesterol, and other risk factors.

The partnership between primary care and cardiology can encourage patients to make essential lifestyle changes related to exercise, reduction of alcohol consumption, quitting smoking, and eating a healthy diet. These actions can greatly reduce the risk of developing cardiovascular disease and for those already diagnosed, can improve their overall health and wellness.

Another exciting innovation coming in 2025 to Bergen New Bridge will be cardiac computed tomography angiography (CTA), also known as a coronary CT angiogram. This non-invasive imaging test can assist with identifying the buildup of plaque, blockages, or other abnormalities in the coronary arteries and anatomy. We will use AI-powered diagnostic capabilities as the algorithms can analyze medical imaging studies to diagnose a wide variety of heart disease with greater accuracy than traditional methods. Healthcare providers should take advantage of the latest advances in technology that can more effectively screen and diagnose patients for heart disease which will lead to healthier outcomes for all.



Hackensack Meridian Hackensack University Medical Center
Mark B. Anderson, M.D.
Chairman, Cardiac Surgery

Our academic medical center has a longstanding reputation as one of the region’s highest-volume centers for minimally invasive cardiac surgery. The team’s experience and expertise has expanded into robotically assisted cardiac surgery. This less-invasive technique for valve replacement or repair, including of the mitral valve, coronary artery bypass graft (CABG) surgery, pacemaker implantation, among other procedures, provides a new, pinpointed treatment approach for patients with valvular heart and coronary artery disease.

We evaluate each of our patients to determine whether they might be a candidate for minimally invasive cardiac surgery. With its tiny, wristed instruments and high-definition camera, the robot allows surgeons to operate through just a few small incisions and translates the surgeon’s hand movements into precise micro-movements inside the chest, minimizing trauma to surrounding tissue. Patient benefits of this technique include reduced pain, less scarring, lower risk of infection, and reduced blood loss.

Our cardiac surgeons are leveraging the medical center’s robust robotic surgery capabilities and history of early adoption and innovation, to now offer robotic assisted CABG and valve procedures for their cardiac surgical patients. For information, visit www.hackensackmeridian-health.org and search for robotic heart surgery.



Hackensack Meridian Jersey Shore University Medical Center
Matthew Saybolt, M.D., FACC
Medical Director, Structural Heart Disease Program

We launched our tricuspid heart valve repair program in December, and successfully treated our first patients. Tricuspid valve regurgitation (TR) is a condition in which the valve between the two right heart chambers doesn’t close properly, allowing blood to flow backward into the right atrium of the heart. Common symptoms of TR are debilitating and include shortness of breath, swelling, and fatigue. The prevalence of TR increases with age, especially for women. Traditionally, the only treatment options for TR have been surgery,

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The Hackensack Meridian Hackensack University Medical Center team’s experience and expertise has expanded into robotically assisted cardiac surgery.

Photo: Getty Images/Stockphoto/gordenhoff



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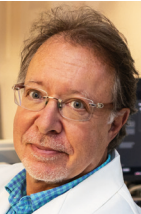


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which is rarely performed due to the complexity of the procedure and high risks involved, and medical therapy, which is usually unsuccessful. When left untreated, TR may progress into conditions such as atrial fibrillation, liver disease, heart failure, and, ultimately, death.

We will expand our program to include another available system, but for now we have been treating patients with Abbott's TriClip™ system. It's delivered to the heart minimally-invasively via a catheter inserted through the leg's femoral vein and works by clipping together a portion of the valve leaflets to reduce the backflow of blood. This approach allows the heart to pump blood more efficiently and relieve symptoms of TR, which improves the quality of life for patients.



Holy Name Medical Center
Dr. Jeffrey Goldman
Radiologist

Holy Name is one of the few hospitals in the world – and only two in New Jersey – now using photon-counting CT for cardiac imaging. Unlike traditional CT scans, the new technology uses photon-counting imagery to produce clearer pictures of the heart with fewer steps, allowing doctors to get a closer look at the heart with a lower dose of radiation. This a new jump in technology, there hasn't been anything new in CT scans in many years.

This advancement is changing the standard of care for cardiac and coronary imaging. It elevates the precision and detail of these tests, revolutionizing how they are performed. This new technology ensures that our patients have access to the latest, most advanced imaging technology. In the first few cardiac patients that we have scanned, our team has been amazed by the clarity of the images and its potential.

The scan provides more accuracy and few doses of radiation. They can determine with better accuracy if cardiac catheterization is needed or not necessary. The photon-counting CT scan can also be used on other parts of the body and can find subtle tumors where it can make a difference, with early detection.



RWJBarnabas Health
Conor Barrett, MD, MBA
Senior Vice President and Chief Clinical Officer for Heart and Vascular Services

RWJBarnabas Health's network of cardiac diagnostic, imaging and therapeutic technology – including 30-plus cardiac catheterization labs, ambulatory diagnostic testing and cardiac CT – represents the most comprehensive in New Jersey. This network also features a cardiac PET/CT program supporting the nation's fourth-largest cardiac amyloidosis program.

As one of the nation's largest – and New Jersey's only – heart transplant programs, RWJBarnabas



Photo: Siemens Healthineers

The Valley Hospital utilizes the Naeotom Alpha® CT scanner with Quantum Technology, which produces ultra-clear images for more accurate diagnoses and treatment planning.

Health's two heart transplant centers are leaders in advancing interventions for heart failure patients, including left ventricular assist devices (LVADs).

At RWJBarnabas Health's four cardiac surgery hospitals, heart surgeons are also leading the way for minimally invasive valve repair and structural heart procedures. The system operates the state's largest collective structural heart program and is the biggest left-atrial-appendage occlusion program in New Jersey and New York, reducing stroke risk in patients with atrial fibrillation.

In partnership with Rutgers University, RWJBarnabas Health forms New Jersey's most comprehensive academic health system. By training the next generation of heart specialists through residency and fellowship programs and conducting more cardiovascular research than any other system in the state, it advances both patient care and medical innovation. Consequently, through clinical trials, patients have access to these cutting-edge therapies throughout New Jersey at more than 60 outpatient locations.



Saint Peter's University Hospital
Dinesh K. Singal, MD, FACC, FACP, FSCAI
Medical Director, Cardiac Catheterization Lab

One of the latest lifesaving technologies in cardiac care is the Impella device, a small heart pump that plays a critical role in treating patients experiencing cardiogenic shock during a heart attack. The device's minimally invasive design allows for quick deployment, helping the heart when it struggles to pump blood effectively by mimicking the natural pathway of blood flow, ensuring that vital organs continue to receive oxygenated blood. This support gives physicians crucial time to address the underlying cause of the heart attack, such as clearing blockages in coronary arteries, while stabilizing the patient.

Newer balloons and stents allow us the ability to open up blockages which are 100 percent

closed for a long time. We're also using shock-waves to tackle calcified arteries, making angioplasties and stenting safer and more effective.

Newer medications are helping to lower cholesterol without the side effects caused by statins, while other newer medications are helping to manage chronic heart failure. Cardiologists are also assessing how weight loss drugs such as Ozempic and Mounjaro are reducing future cardiac risk.

Our highly skilled team of interventional cardiologists performs a range of advanced procedures in Saint Peter's state-of-the-art cardiac catheterization lab, from emergency interventions for heart attacks to elective angioplasties and stent placements. The lab's design prioritizes both precision and patient comfort, ensuring high-quality outcomes in a compassionate environment.



Valley Health System
Suneet Mittal, MD
Chair of the Cardiovascular Service Line

Within each subspecialty of cardiovascular care offered through The Valley Heart and Vascular Institute at The Valley Hospital, our teams are dedicated to adopting the latest treatment therapies and technologies to further enhance patient care. Recent advancements include:

Pulsed Field Ablation: The Valley Hospital now utilizes the PulseSelect™ Pulsed Field Ablation (PFA) System manufactured by Medtronic, and the FaraPulse™ Pulsed Field Ablation System manufactured by Boston Scientific for atrial fibrillation treatment. This technique uses pulsed electric fields rather than thermal ablation, which can reduce the risk of collateral tissue damage.

CommandEP: Valley is proud to have been the first center in New Jersey – and one of the first in the United States – to guide an ablation procedure using the FDA-cleared CommandEP holographic cardiac ablation platform manufactured by SentiAR. This milestone also marked the world's first instance of pulsed field ablation performed using CommandEP. This novel technology delivers precise care during a cardiac ablation procedure by providing holographic, augmented reality visualization of the heart, making treatment safer and more effective.

Photon-Counting Computed Tomography (CT) Scanners: The Valley Hospital was the first in New Jersey to utilize the Naeotom Alpha® CT scanner with Quantum Technology manufactured by Siemens Healthineers. This advanced imaging system produces ultra-clear images for more accurate diagnoses and treatment planning.

Renal Denervation: In September, The Valley Hospital was one of only three institutions in New Jersey offering renal denervation, an FDA-approved, minimally invasive procedure for treating resistant hypertension – high blood pressure. For more information, visit <https://www.valleyhealth.com/services/heart-care> 📌

Retail's Big Show Showcases the Latest in Technology

By Jamie Grill-Goodman

If you want to know where technology is headed, there's no better place to get a glimpse into the future than the National Retail Federation's (NRF) annual convention.

[NRF 2025: Retail's Big Show](#), held on January 12-14 at the Javits Center in New York City, NY, draws approximately 40,000 attendees from nearly 100 countries. The National Retail Federation, headquartered in Washington, D.C., advocates for people, brands, and policies that help retail succeed. This year's convention showcased more than 1,000 exhibitors and 450 speakers, giving attendees an exuberant look into the future of retail and technology.

As in recent years, artificial intelligence (AI) remained the top buzz word at the show. So much so that this year's opening keynote on Sunday January 12 kicked the event off with a conversation between NRF Chairman and President and CEO of Walmart U.S., John Furner, and Azita Martin, Vice President and General Manager, Retail & CPG, NVIDIA. The conversation centered on how AI is redefining what's possible for consumers and businesses.

According to Martin, supply chain will benefit the most from AI in retail and the future of warehouse efficiency starts with having a digital twin, a virtual model of a physical space that taps real-time data to simulate scenarios. Lowe's Home Improvement, Martin used as an example, has created digital twins of 1,700 stores and they are "updating that several times a day with

operational and inventory data, and as a result they've been able to simulate different layouts to really optimize how customers are shopping in stores, how to change the layout, and ultimately improve their sales and revenue," she said.

She also spoke about new [NVIDIA AI Blueprints](#) for building "agentic AI" applications. While many are familiar with AI chatbots, which use generative AI to provide responses based on questions, agentic AI uses reasoning and planning to autonomously solve complex, multi-step problems. With the blueprints, developers can build and deploy custom AI agents that can reason, plan and take action. She gave the example of an agentic AI agent that's monitoring the weather and could give instructions to another AI agent to order additional snow shovels ahead of a snowstorm. Furner commented that "the idea of an AI agent that can understand operations, see across silos," is pretty terrific.

Following the opening keynote, Pete Nordstrom, president of Nordstrom, sat down with Joshua Schulman, CEO of Burberry, for a live recording of Nordstrom's podcast, The Nordy Pod. The two talked about their career history and working together, how Burberry is a blend of heritage and innovation, and more. You can catch the full conversation in [episode 79 of The Nordy Pod](#), available January 27.

Back on the show floor, exhibitors gathered to share the latest technology innovations and offerings. The following is a snapshot of a few new things in 2025.



Photo: Jamie Grill-Goodman

NRF 2025 kicked off with a keynote session centered on artificial intelligence with John Furner, NRF Chairman and President and CEO of Walmart U.S., and Azita Martin, VP and GM, Retail & CPG, NVIDIA (shown here).

Celerant Technology

Headquartered in Iselin, NJ, retail software company Celerant Technology demonstrated its comprehensive retail management platform, including its new predictive site search functionality. This enhanced feature for e-commerce retail websites will help guide customers through both the shopping journey as well as make tailored recommendations based on the customer's on-site behaviors and habits. Driving these suggestions are integrated AI-systems and machine learning to make it easier to discover the most suitable products with images, price, and color filters using AI and semantic queries.

Cognizant

Cognizant Technology Solutions World Headquarters is located in Teaneck, NJ, and has over 340,000 employees worldwide helping companies modernize technology, reimagine processes, and transform experiences across many industries, including banking, healthcare, insurance, manufacturing, and retail. Cognizant announced the launch of Stores 360, a comprehensive retail solution designed to streamline store operations, enhance employee productivity, and improve customer experiences. Developed in collaboration with ServiceNow, the solution leverages the Cognizant Neuro® AI platform and generative AI-powered Now Assist solution. Stores 360 is designed to elevate retail store operations and improve frontline employee productivity and customer experience with integrated, automated, predictive and gen AI capabilities. The solution comprises three sub-offerings designed to enable retailers to adopt and prioritize based on business needs: new store opening, store management, and store asset management.

Diebold Nixdorf

Diebold Nixdorf, which automates and digitizes the way people bank and shop, showcased storewide AI technology use cases, such as combating shrink in the aisles, at the POS, and at the self-service checkout. On display was technology that speeds up the checkout process with multi-item recognition, quickly detects hazards across the store, and protects employees from dangerous situations. The extension of the AI technology use cases follows the launch of Diebold Nixdorf's AI-powered solution Vynamic® Smart Vision platform at the beginning of this year. The platform combines solutions to reduce the most common sources of loss and friction during fresh produce scanning and age verification for restricted sales. Diebold

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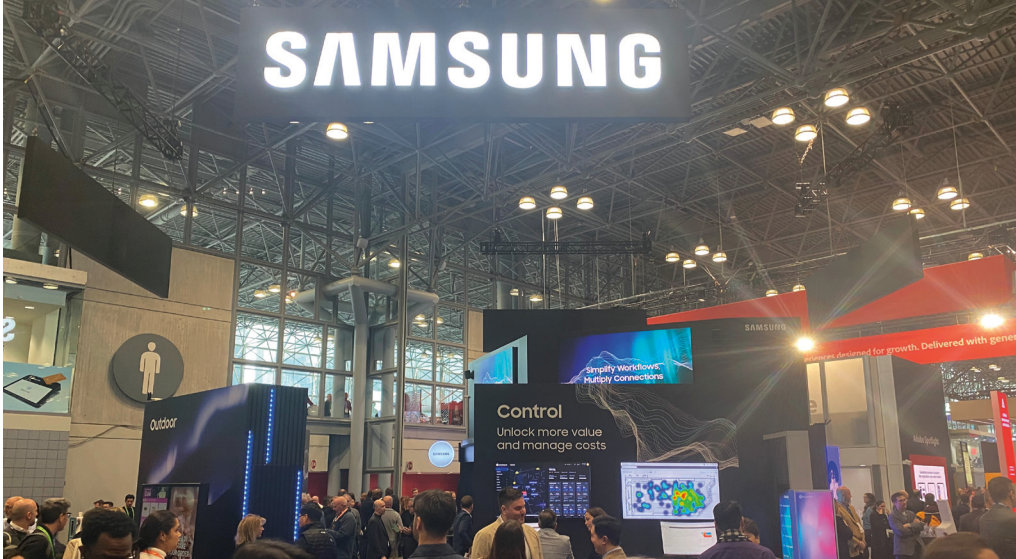
Nixdorf also provides self-service banking solutions (ATMs and teller cash recyclers), software, and services that create personalized experiences, accelerate ATM performance, and securely connect digital and physical channels.

Hewlett Packard Enterprise

Hewlett Packard Enterprise, which offers solutions across retail, manufacturing, health-care, government, and more, announced new capabilities for the edge-to-cloud company. HPE Aruba Networking showcased its retail-ready networking portfolio, demonstrating how reliable and secure connectivity is a critical component of retail modernization. The new HPE Aruba Networking 100 Series Cellular Bridge offers easy-to-deploy primary or backup WAN access to provide connectivity when fiber or broadband WAN circuits are unavailable or experience failure. The Cellular Bridge provides businesses better resiliency for critical services such as credit card processing, leveraging radio access rather than fiber access. New HPE Aruba Networking Central AI Insights help optimize retailer’s curbside operations by increasing performance of Wi-Fi networks when deployed outdoors and can also detect unusual IoT behavior that may indicate a security breach.

Manhattan Associates

Manhattan Associates unites information across the enterprise and offer solutions in manufacturing, retail, pharmaceutical and more. At NRF, Manhattan announced the availability of Postgame Spotlight. The solution provides real-time scenario analytics and actionable recommendations that can be shared with inventory planners to eliminate inventory deployment mistakes and reduce order fulfillment costs. Part of Manhattan Active® Order Management, Postgame Spotlight works by calculating the percentage of orders fulfilled from the best locations and identifies the factors that forced the system to divert orders to alternate



Samsung Electronics America showcased a plethora of its latest retail solutions amidst nearly 1,000 exhibitors and 40,000 attendees.

locations. The solution looks at factors that negatively influence fulfillment efficacy to uncover opportunities for improvement.

Samsung Electronics America

Headquartered in Ridgefield Park, NJ, Samsung Electronics America showcased a plethora of its latest retail solutions, including a new type of sign perfect for small businesses. The 32-inch Samsung Color E-Paper (EMDX) offers a paper-like, battery-powered display, so there are no wires – making installation easy. The E-Paper delivers custom content in up to 60,000 colors, that’s easy to update anytime, and provides an eco-friendly alternative to traditional printed posters. The Samsung OMN-D Series 55-inch dual-sided display was also in the booth to see, which can be placed in a business’s front window to engage potential customers walking by, as well as offer informative content on the inside side of the display. Additionally,



Verizon Business announced a collaboration between Verizon and Honeywell to bring Honeywell’s hardware, software, and services together with Verizon’s high-speed 5G connectivity.

launched in June 2024, SmartThings Pro extends Samsung’s hyper-connected smart home technology to business environments to optimize workflows and operations.

Verizon Business

Verizon Business, which runs its operational headquarters in Basking Ridge, NJ, announced a new collaboration between Verizon and Honeywell to bring Honeywell’s hardware, software, and services together with Verizon’s high-speed 5G connectivity to offer a bundled managed services solution for retail and logistics companies of all sizes. The Honeywell-Verizon Bundled Solution offers a single point of contact for hardware, software, services, and connectivity, streamlining the purchasing process. Another benefit is increased business resiliency and high-speed, reliable connectivity for critical business applications. The bundled solution enables businesses to streamline workflows, increase productivity, and reduce downtime. The new managed services solution will be available through Honeywell and its network of resellers in early 2025.

Zebra Technologies Corporation

Zebra Technologies, which offers solutions in healthcare, manufacturing, banking, government, and more, announced several new AI innovations for the retail industry. The new Zebra Mobile Computing AI Suite facilitates the development of AI applications, enabling easy integration of cutting-edge vision AI capabilities into mobile applications. Zebra has leveraged these AI capabilities to enable frontline workers to capture workflow context and integrate that directly to Zebra Companion, a new suite of AI agents designed to empower retail frontline workers. Zebra Companion provides frontline workers instant access to information and troubleshooting assistance as they prioritize and execute tasks. 📱



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