

NORTH JERSEY HEALTH COLLABORATIVE
MORRIS COUNTY COMMITTEE
MEETING NOTES – July 9, 2020

Welcome: Laura welcomed Jodi back. Jodi welcomed all and thanked them for participating and continuing to serve the community during the pandemic.

CHIP review: Laura reviewed the CHIP as posted on the NJHC website. For Morris, these are:

- Chronic Disease (diabetes and cancer)
- Healthy Aging
- Obesity and Food Access
- Physical Activity and Healthy Eating
- Mental Health (addiction and suicide prevention)

Laura then reviewed the new data points and progress tracker on the website, explaining how outcomes would be measured. Although education and outreach will not be included in the outcome data figures, they will be added to the descriptions.

Partner data postings will include a link to the partner website.

Laura reviewed a specific example of the data postings – the Sussex County Children’s Obesity Workgroup. According to Healthy People 2020, 1 in 3 children born after 2020 may have diabetes related to obesity. In a BMI survey of 62% of Sussex County’s K-6 students, 1005 were overweight and 946 were obese. This info allows the partners in Sussex County to create interventions to reduce these figures and to address future diabetes incidence.

Guest Speaker: Emily Carey, ScreenNJ program manager. ScreenNJ’s mission focuses on cancer prevention, education, and detection. It is a program of the Rutgers Cancer Institute.

The program uses a health equity lens. NJ has the 5th highest cancer incidence and mortality rate in the US. Lung and Colorectal cancer are at the top of the mortality rate. Early detection is highly effective. When detected early, there is a 9 in 10 survival rate. A focus is to increase lung cancer screenings for high risk populations.

In regards to COVID19, there have been 3 million cases in the US, with more than 100,000 deaths. COVID has negatively impacted screenings and delayed screenings will mean delays in diagnosis and treatment.

ScreenNJ hopes to partner with community health educators and local health departments to increase screenings. They are using a model to address barriers to screening by strengthening linkages to community service agencies for access and use.

ScreenNJ has public and provider trainings available.

Morris County Efforts: Moving forward, Jodi suggested that a determination be made as to where the disparities are in Morris County, and to focus on those areas and health issues.

Leadership: Jodi reported that there is a need for workgroup leaders and members. There is a need for Healthy Aging, and for Chronic Disease. She suggested that partners collect data from others who are also working in health areas.

Social Determinants of Health: Jodi presented the Healthy People 2020 website, which describes the Social Determinants as the social and economic factors that play a large part in the length and quality of life. There are 5 key areas – education, health care, physical/built environment, economic stability, and social and community context. By using the social determinants of health, it would be possible for NJHC Morris to focus on place based strategies, thereby effectively and efficiently using partner resources, creating actionable and measurable goals, resulting in collective impact.

The top three social needs communities in Morris are Dover, Netcong, and Wharton. Jodi reviewed Dover health vulnerability trends as an example. The County Health Rankings provide assistance with strategic examples. One suggestion might be to reach out to those who are currently eligible for services but not taking advantage of them.

Next step – share information and efforts with other counties in NJHC to determine if there is a sharing opportunity and joint implementation.

NEXT MEETING – OCTOBER 8, 2020



www.screennj.org

Cancer in New Jersey: Before & After COVID

Emily Carey Perez de Alejo, ScreenNJ Program Manager

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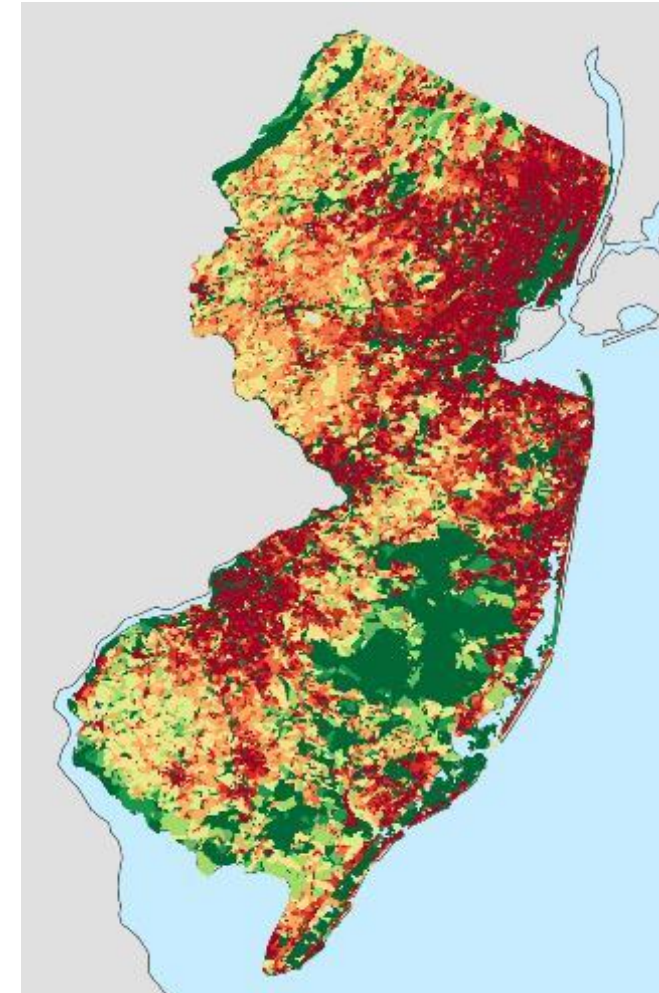
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Our Home

- Most densely populated US state
- 4th most ethnically diverse
- High percentage of minority and foreign-born residents and language-isolated households
- High risk areas for poverty, educational/job opportunities, access to care, obesity, smoking & alcohol use



Population Density:
Red (higher), Green (lower)



State of the State: Cancer in New Jersey

- Racial, ethnic, and socioeconomic disparities in cancer incidence, mortality and access to care
- **Lung cancer** - leading cause of death due to cancer **for both men and women**
- **Colorectal cancer** - second leading cause of cancer death after lung cancer

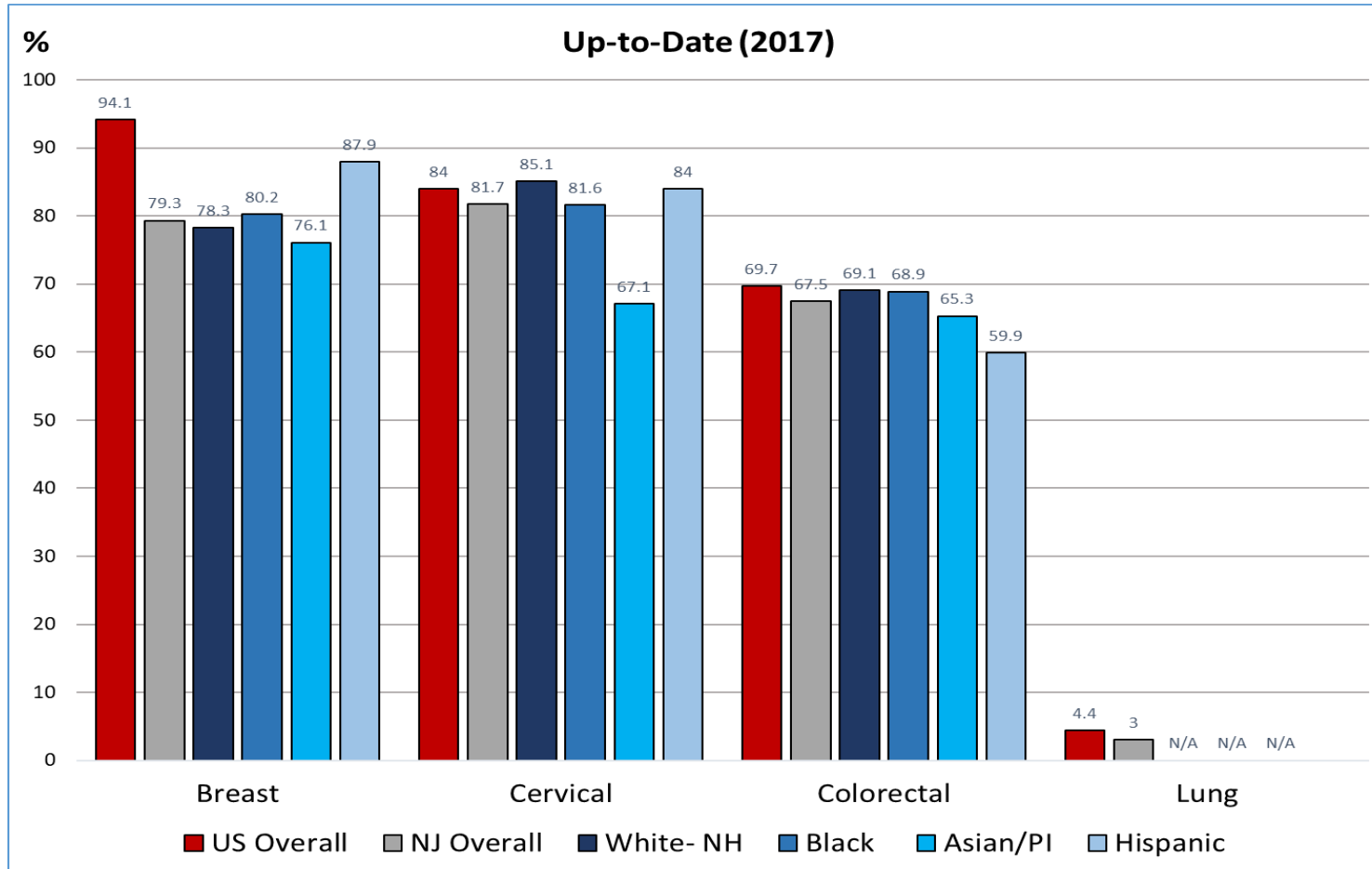
NJ Cancer Incidence & Mortality (Annual)

5th highest cancer incidence & mortality in the US

Cancer Cases (total)	50,000
Cancer Deaths (total)	16,100
Lung Cancer Deaths	3,230
Colorectal Cancer Deaths	1,440



NJ Screening Rates are Lower than U.S.



NJ Healthy People Objectives 2020

Breast Cancer: 87.5%
Cervical Cancer: 93.6%
Colorectal: 70.2% for the total population
Lung Cancer

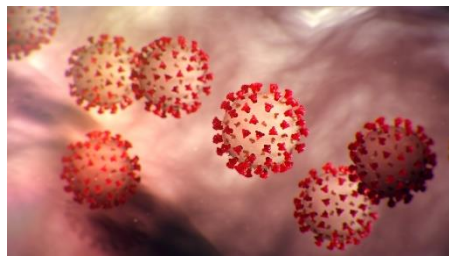
- Target objectives to be included in update of NJ Cancer Control Plan

Opportunity to increase colorectal and lung cancer screening

- Interventions to reduce barriers
- Covered by insurance
- Services available for uninsured patients



COVID-19: Impact on Cancer Screening



JANUARY 2020						
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Benefit of Cancer Screening
Life-Years Gained/1,000 persons Through Screening¹

- Breast: 122-152
- Colorectal: 181-275
- Cervical: 64,000

March Recommendation: No one should go to healthcare facility for routine screening (ACS² and other professional organizations^{3,4})

MARCH 2020						
SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



APRIL 2020						
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Cases In U.S.
928,619

¹Epic Health Research Network, ehrn.com

²Common Questions About the New Coronavirus Outbreak. American Cancer Society. Site last updated April 10, 2020. Accessed April 26, 2020. cancer.org/latest-news/common-questions-about-the-new-coronavirus-outbreak.html

³ASCCP Interim Guidance for Timing of Diagnostic and Treatment Procedures for Patients with Abnormal Cervical Screening Tests. ASCCP. Site updated March 19, 2020. Accessed April 28, 2020. asccp.org/covid-19

⁴ASBrS and ACR Joint Statement on Breast Screening Exams During the COVID-19 Pandemic. The American Society of Breast Surgeons. Site updated March 26, 2020. Accessed April 28, 2020. breastsurgeons.org/news/?id=45



COVID-19: Impact on Cancer Screening

	Average Number Screened per Week		Drop
	Pre-COVID-19	Post-COVID-19	
Breast	9054 (SD 1393)	559	94%
Colon	2946 (SD 514)	402	86%
Cervical	1091 (SD 186)	66	94%

Data Obtained from within 39 health systems consisting of 190 hospitals/23 states
 January 1, 2017 through January 19, 2020
 2.7 million patients who had at least one encounter in each of the years¹

¹ Epic Health Research Network, ehrn.com



COVID-19: Impact on Cancer Screening

Cancer Screenings in the U.S.

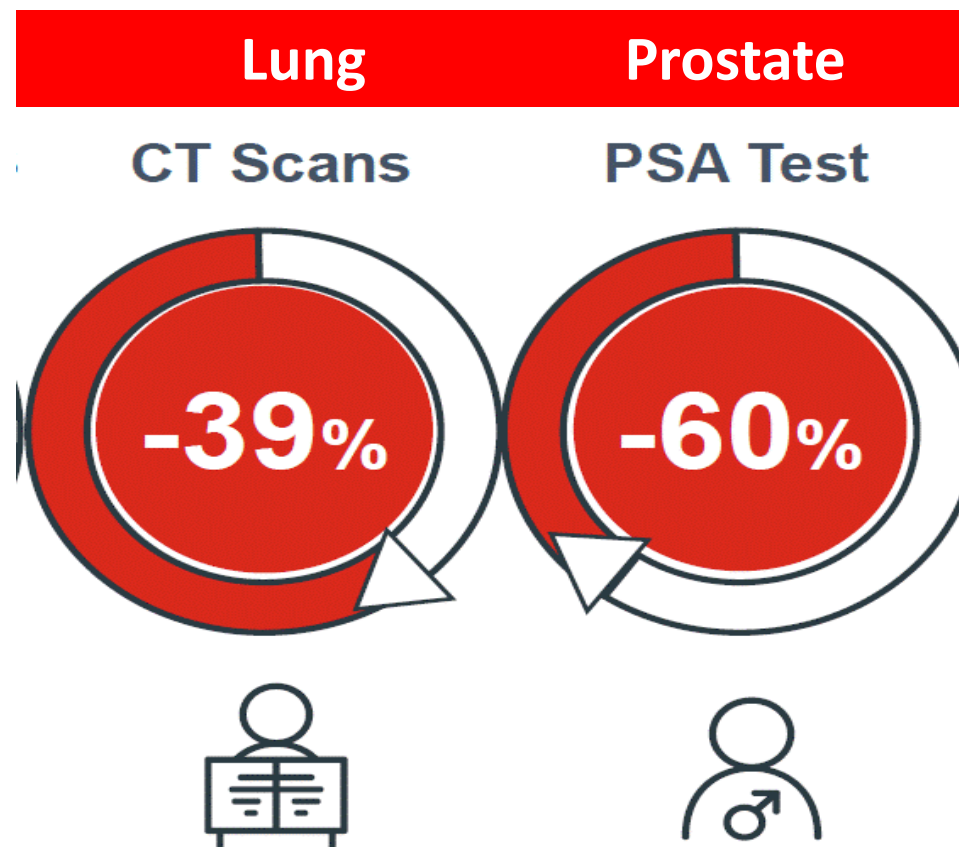


Based on data from 2017, 2018, 2019 and early 2020, drops in screening rates since January 20th are not the result of normal variability, but are significant and correlate with onset of COVID-19 pandemic rise in U.S.

¹ Epic Health Research Network, ehrn.com



COVID-19: Impact on Cancer Screening



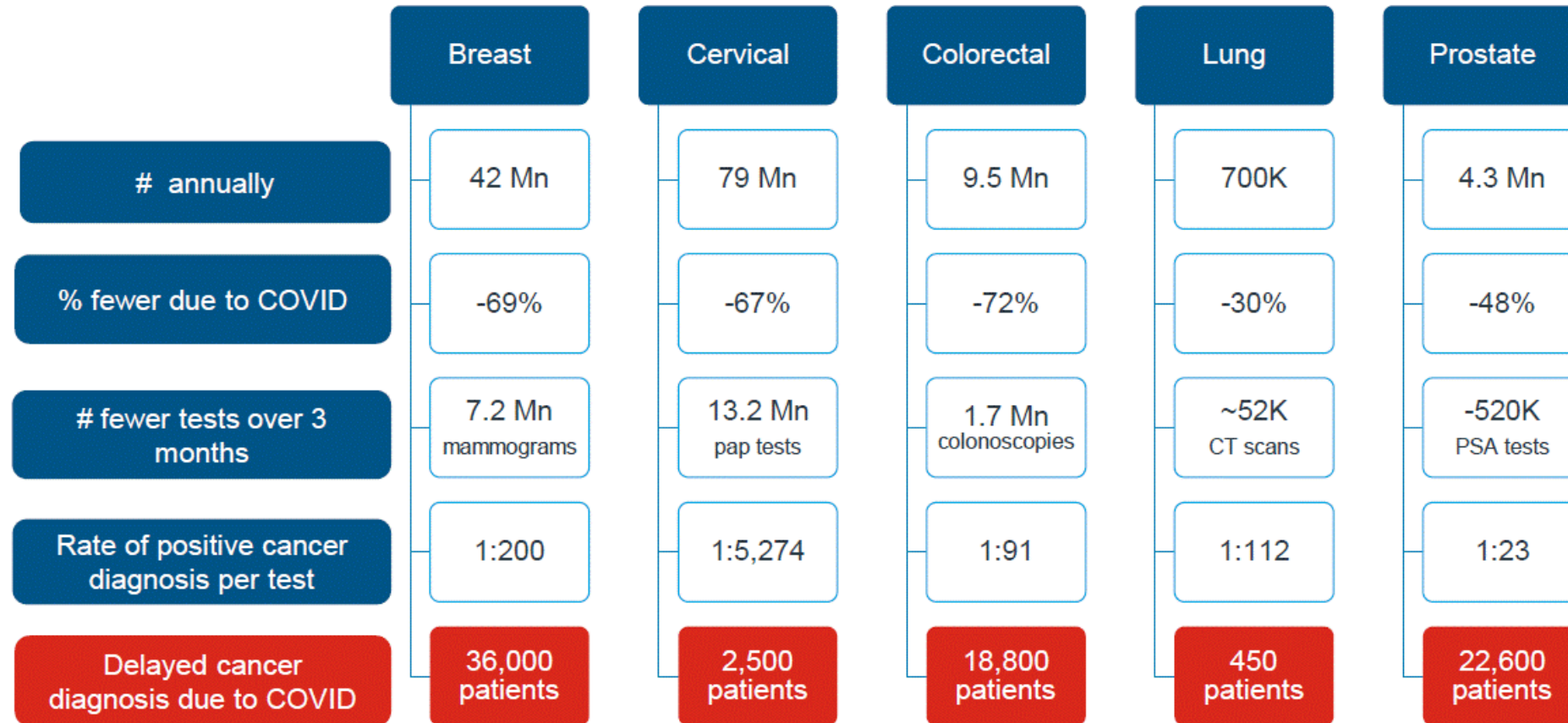
Lower decreases for CT may be due the procedure being used to rule out COVID in patients experiencing symptoms that could indicate lung cancer

Diagnostic testing for PSA includes disease surveillance testing, therefore not screening only.



COVID-19: Impact on Cancer Screening

Over 22 million screening tests for five common tumors may be disrupted, risking delayed or missed diagnoses for 80,000 patients



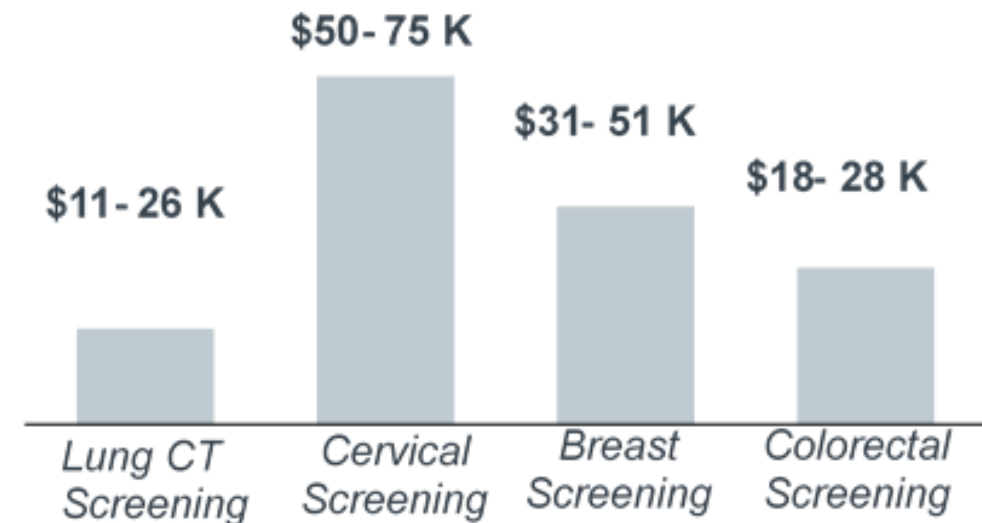


Why Focus on Colorectal and Lung Cancer?

- Common and deadly cancers in NJ
- Screening is effective for both
- Evidence-based screening recommendations
- Screening is underutilized
- Screening is covered by most health insurance plans

Screening Cost Effectiveness

Cost Per Life-Year Saved



Source: Pyenson B et al., "An Actuarial Analysis Shows That Offering Lung Cancer Screening as An Insurance Benefit Would Save Lives at Relatively Low Cost," *Health Affairs* 31(4); Oncology Roundtable interviews and analysis.



Our Approach – The Model

- Address multiple barriers at provider & patient level
- Provide short term barrier interventions & provide supports and coordination that move NJ towards eliminating those barriers
- Support providers and patients in system-level improvement
- Only possible because of your active contribution of ideas and willingness to learn from each other





Our Approach - The Action

- Strengthen linkages between existing services/organizations to increase access and utilization of screening
- Deliver provider/staff education on guidelines, evidence-based interventions (EBIs), and implementation science
 - Informal and formal education sessions
 - Tuition support for CTTS 4-day intensive training
 - Development of content based on ongoing needs assessments / requests
- Provide funding to close access gaps & support EBI implementation
 - Staff support
 - Direct screening costs to address patient barriers
- Deliver and support public education and patient outreach





Quick Refresher - Screening Guidelines

Colorectal Cancer Screening

- For average risk patients, start at age 45-50 and continue at least until age 75 with:
 - Colonoscopy / 10yr
 - FIT or gFOBT / 1yr
 - MT-sDNA (Cologuard®) / 3yr
 - Other recommended tests
- Patients with personal or family history of polyps or cancer should be screened earlier / more often
- Refer high risk patients for genetic counseling & testing





Quick Refresher - Screening Guidelines



Lung Cancer Screening

- Annual low-dose CT scan (LDCT) for those at high risk:
 - 55 to 74 years old
 - Currently smoke or quit within the past 15 years
 - Have at least a **30-pack-year** smoking history
- Tobacco cessation should be provided to current smokers



Quick Refresher – Tobacco Pack-Years

Calculating pack-years history

- Average packs smoker per day
- Estimated years of smoking
- 30 pack-years =
 - smoked 1 pack/ day for 30 years
 - smoked 2 packs/day for 15 years

Calculating pack-years*

(20 cigarettes = 1 pack)

Number of years
smoked

×

Average number of
packs smoked per day

=

Pack-years

* Your health care professional can help you determine the number of pack-years you have smoked.





Quick Refresher – Prevention Guidelines



Tobacco Cessation in Adults

- Ask **all** adults about tobacco use
- For current smokers:
 - Advise to stop using tobacco
 - Provide behavioral interventions
 - Provide FDA-approved pharmacotherapy (NRT)