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**
Cancer in New Jersey: Before & After COVID

Emily Carey Perez de Alejo, ScreenNJ Program Manager

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Phone: 201-637-7359
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)

<table>
<thead>
<tr>
<th>Category</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Cases (total)</td>
<td>50,000</td>
</tr>
<tr>
<td>Cancer Deaths (total)</td>
<td>16,100</td>
</tr>
<tr>
<td>Lung Cancer Deaths</td>
<td>3,230</td>
</tr>
<tr>
<td>Colorectal Cancer Deaths</td>
<td>1,440</td>
</tr>
</tbody>
</table>

5th highest cancer incidence & mortality in the US

https://cancerstatisticscenter.cancer.org/#/state/New%20Jersey
NJ Screening Rates are Lower than U.S.

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

March Recommendation: No one should go to healthcare facility for routine screening (ACS and other professional organizations).

Benefits of Cancer Screening

<table>
<thead>
<tr>
<th>Screening Type</th>
<th>Life-Years Gained/1,000 Persons Through Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>122-152</td>
</tr>
<tr>
<td>Colorectal</td>
<td>181-275</td>
</tr>
<tr>
<td>Cervical</td>
<td>64,000</td>
</tr>
</tbody>
</table>

1 Epic Health Research Network, ehrn.com

Cases In U.S. 928,619
# COVID-19: Impact on Cancer Screening

<table>
<thead>
<tr>
<th></th>
<th>Average Number Screened per Week</th>
<th></th>
<th>Drop</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-COVID-19</td>
<td>Post-COVID-19</td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td>9054 (SD 1393)</td>
<td>559</td>
<td>94%</td>
</tr>
<tr>
<td>Colon</td>
<td>2946 (SD 514)</td>
<td>402</td>
<td>86%</td>
</tr>
<tr>
<td>Cervical</td>
<td>1091 (SD 186)</td>
<td>66</td>
<td>94%</td>
</tr>
</tbody>
</table>

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

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

\textsuperscript{1} Epic Health Research Network, ehrn.com
COVID-19: Impact on Cancer Screening

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

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

Shifts in Healthcare Demand, Delivery and Care During the COVID-19 Era, IQVIA Institute (iqviainstitute.org) Reported April 2020
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.

Source: IQVIA Institute, Apr 2020
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

<table>
<thead>
<tr>
<th>Screening</th>
<th>Cost per Life-Year Saved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung CT Screening</td>
<td>$11 - 26 K</td>
</tr>
<tr>
<td>Cervical Screening</td>
<td>$50 - 75 K</td>
</tr>
<tr>
<td>Breast Screening</td>
<td>$31 - 51 K</td>
</tr>
<tr>
<td>Colorectal Screening</td>
<td>$18 - 28 K</td>
</tr>
</tbody>
</table>

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

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)