



CAPE REGIONAL HEALTH SYSTEM

COMMUNITY HEALTH NEEDS ASSESSMENT

CAPE MAY COUNTY NEW JERSEY

2020 – 2022





Letter to the Community

From the Desk of Joanne Carrocino, FACHE, President and CEO

At Cape Regional Health System, we are proud of our strong tradition of community service. Our staff and volunteers work with our community partners to improve the lives of thousands of local residents by continually offering free health screenings, educational seminars, training and classes. We have received numerous awards for our community outreach initiatives, both locally and nationally.

Cape Regional Health System is the leading healthcare provider in Cape May County and has a longstanding and active partnership with many social and civic organizations, faith communities, schools and local employers. This 2022 Community Health Needs Assessment is the result of a collaborative effort of our community partners who worked throughout the past three years to identify the most pressing healthcare needs in Cape May County.

This comprehensive report is the result of a thorough assessment of our area's healthcare profile, including a review of public health data and data obtained by means of focus groups, public forums, and one-on-one interviews. This assessment also includes action items and plans to address the healthcare concerns in our community.

Shortly after the process of gathering survey results, COVID-19 changed the healthcare needs of Cape May County. Our main focus was treating our community residents and visitors inflicted with the coronavirus, maintaining precautionary measures for reducing the spread, testing a large percentage of the community—including a strong partnership with the Cape May County Health Department, administering vaccines to our medical community, and providing much needed information on the virus that was made available to the Health System.

Restrictions in many areas mandated by both the federal and state governments prevented Cape Regional and our community partners from caring for the health needs of our community in the traditional manner, resulting in creative, progressive, and often new ways to care for the health needs of our community.

We deeply appreciate the work of our Cape Regional Health System Team Members and Community Partners who are highlighted in this report. We also thank the hundreds of community residents who provided valuable feedback to better serve our community.

For more information about the 2022 Community Health Needs Assessment, please contact Tom Piratzky, CFRE, Executive Director, Cape Regional Foundation at 609.463.4042 or tpiratzky@caperegional.com

About the Community Health Needs Assessment

Health Care Reform 3590 Patient Protection and Affordable Care Act requires 501(c)3 nonprofit hospitals to conduct a Community Health Needs Assessment every three years, which should include:

- A strategic plan to be adopted and implemented;
- Collaboration with community health agencies;
- Assessment, planning and implementation between January, 2020 and ending December, 2022;
- A \$50,000 penalty for not complying with initial 3-year period and any subsequent 3-year period.

Service Area and Demographics

Cape Regional Health System provides healthcare for all of Cape May County. Statistics for 2020 include:

- Year-round population (2021): 95,661
- Summer season population (May – September) swells to over 800,000
- Breakdown of population:
 - 84.8% Caucasian
 - 4.8% Afro-American
 - 8.4% Hispanic
- Major industry is tourism
- Unemployment rate is 14.3% and drops to 8.9% in the summer
- Veterans rate is 6.6%
- Population over 65 is 28.2%
- Poverty Rate is 9.0%
- Poverty Level under 18 years of age is 11.1%



Community Health Needs Assessment Partner

- ACENDA Health
- Cape Assist
- Cape May County Chamber of Commerce
- Cape May County Department of Aging and Disability Services
- Cape May County Department of Health
- Cape May County Department of Human Services
- Cape May County Prosecutor's Office
- Cape May County Special Services
- Cape May County Technical School
- Cape Regional C.A.R.E.S. Program
- Cape Regional Health System
- Cape Regional Physician Associates
- Caring for Kids
- Christ Gospel Church
- Complete Care
- Concerned Citizens of Whitesboro
- CURE
- Lower Township Police Department
- Lower Township School District
- Middle Township Police Department
- Middle Township School District
- Prevention Partnership
- Puerto Rican Action Committee
- Rutgers Cooperative Extension
- Sea Isle Police Department
- Volunteers in Medicine
- Wildwood Police Department
- Wildwood School District

Five Priority Community Health Needs

Five identified community health needs to focus on the following components of health—physical, mental, social and environmental are:

- ❖ Cancer
- ❖ Cardiovascular Disease
- ❖ Diabetes/Obesity
- ❖ Mental Health/Substance Use Disorder
- ❖ Adverse Childhood Experiences

Barriers to Community Health Services

- **Transportation** – Lack of availability.
- **Cost/Lack of Insurance** – Funding availability.
- **Lack Knowledge of Resources** – Availability unknown to community residents.
- **Physician Availability** – Hard to get appointments and long wait at office practices.
- **Poverty** – High rate in Cape May County.
- **Unemployment** – High rate of unemployment from October to May because of tourist industry during the summer months.
- **Mental Health/Behavioral Health Issues/Substance Use Disorders** – Lack of services.

Assets to Community Health Services

- **Community Outreach from Cape Regional Health System** – Availability of a variety of community health programs including health fairs and educational classes.
- **Cape May County Department of Health** – Clinics for immunization and variety of family health services; Free Flu Shots; NJCEED.
- **Fare Free Transportation** – Free transportation covering Cape May County.
- **Cape May Veterans Groups** – Support for veterans and their families.
- **Cape Counseling** – Counseling and support services for mental health issues.
- **Cape May County Department of Social Services** – Services for housing and social issues.
- **Food Pantries** – Food provided to community residents.
- **Cape Regional Physicians Associates, Urgent Care, VIM, Complete Care** – Access of professional health services throughout the County.
- **Senior Centers** – Centers spaced throughout the County for senior activities and meals.
- **Faith Communities** – Often provide food pantries, social, emotional, and spiritual support, and community resources including several faith communities with Parish Nurses.

COVID-19

August 25, 2022

Cape May County Health Department Response to COVID-19

On December 12, 2019, a novel human coronavirus disease was first reported in Wuhan, China and quickly spread globally to become the fifth documented pandemic since the 1918 Influenza Pandemic. On January 20, 2020, the Centers for Disease Control and Prevention (CDC) confirmed the first case of COVID-19 in the United States, with the World Health Organization (WHO) confirming human-to-human spread of COVID-19 on January 22, 2020. In response to this outbreak, Governor Phil Murphy declared a State of Emergency and a Public Health Emergency on March 13, 2020, as a measure to ramp up New Jersey's efforts to contain the spread of COVID-19. Executive Order No. 103 declares a state of emergency and public health emergency across all 21 counties in New Jersey, which allowed state agencies and departments to utilize state resources to assist affected communities responding to and recovering from COVID-19 cases.

Thereafter, Cape May County Emergency Operations Center (EOC) was activated by the Department of Emergency Management in collaboration with the Cape May County Department of Health to prepare and coordinate mitigation strategies that reduce the spread of COVID-19, develop a countywide COVID taskforce, share guidance information, inform partners of case numbers, deaths, and address recovery efforts. The Cape May County COVID Taskforce consisted of government officials, healthcare providers, superintendents of schools, county and local OEM coordinators, law enforcement, and the US Coast Guard. Weekly conference calls with the taskforce by the County Health Officer continued throughout the pandemic.

The major concerns during the early period of the pandemic were to sustain manageable COVID-19 case levels for the health systems within Cape May County and limit loss of life. At that time, there was no known cure or vaccine for COVID-19, treatment options were limited, and most individuals were not known to have immunity.

The primary objectives of the Cape May County Department of Health during 2020 included monitoring disease surveillance, case identification and implementing control and quarantine measures to minimize the risk of COVID-19 spread among residents, congregate living, schools and working environments. Methods to achieve these objectives included case investigations and contact tracing, coordination of PPE supplies, providing quarantine and housing options for COVID-19 positive individuals, planning and implementation of testing sites, and working on strategies for opening mass vaccination sites.

JEFFERY PIERSON

Commissioner

KEVIN L. THOMAS, M.A.

Health Officer

Public Health Coordinator

ALOYSIUS ONWUKA, M.D.

Medical Director

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Throughout the course of the pandemic, the Cape May County Department of Emergency Management was instrumental in supporting COVID-19 mitigation efforts by providing EMS and security at the vaccination clinics, set up the Red Flag system in dispatch to alert first responders to a COVID positive case at an address, investigated contracts with companies for refrigerated trailers to supplement morgue space in the county and entered all requests for resources in the county from FEMA and NJOEM into our eTeam software system. OEM was responsible for storing and distributing personal protective equipment as needed to long-term care facilities, all fire, police, and EMS departments in the county. Also COVID- 19 rapid test kits were distributed to schools and long-term care facilities. Below are the OEM distribution statistics for PPE and COVID-19 Test Kits:

Type Number: N95, KN95, Surgical Masks 600,000
Latex Gloves 300,000 pairs
Surgical Gowns 150,000
Tyvek Suits 25,000
Rapid Test Kits/Schools 2,700
Rapid Test Kits/ Long-term Care Facilities 2,500

Cape May County Department of Health launched the Six Feet Saves Campaign and developed a multifaceted educational program that promoted the importance of taking the proper precautions to prevent the spread of COVID-19. The materials were offered in social media outlets, in-person presentations, printed and radio advertisement, and daily press releases. Educational kits were distributed to community partners such as restaurants, non-profits, county/local governments, and faith-based organizations. 1,000 kits were given to SOAR church, 400 to Cape May County Libraries, 100 to Lazarus House and at community events. The COVID-19 Social Distance Ambassador program was established in May of 2020. Health educators and twenty-two Medical Reserve Corps (MRC) volunteers went to community gatherings to educate and inform the public about the risks of COVID-19. Areas such as boardwalks, local shopping areas and restaurants were visited by the ambassadors. Their task was to remind the public about the importance of social distancing, wearing a mask properly and basic hand hygiene methods. They distributed over 5,000 educational bags with masks, hand sanitizer and educational pamphlets.

Throughout the pandemic, support from the Information Technology Department was necessary for the establishment of the Cape May County COVID Web Dashboard, Health Department and County Hotlines with automated information and live call center information specialists, and coordination/integration with State on-line scheduling system (NJVSS) and NJIIS tracking system.

Additionally, the Cape May County Department of Health partnered with Complete Care Health Network from April 2020 – August 2020, running COVID 19 testing one day per week. Following that testing partnership, we received funding from via 2020-2021 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Grant, which funded COVID-19 testing from November 2020 - May 2021. In collaboration with Cape Regional Medical Center, we ran COVID-19 testing four days per week. Two of those days were using our mobile RV unit throughout the county. The other two days were drive-thru clinics at Fire Training Academy. Below are the statistics from the clinics from ELC COVID-19 testing program:

| <u>Month Total</u> | <u>Positives</u> | <u>Total Tested</u> |
|----------------------|------------------|---------------------|
| November 2020 | 31 | 346 |
| December 2020 | 59 | 817 |
| January 2021 | 27 | 442 |
| February 2021 | 5 | 177 |
| March 2021 | 19 | 158 |
| April 2021 | 9 | 94 |
| May 2021 | 3 | 39 |
| TOTAL | 153 | 2,073 |

The Medical Reserve Corps (MRC) volunteers also assisted with the COVID-19 vaccination clinics. Both medical and non-medical volunteers helped Cape May County Department of Health vaccinate the community. As a result of Health Department recruitment efforts, there was a total of 132 volunteers, 44 non- medical and 88 medical professionals. School nurses were also recruited for MRC Volunteers. Medical volunteers would help vaccinate individuals under the direction of the Director of Nursing. Non-medical volunteers helped with traffic control, check-ins, recovery, and education methods. The volunteers worked over 900 hours at these clinics.

In 2020 the Health Department, Nursing Division started to focus on COVID 19 and move away from other routine clinic responsibilities. New Jersey Department of Health (NJDOH) held mandatory training for all staff doing case investigation to go over important changes on case investigation/contact tracing, personal protective equipment, quarantine, and other safety measures. Staff met daily to review the latest CDC and NJDOH guidance information, continued to field COVID-19 related questions from the public, and worked closely with local law enforcement agencies to discuss how to set up their response and quarantine policies. Also, communication was set up with Cape May Coast Guard medical unit to stay informed of their positive cases.

Starting December 7, 2020, NJDOH provided instruction for vaccine ordering, storage, and handling, transporting, and setting up pods/clinics. At that time the NJDOH indicated that regional mass vaccination clinics would be setup throughout the state including one in Atlantic City.

On December 12, 2020, a walkthrough at Avalon Community Center was conducted by the Health Department including designing the workflow, security and addressing other logistics. Health Department staff worked with the County Information Technology Department and to assist with the appointment schedule.

On December 28th, 2020, the Cape May County Department of Health opened the first COVID-19 vaccination clinic at the Avalon Community Center for phase 1A (healthcare workers, EMT's,) group per the States Phased Approach. Staff gathered lists from home health agencies, local law enforcement agencies, group homes, dentistry groups, and funeral homes to make vaccination appointments for their staff. Thereafter, COVID-19 clinics were held Monday through Friday at the Avalon Community Center.

Furthermore, the Health Department worked with local religious and County agencies including Love Church, SOAR Church, Whitesboro Baptist Church, Department of Aging, Sheriff's Office/Correctional Facility to vaccinate inmate, minority, homebound, and vulnerable/underserved populations.

In May 2021, the Health Department's COVID-19 vaccination clinic operations switch to Lower Township Field House. The last clinic held at the Field House was July 1, 2021. Thereafter, staff working with community partners and leaders, focused on popup clinics targeting areas of underserved and low vaccination rates.

In October 2021, the Avalon Community Center clinic was temporarily reopened for booster shots, primary shots, and flu shots. Currently, all primary and booster COVID-19 popup clinics are offered at various locations throughout the county including at the Cape May County Department of Health. Below are the statistics for Cape May County Department of Health COVID-19 vaccination program:

To date, approximately 26,450 cases and 328 COVID-19 related deaths have been documented in Cape May County. 119 of those deaths were found to be in long-term care facilities. The seven-day average for positive cases per day is at 31 and the seven-day average of positive cases at Cape Regional Medical Center is 6. The seven-day average number of COVID-19 related deaths is currently 0.

COVID 19 Vaccines 12/21/2020-8/16/2022

| <u>Clinic Site</u> | <u>Total Clinics Completed</u> | <u>Total Vaccines Provided</u> |
|---|--------------------------------|--------------------------------|
| Pop- up Community Clinics | 80 | 1,649 |
| Avalon Rec Center | 98 | 20,539 |
| Lower Township Field House | 46 | 1,163 |
| CMC Health Department | 32 | 868 |
| Long Term Care Centers vaccine given as needed | | 449 |
| Correctional Center vaccine given as needed | | 165 |
| Homebound (391 unduplicated patients) | 55 | 425 |
| Total Vaccines given as of 8/16/2022 | | 25,258 |

Cape Regional Medical Center Positive Monthly COVID Patients

| YEAR | MONTH | ADMITTED | EMERGENCY DEPARTMENT | GRAND TOTAL | |
|-----------|-----------|----------|----------------------|-------------|-----|
| 2020 | March | 18 | 7 | 25 | |
| | April | 37 | 33 | 70 | |
| | May | 56 | 45 | 101 | |
| | June | 20 | 18 | 38 | |
| | July | 18 | 59 | 77 | |
| | August | 10 | 25 | 35 | |
| | September | 13 | 13 | 26 | |
| | October | 13 | 24 | 37 | |
| | November | 56 | 59 | 115 | |
| | December | 100 | 56 | 156 | |
| | 2021 | January | 68 | 62 | 130 |
| | | February | 54 | 36 | 90 |
| March | | 50 | 29 | 79 | |
| April | | 53 | 24 | 77 | |
| May | | 18 | 16 | 34 | |
| June | | 12 | 9 | 21 | |
| July | | 18 | 20 | 38 | |
| August | | 72 | 147 | 219 | |
| September | | 67 | 97 | 164 | |
| October | | 38 | 70 | 108 | |
| November | | 26 | 47 | 73 | |
| December | | 108 | 283 | 391 | |
| 2022 | January | 166 | 208 | 374 | |
| | February | 15 | 32 | 47 | |
| | March | 3 | 12 | 15 | |
| | April | 12 | 35 | 47 | |
| | May | 64 | 111 | 175 | |
| | June | 37 | 90 | 127 | |
| | July | 49 | 144 | 193 | |

Cape Regional Medical Center Positive Monthly COVID Patients – cont'd.

| YEAR | MONTH | ADMITTED | EMERGENCY DEPARTMENT | GRAND TOTAL |
|-------------|-------------------------------|----------|----------------------|-------------|
| 2022 cont'd | August | 60 | 102 | 162 |
| | September | 37 | 45 | 82 |
| | October | 28 | 39 | 67 |
| | November | 20 | 27 | 47 |
| | December | 47 | 49 | 96 |
| 2023 | January | 40 | 61 | 101 |
| | Grand Total POSITIVE Tests | 1503 | 2134 | 3637* |

*Excludes 762 Positive Cape Regional Health System Team Members

Cape Regional Physicians Associates Monthly COVID Testing Data

| YEAR | MONTH | SARS COV2 : Negative | SARS COV2: Positive | Not Resulted | Grand Total | Positivity Rate |
|------|----------------|-------------------------|------------------------|-----------------|-------------|-----------------|
| 2020 | July (7/13-31) | 193 | 5 | 0 | 198 | 2.53% |
| | August | 329 | 9 | 0 | 338 | 2.66% |
| | September | 220 | 9 | 0 | 229 | 3.93% |
| | October | 405 | 25 | 0 | 430 | 5.81% |
| | November | 713 | 94 | 0 | 807 | 11.65% |
| | December | 784 | 121 | 0 | 905 | 13.37% |
| 2021 | January | 554 | 72 | 1 | 627 | 11.48% |
| | February | 310 | 33 | 0 | 343 | 9.62% |
| | March | 252 | 40 | 1 | 293 | 13.65% |
| | April | 249 | 26 | 0 | 275 | 9.45% |
| | May | 160 | 6 | 0 | 166 | 3.61% |
| | June | 144 | 2 | 0 | 146 | 1.37% |
| | July | 180 | 16 | 0 | 196 | 8.16% |
| | August | 490 | 69 | 3 | 562 | 12.28% |
| | September | 419 | 65 | 0 | 484 | 13.43% |
| | October | 245 | 26 | 0 | 271 | 9.59% |
| | November | 244 | 22 | 2 | 268 | 8.21% |
| | December | 597 | 201 | 3 | 801 | 25.09% |

Cape Regional Physicians Associates Monthly COVID Testing Data – cont'd.

| YEAR | MONTH | SARS COV2 : Negative | SARS COV2: Positive | Not Resulted | Grand Total | Positivity Rate |
|------|-------------|-------------------------|------------------------|-----------------|-------------|-----------------|
| 2022 | January | 392 | 204 | 0 | 596 | 34.23% |
| | February | 132 | 10 | 0 | 142 | 7.04% |
| | March | 138 | 5 | 0 | 143 | 3.50% |
| | April | 168 | 23 | 0 | 191 | 12.04% |
| | May | 196 | 40 | 0 | 236 | 16.95% |
| | June | 108 | 18 | 1 | 127 | 14.17% |
| | July | 87 | 33 | 0 | 120 | 27.50% |
| | August | 128 | 25 | 0 | 153 | 16.34% |
| | September | 87 | 15 | 0 | 102 | 14.71% |
| | October | 121 | 18 | 0 | 139 | 12.95% |
| | November | 181 | 18 | 0 | 199 | 9.05% |
| | December | 226 | 28 | 2 | 256 | 10.94% |
| 2023 | January | 229 | 45 | 0 | 274 | 16.42% |
| | GRAND TOTAL | 8681 | 1323 | 13 | 10017 | 13.21% |

Cape Regional Urgent Care COVID Testing Data

| YEAR | Number of Tests |
|-------|-----------------|
| 2020 | 107,827 |
| 2021 | 115,123 |
| 2022 | 58,925* |
| TOTAL | 281,875 |

* Numbers decreased in 2022 due to the fact that we were better able to assess and diagnose who actually needed a COVID test.

Cancer: Prevention, Screening and Treatment

In 2019, Cape May County had the highest cancer rate in the State of New Jersey with 581.9/100,000 residents. The State average for New Jersey is 479.8/100,000 and the United States average is 436.8/100,000

Prostate Cancer is the second most common cancer among men in the U.S. and in New Jersey, is the second leading cause of death due to cancer among men. In 2019, the Cape May County incidence rate of prostate cancer was 155.7, the 4th highest rate in the State of New Jersey.

Breast Cancer is the most common cancer among women in the United States other than skin cancer. It is the second leading cause of cancer death in American women after lung cancer. In 2019, the Cape May County incidence rate was 139.9, the 9th highest rate in the State of New Jersey.

Skin Cancer is by far the most common of all cancers. Melanoma accounts for less than 5% of skin cancer cases but causes a large majority of skin cancer deaths. Most melanoma of the skin is caused by exposure to ultraviolet (UV) radiation from the sun. Whites have age-adjusted incidence rates that are more than 15 times higher than Blacks. People with light complexions have the highest risk of melanoma of the skin. In 2019, the Cape May County incidence rate was 42.3, the highest rate in the State of New Jersey.

Colorectal Cancer is the third most common cancer among both men and women in the United States. Increases in colorectal cancer screening (which can include the removal of precancerous polyps) have led to decreases in colorectal cancer. In 2019, the Cape May County incidence rate was 44.1, the 2nd highest in the State of New Jersey.

Lung Cancer causes the most cancer deaths among New Jersey residents - over 1,670 among men and 1,650 among women in 2019. Cigarette smoking is believed to be responsible for almost 90% of all lung cancer cases. Other risk factors include second-hand smoke, residential radon exposure, high doses of ionizing radiation such as might be received from therapeutic radiation treatment, and certain occupational exposures. Air pollution, specifically particulates from burning fossil fuel, is also a risk factor for lung cancer. In 2019, the Cape May County incidence rate was 74.0, the 2nd highest rate in the State of New Jersey.

Cape Regional Medical Center Cancer Screening Volume per Year

| YEAR | PSA | Colorectal | TESTICULAR | HEMOCULT | LUNG (LDCT) | SKIN |
|-------|-----|------------|------------|----------|-------------|------|
| 2020 | 21 | 21 | 21 | 21 | 0 | 0 |
| 2021 | 23 | 23 | 23 | 23 | 0 | 0 |
| 2022 | 21 | 17 | 0 | 2 | 32 | 43 |
| TOTAL | 65 | 61 | 44 | 46 | 32 | 43 |

Claire C. Brodesser Surgery Center

The Claire C. Brodesser Surgery Center at Cape Regional Medical Center officially opened on Tuesday, May 4, 2021. The Claire C. Brodesser Surgery Center offers ambulatory surgery and endoscopy services by board certified surgeons and gastroenterologists for cancer, colonoscopy, endoscopy, ear, nose and throat, gastroenterology, gynecology, pelvic floor, urogynecology, urology, general surgery, hand surgery, sports medicine, orthopedics, podiatry, and pain management. The surgery center was named in Claire Brodesser's memory by her late husband, Thomas F. Brodesser, Jr. who provided over 40 years of philanthropic support to Cape Regional and made a major gift in Claire's honor to recognize her strong commitment to quality healthcare in Cape May County.

The Claire C. Brodesser Surgery Center is designed with the optimal patient experience in mind and every aspect of the 19,000-square foot surgery center focuses on the enhancement of each patient's comfort and care. The center provides seamless and efficient care utilizing advanced, specialized technology for today's sophisticated surgeries and is staffed by board-certified surgeons and compassionate specialists.

Thomas and Claire Brodesser, Jr. Cancer Center

Thomas and Claire Brodesser, Jr. Cancer Center and Penn Medicine have broadened their Penn Cancer Network relationship, bringing expanded access to the highest quality cancer care for patients across Southern New Jersey.



The relationship now includes Penn Medicine's provision of Radiation Oncology services at Cape Regional's Brodesser Cancer Center, with on-site Penn Medicine radiation oncologists, technical review of all patient treatments, and access to the most advanced radiation therapy options available. Patients will also have access to state-of-the-art clinical trials and technology, including proton therapy, when needed, at Penn's Roberts Proton Therapy Center — one of the largest and most advanced facilities of its kind in the world.

The expanded relationship with the Penn Cancer Network, patients will now have access to world-class cancer care services close to home. The Penn Cancer Network is a select group of community hospitals throughout Pennsylvania, New Jersey and Delaware, collaborating with the Abramson Cancer Center of the University of Pennsylvania, a National Cancer Institute (NCI) designated Comprehensive Cancer Center that received its third straight "exceptional" rating by the NCI in 2020, to provide high quality cancer care throughout our region. Penn's Cancer Network hospitals are recognized for their excellence in patient care and a commitment to improving the health and well-being of their community.



Std 8.3 - Screening Program

Men's Health Day: Prostate, Colon, Testicular Cancer Screening Program

Date held: October 30, 2020 & November 2, 2020

CRMC - Brodessa Cancer Center

Screening Physician(s): David Cho, MD

Presented by: Theresa Netz, RN, OCN, BSN, CN-BN

Cancer Committee Meeting: December 8, 2020

Area of Community Need

CHNA: Older Cape May County population warrants men's health screenings serving the underinsured and non-insured residents through CEED (Cancer Education and Early Detection).

New Jersey State Health Assessment Data (NJSHAD)

- Prostate - Healthy NJ 2020 Objective CA-17: Increase the proportion of men aged 40+ who have discussed the advantages and disadvantages of the PSA test for prostate cancer with their health care provider
- Colorectal - Healthy NJ 2020 Objective CA-15: Increase the proportion of adults aged 50-75 years who received a colorectal cancer screening based on the most recent guidelines

Program

1. Program is consistent with NCCN Guidelines
2. Free of charge to men meeting criteria
 - ✓ Family history of prostate, colorectal or testicular cancer
 - ✓ 45 + years for African American males
 - ✓ 50 + years for all other ethnicities
 - ✓ Participants are required to complete a screening form to include prior personal history or family history of these cancers

Effectiveness / Outcomes / Follow-up on participants with positive clinical findings at screening

- Results of DRE and testicular exams are provided to the participant at the time of the screening
- Approximately 3-4 weeks later the results of PSA and Hemocult tests will be mailed to the participant once complete

At screening:

- Number of scheduled participants -- 22
- Number of attendees - 21
- Number of abnormal, elevated, or positive clinical findings -
 - ✓ # w/elevated PSA - 3
 - ✓ # w/abnormal DRE - 0
 - ✓ # w/positive hemocult test - 1
 - ✓ # with positive clinical testicular exam - 0
 - ✓ # with elevated PSA and abnormal DRE - 0

- Number with negative findings - 17

Personal Contact

Within 3 weeks, participants found at screening to have abnormal, elevated, suspicious or positive clinical findings will be contacted to determine findings as shown:

| Demographics | African American | Asian | Caucasian | Latino | Other | Total |
|--------------|------------------|-------|-----------|--------|-------|-------|
| Age: 45-49 | | | 3 | | | 3 |
| 50-59 | | | | 2 | | 2 |
| 60-69 | | 1 | 11 | | | 12 |
| 70 + | | | 4 | | | 4 |

| # abnormal, elevated, positive clinical findings | # contacted | # that had followed up with a physician | How diagnosed | | Pathology results | |
|--|-------------|---|--------------------|----------|-------------------|------------|
| | | | # Imaging or Scope | # Biopsy | # Positive | # Negative |
| | 4 | 3 | | 0 | | |
| Additional comments or findings: | | | | | | |
| S.R. age 89 has been a patient at MHD every year since 2000. Elevated PSA. Does not want to see Urologist. Had no PCP. Met with CSW at screening to pick doctor and make apt to discuss screening results. Resides in Vineland and spoke to patient regarding follow up with physician, and he has appointment with PCP 12/14/2020 | | | | | | |



MEDICAL CENTER

Std 8.3 - Screening Program

Community Cancer Screening Program: Prostate, Skin, Lung

Date held: May 21, 2022

CRMC - Brodesser Surgery Center (Event held at CRMC ASC)

Screening Physician: Dr. David Cho (Radiation Oncology), Christopher Marsh, PA (Connolly Dermatology), Darcy Campisi, NP (LDCT screening criteria)
(Low Dose CT for Lung Cancer Screening)

Theresa Netz, RN, OCN, BSN, CN-BN

Effectiveness / Outcomes / Follow-up on participants with positive clinical findings at screening

At screening:

- Number of scheduled participants - 48
- Number of attendees – 41
- Total number of LDCT's preformed – 13
- Total number of PSA's – 21
- Total number of Digital Rectal Exams (DRE's) for prostate cancer – 17
- Total number of skin screenings – 23
- Total Number of Hemocult- 2
 - ✓ # w/elevated PSA - 5
 - ✓ # w/abnormal DRE - 2
 - ✓ # w/positive hemocult test – 0/2
 - ✓ # With positive LDCT's – 1 patient's results met criteria for presentation at Lung Nodule Board (presented 5/23/2022)
 - ✓ # With elevated PSA and abnormal DRE – 2
 - ✓ # With skin screenings that require follow-up - 19

Follow-Up is Pending

Follow-up of participants found to have abnormal, suspicious, or positive clinical results at screening that were referred for further diagnostic evaluation:

- Number contacted - 5 patients contacted
 - Personal communication with 5 patients
 - Messages left - 0; calls not returned - 0
- Number that had followed-up with a physician- (All patients encourage to share results with their PCP)-_pending
- Number of patients having biopsy - _ pending
- Number with cancer diagnosis - _ pending
- Number with benign findings – _ pending



Std 8.3 - Screening Program

Men's Health Day

Cancer Screening Program: Prostate, Colon, Testicular

Date held: November 6, 2021

CRMC - Brodesser Cancer Center (Event held at CRMC ASC)

Screening Physician: Dr. David Cho

Presented by: Theresa Netz, RN, OCN, BSN, CN-BN

Cancer Committee Meeting: December 7, 2021

Effectiveness / Outcomes / Follow-up on participants with positive clinical findings at screening

At the screening activity all participants were provided with their screening results.

At screening:

- Number of scheduled participants - 23
- Number of attendees - 23
- Number of abnormal, elevated, or positive clinical findings - 0
 - ✓ # w/elevated PSA - 0
 - ✓ # w/abnormal DRE - 0
 - ✓ # w/positive hemocult test - 0
 - ✓ # with positive clinical testicular exam - 0
 - ✓ # with elevated PSA and abnormal DRE - 0
- Number with negative findings - 23

Follow-up of participants found to have abnormal, suspicious, or positive clinical results at screening that were referred for further diagnostic evaluation:

- Number contacted - 0 patients contacted
 - Personal communication with 0
 - Messages left - 0; calls not returned - 0
- Number that had followed-up with a physician- (All patients encourage to share results with their PCP)
- Number of patients having biopsy - 0
- Number with cancer diagnosis - 0
- Number with benign findings - 0



Std 8.3 - Screening Program

Lung Cancer Screening Program and Smoking Cessation Education for CRMC Employees During the Great American Smoke Out (Week of 11/17/2022)

Date held: Educational Materials: 11/14/2022-11/18/2022

Employee- LDCT Performed: 11/17/2022-11/18/2022

CRMC - Brodesser Cancer Center

Screening Physician: Dr. David Cho, Radiation Oncology
(Low Dose CT for Lung Cancer Screening for CRMC Employees)

Theresa Netz, RN, OCN, BSN, CN-BN

Effectiveness / Outcomes / Follow-up on participants with positive clinical findings at screening

At screening:

- Number of scheduled participants - 20
- Number of attendees – 19
- Total number of LDCT's performed – 19
 - ✓ # w/ Lung Rads 1 – 16 (No nodules found, F/U LDCT in 1 year)
 - ✓ # w/ Lung Rads 2 – 3 (Benign appearance, < 8 mm, F/U LDCT in 1 year)
 - ✓ # w/ Lung Rads 3 – 0
 - ✓ # w/ Lung Rads 4 – 0

Follow-Up

All participants were contacted by phone and given results. The written report of the LDCT was mailed to the patient and faxed to their Primary Care Provider.



FALL INTO HEALTH & WELLNESS

Women's Health & Wellness Event

Women of all ages are invited to a complimentary and energizing morning of health and wellness.

Saturday, October 22nd | 10 am - 12:30 pm

Cape Regional Miracles Fitness

408 Rio Grande Avenue | Rio Grande, NJ 08242

- ❖ Get active with Chair Yoga and the "Party in Pink" Zumba Dance Party for Breast Cancer Awareness Month
- ❖ Breast Cancer Survivors' Celebration Table
- ❖ All day gym access
- ❖ Refresh with a smoothie bar sample
- ❖ Recharge with a hydromassage
- ❖ Free Skin Cancer Screenings by Connolly Dermatology
- ❖ Free health screenings (blood pressure, blood sugar, cholesterol, and BMI)
- ❖ Live remote featuring David Allen Pratt, radio host on KOOL 98.3
- ❖ Enter to win \$100 gift card (*must be present to win*) plus lots of giveaways!
- ❖ Meet the Cape Regional Team and learn about our Breast Health and Cancer Services

Powered by:



CAPE REGIONAL
HEALTH SYSTEM



CAPE REGIONAL
MIRACLES FITNESS

The event is Free | All are Welcome | For more information, email info@caperegional.com.

Cardiovascular Disease

In New Jersey and Cape May County specifically, the number one leading cause of death is cardiovascular disease. In New Jersey the mortality rate of cardiovascular disease was 25.4% based on 18,598/73,217 people.

New Jersey State Health Assessment Data

GOAL: Increase awareness and education, while promoting healthy lifestyles of heart disease and communicating access to resources and treatments in Cape May County.

Cardiovascular Disease: Hypertension Control

Goal was to promote awareness of educational resources for hypertensive members of the community and to implement tools for improved self-management of hypertensive patients.

Several barriers to control hypertension and patient self-management of their disease were identified. First is the inundation of information that patients experience during doctor's visits or acquire at outside non-medical institutions such as the local library. Unclear or overwhelmed with information, patients or caregivers can become lost and may need re-enforcement of a plan of care. If follow-up clarification is not requested and provided, then there is poorly managed uncontrolled hypertension. In order to combat this barrier, a hypertension self-management tool was created for patients in 2019. The tool promotes clear dialogue between the patient, caregiver and medical team, and patients have a reference and tracking tool after office visits. In addition, flyers regarding self-management for chronic disease and heart support group have been posted in medical offices to encourage patient enrollment. And clinical team members can refer patients to registered nurse care coordinators for telephonic management between visits.

Another barrier is that patients are not sure of the best techniques for self-monitoring their blood pressure. Target BP from the American Heart Association was used as a resource for patients regarding proper technique. Target BP material was also shared with physician office staff to provide staff with ongoing education regarding best methods for accurate blood pressure monitoring in the office.

And finally, an identified barrier is that patients do not have the financial resources to fill their prescriptions or the transportation needed to attend follow up appointments. A community resource pamphlet was created for quick reference list of community resources available to assist with these needs, education on prescription drug card offered through the Cape May County Health Department and patients are referred to nurse care coordinators.

What is Remote Patient Monitoring?



Technology solution to enable monitoring of patients outside of conventional clinical settings.



Enhances the ability of Physicians and Advanced Practice Providers to monitor and provide care for patients and make treatment adjustments without requiring the patient to be in the clinic.



Increases patients control over their diagnosis by increasing patient engagement.



Improves access to care and decreases unnecessary utilization of ER and hospitalizations

Cape Regional Physicians Associates' RPM Goals

The RPM program is designed to improve:

Patient engagement and compliance in monitoring their vital signs and medication compliance.

Chronic care management in inpatient (focused on medication and symptom management) through more frequent and targeted communication with patients. We will have more care being provided between visits and demand for urgent office visits.

CRPA patient utilization of inpatient and ED resources.

Documentation of vital signs in the EMR for patients even when they are not physically seen in the office. Improve measurable outcomes.

Program Design

Initial design: focus on select high risk patients, such as frequent admission or ED visits, complex chronic illnesses

Current design: focus on broader population, including newly diagnosed hypertension patients

RPM devices

PatientConnect Complete
The Complete Hospital at Home



Patients will receive:

- Blood pressure monitor, scale and pulse ox that are Bluetooth enabled
- Cellular tablet that uploads the collected data to the dashboard for staff review. Tablet also tracks medication use compliance and provides educational material for patients on their diagnosis

National Outcomes with RPM use

An article in the *Journal of Hypertension* reviewed 46 studies with 13,875 participants regarding the effectiveness of remote blood pressure monitoring. The conclusion reported that patients with RPM compared to usual in office care saw an improvement in blood pressure readings, with a large proportion having control of BP of <130/80.

Source: Clinical usefulness and cost effectiveness of home blood pressure telemonitoring: analysis of randomized controlled studies

<https://pubmed.ncbi.nlm.nih.gov/23299557/>

A study published in *Lancet* noted that 234 patients assigned to remote patient monitoring along with a medication plan from their primary care provider that encouraged self adjustment of medications saw a significant decrease in their blood pressure to acceptable levels within 6 months, as compared to 246 patients with hypertension who were provided with education on hypertension but no ability to self monitor or self adjust medications.

Source: Telemonitoring and selfmanagement in the control of hypertension (TASMINH2): a randomized controlled trial

<https://pubmed.ncbi.nlm.nih.gov/20619448/>

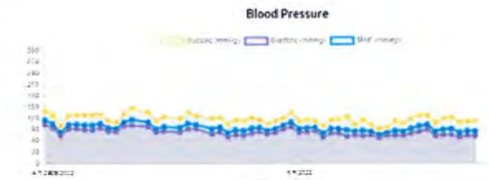
Current volume of RPM use at CRPA

Current enrollment is 31 patients
Total number of patients serviced since start in Feb 2021 is 116



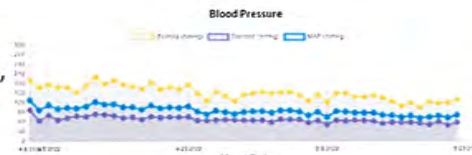
CRPA Patient Story #1

- 37-year-old female with history of hypertension
- Increasing BP over several visits starting in December 2021, BP 170/110. Medication started and plan to follow in office for BP monitoring
- Continued elevated BPs over next 3 months
- March 2022 RPM services started, and additional medication added
- BP controlled to acceptable level and RPM services stopped after 63 days of use



CRPA Patient Story #2

- 85-year-old male with history of hypertension on 2 medications
- Initial plan to use his home machine to monitor and come back to office in one week with BP log.
- Patient arrived at appointment with no results, since his machine at home was broken. BP at office 190/62.
- RPM initiated and medication added
- BP controlled to acceptable level and RPM services stopped after 48 days of use



Diabetes and Obesity

Diabetes: As of 2015, approximately 862,000 people, 11.3% of the adult population, in New Jersey have diabetes. Out of 862,000 people, 235,000 of those people have diabetes but do not know it yet. 2,483,000 people, 37.1% of the adult population, in New Jersey has prediabetes with blood glucose levels higher than normal but not high enough to be diagnosed. There is a diabetes epidemic in New Jersey.

Obesity: In New Jersey, the incidence rate of Obesity in adults was 1,707,075, in 2017. In Cape May County, the incidence rate of Obesity in adults was 21,331 in 2017. 28% of adults in Cape May County have obesity. New Jersey Department of Health

DIABETES GOAL: Decrease the risk of complications of Diabetes in Cape May County.

Diabetes

One of the focus areas identified in the survey was diabetes and obesity as a health priority within Cape May County. In order to address this component of health, community partners are using multi-facet programs throughout Cape May County. Programs that were conducted included health fairs, health screenings, diabetes classes, diabetes support groups, Project Healthy Bones, A Matter of Balance, Walk with Ease and dissemination of resource materials. The goal of the program is doing educational outreach, classes, support groups, conducting evidence-based programs, offering health screenings in communities with higher risk and providing resource material to Cape May County residents in order to increase knowledge of how to reduce one's risk of type two diabetes and to maintain a healthy weight. With the onset of COVID-19 many of our in-person educational outreach classes and support groups had to be cancelled or conducted virtually.

Cape May County Department of Health, Cape May County Department of Aging and Disabilities, Cape Regional Medical Center and Parish Nursing facilitated multiple programs to increase knowledge of lowering one's risk of developing diabetes and maintaining a healthy weight. Programs that were completed were health fairs, health screenings, diabetes education classes, diabetes support groups, evidence-based programs and dissemination of

resource materials. Nutrition classes were offered by Cape May County Department of Aging at various senior centers with the goal of increasing participants' knowledge of maintaining a healthy weight and diet until the onset of COVID-19 when many of the in-person programs were cancelled or conducted virtually.

Barriers were identified in order to understand possible hurdles in implementing diabetes and obesity programs. Barriers that were identified included lack of knowledge of county resources, trouble with transportation and limited access to medical care. The barrier of lacking knowledge of county resources was overcome by disseminating Cape May County Public Health Community Resource Directory to make residents more aware of programs that are offered to them. The Resource Directory is broken into sections based on types of services with an array of resources offered throughout the county. Cape May County Public Health Community Resource Directories were sent or given to community partners, libraries, municipal building, school and hospitals. Directories are disseminated throughout Cape May County.

Obesity

OBESITY GOAL: Improve awareness of healthy eating, promote healthy lifestyle to address weight issues, and provide information regarding resources in Cape May County.

Miracles Fitness: Cape May County's Only Medically-Based Fitness and Wellness Facility

Cape Regional Miracles Fitness is Cape May County's only medically-based fitness and wellness facility. With a focus on medically sound prevention and rehabilitation, it allows us to meet the needs of our members at every level of their health and fitness journey, regardless of age or ability.

All new members receive a comprehensive health and wellness assessment including a detailed discussion on health history, wellness and fitness goals, height, weight, measurements, body composition, BMI, blood pressure, heart rate, and pulse ox. Programs are then designed based on the results. Evaluations to monitor progress and ensure continual progress are conducted monthly to keep members on track. All Miracles Fitness programs are supervised by our physical therapist and/or certified fitness professionals.

Fit for Life

Our Fit for Life's medically-based wellness and fitness programs offer curriculums for individuals with various health issues, limitations, or rehabilitation goals. Programs are individually designed and supervised by our Certified Fitness Professionals, Physical and Occupational Therapists, all under the guidance of our Medical Director, to ensure integration with your medical professionals prescribed care plan.

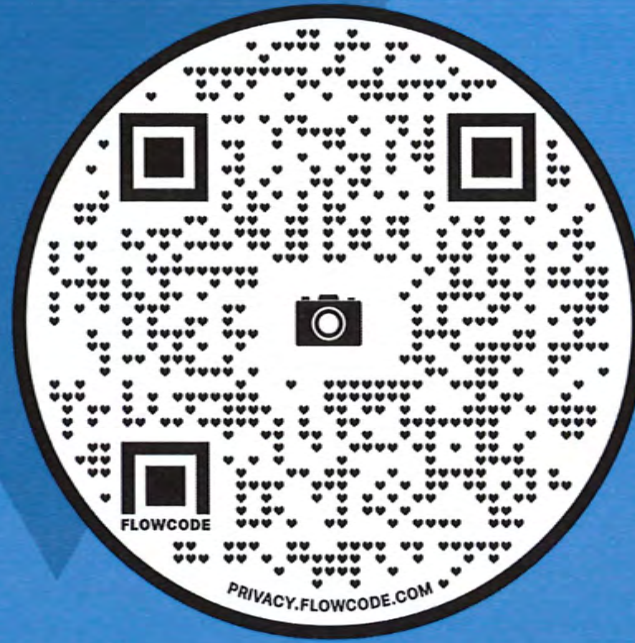
A number of key factors distinguish us from other facilities:

- ✓ Active oversight from Cape Regional Health Systems
- ✓ Certified and licensed medical staff including a registered nurse and physical and occupational therapists
- ✓ Disease management and prevention programs
- ✓ Health-risk reduction and therapeutic-lifestyle programs
- ✓ Active Aging programs and exclusive fitness areas for older adults
- ✓ Over 40+ weekly instructor-led group fitness classes included in all memberships
- ✓ High-energy, highly effective group, one-on-one, and sports conditioning programs and services for advanced fitness seekers
- ✓ Comprehensive assessments and individualized fitness plans
- ✓ Monthly evaluations and progress tracking
- ✓ Recovery and performance shake bar
- ✓ A focus on improving overall community health

Point your camera at me!



1. Sunset Lake
2. Wildwood Boardwalk
3. North Cape May Bay
4. LCMR Track
5. Big Country
6. Bike Path
7. Point Lighthouse Trails
8. Garrett Family Preserve



Website

lcmrbiomedical.wixsite.com/cmactive

Cape Regional Health and Wellness Alliance
Career Technology and Education
Skills USA
Made by Lower Cape May Regional Biomedical
and Digital Media Students

WALK LOWER



TOWNSHIP

EASY WALKS

1. SUNSET LAKE
2. WILDWOOD BOARDWALK
3. NORTH CAPE MAY BAY WALK

-
- These paths offer smooth terrain and plenty of places to sit and rest if need be.
 - Any type of athletic footwear is appropriate.
 - Scan the QR code on the back of the pamphlet to learn more about these locations.

Moderate Walks

4. LCMR Track
7. Point Lighthouse Trails

-
- These paths have slightly more difficult terrain.
 - Athletic footwear is recommended. The lighthouse trails are dirt and sand, so appropriate shoes are suggested
 - Scan the QR code on the back of the pamphlet to learn more about these locations

DIFFICULT WALKS

5. BIG COUNTRY
6. BIKE PATHS
8. GARRETT FAMILY PRESERVE

-
- These trails have difficult terrain with very few benches.
 - Athletic footwear or Hiking shoes are recommended for these trails.
 - Scan the QR code on the back of the pamphlet to learn more about these locations.



Mental Health/Substance Use Disorder

GOAL: Provide a system for Cape Regional Medical Center, Cape Assist, ACENDA Health and the community to refer those with alcohol/drug addiction to CURE at Lighthouse Church

C.A.R.E.S. Background

- Cape Addiction Recovery Services (C.A.R.E.S.) was established on August 1, 2017 with the goal of helping members of the Cape May County community break free from the dangerous and often deadly cycles of a substance use disorder.
- Often C.A.R.E.S. clients are referred directly from the Cape Regional Medical Center's Emergency Department following a substance use disorder medical emergency. After visiting the patient's bedside, a Peer Recovery Specialist enrolls the client in the C.A.R.E.S. program.
- Since C.A.R.E.S. inception, it has created numerous programs designed to ease the transition from active addiction to stable recovery.

Some Facts

- The number of heroin-related deaths increased for 4 straight years and dropped 20.3% in 2018. Cape May County ranked Number 1 in reduction of overdose deaths.
- Heroin-related deaths account for the majority of drug overdose deaths.
- Heroin-related deaths in New Jersey outnumber deaths by firearms, motor vehicle crashes and suicide.

What do we do?

- The C.A.R.E.S. program was designed to respond to individuals reversed from an opioid overdose who are treated at the Cape Regional Medical Center's Emergency Department.

- DMHAS, the Governor’s Council on Alcoholism and Drug Abuse (GCADA) and the Department of Children and Families (DCF provided the funding to support this initiative.)
- DMHAS expanded our services in January 2018 to include outreach services. These services include:
 - ✓ Hope One – Our Recover Specialist (RS) is able to provide individuals immediate access to services and treatment facilities, putting them on the road to recovery.
 - ✓ Drug Diversion Program – a collaborative program by C.A.R.E.S. and the Cape May County Prosecutor’s office that focuses on residents of Cape May County who have been arrested for 3rd and 4th degree drug-related possession charges.
- Recovery Court Employment and Placement program – C.A.R.E.S. and Cape May County Recovery Court partnered to provide tools and guidance in securing employment.
- C.A.R.E.S. Jail Program – Cape May County Correctional Facility and C.A.R.E.S. created and provides individuals with services to assist them to move from addiction into recovery. A re-entry program was also started.
- C.A.R.E.S. is providing RS to Lower and Middle Township Police calls with individuals with a Substance Use Disorder (SUD).

Purpose and Intent

- C.A.R.E.S. utilizes the Recovery Specialist and the Patient Navigator to engage individuals with a substance use disorder non-clinical assistance, recovery supports and appropriate referrals for assessment and substance use disorder treatment.
- The Recovery Specialist and the Patient Navigator maintain follow-up with these individuals and deliver or appropriately link individual services while providing support and resources throughout the process.
- C.A.R.E.S. Recovery Program offers various support groups including, Alcohol-AA-Al-anon and drug addiction.

Contract Scope of Work

- The overall goal and mission of the program is to:
 - ✓ Increase linkage to appropriate care in the community.
 - ✓ Assist in ending the “revolving door” where too many individuals endlessly cycle in and out of our emergency department and never connect to treatment or recovery support services.
 - ✓ Promote improved recovery, wellness and healthy lifestyles.
 - ✓ Reduce public healthcare expenditures for individuals with substance use disorder.
 - ✓ Improve healthcare behaviors, clinical outcomes and quality of life.
- C.A.R.E.S. provides 24/7 opiate response to the emergency department; on all other substance use disorder calls, we are staffed from 8am to 8pm.
- Recovery Specialists engage and support patients in the emergency department.
- Patient Navigator assists in linking patients to treatment/recovery supports.
- C.A.R.E.S. program consists of three key positions:
 - ✓ Recovery Specialist engages individuals reversed from an overdose and provides non-clinical assistance and recovery supports while maintaining follow-up with these individuals.
 - ✓ Patient Navigator is responsible for referring and linking individuals into substance use disorder treatment.
 - ✓ Program Supervisor is responsible for supervision of the Recovery Specialist.

Challenges

- Individuals refusing to go into treatment and not ready for recovery services.
- Not being able to follow-up because of unreliable contact information.
- Lack of beds.
- Implementing use of buprenorphine in the ED.
- Hospital staff not calling C.A.R.E.S. staff.
- Trauma experienced when C.A.R.E.S. staff witness deaths from overdose.
- Transportation.

Mental Health and Substance Abuse Outcomes

YEAR 2022

| Municipality | Count | Percentage |
|--------------------|------------|----------------|
| Cape May | 1 | 0.42% |
| Dennis Township | 3 | 1.27% |
| Homeless | 2 | 0.84% |
| Lower Township | 69 | 29.11% |
| Middle Township | 61 | 25.74% |
| Non-reporting | 2 | 0.84% |
| North Wildwood | 11 | 4.64% |
| Out of County | 11 | 4.64% |
| Out of State | 15 | 6.33% |
| Upper Township | 5 | 2.11% |
| Wildwood | 40 | 16.88% |
| Wildwood Crest | 1 | 0.42% |
| Woodbine | 16 | 6.75% |
| Grand Total | 237 | 100.00% |

| Gender | Count | Percentage |
|--------------------|------------|----------------|
| Female | 78 | 32.91% |
| Male | 159 | 67.09% |
| Grand Total | 237 | 100.00% |

| Ethnicity | Count | Percentage |
|--------------------|------------|----------------|
| Black | 11 | 4.64% |
| Hispanic | 29 | 12.24% |
| Native American | 1 | 0.42% |
| Other | 5 | 2.11% |
| White | 191 | 80.59% |
| Grand Total | 237 | 100.00% |

| Employment Status | Count | Percentage |
|------------------------|------------|----------------|
| Against Medical Advice | 3 | 1.27% |
| Disabled | 26 | 10.97% |
| Full Time | 42 | 17.72% |
| Not Able to Talk | 4 | 1.69% |
| Non-Reporting | 5 | 2.11% |
| Part Time | 17 | 7.17% |
| Refusal | 9 | 3.80% |
| Retired | 11 | 4.64% |
| Self-Employed | 12 | 5.06% |
| Student | 1 | 0.42% |
| Unemployed | 107 | 45.15% |
| Grand Total | 237 | 100.00% |

| Recovery Plan | Count | Percentage |
|---|------------|-------------|
| Against Medical Advice | 6 | 2.53% |
| Death | 1 | 0.42% |
| Inpatient Medication Assisted Treatment | 45 | 18.99% |
| Not Able to Talk | 71 | 29.96% |
| Outpatient | 13 | 5.49% |
| Peer Support | 15 | 6.33% |
| Refusal | 59 | 24.89% |
| Total | 237 | 100% |

| Years on Substance | Count | Percentage |
|------------------------|------------|----------------|
| 1 - 5 years | 39 | 16.46% |
| 5 - 10 years | 36 | 15.19% |
| 10 - 15 years | 37 | 15.61% |
| 15 - 20 years | 23 | 9.70% |
| 20 - 25 years | 28 | 11.81% |
| 25 - 30 years | 10 | 4.22% |
| 30 - 35 years | 5 | 2.11% |
| 35 - 40 years | 2 | 0.84% |
| 40 + years | 10 | 4.22% |
| Against Medical Advice | 6 | 2.53% |
| Not Able to Talk | 12 | 5.06% |
| Non-Reporting | 9 | 3.80% |
| Refusal | 20 | 8.44% |
| (blank) | 0 | 0.00% |
| Total | 237 | 100.00% |

| Duplication Status | Count | Percentage |
|--------------------------------|------------|----------------|
| Duplicated (more than 1 visit) | 47 | 20% |
| Unduplicated (new patient) | 190 | 80% |
| Total | 237 | 100.00% |

Outcomes – cont'd.

YEAR 2021

| Municipality | Count | Percentage |
|--------------------|------------|----------------|
| Atlantic County | 1 | 0.37% |
| Cape May | 4 | 1.50% |
| Cumberland | 1 | 0.37% |
| Dennis Township | 1 | 0.37% |
| Homeless | 2 | 0.75% |
| Lower Township | 63 | 23.60% |
| Middle Township | 64 | 23.97% |
| North Wildwood | 6 | 2.25% |
| Ocean City | 1 | 0.37% |
| Out of County | 19 | 7.12% |
| Out of State | 15 | 5.62% |
| sea isle city | 3 | 1.12% |
| Upper Township | 7 | 2.62% |
| West Wildwood | 1 | 0.37% |
| Wildwood | 67 | 25.09% |
| Wildwood Crest | 6 | 2.25% |
| Woodbine | 6 | 2.25% |
| (blank) | | 0.00% |
| Grand Total | 267 | 100.00% |

| Gender | Count | Percentage |
|--------------------|------------|----------------|
| Female | 88 | 32.96% |
| Male | 178 | 66.67% |
| Non-Binary | 1 | 0.37% |
| (blank) | | 0.00% |
| Grand Total | 267 | 100.00% |

| Ethnicity | Count | Percentage |
|--------------------|------------|----------------|
| Asian | 1 | 0.37% |
| Black | 19 | 7.12% |
| Hispanic | 47 | 17.60% |
| White | 200 | 74.91% |
| (blank) | | 0.00% |
| Grand Total | 267 | 100.00% |

| Employment Status | Count | Percentage |
|------------------------|------------|----------------|
| Against Medical Advice | 6 | 2.25% |
| Disabled | 29 | 10.86% |
| Full Time | 30 | 11.24% |
| Not Able to Talk | 6 | 2.25% |
| Part Time | 12 | 4.49% |
| Refusal | 40 | 14.98% |
| Retired | 7 | 2.62% |
| Self-Employed | 8 | 3.00% |
| Student | 3 | 1.12% |
| Unemployed | 124 | 46.44% |
| (blank) | 2 | 0.75% |
| Total | 267 | 100.00% |

| Recovery Plan | Count | Percentage |
|---|-------|------------|
| Peer Support | 64 | 23.97% |
| Against Medical Advice | 9 | 3.37% |
| Counseling | 4 | 1.50% |
| Detox | 33 | 12.36% |
| Inpatient | 27 | 10.11% |
| Long-Term Medication Assisted Treatment | 1 | 0.37% |
| | 52 | 19.48% |

| Recovery Plan – cont'd | Count | Percentage |
|------------------------|------------|----------------|
| Outpatient | 9 | 3.37% |
| Refusal | 48 | 17.98% |
| (blank) | 3 | 1.12% |
| Mental Health Referral | 4 | 1.50% |
| No Service | 13 | 4.87% |
| Total | 267 | 100.00% |

| Years on Substance | Count | Percentage |
|------------------------|------------|----------------|
| 1 - 5 years | 47 | 17.60% |
| 5 - 10 years | 35 | 13.11% |
| 10 - 15 years | 35 | 13.11% |
| 15 - 20 years | 18 | 6.74% |
| 20 - 25 years | 17 | 6.37% |
| 25 - 30 years | 7 | 2.62% |
| 30 - 35 years | 14 | 5.24% |
| 35 - 40 years | 6 | 2.25% |
| 40 + years | 3 | 1.12% |
| Against Medical Advice | 7 | 2.62% |
| Not Able to Talk | 15 | 5.62% |
| non-reporting | 16 | 5.99% |
| Refusal | 47 | 17.60% |
| (blank) | | 0.00% |
| Total | 267 | 100.00% |

| Duplication Status | Count | Percentage |
|--------------------------------|------------|-------------|
| Duplicated (more than 1 visit) | 40 | 15% |
| Unduplicated (new patient) | 227 | 85% |
| Total | 267 | 100% |

Outcomes – cont'd.

YEAR 2020

| Municipality | Count | Percentage |
|-----------------|------------|-------------|
| Avalon | 1 | 0.41% |
| Cape May | 7 | 2.88% |
| Homeless | 4 | 1.65% |
| Lower Township | 61 | 25.10% |
| Middle Township | 55 | 22.63% |
| North Wildwood | 4 | 1.65% |
| Ocean City | 3 | 1.23% |
| Out of County | 19 | 7.82% |
| Out of State | 11 | 4.53% |
| Upper Township | 12 | 4.94% |
| West Wildwood | 5 | 2.06% |
| Wildwood | 52 | 21.40% |
| Wildwood Crest | 4 | 1.65% |
| Woodbine | 5 | 2.06% |
| (blank) | | 0.00% |
| Total | 243 | 100% |

| Gender | Count | Percentage |
|--------------|------------|-------------|
| Female | 77 | 31.69% |
| Male | 166 | 68.31% |
| (blank) | | 0.00% |
| Total | 243 | 100% |

| Ethnicity | Count | Percentage |
|--------------|------------|-------------|
| Black | 12 | 4.94% |
| Hispanic | 30 | 12.35% |
| Other | 2 | 0.82% |
| White | 199 | 81.89% |
| (blank) | | 0.00% |
| Total | 243 | 100% |

| Employment | Count | Percentage |
|---------------|------------|-------------|
| Disabled | 22 | 9.05% |
| Full Time | 39 | 16.05% |
| non-reporting | 9 | 3.70% |
| Part Time | 12 | 4.94% |
| Refusal | 57 | 23.46% |
| Retired | 3 | 1.23% |
| Self-Employed | 2 | 0.82% |
| Unemployed | 99 | 40.74% |
| (blank) | | 0.00% |
| Total | 243 | 100% |

| Recovery Plan | Count | Percentage |
|---|------------|-------------|
| Peer Support | 89 | 36.63% |
| Counseling | 4 | 1.65% |
| Death | 2 | 0.82% |
| Detox | 27 | 11.11% |
| Inpatient | 15 | 6.17% |
| Long-Term Medication Assisted Treatment | 31 | 12.76% |
| Mental Health Referral | 1 | 0.41% |
| Outpatient | 6 | 2.47% |
| Refusal | 64 | 26.34% |
| (blank) | 2 | 0.82% |
| Total | 243 | 100% |

| Years on Substance | Count | Percentage |
|------------------------|------------|----------------|
| 1 - 5 years | 38 | 15.64% |
| 5 - 10 years | 43 | 17.70% |
| 10 - 15 years | 42 | 17.28% |
| 15 - 20 years | 25 | 10.29% |
| 20 - 25 years | 11 | 4.53% |
| 25 - 30 years | 6 | 2.47% |
| 30 - 35 years | 5 | 2.06% |
| 35 - 40 years | 1 | 0.41% |
| 40 + years | 2 | 0.82% |
| Against Medical Advice | 0 | 0.00% |
| Not Able to Talk | 0 | 0.00% |
| non-reporting | 10 | 4.12% |
| Refusal | 60 | 24.69% |
| (blank) | | 0.00% |
| Grand Total | 243 | 100.00% |

| Duplication Status | Count | Percentage |
|--------------------------------|------------|----------------|
| Duplicated (more than 1 visit) | 39 | 16% |
| Unduplicated (new patient) | 204 | 84% |
| Total | 243 | 100.00% |

ACES Grant

Cape Regional Wellness Alliance ACES (Adverse Childhood Experiences)

The Cape Regional Wellness Alliance has the goal of developing and implementing strategies to reduce the impact of ACES in the communities of Lower Township, Middle Township, Wildwood and Woodbine, NJ. We have taken a proactive approach rather than a reactive intervention. Since the inception of the Cape Regional Wellness Alliance, working together as a community representing all sectors of the community, we were able to develop a multitude of services and programs addressing Adverse Childhood Experiences. At the beginning of the program, Cape May County ranked number two for the highest rate of ACES in the State of New Jersey. The work of the Cape Regional Wellness Alliance has made a major impact on the well-being of the children and their families over the past six years. COVID-19 presented many challenges, but the work of the Alliance never stopped and alternative ways to provide services and programs continued.

The Cape Regional Wellness Alliance is comprised of community members representing education, healthcare, business, law enforcement and mental health wellness in Cape May County. The Cape Regional Wellness Alliance (CRWA) is funded by a grant from The Robert Wood Johnson Foundation administered through the New Jersey Health Initiatives (NJHI) for the goal of Building a Culture of Health in Cape May County.

Cape Regional Health System, through a grant from the Robert Wood Johnson Foundation/NJ Health Initiatives (NJHI), has formed the Cape Regional Wellness Alliance for the goal of building a culture of health in Cape May County. The Alliance is dedicated to developing and implementing strategies to reduce the impact of Adverse Childhood Experiences (ACES) in Cape May County, focusing on the communities of Lower Township, Middle Township, Wildwood and Woodbine.

Cape Regional Wellness Alliance believes that children are our county's most precious resource. According to the 2017 NJ Kids Count report, for the 17th year in a row, Cape May County is ranked the highest of all 21 New Jersey counties in unemployment and child out-of-home placements, is ranked lowest in overall child wellness, and has the highest rate of reported and substantiated investigations of child abuse and/or neglect.

“Adverse Childhood Experiences is a term to describe all types of abuse (emotional, physical and sexual), neglect (emotional, physical) and other traumatic experiences (mother treated violently, substance abuse, mental illness, separation/divorce and incarcerated household member) that occur in individuals under the age of 18,” stated Tom Piratzky, Executive Director, Cape Regional Foundation, Cape Regional Health System and member of the Cape Regional Wellness Alliance. “These traumatized children face challenges that no child deserves, and damage caused by ACES often results in young people who develop long lasting harmful behaviors that affect themselves, their families and their communities.”

Core members of the Cape Regional Wellness Alliance include: Tom Piratzky, Executive Director, Cape Regional Foundation; Vicki Clark, President, Cape May County Chamber of Commerce; Christopher Kobik, Superintendent of Schools, Lower Township; Vicki Lachman, PhD, APRN, Cape Regional Health System Board Member; Christopher Leusner, Chief of Police, Middle Township; and Greg Speed, President, Cape Counseling. Dr. Lachman is also the Alliance “Coach” for the project.



The Board of Chosen Freeholders of Cape May County presented the Alliance with a resolution proclaiming November as ACES Awareness Month in Cape May County. “The Board of Chosen Freeholders of Cape May County are committed to raise awareness about ACES, and pledge to promote a safe and healthy environment for all children and encourage parents, caregivers, educators and neighbors to provide love, security, support and a strong connection to the families and communities,” stated Freeholders Marie Hayes and Leonard Desiderio. “We congratulate you on your mission of building a culture of health in Cape May County and for your dedication to the youth of our county.”

School-based resiliency trainings have steadily been growing in size and participation as South Jersey school districts work to help students suffering from Adverse Childhood Experiences (ACES). ACES are traumatic events that negatively affect brain development in ways that cause lasting health challenges – both emotional and physical.

- Over 40% of children in NJ – more than 782,000 – are estimated to have experienced one ACE
- 18% of children are estimated to have experienced multiple ACES

Created in 2018, Resiliency Team Trainings educate school level teams on the latest research, practices, and strategies addressing Applied Educational Neuroscience. Participants learn the tools to form their own School Resiliency Teams (SRT) that work to create trauma sensitive and trauma responsive environments within their own districts. The three-day trainings are led by education specialists Dr. Lori Desautels and Michael McKnight and includes school administrators, teachers, counselors, Child Study Team (CST) members, school resource officers, nurses, and Intervention and Referral Services Team members (I&RS). The 3 Pillars of Trauma Informed Care: Safety, Connections, and Emotional Regulation are the main focus of the training, which also includes information about brain state and development, stress, and adversity.

The Resiliency Team Trainings are a collaborative effort through many organizations in Cape May and Atlantic Counties, including Cape Regional Wellness Alliance - funded by New Jersey Health Initiatives, Cape Assist, Cape May County PRIDE Committee, Atlantic Prevention Resources, Join Together Atlantic County (JTAC), Cape May County Healthy Community Coalition, and the SRI & ETTC at Stockton University.

We continue to provide ongoing education and support to the many organizations in Cape May County participating on the ACES initiative started by the Cape Regional Wellness Alliance. All Cape May County schools have participated in the Resiliency Team Training.

Programs in Cape May County that support the Cape Regional Wellness Alliance include:

- Provide a Law Enforcement Youth Camp in each of the designated communities defined in the Blue Print for Action.
- Expansion of Big Brothers/Big sisters via engagement with the Business Community and the Schools.
- Strengthening School Based Youth Services (SBYS) and Shore Family Success Center.
- Developed a comprehensive resource guide of available community health and social organizations.
- Conducted surveys with the Business Community to determine their ability to partner in an effort to reduce ACES and strengthen resiliency.
- Expand Handle with Care Program to all schools in Cape May County
- Expand Cape Assist PSA contest to gain wider knowledge and exposure to the ACES problem in Cape May County.
- Expand ACES training to the faith community in Cape May County.

For more information about the Cape Regional Wellness Alliance please go to the Cape Regional Wellness Alliance web-site.