SAFETY TIPS FOR OUTDOOR WORKOUTS

CONQUERING CANCER - TWO INSPIRING STORIES

WARNING SIGNS OF A STROKE

SAVE LIVES

CHOOSE VACCINATION
A MESSAGE FROM LEADERSHIP

Let’s Beat COVID-19

The development of COVID-19 vaccines is one of the greatest achievements in medical science. At RWJBarnabas Health, we’re proud to be a key part of the effort to get the vaccine into the arms of all eligible people in New Jersey.

We also remain committed to fighting the spread of the disease. That’s why we join with the Centers for Disease Control and Prevention in urging everyone, whether vaccinated or not, to continue with the simple precautions we know are effective in preventing the spread of the coronavirus:

• Wear a mask.
• Stay at least six feet apart from people who don’t live with you and avoid crowds.
• Wash your hands thoroughly and often; use a hand sanitizer if soap and water aren’t available.

The reason for this continued caution: In some cases, COVID-19 vaccines may protect against severe infection, but may not necessarily prevent mild or asymptomatic infection. If this is the case, an infected person could still spread the virus.

The Community Medical Center (CMC) team is proud to play a key role in local vaccination efforts, with nurses, physicians and other hospital staff members assisting at multiple sites. At CMC, we have vaccinated nearly 2,000 community members and nearly 2,500 hospital staff members and physicians. We will continue to operate a public COVID-19 vaccine clinic based on vaccine availability. At the RWJBarnabas Health Arena at Toms River High School North, over 40 CMC volunteers have assisted the Ocean County Health Department in administering more than 50,000 vaccines to the public. It’s been exciting and hopeful for everyone involved.

It will take all of us working together as a community to minimize the ongoing effects of COVID-19. Together, we can protect friends, family and neighbors and end this pandemic.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH

PATRICK AHEARN
CHIEF EXECUTIVE OFFICER
COMMUNITY MEDICAL CENTER

RAISING FUNDS FOR CANCER CARE

The Office Restaurant & Lounge in Toms River held the 16th Annual Phil Citta Memorial Fundraiser on February 17. A portion of the day’s sales was donated to the J. Phillip Citta Regional Cancer Center at Community Medical Center (CMC). The event honors Phil Citta, the restaurant’s founder and a well-known community philanthropist. The Cancer Center was established in his memory. Since 2006, the event has raised more than $300,000.

WELCOMING THE NEWEST NURSING RESIDENTS

The newest members of the Nurse Residency Program at CMC received a warm but socially distanced welcome from Donna Bonacorso, MSN, RN, NEA-BC, Chief Nursing Officer and Vice President, Patient Care Services, center, during their orientation. These recently graduated nursing students will spend the next year developing their clinical skills and gaining hands-on experience as they transition from the classroom to the bedside. More than 100 nurses have completed the program at CMC since 2018.

Healthy Together | Spring 2021
“At the outset, we knew we would be helping with the COVID-19 vaccination effort,” says John Bonamo, MD, MS, Executive Vice President and Chief Medical and Quality Officer at RWJBarnabas Health (RWJBH). “But we weren’t aware just how much the state would be relying on healthcare systems to make this happen.”

Just as they did when the pandemic first hit, the experts at RWJBH rose to the challenge. “We opened our first vaccine clinic the week the vaccine came out in December,” he recounts. “Then we opened clinics at each of our 11 acute care hospitals.”

RWJBH is also administering the vaccine at the Middlesex County megasite in Edison, which it runs; the former Sears in the Livingston Mall; RWJBarnabas Health Arena in Toms River; Brookdale Community College in Monmouth County; and Monmouth—by providing some or all vaccinators for their clinics,” Dr. Bonamo says, “and we’re partnering with the state, the National Guard and others. In addition, we’ve applied for more vaccination sites for physician offices.”

As of mid-March, RWJBH had already vaccinated approximately 150,500 people and was vaccinating more at the rate of 2,000 a day at its hospitals and 4,000 a day at the Edison megasite. However, Dr. Bonamo says that number will increase significantly as vaccine availability does. “We’re ramping up,” he says. “We’re in this to get it done.”

By summer, Dr. Bonamo says, vaccine supplies will make it available to all who want it. The challenge will shift to making sure everyone who’s eligible chooses to be vaccinated.

**DISPELLING FEARS**

“Many people started out with ‘vaccine hesitancy’—they wanted to see how other people did with the vaccine first,” says Dr. Bonamo. “As they saw others feeling good about having had the vaccine, they became more open to it.” That led to the clamor for vaccination appointments the state saw in the winter.

Vaccine hesitancy persists, however. “There’s understandable mistrust, especially in the black community, born of all the social inequity and healthcare injustice that has happened over the years,” he says. “We’re working hard to dispel that with all kinds of outreach and town halls being done by healthcare professionals of color.”

Older adults should prioritize getting the vaccine, Dr. Bonamo says. “The years they have are precious, and many seniors who got COVID-19 did not do well,” he says. “Often, that’s because they have at least one other comorbidity—diabetes, hypertension, heart disease, kidney disease, lung disease or obesity—that contributes to their risk.”

Dr. Bonamo emphasizes that his message isn’t just for certain groups, but for everybody who’s eligible for the vaccine. “Get vaccinated,” he says. “That’s it. It’s safe, it’s smart, it’s advanced science and it’s the right thing to do to protect yourself and your family.”

To learn more or to make a vaccination appointment, visit [www.rwjbh.org/covid19](http://www.rwjbh.org/covid19).
USING TECHNOLOGY TO
CONQUER CANCER

Lauren Denzler was grateful for support from her husband, Don, during her battle with rectal cancer.

RWJBarnabas Health and Community Medical Center, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the most advanced treatment options. Call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.
HOW ONE PATIENT BENEFITED FROM ROBOTIC SURGERY.

In May 2020, Lauren Denzler, a bookkeeper in Toms River, had her first colonoscopy. “After the sedative wore off, my doctor told me I had rectal cancer,” recalls Lauren. She had experienced a range of symptoms, including a change in her bowel habits, bleeding, pain and a 50-pound weight loss.

Lauren, 51, discovered she would need four to six weeks of chemotherapy and radiation treatments. Chemotherapy sensitizes cells to being destroyed by radiation, says Steven Lowry, MD, a colorectal surgeon and the director of robotic surgery at Community Medical Center (CMC). The combination of chemotherapy and radiation therapy helps to shrink the tumor, allowing the surgeon to remove it more easily, explains Dr. Lowry. In addition, studies show that patients who receive both therapies have better long-term outcomes.

After the chemotherapy and radiation treatments are complete, the tumor continues to shrink for four to six weeks, says Dr. Lowry. So, Lauren’s surgery was scheduled for four to six weeks after her treatment. After the surgery, she would need additional chemotherapy. “My doctors told me there was a 90 percent chance the cancer wouldn’t come back,” she says.

A SUCCESSFUL TREATMENT

In May and June, Lauren took chemotherapy pills daily and had 28 radiation treatments. “I never missed a day of work,” she recalls. Her surgery was scheduled for July 27. Prior to the surgery, an MRI was taken to obtain more information about the tumor and the stage of the disease, says Dr. Lowry. It turned out that Lauren had Stage II rectal cancer, which meant the cancer extended through the wall of the rectum. She also had three positive lymph nodes.

Dr. Lowry performs colorectal cancer surgeries robotically. “It takes longer to do the surgery, but the recovery is much better,” he says. With robotic surgery, there’s less manipulation of the bowel, so patients don’t need to wait several days to resume eating and drinking. In addition, the incisions are smaller. Dr. Lowry makes four tiny incisions and a two-inch incision to remove the diseased part of the colon. With traditional surgery, an eight- to 10-inch incision is usually made. As a result, “there’s less pain, and patients are walking the day after the surgery,” says Dr. Lowry. The hospital stay is shorter, too. Patients who have robotic surgery are usually discharged after two or three days, compared to five to eight days with traditional open surgery.

Lauren’s surgery went well. The tumor and cancerous lymph nodes were removed, and the healthy parts of her rectum were reconnected, says Dr. Lowry. However, he needed to perform what’s known as a temporary diverting ileostomy, which requires a colostomy bag. “The radiation and chemotherapy treatments harmed the tissue, so we needed to wait for it to heal,” he says. “Otherwise, there could be leaking.” Lauren used the colostomy bag for six months, then had surgery to reverse it.

“I FEEL LIKE A MILLION BUCKS”

It was a difficult time for Lauren, but she received support from loved ones. Her husband and best friend changed the colostomy bag every three to four days, and she received jewelry, inspirational cards and flowers. “Sometimes I wanted to curl into a ball and cry,” she says. “But, as the saying goes, ‘What doesn’t kill you makes you stronger.’”

Between September 2020 and January 2021, Lauren had eight rounds of chemotherapy. On January 25, the ileostomy was reversed. She has made a full recovery, says Dr. Lowry.

“I feel like a million bucks,” says Lauren, who will have annual colonoscopies as well as regular PET scans. “I can wear jeans with a zipper, and I don’t need to sleep on my back any longer. I cried tears of happiness that my experience with cancer is over.”

A COMMITMENT TO QUALITY CANCER CARE

Community Medical Center (CMC) cancer patients can be assured that they are receiving top-notch care, thanks to the following:

- CMC’s Gastrointestinal Oncology Program provides concierge services for patients with colorectal, gastric, hepatobiliary and pancreatic cancers. A nurse navigator will coordinate patients’ medical appointments and ensure that their transportation needs are met. A tumor board, which consists of medical oncologists, radiation oncologists, gastroenterologists and pathologists, will review every patient’s case to ensure the highest quality care.
- CMC has received the Robotics Center of Excellence designation from the Surgical Review Corporation, a nonprofit patient safety organization.
The Grunin Foundation, which is based in Toms River and Red Bank, wants to improve the lives of residents of the Central Jersey Shore—and drive economic excellence in the community. To accomplish this, it has partnered with Community Medical Center (CMC) for many years. In 2013, the Foundation established the Jay and Linda Grunin Neuroscience Institute at CMC with a $3.5 million gift. The Institute was named for Jay Grunin, co-founder and chairman of the Foundation, and his wife, law partner and Foundation co-founder Linda, who passed away in 2018, eight years after experiencing a significant head injury due to a fall. The Institute provides high-quality care aimed at preventing, diagnosing and treating diseases of the brain, spinal cord and peripheral nervous system. Physicians at the Institute, which is a Primary Stroke Center designated by The Joint Commission and the New Jersey Department of Health, treat conditions such as stroke, epilepsy and Parkinson’s disease.

In 2014, the Grunin Foundation provided the American Cancer Society with funding to establish a spa-like room called the Inspiration Boutique for breast cancer survivors. The room is located at the J. Phillip Citta Regional Cancer Center at CMC. Patients can receive free wigs, hats and caps; an appearance consultation; cosmetic solutions for eyebrow and eyelash loss; post-breast reconstruction support; and more. The Foundation also funded a patient navigator, who helps patients access transportation and social services.

Now, CMC has begun its journey to become an academic medical center. This summer, the hospital will welcome its first residents—12 in Internal Medicine, 12 in Emergency Medicine and three in Podiatry. Next summer, CMC will introduce the Ob/Gyn and Surgery residency programs, bringing more trainees to the hospital. The goal is to provide medical education to 117 residents by 2026.

To accommodate the trainees, CMC is turning...
a patient care unit into resident accommodations. The space will include resident lounges, study rooms, conference and learning spaces and program director offices. Another project involves creating a medical clinic, which will play an important role in training residents in primary care. Under the supervision of a faculty member, residents will develop professional relationships with patients and learn how to improve the quality of care they provide.

To support the Graduate Medical Education (GME) program at CMC, the Grunin Foundation has committed $2 million over five years. “We want to help ensure that the residency program is successful,” says Jeremy Grunin, president of the Foundation and Jay and Linda’s son.

**HIGH-QUALITY HEALTHCARE**

Studies have shown that patient outcomes are better in teaching hospitals than in non-teaching facilities. One study published in 2017 in the *Journal of the American Medical Association* showed that patients have lower mortality rates in teaching hospitals. In addition, the quality of care is usually better in academic medical centers because when physicians teach, they are reviewed by peers, students and themselves.

“We feel a vibrant community is only as strong as its healthcare system,” says Jay, who started his law practice in Toms River in the 1970s. “CMC is a hub in the community, and we want to help ensure that residents have access to quality healthcare.”

**A BOOST TO THE LOCAL ECONOMY**

Another reason the Foundation wants to support CMC’s residency program is that young doctors will be an economic driver for Toms River and the region. CMC is the largest private employer in Ocean County. “We want to bring residents to the area and retain them after their training is complete,” says Jeremy, who has also served on the Foundation board and hospital Board of Trustees at CMC. This is important because physicians are aging, and a shortage is anticipated in the coming years, according to the Association of American Medical Colleges. “The GME program will impact the hospital, area residents, patients and the local economy,” says Jay.

The Grunin Foundation hopes its gift will inspire others to contribute to CMC’s efforts to train new physicians and improve healthcare in the community. “We’re happy to provide the lead gift, but our hope is that this gift is the tip of the iceberg,” says Jeremy. “We want to show that we believe in CMC.”

CMC’s residency program will likely have an impact on the community for many years to come. “Becoming a teaching hospital takes CMC to a new level,” says Jay. “It makes Ocean County a more desirable place to call home.”

To learn more about supporting the transformation of Community Medical Center, call 732.557.8131 or visit www.cmcgiving.org.
Every 40 seconds, someone in the U.S. has a stroke. Every four minutes, someone dies from a stroke, according to the Centers for Disease Control and Prevention. A stroke occurs when blood supply to the brain is cut off by a clot or burst vessel. When the brain is deprived of blood and oxygen, cells die.

The most common type of stroke is an ischemic stroke, in which a clot blocks blood flow to the brain. This accounts for about 87 percent of strokes. The other type of stroke, called a hemorrhagic stroke, occurs when a blood vessel ruptures. Left untreated, a stroke can lead to paralysis on one side of the body, speech and language problems, vision problems and memory loss.

A SIMPLE TREATMENT

The good news is, quick treatment can help you avoid long-term health problems and death. A drug called tissue plasminogen activator, or tPA, works by breaking up a clot and improving blood flow. To be effective, it must be administered within four-and-a-half hours. If tPA is not sufficient to break apart a large clot, a patient may need a mechanical thrombectomy, in which the clot is removed from the brain. If a patient needs this procedure, he or she is transferred to Robert Wood Johnson University Hospital, an RWJBarnabas Health “sister” hospital, which is a Comprehensive Stroke Center.

Community Medical Center (CMC) has been designated as a Primary Stroke Center by The Joint Commission and New Jersey Department of Health. That means doctors can quickly evaluate and treat patients with signs of a stroke. “A recent study shows that people who make it to a nearby Primary Stroke Center and are treated with a thrombolytic drug do better in the long term—even if they need to be transferred,” says Gerald J. Ferencz, MD, a vascular neurologist and Director of the CMC Primary Stroke Center.

If you have any of the following symptoms—which are represented in the “BE-FAST” acronym—seek medical treatment immediately:

B is for balance (loss of balance, sudden headache, dizziness)
E is for eyes (blurred vision)
F is for face (one side of the face is drooping)
A is for arms (weakness or numbness)
S is for slurred speech or trouble talking
T time to call 911

WHAT MAKES CMC A PRIMARY STROKE CENTER?

To be certified as a Primary Stroke Center, a hospital must meet the following criteria, according to the New Jersey Department of Health:

• Has a stroke team, which includes board-certified neurologists and radiologists
• Has neurology and Emergency Department personnel trained in diagnosing and treating stroke
• Neuroimaging services are available 24 hours a day, seven days a week
• Offers rehabilitation services
• Has transfer arrangements with a Comprehensive Stroke Center in New Jersey (Robert Wood Johnson University Hospital in New Brunswick)
• Has a database or registry for tracking outcomes of stroke patients
• Educates the public about stroke

If you are experiencing the symptoms of a stroke or are with someone who is, call 911. For more information about neuroscience at RWJBarnabas Health, visit www.rwjbh.org/neuroscience. To connect with a specialist, call 888.724.7123.
HEART RACING? IT COULD BE YOUR MEDICATION

BRIEF PERIODS OF INCREASED HEART RATE ARE COMMON AND HAVE A VARIETY OF CAUSES.

Everyone experiences an increased heart rate at some point. You exercise, and your heart rate increases. You become frightened or stressed, and your heart beats faster. You might experience the increased heart rate as a skipped beat, a flutter or a pounding in your chest.

“A temporary increase in heart rate has many causes,” says David Dobesh, MD, Chief of Cardiac Electrophysiology at Jersey City Medical Center and a member of RWJBarnabas Health Medical Group with offices in Jersey City and West Orange. “Emotional stress, physical stress, psychological stress, even things like caffeine, nicotine, too much alcohol or fever. Your body is performing a complex balancing act with your pulse.”

A lesser-known but common source of increased heart rate is medication, including some kinds of over-the-counter medicines and certain prescriptions. “People should be aware that some medicines do briefly increase your heart rate,” says Dr. Dobesh, “and usually those episodes are not something you should be concerned about.”

POSSIBLE CAUSES

Common medications that may increase heart rate for a short period of time include:

- Decongestants, specifically those that contain pseudoephedrine, a stimulant. “If the decongestant has a capital ‘D’ at the end of its name, it contains this ingredient,” says Dr. Dobesh.
- Some inhalers for asthma, emphysema or COPD (chronic obstructive pulmonary disease).
- Theophylline, an oral asthma medication.
- Medications for ADHD (attention deficit hyperactivity disorder).
- Diuretic medications (used to help prevent fluid retention) could result in dehydration, says Dr. Dobesh.
- Some blood pressure medications may inadvertently lower blood pressure too much.

“If your pressure is very low from either dehydration or overmedication, the body will respond by increasing the heart rate to compensate,” he explains.

“Some medications carry warning labels about increased heart rate but in practice this side effect is unusual,” Dr. Dobesh says. “These include certain antidepressants and also thyroid medications, which will not usually increase heart rate if they’re taken at the recommended dose.”

Similarly, herbal supplements such as ginseng, valerian root and orange bitters should not increase heart rate when taken in normal doses, he says.

While a short-term increase in heart rate from medication or emotional or physical stress is normal, increased heart rate that lasts for a long time is not. “If you’re repeatedly feeling symptoms of a racing heartbeat that make you uncomfortable, tell your doctor,” advises Dr. Dobesh. “Further testing may be appropriate.”

WHAT IS TACHYCARDIA?

For most people, a heart rate between 60 and 100 beats per minute (bpm) is normal. When your heart beats more than 100 bpm for reasons unrelated to physiological stress, that’s known as tachycardia, from the Greek words for “swift” and “heart.”

If increased heart rate is a concern, basic testing, such as an electrocardiogram or blood work, can be done to determine whether you should be referred to an electrophysiologist—a cardiologist who specializes in heart rhythms. The electrophysiologist will look for possible types of tachycardia that are caused by an abnormality of the heart itself and can affect how well the heart pumps blood.

Examples include atrial fibrillation (AFib), atrial flutter and supraventricular tachycardia (SVT). A wide range of treatments may be considered, including lifestyle changes, medications and medical and surgical procedures.

Whoever your heart beats for, our hearts beat for you. To connect with one of NJ’s top cardiovascular specialists, call 888.724.7123 or visit www.rwjbh.org/heart.
The National Cancer Institute (NCI) Comprehensive Cancer Center designation is the highest credential a U.S. cancer center can attain. But what does it mean for a patient?

“For a cancer patient, the question of where to be treated can be terribly confusing. The NCI designation tells a layperson that the institution is among the top centers in the country for delivering cancer care and performing research,” says Steven K. Libutti, MD, Senior Vice President, Oncology Services, for RWJBarnabas Health (RWJBH) and Director, Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center.

Though Rutgers Cancer Institute is located in New Brunswick, the beneficial effects of its research, clinical trials and advanced treatments are felt throughout New Jersey thanks to its unique partnership with RWJBH.

“The beauty of our partnership is that Rutgers Cancer Institute is fully integrated with each of the healthcare system’s 11 hospitals,” Dr. Libutti explains. “When a patient is being treated at any RWJBarnabas facility, he or she has an entryway to an NCI-Designated Comprehensive Cancer Center and will get the same level of care and access to advanced treatments and clinical trials.”

PERSONALIZED CARE

For all their mastery of technology and treatments, the healthcare providers at RWJBH and Rutgers Cancer Institute never lose sight of the human element. “Our whole goal is to provide personalized care not only for the type of cancer you have, but for you as a patient,” says Dr. Libutti.

Nurse navigators “reduce the burden of diagnosis,” he explains, by working with the patient throughout treatment, coordinating appointments and ensuring that specialists involved have the information they need. “We wrap the patient in a plan of care created just for him or her,” Dr. Libutti says.

Patients who want to know more about their treatment options through RWJBH and Rutgers Cancer Institute can call the Oncology Access Center at 844.CANCERNJ (844.226.2376), where oncology specialists stand ready to help determine the next steps. “That number is our ‘Easy Button,’ our way to put you on the first step to a successful outcome,” says Dr. Libutti. “We’re only a phone call away.”
THE DESIGNATION MADE A DIFFERENCE

These survivors are among many who have had the benefit of cutting-edge research, clinical trials and care through the RWJBarnabas Health and Rutgers Cancer Institute partnership.

A RARE T-CELL LYMPHOMA

Ling Jin needed treatment for a rare and aggressive form of T-cell lymphoma, requiring high-dose chemotherapy and radiation treatments in preparation for an allogeneic stem cell transplantation, sometimes referred to as a bone marrow transplant. As she underwent chemotherapy, a lymphoma was discovered behind her eye, which was resolved through brief and highly targeted proton beam therapy.

After an extensive database search, an appropriate donor for bone marrow cells was found, and last June, Ling had a successful stem cell transplant at Rutgers Cancer Institute.

BREAST CANCER WHILE PREGNANT

Breast cancer survivor Liz Tague found out she was pregnant—and soon after, learned that her breast cancer had recurred. After consulting with an oncologist in New York, Liz opted to have her treatment closer to home, guided by Rutgers Cancer Institute and RWJBarnabas Health.

Following a lumpectomy and chemotherapy, Liz gave birth to a healthy son. Now it was time to consider radiation therapy to prevent further recurrence. Her doctors proposed proton beam therapy, which can be precisely targeted to spare previously irradiated tissues. Three years later, Liz is back to work as a teacher and enjoying family time with her toddler.

STAGE 4 KIDNEY CANCER

Jim Gritschke was fit and active, but weight loss and sharp pains in his right leg led him to an orthopedic surgeon. The diagnosis: a large tumor on his kidney from metastatic renal cell carcinoma, which had spread to his pelvis.

Jim required major robotic surgery to remove the kidney and tumor, followed by radiation and systemic therapy. He had the benefit of the latest technology and a multi-specialty team at a high-volume center, as well as the opportunity to participate in a clinical trial for immunotherapy. Jim has now returned to his favorite activities.

“THE BEAUTY OF OUR PARTNERSHIP IS THAT RUTGERS CANCER INSTITUTE IS FULLY INTEGRATED WITH EACH OF THE HEALTHCARE SYSTEM’S 11 HOSPITALS.”

—Steven K. Libutti, MD

THE PATH TO A PRESTIGIOUS DESIGNATION

This year marks the 50th anniversary of the National Cancer Act, which established the NCI Cancer Centers program. Out of the thousands of U.S. facilities that have cancer programs, just 51 are NCI-Designated Comprehensive Cancer Centers. The NCI designation is a grant that brings significant dollars to the Rutgers Cancer Institute and has a positive economic impact on the state of New Jersey.

1. Submission of a written application between 1,200 and 1,500 pages long
2. A site visit from a variety of national cancer experts, who examine infrastructure, basic research, clinical care, clinical trials and more
3. Scoring to determine rankings
4. After five years, institutions must reapply for the designation.

A PARTNERSHIP FOR PATIENTS

RWJBarnabas Health, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provides close-to-home access to the latest treatment options. To learn more, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.
BEING AWARE OF THE SYMPTOMS CAN KEEP YOU OR A LOVED ONE SAFE.

About one in 50 people in the U.S. has a brain aneurysm—a “balloon” of blood protruding from an artery. The majority of these will never burst or even require treatment.

For those whose aneurysms do burst, however—approximately 30,000 people each year—the consequences can be devastating, leading to brain damage, stroke or death.

“We want to raise awareness about aneurysms because some studies have shown that almost a quarter of people who have a ruptured aneurysm die because of misdiagnosis,” says neurosurgeon Anil Nanda, MD, MPH, Senior Vice President of Neurological Services for RWJBarnabas Health and Chairman, Department of Neurosurgery, for Rutgers-New Jersey Medical School and Robert Wood Johnson Medical School.

“We have seen an increase in ruptured aneurysms during the COVID-19 pandemic. This may be because people have been less active during this period, perhaps gaining weight or not controlling high blood pressure,” he says.

People who may have warning signs of an aneurysm often neglect them, assuming they’ll simply go away, he says. In addition, many people have avoided seeking care because of fear of going to a hospital during the pandemic.

“The classic symptom is a severe headache—one that feels like the worst headache of your life,” Dr. Nanda explains. “Not every headache is an aneurysm, of course, and most of the time it’s not anything serious. But if you have this terrible headache along with neck stiffness, and bright light bothers you, you should go to the Emergency Department to have it investigated.”

ADVANCED TREATMENTS

Aneurysms can be diagnosed by a CT (computed tomography) scan, which uses X-rays to determine whether blood has leaked into the brain. Doctors may also order an MRI (magnetic resonance imaging), which uses computer-generated radio waves to create detailed images of the brain.

Other diagnostic tests include
a cerebral angiography, which is performed by passing a catheter (a long, flexible tube) from the groin artery to inject a small amount of contrast dye into the neck and brain arteries, and a cerebrospinal fluid analysis, which measures chemicals that indicate bleeding in the brain.

“If we do determine there is an aneurysm, whether it’s ruptured or in danger of bursting, we look at the risk factors and determine the appropriate course of action. If surgery is indicated, we’ll get our team together and perform it within 12 to 24 hours,” says Dr. Nanda.

“For years, a procedure called clipping was the only way to fix an aneurysm,” he explains. In this procedure, a craniotomy is performed to create an opening in the skull and then a small metal clip is placed on the aneurysm to stop the blood flow.

“Clipping is still the best solution for some cases,” Dr. Nanda says. “Today, however, the mainstay of treatment is coiling. We can thread the catheter through a groin artery to place a coil on the aneurysm, and there is no need to open the skull.”

**RISK FACTORS**
- Uncontrolled blood pressure.
- Smoking.
- Family history of aneurysms.
- Older age.
- Head injury.
- Substance abuse, particularly cocaine.
- Heavy alcohol consumption.
- Conditions present at birth, including polycystic kidney disease and cerebral arteriovenous malformation, an abnormal connection between arteries and vessels in the brain.

**POSSIBLE SIGNS OF A RUPTURED ANEURYSM**
If you experience these symptoms, call 911:
- Sudden, severe headache.
- Double vision.
- Nausea and vomiting.
- Stiff neck.
- Sensitivity to light.
- Seizures.
- Loss of consciousness, even if brief.
- Cardiac arrest.

**POSSIBLE SIGNS OF AN UNRUPTURED ANEURYSM**
If you experience any of the following, consult your doctor right away:
- Drooping eyelid.
- Dilated pupil in one eye.
- Pain above and behind the eye.
- Changes in vision or double vision.
- Confusion.
- Weakness and/or numbness on one side of the body.

**What is a Brain Aneurysm?**
A cerebral (brain) aneurysm is a weak spot on a brain artery that balloons or bulges out and fills with blood. If it bursts, it spills blood into the surrounding tissue, an event that’s called a hemorrhage. Brain cells, deprived of oxygen, begin to die, and the patient may have a stroke.

**Team of Experts**
Decisions about treatment are made on a case-by-case basis. “We have a multidisciplinary team at RWJBarnabas Health and Rutgers,” says Dr. Nanda. “We have neurologists, neurosurgeons, a neuropsychologist, a neuroradiology team and endovascular specialists, all providing input about what will be most effective for the patient. We’re like a special forces team, able to come together quickly. The patient gets 10 experts for a problem immediately, which is a huge advantage.” Nurse practitioners, neurology nurses and neurophysiology technologists round out the care team.

“Another benefit of being part of a large system is that we have the advantage of research, clinical trials and education,” Dr. Nanda says. “We can do what we call translational research, meaning we take basic research that’s being done on stroke and translate it into the clinical realm. It’s a bench-to-bedside approach where we can really improve the condition of patients.”

For more information about neurosurgical services available at RWJBarnabas Health, visit [www.rwjbh.org/neurosurgery](http://www.rwjbh.org/neurosurgery).
The rate of routine childhood vaccinations—for diseases like measles, mumps, pertussis and more—has declined significantly during the COVID-19 pandemic, and pediatricians are worried.

“This decrease in vaccinations is a huge concern to us,” says Uzma Hasan, MD, Division Chief of Pediatric Infectious Diseases at Saint Barnabas Medical Center and a member of RWJBarnabas Health Medical Group. “We don’t want to experience a resurgence of vaccine-preventable illnesses that we have previously had very good control over. We don’t want to see our patients develop life-threatening issues like encephalitis from measles or meningitis from Haemophilus influenzae type B, which are prevented by safe, routine childhood vaccinations.”

“Parents have been hesitant to bring their children to doctors’ offices or clinics for fear of exposing them to COVID-19,” explains Patricia Whitley-Williams, MD, a pediatric infectious disease specialist at the Bristol-Myers Squibb Children’s Hospital at Robert Wood Johnson University Hospital and Division Chief of Allergy, Immunology and Infectious Diseases at Rutgers-Robert Wood Johnson Medical School. “However, these offices are following all the recommended guidelines from the Centers for Disease Control and Prevention,” Dr. Whitley-Williams says. “Offices are sanitized in between patient appointments, plastic barriers are up, patients and visitors are checked for fever and masks are worn.” (For children, wearing a mask is recommended over the age of two years.)

“Pediatricians’ offices have protocols in place to keep well children and sick children apart,” adds Dr. Hasan. “Some set aside special time periods just for vaccinations. Many places require that people check in over the phone and wait outside in their cars. Patients and families then are brought straight into the office, so there’s no exposure to other people in a waiting room.”

Parents who have safety concerns should contact their pediatrician’s office to ensure that proper safety measures are in place, the doctors advise.

**FOLLOW THE SCHEDULE**

Timing is important when it comes to childhood vaccinations, Dr. Hasan says. “Please don’t put off having your child vaccinated because you think it’s better to space the shots out,” she says. “The schedule of vaccines has been carefully determined to minimize risk and get the best response for each age.”

The recommended schedule for routine childhood vaccinations can be found at www.cdc.gov/vaccines.

Expectant mothers should get the Tdap vaccine to protect the baby against pertussis, sometime between the 27th and 36th weeks of pregnancy, the CDC recommends. “That vaccine has been a game changer for protecting vulnerable newborns,” Dr. Hasan says.

One vaccine many parents are eager to explore for their children is the one for COVID-19, Dr. Hasan says. “I can’t tell you how many calls we get about that,” she says. “We’re eagerly awaiting the results of trials so we have safety data for the younger age groups, particularly for vulnerable populations such as those with kidney, heart or lung disease.”

In the meantime, routine childhood vaccinations should proceed as advised by your pediatrician. “Parents and guardians should be assured that these vaccines have been proven to be safe and effective,” says Dr. Whitley-Williams, “and they save lives.”

** WHY CHILDHOOD VACCINATIONS CAN’T WAIT **

**DON’T DELAY ROUTINE VACCINATIONS THAT WILL KEEP YOUR CHILD SAFE FROM PREVENTABLE DISEASES.**

“T”he rate of routine childhood vaccinations—for diseases like measles, mumps, pertussis and more—has declined significantly during the COVID-19 pandemic, and pediatricians are worried.

“This decrease in vaccinations is a huge concern to us,” says Uzma Hasan, MD, Division Chief of Pediatric Infectious Diseases at Saint Barnabas Medical Center and a member of RWJBarnabas Health Medical Group.

“We don’t want to experience a resurgence of vaccine-preventable illnesses that we have previously had very good control over. We don’t want to see our patients develop life-threatening issues like encephalitis from measles or meningitis from Haemophilus influenzae type B, which are prevented by safe, routine childhood vaccinations.”

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To find a pediatrician at RWJBarnabas Health, call 888.724.7123 or visit www.rwjbh.org/doctors.
At Children’s Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to a full scope of developmental, behavioral and mental health concerns. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Somerset, Toms River and Warren.
When two powerhouse organizations combine forces, the result is a big win for the community. Fans and friends of the Somerset Patriots not only get to see great baseball—the team was recently selected as a Double-A affiliate for the 27-time world champion New York Yankees—they also learn new ways to stay healthy.

“Baseball players work at their craft every day to be the best that they can be. Their exercise routines and nutritional habits are rooted in the principles of living healthy. Like our community, they rely on experts to help guide them along the way. That’s why our partnership with RWJBarnabas Health is so important and works so well,” says Steve Kalafer, Somerset Patriots Chairman Emeritus and RWJBarnabas Health (RWJBH) trustee.

Over the 22-year history of the partnership, RWJBH has hosted regular health fairs, blood drives and food drives, and has provided information on how community members can get access to key health services and screenings. Somerset Patriots players have benefited, too: RWJBH provides sports medicine services to keep players on the field of play.

For kids, the Somerset Patriots, in partnership with the health system, created the Hit a Home Run Program. Featuring former pitcher Nate Roe, the education program for schools (delivered virtually this school year) is designed to teach young children how to eat healthier, make smarter lifestyle choices, be a good teammate and friend and understand the importance of exercise.

FRIENDS IN NEED
The Somerset Patriots team has been a stalwart supporter of RWJBH. Last summer, the organization raised more than $16,000 for the RWJBarnabas Health Emergency Response Fund to help support healthcare professionals as they served communities during the COVID-19 pandemic. The money was raised in a variety of ways, including online auctions, merchandise sales of T-shirts and face masks, a pop-up shopping event and drive-in movies at TD Bank Ballpark.

“We are so grateful to the Somerset Patriots for their continued support of our hospital and our community throughout the COVID-19 pandemic, from donations of food for our staff to hosting blood drives and holding events to benefit our Emergency Response Fund,” says Tony Cava, President and CEO of Robert Wood Johnson University Hospital Somerset, a pillar of healthcare throughout Central New Jersey. “Their ongoing support helps ensure that our community has access to the comprehensive healthcare services they need.”

A SOURCE OF PRIDE
RWJBH employees, many of whom live locally, take great pride in the partnership, attending games and participating in group events. Players feel that spirit as well.

“We pride ourselves on being active in our community to help make a difference,” says Somerset Patriots President and General Manager Patrick McVerry. “Our fans are always there for us at the ballpark and for all of our efforts. We know that through our partnership with RWJBarnabas Health, we are able to make sure our fans and community are always in good hands where their health is concerned.”

To learn more about the Somerset Patriots and the RWJBH partnership, visit www.milb.com/somerset and www.rwjbh.org/partnerships. To donate to the RWJBH Emergency Response Fund, visit www.rwjbh.org/giving.
A shockingly large number of Americans—just over 10 percent—have been diagnosed with diabetes, in which the body is unable to keep blood sugar in check, according to the Centers for Disease Control and Prevention. Unfortunately, about 21 percent of people who have the disease remain undiagnosed. What’s more, about one-third of the population has prediabetes, a condition that predisposes you to diabetes. Here, Oscar Ortiz, MD, an endocrinologist at Community Medical Center, explains what you need to know about this chronic condition, which can lead to kidney disease, blindness and death.

**FAMILY HISTORY IS KEY**
People think weight gain puts you at risk for diabetes, but it’s possible to carry extra pounds and not have the disease. If both of your parents have diabetes, there’s a 50 percent chance you’ll develop it, too. If you’re also overweight, your risk is even higher. Let your physician know if you have a family history of diabetes.

**DIET AND EXERCISE CAN REDUCE YOUR RISK**
By the time a person is diagnosed with diabetes, 50 percent of his or her pancreas—the organ that produces insulin, a hormone that regulates blood sugar—is damaged. The Diabetes Prevention Program Outcomes Study, which investigated the impact of lifestyle changes and medication in preventing Type 2 diabetes in people who were at risk, showed that metformin, a commonly prescribed diabetes medication, isn’t as effective as diet and exercise in preserving cells in the pancreas. When your heart rate increases during exercise, insulin brings glucose into the body’s cells, reducing the level in the blood. In the study, participants attempted to lose 7 percent of their weight and maintain it through exercise and a healthy diet. They worked out 150 minutes per week and ate less fat and fewer calories.

**TAKE THE RIGHT MEDICATION**
There are lots of new diabetes medications, but the first line treatment is still metformin, which is effective, safe and inexpensive. Some newer drugs, such as SGLT2 inhibitors, can reduce the risk of having a heart attack. They lower blood sugar by causing the kidneys to remove sugar through urine. Unfortunately, these drugs can increase the risk of yeast and urinary tract infections. Another new class of drugs, called DPP-4 inhibitors, stimulate the pancreas to produce insulin and lead to weight loss. Ask your doctor which medication is best for you.
John Frammigen is back to overseeing bingo games at the Elks Club now that he’s recovered from esophageal cancer.
In 2019, John Frammigen of Toms River noticed he was having trouble swallowing food. He had also lost 50 pounds over the course of a year and a half, but he thought he had celiac disease. He saw a gastroenterologist, who performed an endoscopy. It turned out John, 63, had Stage III esophageal cancer. John’s doctor told him he would need radiation, chemotherapy and surgery to remove the diseased part of the esophagus. “We were scared,” recalls Laura Frammigen, John’s wife. “We found out about the cancer the day after Christmas.”

Fortunately, David J. D’Ambrosio, MD, John’s radiation oncologist, who is based in Toms River and is affiliated with the J. Phillip Citta Regional Cancer Center at Community Medical Center, was reassuring. “He told us we would get through it and he would be there for us,” says Laura. “He explained that the type of cancer John had was receptive to radiation. He told us what to expect and said that as long as we did our part by showing up for treatments, John would be okay.”

A THREE-PART TREATMENT
In February 2020, John began chemotherapy and radiation therapy. The goal was to shrink the tumor prior to surgery, which he would have later that year. He needed 28 radiation treatments, which would be given daily from Monday through Friday. Each treatment would last for about five minutes. “John had an aggressive cancer, but he was upbeat and optimistic,” recalls Dr. D’Ambrosio.

During the treatment, John had to lie on a table while a machine with two large paddles rotated around him. Prior to each of the sessions, John had a CT scan, which identified the precise location of the tumor. (It can change slightly on a daily basis as a person moves around.) Dr. D’Ambrosio used a technique called “RapidArc,” in which the radiation beams are shaped to target the tumor and avoid healthy tissue. “The CT scan helps to ensure the accuracy of treatment,” says Dr. D’Ambrosio. “We don’t need to treat as wide an area.”

AFTER THE FIRST TREATMENT, John experienced anxiety, and his pacemaker went off. Eventually, he grew accustomed to the treatments and was fine after the remaining sessions. “Dr. D’Ambrosio made me feel at ease,” says John. “He and his staff members were always friendly.” John experienced only minimal side effects—chest redness and hair thinning. Dr. D’Ambrosio agrees that John did well. “He didn’t have trouble with the treatments,” he says. “He was very healthy aside from the cancer.”

John’s chemotherapy sessions went smoothly, too. He received three-hour infusions once a week for five weeks. Then, in July 2020, he had surgery to remove one-third of his esophagus. “I recovered very well,” he says. John will have endoscopies once a year and will see Dr. D’Ambrosio every six months for the next four years.

A NEW WAY OF EATING
Today, John is feeling better, but he has had to make major changes to his eating habits. “I was used to eating fast,” he says. “Now, if I eat too quickly, I feel sick. Instead of eating three meals a day, I eat five smaller meals.” Also, John tries to stay away from foods that are difficult to swallow, such as lettuce, steak, pork, bread, rolls and chips. He has to cut the food he eats into small pieces. “He’s getting back to normal,” says Laura. “I can’t say enough good things about Dr. D’Ambrosio and Community Medical Center. Everyone was welcoming and made us feel comfortable. They were always very positive.”
In September 2020, Community Medical Center (CMC) opened a new medical clinic to care for adult patients who are uninsured or don't have a primary care physician. So far, most of the patients who have received care at the clinic were treated in the Emergency Department (ED) and discharged.

The clinic is providing annual physicals, geriatric care, vaccines, smoking cessation services and treatment for chronic diseases like diabetes, high blood pressure and asthma. Patients also receive care for illnesses such as pneumonia and bronchitis. A social worker is available to help patients if they’re having trouble affording medical care or treatments.

“Patients benefit because there’s better continuity of care,” says Vinod Nookala, MD, director of the clinic and CMC’s new Internal Medicine Residency Program. “The doctors they see in the ED are also working in the clinic. Our goals are to reduce hospitalizations and readmissions.”

CMC has hired two new internal medicine physicians—Sakshi Pawa, MD, and Angela Adelizzi, MD—who will work with Dr. Nookala to care for patients. Starting in July, CMC’s new internal medicine residents will work at the clinic for a half day each week. “They will learn how to treat a variety of diseases and work with both uninsured and insured patients,” says Dr. Nookala. “We’re hoping that the residents will stay here in Toms River to serve the community.”

ASSISTANCE WITH MEDICAL BILLS
So far, patients have benefited from the clinic. One recent patient was diagnosed with a deep vein thrombosis, a life-threatening blood clot in the leg, in the ED. The blood thinner he was prescribed cost $400 per month, and the patient couldn’t afford it. “We worked with the patient’s case manager and a pharmacist, and we were able to find a coupon that reduced the cost of the medication significantly,” says Dr. Nookala. The patient was able to get the first month of the medication for free and then paid $10 per month afterward. “The patient is so happy,” says Dr. Nookala. “He appreciates what we did for him.”

For more information about the medical clinic, please visit www.rwjbh.org/CMCmedicalclinic or call 732.557.8970.
With the weather warming up and the days getting longer, it’s a great time to bring your workout outside. “Sunshine helps your body produce vitamin D, which maintains healthy bones and protects against disease,” says Janet Dacunza, PT, Outpatient Physical Therapy Manager at Community Medical Center. “And spending time in nature can help reduce stress.” Still, outdoor exercisers can encounter problems—everything from sunburn to slips and falls. To minimize the risks, take these simple steps:

**Choose a safe workout.**
“If you have ankle, knee, hip or spine arthritis, even walking can be hard on the joints,” says Dacunza. “You’re better off with a no-impact workout, like bike riding or swimming.” To strengthen arthritic knees, try squats or lunges.

Dacunza also suggests sitting and rising from a chair without using your hands. “Start with about 10 repetitions,” she says.

**Find the right location.**
For many people, a sidewalk or boardwalk is ideal because the surface is level.

**Slather on sunscreen.**
You’re at risk for sunburn, even on cloudy days. Opt for a water-resistant, broad-spectrum product—one that offers protection against both UVA and UVB rays—with an SPF of 30 or higher.

**Dress in layers on chilly days.**

**Make yourself visible.**
Wear reflective gear if you’re planning to exercise in the evening. Bring a flashlight or choose an area that’s well lit.

**Warm up to avoid injuries.**
“If you plan to exercise vigorously, try marching, walking or jogging—or taking some side-to-side shuffling steps—for about 10 minutes beforehand,” says Dacunza.

**Adjust your earbuds.**
If you plan to listen to music or a podcast, keep the volume low so that you’re tuned into your surroundings. “I also suggest walking toward the traffic rather than with it,” says Dacunza.

To learn more about Community Medical Center, visit www.rwjbh.org/community.
AN INNOVATIVE PROGRAM IS HELPING TO SAFEGUARD THE HEALTH OF LOCAL STUDENTS.

When a Barnegat Township School District survey revealed that local students were disengaged, Community Medical Center (CMC) stepped in to help bridge the gap. Through a program called Barnegat Communities That Care, partners from across the RWJBarnabas Health system, including the Institute for Prevention and Recovery (IFPR), CMC and the Social Impact and Community Investment Practice, came together to launch a new mentoring initiative to help students make stronger connections at school.

Barnegat Communities That Care, which is provided by IFPR with grant funding from the New Jersey Department of Human Services, Division of Mental Health and Addiction...
Services, aims to reduce the risk factors present in the youths’ lives while addressing the protective factors. The program is part of a RWJBarnabas Health initiative to address the social, economic and environmental conditions that contribute to poor health outcomes, reduced life expectancy and higher healthcare costs. “If students feel connected to their school, they have a lower rate of absenteeism, and they’re less likely to engage in drug and alcohol use and other risky behaviors after school,” says Roberta Rapisardi, MEd, Community Prevention Manager at the RWJBarnabas Health Institute for Prevention and Recovery, who leads the Barnegat Communities That Care program. Research suggests that youth without enough social support and other protective factors are more likely to experience substance use, violence, school failure, teen pregnancy and anxiety and depression.

MAKING CONNECTIONS
To help connect more Barnegat students to their schools, Communities That Care launched a Universal Mentor Training program. Students from preschool to high school can be paired with a mentor, who meets with them weekly. The mentors’ goals are to get to know the students better and form positive relationships with them. To help boost a student’s connection to school, the mentor may suggest joining clubs, sports or community-based activities like scouting. “The mentors are instructed to actively listen to the students and let them talk because some of the high-risk students sometimes feel like they’re not being heard,” says Rapisardi. “Through active listening, the mentor can identify a student’s interests, which could be a sport, a club or other program.”

The hope is that students who have a mentor will feel more supported at school and find positive and productive ways to spend their time. “We want to help students become more engaged,” says Rapisardi. “It will lead them to a healthier lifestyle.”

If needed, mentors help steer students toward other professionals for support with academics, social/emotional issues or other concerns, says Rapisardi. So far, about 400 staff members in the Barnegat schools have taken the required Universal Mentor Training. One hundred people—including teachers, coaches, secretaries and lunch aides—have volunteered to become mentors, says Rapisardi.

SUPPORTING STUDENTS
Initially, the mentor training was supposed to start at the beginning of the school year. But due to the COVID-19 pandemic, training was delayed until December. Staff members participated in video training, with mandatory pre- and post-tests to ensure that they learned the material.

Mentoring began in January. Each mentor works with up to two students at a time. Mentors fill out a weekly activity log that tracks their sessions and indicates whether the students become involved with any clubs, sports or other social activities.

School guidance counselors connect mentors with students who might benefit. Ideal candidates are students who are missing a lot of school, struggling with grades, in need of emotional support because of problems at home, or are introverted and need encouragement to get involved with activities. The pandemic has increased the challenges and barriers that students face, and engagement has become even more of a priority. Schools aren’t always in session, students have had to do virtual learning, and sports schedules have been disrupted. But mentors have been meeting with students virtually, if necessary. Administrators plan to evaluate the activity log data at the end of the school year to assess the impact of the program on the youth.

For students who are at risk for unhealthy behaviors, having a mentor—someone who listens and cares—can make a big difference. “It’s about building relationships,” says Rapisardi. “Research shows that if kids are connected to someone or something, they’re more likely to develop healthy behaviors.”
Whoever your heart beats for, our hearts beat for you.

**Comprehensive cardiac care for all.**

Community Medical Center has a passion for heart health. We've invested in state-of-the-art catheterization equipment and technology to provide comprehensive care for both elective and emergency cardiovascular needs. In partnership with Rutgers Health, we offer convenient access to surgical care, research and clinical trials through the RWJBarnabas Health network of heart centers. And, we provide cardiac rehabilitation, prevention and wellness programs, with a growing network of specialists in non-invasive diagnostic and imaging, including stress testing. It's all part of our dedication to every heart in our community. Learn more at rwjbh.org/heart

**Community Medical Center | RWJBarnabas Health**  
Let's be healthy together.

We've taken every precaution to keep you safe. So if you've put off any medical care due to COVID-19, please don't delay it any longer.