Need For Organ Donors, Autism Awareness, Health Equity For All Focus of Department Efforts in April

By Mary E. O'Dowd, MPH, Commissioner
New Jersey Department of Health and Senior Services

Governor Chris Christie, Motor Vehicle Commission Chief Administrator Raymond Martinez and I visited Newark Beth Israel Medical Center a few days ago to promote the need for more residents to register as organ donors.

“Being an organ donor is one of the most profound gifts to give someone else -- a chance at a new, healthy life,” the Governor said as he signed legislation declaring April “Donate Life Month” in New Jersey.

Nationally, more than 114,000 people are awaiting life-saving organ and tissue transplants and every 10 minutes another name is added to the list. In New Jersey, 5,000 people are waiting. And yet, only 31% of New Jersey adults are registered organ donors, compared with 42% nationwide—placing New Jersey 41st out of the 50 states. And as the Governor said, “We can do better, and we need to do better.”

The Governor, Chief Martinez and I are all registered to donate. In addition, Chief Martinez has visited all of the state’s motor vehicle agencies this month to encourage staff to promote organ donation among the customers they serve. People can register as organ donors at www.state.nj.us/mvc/ or at the websites of NJ Sharing Network and Gift of Life, which are federally funded, state-certified, nonprofit organizations responsible for the recovery and placement of donated organs. April is also Autism Awareness Month and the Governor, the First Lady and I attended several events to highlight our state’s commitment to supporting children and adults with Autism. A critical component of this commitment is the Department of Health’s Early Intervention Program, which is funded at nearly $140 million and serves infants and toddlers up to age three who have developmental delays and disabilities including autism. In addition, the Department has continued funding for our Autism Registry which makes it easier for families to be connected to the appropriate diagnostic treatment and support services. And this summer the Governor’s Council for Research and Treatment of Autism will award $8 million in grants and establish a NJ Autism Center for Excellence.

The Department also celebrated Minority and Multicultural Health Month this April. I joined Dr. Carolyn Daniels, the executive director of the Office of Minority and Multicultural Health, at the Health Equity Summit sponsored by her office. Deputy Commissioner Dr. Arturo Brito attended a health fair in Bridgeton and several assistant commissioners visited community health centers and community-based agencies and talked about the importance of a healthy lifestyle in reducing chronic disease and health disparities.
On April 2, 2012, the New Jersey Department of Health and Senior Services’ Office of Minority and Multicultural Health (OMMH) co-sponsored a Health Equity Summit titled, *Health Equity for All, Think Nationally, Act Locally*, along with the American Heart Association and the American Stroke Association.

The summit was the kick-off event which launched a month-long series of events in recognition of National Minority Health Month.

The one-day health summit was designed to provide fuller detail on disparities in health that are prevalent within New Jersey minority communities, and to highlight the current evidence-based strategies and interventions being used by various key stakeholders.

More than 100 people attended the summit. The morning program included opening remarks by Commissioner Mary E. O’Dowd, who emphasized the importance of sharing best practices and innovative approaches and strategies that can reduce health disparities. Morning speakers included Gloria Rodriguez, Assistant Commissioner for the Division of Family Health Services, who spoke about *The Life Course Model and Health Equity*; Dr. Ruth Perry, Executive Director of the Trenton Health Initiative, whose presentation was entitled, *Achieving Health Equity-A Strategic Collaborative Approach in an Urban Setting*; and Dr. Kemi Alli, Chief Medical Officer for the Henry J Austin Health Center, whose presentation was on *Primary Care Enhancement, Improving Access to Care*.

The keynote speaker, Dr. Philip Bonaparte, vice president of Clinical Affairs and Chief Medical Officer for Horizon NJ Health, advocated for underserved populations and spoke eloquently about seeking solutions that will help expand access and enhance the quality of health care for New Jersey’s minority populations.

The afternoon program was divided into break-out sessions on a variety of topics including: *Health Literacy-Making it Clear; The Connection between Housing and Health; Educating Clinicians to Provide Culturally competent Patient-Centered Care; Camden Health Information Exchange; and Cultural Linguistics and Health Disparities*.

The day concluded with a lively discussion on proven methods to reduce health disparities and ways in which we can address cultural and linguistic differences from a panel of experts. Panel members included Dr. Sunanda Gaur; Dr. Kitaw Demissie; Dr. Robert C. Like; and Firoozeh Vali, PhD. The panel discussion was moderated by Darrin Anderson, PhD., Deputy Director of the New Jersey Partnership for Healthy Kids, NJ YMCA State Alliance.

Attendees expressed an enhanced understanding of the importance and need for our health care delivery system to consistently address quality, affordable health care and preventive care, particularly for our racial, ethnic minority populations.

Throughout the month, the OMMH team, Deputy Commissioner Brito, and assistant commissioners attended various events across the state. A complete listing of events is available at [www.nj.gov/health/omh](http://www.nj.gov/health/omh).
Death Rates from Unintentional Injury Among Children Dropped by Nearly 30 percent in 10 Years

Child injuries* are preventable, yet more than 9,000 children died from injuries in the US in 2009. Car crashes, suffocation, drowning, poisoning, fires, and falls are some of the most common ways children are hurt or killed. The number of children dying from injury dropped nearly 30% over the last decade. However, injury is still the number 1 cause of death among children. More can be done to keep our children safe. For more information, please see: http://www.cdc.gov/media/releases/2012/p0416_children_deathrate.html

* 'Child injuries' refers to unintentional injuries that occur among children and teens 0-19 years

Health Advisory on Measles

In 2011, more than 200 people in the United States were confirmed to have measles. Many of these people were infected with the measles virus while they were traveling abroad. People of all ages should be up to date on MMR vaccination and other vaccinations, especially before traveling abroad. Please see: http://emergency.cdc.gov/HAN/han00323.asp

New Jersey Department of Health and Senior Services
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Office of the Commissioner
Getting a Second Chance at Life

By David Baker, Grants Management Specialist
New Jersey Department of Health and Senior Services

A second chance at life is something that anyone in need of an organ transplant dreams of. While everyone’s individual experiences are different, there are many things that those in need of a transplant have in common – the agonizing wait for a possible donor, the anxiety that a match may never come, and the fear that even if you are lucky enough to be selected for a transplant, the surgery will not be a success.

In my case, I was a rare dual recipient in need of both a kidney and pancreas transplant. Week after week I would travel to the Southern New Jersey Dialysis Center at Our Lady of Lourdes Medical Center to receive treatment, where the only thing keeping me alive was the dialysis machine working as a replacement for my kidneys.

Receiving dialysis is a stark reminder that your life is dependant on a gift that may never come - a donated kidney from another person. As I looked around the room at others who were receiving dialysis, I couldn’t help but recognize that many will never receive this cherished gift. Some people, just an arms reach away, will return home after their treatment and never make it through the night to wake up to the possibility of experiencing that “second chance.”

After years of waiting, I was extremely fortunate that a donor kidney and pancreas became available, and the remarkable surgeons at Our Lady of Lourdes Medical Center were able to perform a successful dual transplant. They gave me my second chance at life. The operation allowed me to take a 12 year break from daily multiple insulin injections, and the minute by minute challenge of keeping my blood glucose level stable.

Each one of us has the power to save lives by becoming an organ donor. Your actions may save the life of a mother, father or child who is waiting, just like I was, for a miracle and a second chance at life.

For more on how to become an organ donor please visit: http://www.organdonor.gov/index.html

More than 100 Physicians Registered for the State's Medicinal Marijuana Program (MMP)

Physicians interested in registering for the State’s MMP may do so by visiting the Physician Registration page on the New Jersey Department of Health and Senior Services’ MMP website. To register simply fill out the registration form provided on the site. https://njmmp.nj.gov/njmmp/

In order for patients to register with the MMP, they must be certified by their physicians as having a debilitating medical condition, as specified in the P.L. 2009, c. 307. Patients’ physicians must first register with the MMP. Once physicians register with and are verified/approved by the MMP, physicians will be able to submit patient names to the MMP Registry. Patients then can register with the MMP electronically, by mail or by fax. The patient registry is in the final stages of development.
The movie “Pay It Forward” made popular the idea that a good deed can be repaid by doing favors for others. This selfless approach is creating opportunities for lifesaving kidney transplants across the country.

Our Lady of Lourdes Medical Center recently began participating in paired kidney donor chains, which involves several willing donors from across the country exchanging kidneys with recipients. Many times, the chain kicks off with an “altruistic donor,” someone willing to donate regardless of the recipient.

“One person can step forward and several people can come off the waiting list,” said transplant nephrologist Arijit Chakravarty, MD, medical director of the kidney and pancreas program at the hospital. “This would not be possible without the generosity of living donors.”

A Great Need
Nationwide, more than 108,000 people are on waiting lists for organs, including nearly 85,000 for kidneys, according to the United Network for Organ Sharing. While the average time to wait for an organ from a deceased donor is three to five years, if the donor is living, usually a family member or friend, the wait is much shorter.

“Kidney transplants from living donors typically have better outcomes than those from deceased donors. They’re rejected less often and are longer lasting,” Dr. Chakravarty said.

Sometimes, however, the donor and intended recipients are not suitable due to blood type or tissue problems. A new option is paired kidney exchange, which allows incompatible donors to help their loved ones receive a living-donor kidney by matching one incompatible donor/recipient pair with another incompatible pair.

Help Fill the Need
In many states, you can register as a donor when you get your driver’s license or state-issued identification card. If your license or ID says you’re a donor, you don’t need any other donor card. If it doesn’t, sign a donor card and carry it in your wallet. Download a free card at ftp.hrsa.gov/organdonor/newdonorcard.pdf.

Carlos and Tamira Ferrer, surrounded by the Lourdes transplant team, shortly after participating in the region’s first successful paired kidney exchange. The Ferrers swapped kidneys with a couple in New York.

Usually, paired exchanges and donor chains involve simultaneous surgeries and flights to hospitals around the country. However, some “extended” chains have occurred over several weeks.

Longtime friends Michael Santiago and Vanessa Coursey both received kidney transplants from the same donor. Dr. Ely M. Sebastian, center, performed the surgeries.
Organ Donation

1. Newark Beth Israel Medical Center is the No. 1 heart transplant center in New Jersey and No. 3 in the county.

6. The number of New Jersey hospitals with organ transplant services in New Jersey.

8. The number of lives 1 organ donor can save.

10. The number of minutes another name is added to the national organ transplant waiting list.

18. The average number of people who die each day waiting for an organ transplant.

30. The percentage of Americans who know the steps to become a donor.

69.3. The percentage of people who are still living 5 years after a kidney transplant.

79. The average number of people that receive organ transplants each day.

1954. The year the first organ transplant took place in the United States.

5,000. The number of New Jersey residents on a waiting list to receive a life-saving organ transplant.

28,000. The number of organ transplants that took place across the United States last year.

114,000. The number of people in the United States on a waiting list to receive a life-saving organ transplant.

100,000,000. The number of people in America who have signed up to be organ donors.

Minority Health Month and Organ Donation, continued from page 1

For example, African Americans are 14% of New Jersey’s total population; yet, they represent 54% of those living with HIV/AIDS in the state. HIV/AIDS rates among African American women were 32 times higher than white women between 2007 and 2009. We have to do better to reduce the disproportionate impact that chronic diseases like asthma, diabetes, heart disease and HIV/AIDS have in our minority communities. To help improve the care and treatment of those with HIV/AIDS, the Department recently announced $8 million in grants to 17 community organizations.

Another area where we see large disparities is in the number of overweight and obese residents. In New Jersey, obesity is more prevalent among blacks at 36% than whites at 23% and Hispanics at 27%. As part of the Department’s ShapingNJ Initiative, the Department and its partners last spring awarded 10 grants—ranging from $7,500 to $15,000—to communities across New Jersey to create gardens, farmers’ markets, walking clubs and recreational trails. Communities receiving funding included Paterson, Irvington and Montclair.

The Department and the Office of Minority and Multicultural Health recognize the importance of improving the health, quality of life and longevity of all of the residents of this state.
Sierra Leone Is A Long Way from Ewing
Meet Dr. Onesia Bishop
Director of Public Health and Environmental Laboratories

Separated by the Atlantic Ocean, more than 4,350 miles and two different cultures, the odds were long that a young woman living outside the capital of Freetown in Sierra Leone would one day direct New Jersey’s public health laboratory.

Two life changing events steered Dr. Onesia Bishop, Director of Public Health and Environmental Laboratories, toward a career in infectious disease and public health. At age 12, her 9-year-old cousin died of tetanus. “One minute we were playing together and literally the next minute he was gone: it was devastating,” said Dr. Bishop.

The other event was debilitating bouts with life-threatening malaria.

“When I was young, age 12 to 17, I would be deathly ill each summer and recoup in time to return to school. Yet, I was fortunate because many others plagued by the disease did not live to tell about their experiences. These events robbed me of so much that I was determined to make a difference in the field of health care,” noted Dr. Bishop.

Dr. Bishop came to the U.S. when she was 17 to attend Howard University in Washington, D.C., where she earned a Bachelor of Science degree in Zoology. She also received a Ph.D. in microbiology from the University of Medicine and Dentistry of New Jersey. She then took a two-year fellowship in Public Health and Clinical Laboratory Medicine at Temple University Health Sciences Center in Philadelphia that introduced her to the field of public health and gave her the foundation for directing a laboratory.

Dr. Bishop has worked in the field of laboratory science for 25 years in hospitals, independent laboratories and public health settings. She served in leadership roles at the Houston Public Health Laboratory, where she established several important public health preparedness programs.

So what brought Dr. Bishop to DHSS?

“New Jersey was opening a new state-of-the-art laboratory and I felt I had the leadership skills that could set the lab on a course to not only serve the citizens of New Jersey but to also become a nationally recognized laboratory,” she explained.

The new lab began opening in stages a year ago and is set to complete its move from the Department’s Trenton headquarters next month.
April 2 – Commissioner O’Dowd provided remarks at “Health Equity for All...Think Nationally, Act Locally,” Health Equity Summit. The summit explored ways to eliminate health disparities in New Jersey. The event was held at the RWJ Hamilton Center for Health and Wellness in Hamilton.

April 5 – Christopher Rinn, Assistant Commissioner, attended the “Vial for Life Program” in Rutherford as part of Minority and Multicultural Health Month. The Vial for Life Program teaches seniors to provide needed medical information to emergency responders.

April 12 – Connie Calisti-Myers, Assistant Commissioner, attended a multicultural health fair at the Henry J. Austin Health Center in Trenton.

April 17 – Governor Chris Christie and Commissioner O’Dowd toured the Somerset Hills Learning Institute that provides services for autistic children. Governor Christie and Commissioner O’Dowd met with children after the tour.

April 19 – Commissioner O’Dowd met with the Governor Christie, First Lady Mary Pat Christie and advocates for New Jersey’s autistic community at a breakfast at Drumthwacket to discuss autism services and research in New Jersey.

April 22 – M. Carolyn Daniels, DHSc, Executive Director Office of Minority and Multicultural Health, attended the Robert Wood Johnson University Hospital “Get Moving” exercise event. The event was held as part of Minority and Multicultural Health Month in New Brunswick.

April 26 – Dr. Arturo Brito, Deputy Commissioner, attended the Center for Human Services, “Igualdad en la Salud Para Todos-Health Equity for All” health fair in Bridgeton.

April 27 – Dr. Tina Tan, State Epidemiologist, attended the DHSS Office of Nutrition and Fitness, “Health for All: Bringing Healthy Eating and Active Living to NJ’s Faith Based Community” conference at the RWJ Hamilton Center for Health and Wellness in Hamilton.

April 30 – Cathleen Bennett, Director of Policy of Strategic Planning, attended a Minority Health Awareness Campaign event hosted by the CamCare Health Corporation. The event took place in Camden.

On April 17, Commissioner O’Dowd toured the Somerset Hills Learning Institute that provides services for autistic children.
Congratulations to Cynthia Collins, Program Manager for Child and Adolescent Health in the Division of Family Health Services’ for her acceptance as one of thirty Fellows for the 2012 - 2013 Cohort of the Maternal Child Health (MCH) Public Health Leadership Institute. This highly competitive program builds practical skills for effectively leading, managing people, and building partnerships for the MCH systems of tomorrow.

Joe Eldridge, MPH, Director, Public Health Services' Consumer, Environmental and Occupational Health Services, attended the 10th Indoor Air Quality Workshop for state officials sponsored by the Environmental Law Institute. The workshop was an opportunity for states to share information, ideas and strategies for implementing effective indoor air quality programs. The DHSS approach of global inspections and cross-training was recognized for its innovative approach, and the DHSS Healthy Schools website (http://www.state.nj.us/health/healthyschools/index.shtml) was highlighted for its availability and breadth of information.

Calliope Alexander, Project Coordinator, Public Health Services' Seafood and Shellfish Project, and Joseph Murphy, Standardization Officer and Registered Environmental Health Inspector presented at the Annual Interstate Seafood Seminar in Cape May. Ms. Alexander gave a presentation on the cooperative efforts between the seafood industry and the state; while Mr. Murphy presented on how ultraviolet light can remove impurities (depuration) from shell fish.

Daniel Lefkowitz, PhD, MS, Research Scientist, attended the annual NIOSH/State Work-related Asthma and Silicosis Meeting at NIOSH. As lead author, Dr. Lefkowitz presented and facilitated a discussion on a multi-state collaborative manuscript regarding exposure to diisocyanates among cases of work-related asthma.
More than 4.7 million tests are performed in the lab each year from more than 300,000 samples. Bat and raccoon specimens are tested for rabies. Blood samples are tested for influenza and other diseases. Water samples are tested from Barnegat Bay. Milk and other foods are tested for bacteria such as Salmonella, E. coli or Listeria. Blood samples from each of the 102,000 babies born in the state each year are tested for 54 disorders that can cause serious health problems.

Laboratory professionals also develop the rules and administrative code for running blood banks and clinical laboratories throughout the state.

“I am surrounded by an incredible staff of highly educated and motivated professionals who routinely make sacrifices in their personal lives to make sure our work gets done. We all recognize that the public’s health is often dependant on our work and everyone here does their best to ensure attention to the smallest detail,” said Dr. Bishop.

The lab has four service areas: Public Health Laboratory Services; Environmental and Chemical Laboratory Services; Clinical Laboratory Improvement Services; and Policy Planning and Regulatory Compliance. Together these divisions work to provide comprehensive laboratory services and clinical laboratory oversight for the residents of New Jersey.
Despite recent gains in public awareness for the need for advanced care planning, studies indicate that most Americans have not exercised the right to make decisions about their health care in the event that they cannot speak for themselves.

National Health Care Decisions Day on April 16, helps Americans understand that making future health care decisions includes much more than deciding which care they would or would not want; it starts with expressing preferences, clarifying values, identifying care preferences and selecting an agent to express health care decisions if the person is incapacitated.

The National Health Care Decisions Day (NHDD) initiative is a collaboration of national, state and community organizations committed to ensuring that all adults with decision-making capacity have the information and opportunity to communicate and document their health care decisions.

The Tri County Regional Ethics Committee (TREC), a volunteer service organization under the Office of the Ombudsman for the Institutionalized Elderly, held two community outreach events in observance of National Health Care Decisions Day. TREC is often called in to make recommendations on ethical dilemmas involving nursing home residents when there are no advance directives in place, and they help guide nursing home staff and families through difficult decisions regarding end-of-life care. The regional ethics committee is made up of trained volunteer professionals with diverse backgrounds in health care, including social workers, nurses, clergy and long-term care administration.

According to James McCracken, the New Jersey Long-Term Care Ombudsman, “The regional ethics committee is available to people to help guide them through an extremely difficult and hard time and help them critically think through decisions that are ultimately resident focused.”

A wealth of information is available online (http://nj.gov/health/advancedirective/), including different Advance Directives forms and end-of-life care options.