Autism Awareness, Diversity, Organ Donation and Immunization Highlighted Health Celebrations in April

By Mary E. O’Dowd, MPH, Commissioner
New Jersey Department of Health

In celebration of April as Minority Health Month, hospitals, local and county health departments and community groups hosted nearly 150 free activities around the state including immunization clinics, exercise programs, cooking classes and screenings for breast cancer, blood pressure and cholesterol checks.

As part of both Minority Health Month and Infant Immunization Week, I visited a child immunization clinic at the Monmouth County Health Department in Freehold to highlight the importance of infant vaccinations.

The theme of Minority Health Month was “Health Equity for All…Prevention Works” and that theme was explored in a series of Health Equity Summits hosted in Camden, New Brunswick and Newark by M. Carolyn Daniels, DHSc, Executive Director of the Office of Minority and Multicultural Health.

Also as part of Minority Health Month, Deputy Commissioner Dr. Arturo Brito announced $112,000 in grants to four faith-based groups to reduce obesity in minority communities. The grant announcement was made in Hoboken during a visit to one of the grantees, the All Saints Community Service and Development Corp.

There were many other initiatives highlighted in April including the need for more New Jersey residents to register as organ donors. Governor Chris Christie, who is a registered organ donor, helped to promote the need during a public ceremony in his office in Trenton when he signed a proclamation designating April as Donor Life Month.

“Being an organ donor is one simple act that has the ability to transform and save many lives,” Governor Chris Christie said. “As the need for transplants continues to increase—with one name added to the list every 18 minutes—so does the need for donors.”

Currently, there are 110 million registered donors in the U.S, including 2.3 million in New Jersey. Nationally, there are more than 117,000 people waiting to receive a life-saving transplant.

Governor Christie also recognized the individual and unique needs of New Jerseyans with developmental disabilities by declaring April as Autism Awareness Month to encourage greater awareness of programs, services and
The Department released pamphlets containing Mold Guidelines for New Jersey Residents to help address mold in homes in the aftermath of Superstorm Sandy. In addition, the UMDNJ School of Public Health is holding a series of mold training classes for homeowners, volunteers, and public health and building code officials in mold assessment and removal.

"As New Jersey recovers and rebuilds from Superstorm Sandy, mold and its remediation may become a significant issue for many New Jersey residents," said Mary E. O'Dowd, New Jersey Health Commissioner. "Although molds are common in our environment, mold may become a problem when it grows inside homes. These guidelines were developed to better inform homeowners on how to ensure their homes are cleaned and remediated properly to avoid mold problems now and in the future."

Molds can cause staining of walls and ceilings and can affect building components causing property damage. Exposure to mold can cause coughing or wheezing, as well as irritation of the eyes, nose, throat and skin.

To date more than 5,000 mold pamphlets, flyers and posters have been distributed to local and county health departments, municipal officials, homeowners, businesses and libraries, post offices and housing officials. The pamphlet addresses a number of topics including mold-related health concerns, how to inspect for mold, as well as tools and techniques for clean-up.

For example:
- If mold is visually apparent, resources should be used to correct any moisture problems and to clean up mold contamination rather than testing
- For smaller areas less than 10 square feet that have been affected by mold growth, a homeowner or business owner may be capable of performing the work, but for larger areas greater than 100 square feet, a qualified contractor who has experience in mold or environmental contamination may be required
- Those performing remediation work need to be protected with gloves, a respirator, protective clothing and goggles

Registration information for classes for homeowners and volunteers is listed on the UMDNJ-School of Public Health website http://ophp.UMDNJ.edu/moldtraining and the Department of Health Recovery website at http://nj.gov/health/er/hurricane_recovery_resources.shtml. Through these classes, UMDNJ expected to train 1,000 homeowners, volunteers and 500 public health building code officials. There are 13 scheduled classes remaining. Topics covered in this training includes awareness of mold, safe work practices, personal protective equipment, respiratory protection and best practices for remediation.

For more information on these classes, please contact Mitchel Rosen at the UMDNJ-School of Public Health at mrosen@umdnj.edu.
**Teen Birth Rates Fall Nationwide**

Although teen birth rates have been falling for the last two decades, more than 365,000 teens nationwide, ages 15–19, gave birth in 2010. Teen pregnancy and childbearing can carry high health, emotional, social, and financial costs for both teen mothers and their children. Teen mothers want to do their best for their own health and that of their child, but some can become overwhelmed by life as a parent. Having more than one child as a teen can limit the teen mother’s ability to finish her education or get a job. Repeat teen pregnancies increase the risk of babies being born too small or too soon which can lead to more health problems for the baby.

Health care providers and communities can:
- Help sexually active teen mothers gain information about and use of effective types of birth control
- Counsel teens so they can avoid additional pregnancies by not having sex
- Connect teen mothers with support services that can help prevent repeat pregnancies, such as home visiting programs

http://www.cdc.gov/vitalsigns/TeenPregnancy/index.html

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April is **STD Awareness Month**, an annual observance to call attention to the impact of sexually transmitted diseases (STDs) and to promote prevention and testing across the country. New CDC estimates show that there are nearly 20 million new infections in the United States each year, costing the American healthcare system nearly $16 billion in direct medical costs. Learn more about STDs and STD Awareness month.

http://content.govdelivery.com/bulletins/gd/USCDCNPIN-730577
As of April 26, the number of human infections with avian influenza A (H7N9) in China has risen to 109; with 23 deaths. There are still no reports of H7N9 in the United States. While there is no evidence of sustained human-to-human spread of this virus, CDC is taking routine pandemic preparedness measures to prepare for that possibility. Read more.

**What is H7N9?**

“H7N9” is the designation for one subtype of influenza viruses that is sometimes found in birds, but that does not normally infect humans. Like all influenza A viruses, there also are different strains of H7N9. Beginning at the end of March 2013, China reported human and bird (poultry) infections with a new strain of H7N9 that is very different from previously seen H7N9 viruses.

**How are people getting infected?**

This virus has been found in birds (poultry) in China in some of the same areas where human infections have happened. Since this virus does not normally spread in people, the working assumption is that people have been infected with the virus after having contact with infected poultry.

**How do people get infected with bird flu viruses?**

Human infections with bird flu viruses are rare, but have happened in the past, usually after close contact with infected birds (both live and dead) or environments contaminated with bird flu virus.

Infected birds can shed a lot of flu virus, for example, in their droppings or their mucus. If someone touches an infected bird or an environment contaminated with virus and then touches their eyes, nose or mouth, they may be infected with bird flu virus. There is some evidence that infection may also occur if the flu virus becomes airborne somehow, such as when an infected bird flaps it wings. If someone were to breathe in airborne virus, it’s possible they could get infected.

**Is infection with this virus serious?**

Most of the reported cases of human infection with this virus have had very serious illness. There also are reports of some milder illness and one possible report of a person who tested positive for the virus who did not have any symptoms.

**What are the symptoms of illness with this virus?**

Symptoms have started with high fever and cough. A lot of the cases have progressed to very serious illness, including severe pneumonia, acute respiratory distress syndrome (ARDS), septic shock and multi-organ failure leading to death.
In New Jersey, minorities make up 44% of the population and account for 60% of patients on the organ transplant waiting list. They represent 36% of living donors and 46% of deceased organ donors.

The number of Black organ transplant recipients in New Jersey in 2011.

The number of Hispanic organ transplant recipients in New Jersey in 2011.

The number of Asian organ recipients in New Jersey in 2011.

The ethnic composition of the New Jersey transplant waiting list. The full composition of the waiting list is 40% White, 37% Black, 15% Hispanic, 7% Asian and 1% from other ethnicities.

The number of minority patients who received organ transplants in the United States in 2011, including 484 in New Jersey.

The number of minority patients who are registered on the U.S. organ transplant waiting list.

**Health Department Awards $112,000 To Reduce Obesity in Minority Communities**

As part of Minority and Multicultural Health Month, New Jersey Department of Health Deputy Commissioner Dr. Arturo Brito visited All Saints Community Service and Development Corp. in Hoboken to announce $112,000 in grants to reduce obesity and improve health in minority communities.

The Department’s Office of Minority and Multicultural Health awarded four community organizations $28,000 each to implement Faithful Families Eating Smart and Moving More, a program focused on providing families in faith communities with the skills needed to eat healthier foods and be physically active.

"New Jersey’s faith-based organizations play a critical role in eliminating disparities in our diverse communities," said Dr. Brito. "These grants will be used to teach congregation and community members tools to eat healthy and incorporate more physical activity in their lives."

In New Jersey, obesity is more prevalent among minority and multicultural populations with 32 percent of blacks obese and 27 percent of Hispanics obese, compared to 23 percent of whites.
April 3 – Commissioner O’Dowd spoke at the New Jersey Stroke Conference in Princeton.

April 4 – Commissioner O’Dowd hosted a Sandy Roundtable at Holy Name Medical Center in Teaneck. The roundtable discussed the “Lessons Learned and Challenges Ahead,” after Sandy.

April 12 – Dr. Arturo Brito, Deputy Commissioner and Dr. Carolyn Daniels, Executive Director of the Department of Health’s Office of Minority and Multicultural Health announced $112,000 in grants to reduce obesity and improve health in minority communities at the All Saints Community and Service Development Corp. in Hoboken.

April 15 – Dr. Arturo Brito, Deputy Commissioner gave remarks on Autism Awareness Month at Newark Beth Israel Medical Center.

April 18 – Alison Gibson, Assistant Commissioner, provided remarks at Lourdes Medical Center, in Camden on the need for organ donors as part of National Organ Donor Month.

April 22 – Commissioner O’Dowd visited the Monmouth County Childhood Immunization Program in Freehold to promote National Infant Immunization Week and National Minority Health Month.

Cathleen Bennet, Director of Policy and Strategic Planning attended eight Minority and Multicultural Health Month Events including: Health Equity Forums at Rutgers University, the Rowan University Health Fair and minority health celebrations and events in Atlantic, Burlington and Camden counties.

Department of Health Staff Notes

Bahman Parsa, Director, Environmental and Chemical Laboratory Services presented a paper titled “Rapid Screening and Analysis of Alpha and Gamma-Emitting Radionuclides in Liquids Using a Single Sample Preparation Procedure” at the 245th National Meeting of the American Chemical Society Symposium on April 7.

Jerald Fagliano, Health Science Specialist/Program Manager, participated in a workshop on “Advancing Disease Cluster Assessments: Starting the Discussion” that reviewed new methods and approaches to investigating cancer clusters and communicating results. The workshop took place from April 3-5.

Thomas Slater, Risk Communication Manager, PHILEP, and Laura Taylor, Health Educator, PhD, MCHES, presented at the National Association of Government Communicators “Facing the Media: On-Camera Training During a Crisis Workshop,” on April 1.

Alison Gibson, Assistant Commissioner and Stefanie Mozgai, Program Manager, Health Facilities and Evaluation attended the 2013 CMS Survey & Certification Leadership Summit on April 8-11.
National Healthcare Decisions Day Brings Focus to NJ’s Practitioner Orders for Life-Sustaining Treatment

Health Commissioner Mary E. O’Dowd and New Jersey Hospital Association (NJHA) President and CEO Elizabeth Ryan used National Healthcare Decisions Day, April 16, to remind Garden State residents that New Jersey’s POLST form – Practitioner Orders for Life-Sustaining Treatment – provides a new tool for individuals to declare their healthcare goals and preferences.

“National Healthcare Decisions Day aims to empower individuals to define their own healthcare preferences and encourage families to have these important conversations,” said O’Dowd. “In New Jersey, we’re proud to offer our residents another opportunity, through our POLST initiative, to ensure that their healthcare wishes will be honored in all healthcare settings and by all healthcare professionals.”

POLST is a statewide program to empower individuals to make decisions regarding their medical care at the end-of-life. Governor Chris Christie signed New Jersey’s POLST law in December 2011, and the state Department of Health officially unveiled the new form in February during an event at NJHA. The Department designated NJHA’s Institute for Quality and Patient Safety to create New Jersey’s form and introduce it to healthcare providers.

A POLST Steering Committee representing hospitals, physicians, advance practice nurses, post-acute providers, EMS, legal experts and ethicists designed the form and guidance for the healthcare community in implementing the program. The NJHA Quality Institute has developed a toolkit and is providing ongoing webinars and other education to healthcare professionals.

POLST emphasizes patient-centered care and allows the patient and the practitioner to be partners in achieving the individual’s goals of care. The POLST form and additional resources are available from the Department at the following websites:

http://www.state.nj.us/health/advancedirective/polst.shtml or NJHA at www.njha.com/POLST.


Funding for “Navigators” Available Through CMS

The Centers for Medicare and Medicaid Services (CMS) is making available funding for “navigators” in federal and state partnership health insurance exchanges. Navigators are “individuals and entities that will provide unbiased information to consumers about health insurance, the new health insurance exchanges, qualified health plans and public programs including Medicaid and the Children’s Health Insurance Program.”

The new opportunity provides up to $54 million in total funding. Applications are due June 7. To access the funding opportunity announcement, visit: http://www.grants.gov, and search for CFDA # 93.750.
Dr. Arturo Brito Visited Newark Beth Israel Medical Center and Children’s Hospital of New Jersey to Discuss Autism Awareness Month

During a visit to Newark Beth Israel Medical Center and Children’s Hospital of New Jersey, Arturo Brito, M.D., MPH, Deputy Commissioner of Public Health Services, delivered a presentation on Autism for physicians, nurses and other health professionals. The month of April marks the annual Autism Awareness Month observance nationwide.

Although the prevalence of autism in America is one in every 88 children, New Jersey consistently reports the highest rates of Autism Spectrum Disorders throughout the country. The rate in the Garden State is one in every 49 children. In 2008, statewide statistics were one out of every 94 children.

Dr. Brito, is currently working with administrators from Federally Qualified Health Centers to advocate for a $50 million increase in funding to medically treat underserved and uninsured children.


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opportunities that support individuals with autism. In addition, the Governor's official residence, Drumthwacket, was illuminated in blue as part of World Autism Day on April 2.

In April, during Medical Laboratory Professionals Week, we celebrated the critical role laboratory professionals play in medical diagnosis and health prevention; and during the first week of the month we celebrated National Public Health Week by recognizing the substantial investment that New Jersey is making in its health care safety net by supporting programs and institutions that improve the health of residents.

April 16, also marked National Health Care Decisions Day that empowers individuals to make sure their own health care decisions are known and encourages families to have conversations on end-of-life care.

The Department’s final Superstorm Sandy roundtable was also held this month at Holy Name Medical Center in Teaneck. The four roundtables in Ocean, Monmouth, Hudson and Bergen have brought our many partners together—first responders, health officers and long-term care—to showcase the health care and public health response and to sharpen our response to the next public health emergency.
Prevent Work-Related Asthma

What is work-related asthma? Work-related asthma is a disease in which the lungs react to dusts, mists, vapors, gases, or fumes that are in the workplace. Exposure to these various agents can aggravate asthma in a worker with preexisting asthma, or may cause asthma for the first time in a healthy worker.

The number of agents that have been shown to cause work-related asthma is large and constantly growing. More than 400 substances have been associated with work-related asthma, affecting workers in a variety of industries and occupations. An extensive list of these asthma-causing agents and corresponding industries is available on the DOH Web site.

The symptoms of asthma are: wheezing, coughing, a tight feeling in the chest, shortness of breath, and difficulty breathing. However, some workers will only get symptoms many hours after leaving work. Symptoms usually go away during weekends or vacations, and return after going back to work.

New Jersey is one of five states funded by the National Institute for Occupational Safety and Health to track work-related asthma. Tracking activities include case identification and follow-up, workplace evaluation, data analysis, and industry-wide interventions.

New Jersey law (N.J.A.C. 8:58) requires hospitals and health care providers to report work-related asthma to the Department. The Department Work-Related Asthma Project has confirmed 471 cases since 1993. Approximately 70% of the number of New Jersey confirmed work-related asthma cases are new-onset, that is, asthma in previously healthy individuals. This underscores the need for prevention and to take proactive measures to control workplace exposures to asthma-causing agents. For example, the Department has warned residents and workers involved in storm cleanup to take precautions when removing mold, a known asthma trigger.

For more information on how to prevent work-related asthma, please contact the Department’s Work-Related Asthma Project at (609) 826-4984 or via email at surveillance@doh.state.nj.us. The Project has developed numerous educational materials for workers, employers, and health care providers. They can be downloaded from the Department Work-Related Asthma Web site.
Commissioner Marks National Infant Immunization Week: April 20-27

To promote the importance of vaccination in protecting children against disease, Health Commissioner Mary E. O’Dowd met with families during a child immunization clinic at the Monmouth County Health Department in Freehold. The visit highlighted National Infant Immunization Week.

“Every parent wants what's best for their children. Giving babies the recommended immunizations by age two is the best way to protect them from childhood diseases like whooping cough and measles,” Commissioner O'Dowd said.

According to the 2011 National Immunization Survey, nearly 80 percent of New Jersey children ages 19 - 35 months received the recommended vaccine doses compared to the national average of 77 percent. These vaccines provide protection against diphtheria, tetanus and pertussis, polio, measles, mumps and rubella, Haemophilus influenzae type b (Hib), hepatitis B and chickenpox.


You Tube Video: [http://www.youtube.com/watch?v=wTSrDDMdNMM&list=UUNgA5BEjpF7x7ckw8qrXtLw](http://www.youtube.com/watch?v=wTSrDDMdNMM&list=UUNgA5BEjpF7x7ckw8qrXtLw)

Department Celebrates Medical Laboratory Professionals Week: April 21-27

Health Commissioner Mary E. O’Dowd recognized Medical Laboratory Professionals Week (April 21-27) by commending New Jersey’s laboratory professionals who play a vital part in every aspect of healthcare, including medical diagnosis and public health prevention.

“New Jersey’s laboratory professionals play a critical role in protecting the public health,” said Commissioner O'Dowd. “Individuals working in hospital and commercial laboratories, as well as the Department’s Public Health and Environmental Laboratories (PHEL), perform tests that ensure our drinking and recreational water is safe, detect and report disease outbreaks and respond to bioterrorism.”

Recognizing that New Jersey’s laboratory professionals are vital members of the healthcare system and public health team, Governor Chris Christie issued a proclamation proclaiming April 21-27 as Medical Laboratory Professionals Week urging New Jersey residents to support the essential services provided by laboratory professionals.

What to do if Cancer Runs in the Family?

By Hetal Vig, MS, MGC

Many Americans have a family history of cancer. Therefore, they may want to know if they too will develop cancer and may choose to explore this through genetic testing and counseling. Not all cancers are “hereditary.” Hereditary refers to a change (or mutation) in a gene that has been passed from parent to child resulting in an increased chance for certain types of cancer. This is why in families with hereditary cancer, typically there are multiple individuals with related cancers at young ages over many generations. The percentage of cancers that are hereditary varies, but for the more common types of cancer like breast and colon cancer, less than 10 percent of all cancers diagnosed are hereditary.

If you have a cancer diagnosis, genetic testing will not tell you whether or not your cancer will come back or spread to another site. Instead, it will help you understand why you developed and your risk for a new cancer. Genetic testing will also inform management strategies for unaffected family members as well.

What is the first step? Consultation with a genetic counselor may be very beneficial if you have a family history of cancer that matches the description of “hereditary cancer” described above. At The Cancer Institute of New Jersey, there is a multidisciplinary team of board certified genetic counselors, medical oncologists who specialize in high-risk patients, surgical oncologists, and social workers to help patients understand their level of risk based on their family history and what they can do to detect cancer early or prevent it altogether.

Although it may be difficult to hear that there may be a genetic mutation causing the cancer in the family, most individuals ultimately find this information very empowering. Once equipped with this knowledge, individuals and their healthcare team can establish the best plan for prevention and early detection of cancer. Individuals with an inherited genetic change typically start cancer screening at earlier ages resulting in cancer prevention or early detection, such as colonoscopy every year if there is a high risk of colon cancer. Removing a polyp found at the time of a colonoscopy will reduce the risk of developing a colon cancer.

Determining if your family has an inherited genetic mutation may not only prevent you from developing cancer, but also your loved ones. After all, knowledge is power.

Hetal Vig, MS, MGC is a board certified genetic counselor at the LIFE Center in The Cancer Institute of New Jersey’s Hereditary Oncology Prevention and Evaluation (HOPE) Program.