New Jersey Making Healthy Strides

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

The new year is almost upon us and New Jersey is entering 2013 with good news to report on the health of our residents. America’s Health Rankings, the world’s largest health survey published jointly by United Health Foundation, the American Public Health Association and the Partnership for Prevention, recently rated New Jersey the eighth healthiest state in the nation. New Jersey’s improvement from 17th place last year to 8th is a tribute to health care professionals, hospitals, local health officers, Federally Qualified Health Centers (FQHCs), community and charitable health care organizations and everyone who works each day to educate residents on the need to take preventive measures to improve their health.

New Jersey improved more than any other state and our ranking is the highest the state has achieved in the 23 years the United Health Foundation survey has been conducted. According to the survey, New Jersey has the third lowest percentage of adult smokers in the nation at 16.2 percent - well below the national average of 21.2 percent. Unfortunately, 1.1 million adult residents in New Jersey are still smoking, a figure that remains much too high.

The state has the 4th lowest percentage of obese adults in the nation, and the 9th lowest infant mortality rate in the nation, a rate that has steadily declined over the past decade from 6.5 to 5.3 deaths per 1,000 live births.

New Jersey’s preventable hospitalization rate has also fallen steadily over the last five years and our infectious disease rate is 6th lowest in the country.

These are all numbers to be proud of, but challenges remain. The state ranked 30th for sedentary behavior and there has been an increase in child poverty.

When I became Commissioner I made a promise to do all that I could to improve the health of every resident. Through the leadership of Governor Christie, the state was able to provide a record $50 million in funding to the state’s FQHCs, better support New Jersey hospitals with an improved Charity Care funding formula, continue the Department’s focus on maternal and child health, and ensure that those with HIV/AIDS have access to one of the nation’s most generous HIV/AIDS drug distribution programs. The Department was also able to provide significant funding to organizations throughout New Jersey for the care and treatment of those with HIV/AIDS.

Read the America’s Health Rankings Report

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Cardiac Symposium Features Experts in Field

Late last month, the New Jersey Chapter of the American College of Cardiology (NJACC), in partnership with the Department, brought together an impressive array of experts at a symposium to discuss elective percutaneous coronary intervention (PCI)—more commonly known as angioplasty—at hospitals without traditional, on-site, cardiac surgical backup programs. Angioplasty is a procedure used to treat the narrowed coronary arteries of the heart that occur in coronary heart disease.

Eleven New Jersey hospitals without on-site cardiac surgical backups have been granted conditional permission to continue to perform elective PCI. These facilities participated in a multi-state, randomized study called C-PORT-E (Cardiovascular Patient Outcomes Research Team Elective Angioplasty Study), which was published in May’s edition of the New England Journal of Medicine. The study evaluated efficacy and safety when elective PCI was performed without surgical backup. During the forum, the results of the CPORT-E Trial were presented by the study’s author, Dr. Thomas Aversano. In addition, cardiologists from across the country discussed the evolution of elective angioplasty and debated the clinical issues related to provision of elective PCI without cardiac surgery on site. The symposium provided a forum for the Department and other stakeholders to hear evidence-based science from experts. To view presentations from the Cardiac Symposium visit: http://www.newjerseyacc.org/2012program.htm.

In crafting a statewide policy regarding elective angioplasty policy, the Department is carefully evaluating the findings of the C-PORT-E study, assessing the impact of the elective angioplasty demonstration projects on existing cardiac surgery centers and soliciting feedback from stakeholders. The next step in gathering feedback will be through State Health Planning Board (SHPB) hearings that will be held throughout the state in early 2013. The hearings will allow for a public and transparent discussion.

Special Thanks to Cynthia Kirchner

Cynthia Kirchner, Director of Quality Improvement, who worked closely with NJACC to organize the Cardiac Symposium, is retiring this month. Cindy has been with the Department for more than 25 years and oversees the Office of Health Care Quality Assessment, which produces a number of quality reports including the Hospital Performance Report. She has also served as the Department’s representative on a number of quality related committees including the Cardiovascular Health Advisory Panel, Quality Improvement Advisory Committee and Stroke Advisory Panel. She retires with 34 years of service to the State of New Jersey.

Progress on Development of New Funding Method for New Jersey Hospitals

New Jersey’s Medicaid Comprehensive Waiver was approved this October, allowing the Department to move forward with reforms to the way hospitals are funded to drive innovation, increase quality of care, and lower costs through greater efficiency. Through the waiver, the state was able to preserve hospital funding and secure the opportunity for hospitals to participate in a new funding pool called Delivery System Reform Incentive Payment (DSRIP). Under DSRIP, participating hospitals will be asked to select a project from a list of chronic disease classifications, develop a performance
New Jersey's Season of Service emphasizes the importance of community service. Today, approximately 1.5 million New Jersey residents contribute about 170 million hours of service each year, bringing a positive influence to neighborhoods and communities throughout the Garden State through local groups, houses of worship and civic organizations. Last year, Cabinet members participated in approximately 60 events across the state -- from serving meals on wheels, to stuffing care packages for military service members overseas to collecting and delivering coats to homeless shelters.

December 18 - Commissioner O'Dowd served lunch to residents of St. Bridget’s AIDS Support Network, an emergency shelter in Newark operated by the Catholic Charities of the Archdiocese in Newark, where she announced a DCA shelter grant of $94,000 that will be used to upgrade the shelters fire safety equipment.


November 21 - Commissioner O'Dowd packaged and distributed Thanksgiving turkey dinners to residents in need at Lowe’s in West Windsor. Lowe’s, in cooperation with Boston Market, provided 500 premade meals at 22 New Jersey Lowe’s locations in communities most affected by Sandy.

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Part of New Jersey’s success in improving the health of New Jersey residents can be attributed to the work of more than 200 organizations in ShapingNJ, a public/private partnership that focuses on making communities healthier by improving physical activity, encouraging proper nutrition and lowering obesity in New Jersey.

Improvements in health, like the one recorded by America’s Health Rankings do not happen by accident and they do not occur in a vacuum. Together, the Department and public health organizations are working together to institute meaningful improvements. As we move into 2013, I hope to build on the advancements and achievements we all have made.

Best wishes to all of you and your families for a very happy holiday season.
More than Half of Young HIV Infected Americans are not Aware of Their Status

Young people between the ages of 13 and 24 represent more than a quarter of new HIV infections each year (26 percent) and most of these youth living with HIV (60 percent) are unaware they are infected, according to a Vital Signs report from the Centers for Disease Control and Prevention. The most affected young people are gay and bisexual men and African-Americans.

The analysis looks at the latest data on HIV infections, testing, and risk behaviors among young people and was published in advance of World AIDS Day, Dec. 1.

Overall, an estimated 12,200 new HIV infections occurred in 2010 among young people aged 13-24, with young gay and bisexual men and African-Americans hit harder by HIV than their peers. In 2010, 72 percent of estimated new HIV infections in young people occurred in young men who have sex with men (MSM). By race/ethnicity, 57 percent of estimated new infections in this age group were in African-Americans.

For more information – Read the full vital signs report.

It’s Still Not Too Late to Get Your Flu Shot!

Influenza is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently. Even healthy people can get very sick from the flu and spread it to others. Over a period of 31 seasons between 1976 and 2007, estimates of flu-associated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people. During a regular flu season, about 90 percent of deaths occur in people 65 years and older. The “seasonal flu season” in the United States can begin as early as October and last as late as May.

During this time, flu viruses are circulating in the population. An annual seasonal flu vaccine (either the flu shot or the nasal-spray flu vaccine) is the best way to reduce the chances that you will get seasonal flu and lessen the chance that you will spread it to others. When more people get vaccinated against the flu, less flu can spread through that community.

Get complete information on what you need to know about the 2012/2013 flu season: http://www.cdc.gov/flu/about/season/flu-season-2012-2013.htm#prepare
Even though the wrath of Superstorm Sandy may be behind us, the road to recovery is just beginning. The Department is deploying its resources to ensure that it is ready to help those who have been displaced by the storm and that impacted environments are safe.

“Many health issues that we deal with come into play following a storm, especially one like Sandy that brought excessive flooding and high winds,” said Commissioner Mary E. O’Dowd. “As people begin to move back into their houses and businesses, we need to be aware of health issues such as mold, food and water contamination and other health conditions.”

The Department has begun implementing its recovery programs with an emphasis on the following:
- The health needs of individuals and families in the impacted areas
- The removal and mitigation of public and environmental health hazards caused by the storm
- The restoration of New Jersey’s health care system to normal operations
- The development and distribution of public health information messages for those impacted
- The identification of methods to increase community resiliency

“We are still in the assessment stage,” said Assistant Commissioner Christopher Rinn. “We are working with our federal partners such as Federal Emergency Management Agency (FEMA), Small Business Administration (SBA) and the U.S. Department of Health and Human Services to make sure that New Jersey residents, businesses and healthcare facilities continue to be aware that assistance programs at the state and federal level are still available.

In an effort to keep partners informed, the Department convened weekly calls with health care providers, FEMA and the SBA to encourage providers to submit their applications by the established deadlines.

As part of an initial assessment, the Department has sent a team of inspectors to Ocean County to begin a series visual “first-looks” to try and determine the seriousness of problems in neighborhoods that were particularly hard hit.

“The health issues following such a damaging storm are immense,” said Deputy Commissioner Dr. Arturo Brito. “Getting an informal look at the scope of the damage can help us in developing a plan to mediate issues such as mold.”

The Department is also creating and distributing a healthcare resource directory that will contain contact information for hospitals, community health centers and health agencies, all listed by county.

Give the gift of life.
Revelers in Times Square waiting for the ball to drop on New Year's Eve.

A serving of commercially prepared fruitcake contains 324 calories!

Be sure to use proper posture, stay hydrated, and take frequent breaks when shoveling snow. Be careful!

**Department of Health Holiday Edition**

| 7 | The number of times snow was falling on New Year’s Eve in Times Square while the ball was dropping. 1926, 1934, 1948, 1952, 1961, 1967, 2009 |
| 45 | The percentage of Americans that usually make New Year resolutions |
| 75 | The percentage of American parties with 20 people or less on New Year’s Eve |
| 150 | The number of fires caused by holiday lights in the United States each year |
| 182 | The number of places in the United States that have the word “Christmas” in their names |
| 324 | The number of calories in 1 serving of a commercially prepared fruitcake |
| 1200 | The number of Americans that die from a heart attack or cardiac event during or after a large snowstorm |
| 1907 | The first year the New Year’s Eve Ball was lowered in Times Square |
| 22 million | The number of turkeys eaten for Christmas dinner each year |
| 90 million | The number of Americans that traveled more than 50 miles away from home during the holidays (Dec. 23, 2011 – January 2, 2012) |

**Department of Health Staff Notes**

**Ingrid Morton,** Program Manager, Family Health Services, presented a poster at the CDC/PRAMS Meeting on Supporting Breast-feeding through the state’s Baby-Friendly Hospital Initiative. The poster highlighted the role of the Pregnancy Risk Assessment and Monitoring Survey (PRAMS) and demonstrated why maternity hospitals should be the focus of efforts to support breast-feeding by implementing 10 step Baby-Friendly USA strategies.

**Scott Shone,** Research Scientist in the Newborn Screening Program, has been named Chair of the Steering Committee for the Association of Public Health Laboratories (APHL) Newborn Screening Technical Evaluation and Assistance Program (NewSTEPs). NewSTEPs mission is to provide relevant, accurate tools and resources and to facilitate collaboration between state programs and other newborn screening partners to achieve the highest quality for the newborn screening system.
Lou Gehrig’s Disease Project a Success

The Department launched a statewide surveillance project for Amyotrophic Lateral Sclerosis (ALS), more commonly known as Lou Gehrig’s disease in early 2011. The goal of the project was to obtain reliable and timely information on the incidence and prevalence of ALS among New Jersey residents and to provide a detailed description of the demographic characteristics of patients with the disease.

As part of the initiative, conducted in partnership with the federal Agency for Toxic Substances and Disease Registry (ATSDR), staff contacted all neurologists in New Jersey, Delaware, Philadelphia, and several counties in downstate New York - as well as ALS specialists in New York City, and Allentown, PA, to determine if they diagnosed or provided care to New Jersey residents with ALS.

Of the 681 neurologists contacted, approximately one-quarter saw ALS patients during the three-year surveillance period that ran from January 1, 2009 – December 31, 2011. Ninety percent of the neurologists who saw ALS patients submitted case reports for analysis. A total of 154 health care providers from 65 practices reported 766 unique cases.

Annual ALS incidence rates for the three years ranged between 1.8 and 2.0 cases per 100,000 persons; rates were higher among males and whites, and increased steadily with age up to 79 years. Surveillance project staff is continuing data analysis to examine other characteristics such as survival time.

This project is the first to specifically measure the incidence and prevalence of ALS in New Jersey. The findings are consistent with similar projects that have been completed in Florida and Texas, suggesting that the Department’s surveillance was successful. Additionally, this project will help ATSDR determine the completeness of its National ALS Registry. The Department’s surveillance team is grateful to all of the participating neurologists who helped to make the ALS surveillance project a success.

For more information on ALS and this surveillance project, please visit http://www.state.nj.us/health/als/index.shtml.

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organizations and agencies that are helping residents relocate.

In 2013, the Department will hold four Commissioner Roundtables in Bergen, Hudson, Monmouth and Ocean counties. These roundtable discussions, “Lessons Learned/Challenges Ahead,” will feature a panel discussion followed by a 15-minute question-and-answer session with the audience.

“The recovery from Superstorm Sandy will not end overnight,” said Commissioner O’Dowd. “The Department will continue to do everything we can to provide assistance and help to make sure those individuals and families affected most by the storm remain healthy and safe.”
With the New Year approaching, many take the time to reassess their health and take the opportunity to make positive changes, especially when it comes to cancer prevention. It is estimated that more than 50,000 new cases of cancer will have been diagnosed in New Jersey in 2012, and 16,000 Garden State residents will die of the disease. The most important things you can do to protect yourself from cancer include staying away from tobacco; maintaining a healthy weight; eating plenty of fruits and vegetables; engaging in regular physical activity; limiting alcohol intake; and knowing your family history and health risks.

Even if you adopt all of these healthy habits, or if you have not always been able to follow these guidelines, there still remains a significant risk for the development of cancer. Early detection is a key to minimizing cancer’s impact on your overall health, and it is the best way to maximize your chances of being cured. Regular check-ups and cancer screening tests are a key to maintaining your health and assuring a long and healthy life.

Cancer screening involves the use of a periodic history and physical exam by a health care provider to look for signs of cancer and to identify any personal risk factors (tobacco use, obesity, family history, etc.). It also involves the use of periodic tests to look for evidence of early cancers or even pre-cancerous lesions such as colon polyps that may be removed before they actually turn into cancer. It is important to keep in mind that cancer screening is designed to find early cancers in asymptomatic patients who do not have any strong risk factors. People with strong risk factors or symptoms should promptly meet with their health care provider to determine what immediate steps should be taken to diagnose a possible cancer.

**Breast Cancer:**
- The American Cancer Society recommends breast self-exams starting in the early 20s and clinical breast exams at least every three years for women in their 20s and 30s
- The U.S. Preventive Services Task Force recommends women have mammograms every other year beginning at age 50 (noting family or genetic history may prompt an earlier start and/or more frequent check-ups); however, a number of cancer and breast health entities including The Cancer Institute of New Jersey and the American Cancer Society continue to recommend the guideline of annual mammograms beginning at age 40
- All women should consult with their physician to assess their level of risk and develop an appropriate screening regimen

**Cervical Cancer:**
- Experts recommend that on average, women should have cervical cancer screenings (Pap test) every one to two years between the ages of 21 and 30, and at least once every three years after age 30

**Colon and Rectal Cancer:**
- The American Cancer Society recommends that starting at age 50, both men and women should follow a testing schedule of:
  - Colonoscopy every 10 years
  - Double-contrast barium enema every 5 years
  - Or other test routine as discussed with a healthcare professional

**Prostate Cancer:**
- The American Urological Association recommends that men should have a
Obesity Prevention Summit Held in East Brunswick

More than 350 healthcare professionals packed a conference room in East Brunswick on December 11, to discuss recommendations, strategies and actions to accelerate progress in obesity prevention in New Jersey over the next 10 years. The Department joined forces with the Robert Wood Johnson Foundation, the YMCA State Alliance, Rutgers Cooperative Extension and Rutgers University to stage the day-long summit.

Speakers highlighted achievements to date and critical next steps to reduce obesity in the state. Trust for America’s Health, a leading non-profit health care organization, projects that if obesity rates continue to increase at their current rate, nearly half (48.6%) of New Jersey adults will be obese in 2030.

To address this public health crisis, keynote speaker, Terry Huang, Professor and Chair of the Department of Health Promotion, Social and Behavioral Health at the University of Nebraska, emphasized the need for community organizations to partner and integrate programs to deal effectively with the complexities of preventing obesity. Only by coming together from a variety of sectors – education, transportation, healthcare, and others – can the obesity trend be reversed.

The general theme of the summit was building partnerships for community level change to make the healthy choice the easy choice for New Jersey families.

New Jersey Creates Obesity Persuasion Advocates

New Jersey has the third highest rate of obesity in the nation among low income children ages 2-5 years, according to the Pediatric Nutrition Surveillance System’s 2011 data. Overall, more than 30 percent of New Jersey children are considered overweight or obese. Obesity contributes to chronic illnesses, increased health care costs and shorter life spans.

To turn the obesity tide in New Jersey, the Department held three regional workshops in the fall entitled “Persuasion Training with a Focus on Obesity Prevention.” Jointly administered by the Office of Local Public Health and the Office of Nutrition and Fitness, the program trained county-based teams of stakeholders to work with public and private sector decision-makers in developing and implementing policy and environmental changes to reduce and prevent obesity.

The goal of the workshops was to train local teams as advocates for obesity prevention in their communities. The teams were comprised of public health professionals, health educators, health officers, public health nurses, and other community stakeholders. As a result of the training, the Department hopes to provide a collective voice on the importance of creating routine access to healthy foods and physical activity.

For more information, call Karin Mille at 609-777-9045.
Campbell Soup Company Pledges $10 million to Reduce Childhood Hunger and Obesity

Campbell Soup Company, a ShapingNJ partner, launched the Campbell Initiative for a Healthy Camden in 2011, pledging $10 million over 10 years to cut childhood obesity by half in its home city. Camden’s childhood obesity rate is 40 percent compared to 32 percent nationally. Of the city’s 78,000 residents, 23,000 are children.

Campbell partnered with local schools and community-based organizations to improve residents’ access to healthy foods and knowledge about healthy eating; and to offer children nutrition classes and more opportunities for physical activity. This initiative aligns with ShapingNJ’s statewide obesity prevention strategies.

In the first year, Campbell in association with its partners, including the YMCA CATCH Program, The Food Trust, the Food Bank of South Jersey, Greensgrow Farms Camden, the Camden Children’s Garden and the Camden Coalition of Healthcare Providers, initiated programs that:

- Provided 6.5 million minutes of physical activity to 1,400 Camden children
- Created 28 new sites for healthy food access resulting in over 12,700 residents with access to healthy food in their own neighborhoods
- Provided over 25,260 minutes of nutrition education to 2,155 children, education to 108 classroom teachers, and cooking classes to nearly 400 families in Camden
- Developed P3, a prenatal mentoring and nutrition education program to improve maternal and child health beginning in pregnancy and continuing through delivery and the infant’s first year of life

Campbell’s initiative exemplifies the collective impact of bringing community resources together to build healthy neighborhoods and create opportunities for healthier lifestyles by providing better choices and knowledge to make healthy decisions.


An Ounce of Prevention, continued from page 8

Baseline prostate-specific antigen (PSA) blood test and a digital rectal examination at age 40. Men should have individual conversations with their doctors about whether proceeding with these tests on an annual basis is right for them

✔ Men who are at higher risk, i.e.: African American men and men with a family history of prostate cancer, may be encouraged to begin testing annually earlier than 40 depending on risk factors discussed with a medical professional

Skin:

✔ Starting at age 20, men and women should begin self examinations of their skin using a full length mirror to examine changes in moles and freckles

It is important that you speak regularly with your health care provider about cancer risk and cancer screening, so that an optimal prevention and screening regimen can be designed to meet your needs and circumstances. Don’t forget, you can help take control of your own cancer health!

David A. August, MD, is the Chief of Surgical Oncology at The Cancer Institute of New Jersey and a professor of surgery at UMDNJ-Robert Wood Johnson Medical School. Dr. August is also the director of the Gastrointestinal/Hepatobiliary Oncology Program at The Cancer Institute of New Jersey.
ASTHO to Meet on Flu Effectiveness Practices

ASTHO (Association of State and Territorial Health Officials) will be convening a meeting in late February for four jurisdictional teams to share effective practices in engaging faith-based organizations and healthcare systems to identify challenges related to prevention of influenza. Jurisdictions will be invited to participate based on a competitive application process. Applications will be evaluated based on geographic diversity and the rationale for participation. A $10,000 grant will be provided to each of the four selected jurisdictions to support them in achieving the goals they establish for themselves. Download an application.

New Funding Method, continued from page 2

improvement plan and receive payments based on measured improvement over the waiver period.

To encourage the hospital industry to participate in the design of this pool, a Steering Committee was created with representation including: The New Jersey Hospital Association, Hospital Alliance of New Jersey, New Jersey Council of Teaching Hospitals, Catholic Healthcare Partnership of New Jersey, Fair Share Hospitals Collaborative and several of their member hospitals. This committee began meeting regularly in October and is making great progress on creation of both the Planning Protocol and the Funding and Mechanics Protocol, which will become the foundation of the DSRIP project. Following the submission of the protocols to the Centers for Medicaid and Medicare Services, the Department, along with its consultants Myers and Stauffer LC, will hold an informational session for all hospitals to inform and instruct them on the DSRIP funding pool and how to pursue funding.

December 13—Deputy Commissioner Dr. Arturo Brito, delivered remarks at the annual NJ Primary Care Association Conference where he thanked workers of New Jersey’s Federally Qualified Health Centers for their efforts and partnership with the state during Hurricane Sandy.

December 11—Melita J. Jordan, CNM, MSN, APRN C, Senior Executive Service Director, Chronic Disease Prevention and Control, provided welcoming remarks at the State of the State Obesity Summit held in East Brunswick.

December 7—Commissioner O’Dowd, Chief of Staff Ruth Charbonneau, Assistant Commissioner Christopher Rinn, and Department Emergency and Preparedness staff members James Lagenbach, Operations Program Manager, and Jeffrey Winegar, Response Coordinator, toured the Salem/Hope Creek Nuclear Generating Station as follow-up to a state training exercise related to radiological emergency response.

November 30—Deputy Commissioner Dr. Arturo Brito, provided remarks at the Eighth Annual World AIDS Day Extravaganza at Newark Symphony Hall. In 2012, World AIDS Day marked its 25th Anniversary and the theme for this year’s World AIDS Day was "Getting to Zero," meaning no HIV/AIDS-related deaths, discrimination or barriers to care.