Recovery and Rebuilding After Hurricane Sandy

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

Tremendous progress has been made along the Shore in removing debris. Boardwalks are being rebuilt. More businesses are reopening every day. The same is true for our health care facilities. Last week, I toured Jersey City Medical Center and was very impressed with the structural repairs they have made after flooding from Hurricane Sandy. They have renovated the first floor and taken steps to prevent significant flooding in the future.

While in Hudson County, I hosted the second in a series of “Sandy Roundtables” to highlight what worked in the county and state response to the storm and how we can enhance our preparedness efforts.

Roundtable participants included representatives from Hudson County hospitals, the Hudson County Regional Health Commission as well as county and state EMS and OEM officials. A number of stakeholder organizations also took part in the discussion including the New Jersey Hospital Association, NJ Home Care Association, Health Care Association of New Jersey and New Jersey Hospice and Palliative Care Association.

Work also continues on the DOH Public Health Recovery Work Group. The Department of Health developed an action plan that has six primary goals:

• Ensure that people and services are connected despite the storm’s impact
• Characterize environmental health issues associated with Sandy; mitigate environmental health concerns caused by Sandy
• Restore New Jersey’s licensed health care and public health partners to normal operation
• Provide the public and DOH stakeholders with information on recovery activities and opportunities
• Identify potential mitigation opportunities to increase community resiliency
• Document disaster response and recovery costs of health care, public health and EMS providers in order to obtain any and all available financial assistance

There are several federal and state programs providing funding to aid New Jersey’s recovery efforts.

New Jersey’s private, non-profit agencies have until March 15 to apply for reimbursement of disaster-related expenses. To qualify, one first has to complete the Request for Public Assistance (RPA) form and submit it to the state’s Office of Emergency Management. The Department hosted several conference calls with health care facilities to review opportunities for funding.

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Local Health Departments’ Response to Superstorm Sandy

**Be Sure to Prepare Before Clean-up and Repair**

- Protect yourself by wearing: gloves, masks, protective eye wear and boots
- Get a tetanus booster before starting repairs. Even a small cut can become infected

**Be Sure to Protect Yourself When Cleaning Mold**
- Wear rubber boots, rubber gloves, goggles, and N-95 mask
- Open windows and doors to get fresh air when you use bleach
- If available, use a shop vacuum equipped with a HEPA filter to trap dust
- Never mix bleach with ammonia or other cleaners

**Has Mold Taken Hold?**
**Recognize Mold in Your Home or Business**

**SIGHT**
- Are walls or ceilings discolored, or do they show signs of water damage?

**SMELL**
- Do you smell a bad odor such as a musty earthy smell or foul stench?

**When in Doubt Throw it Out!**
- Remove all items that have been wet for more than 48 hours and that cannot be thoroughly cleaned and dried such as leather, paper, wood and carpet.
- Scrub mold off hard surfaces with laundry or dish detergent and water, and dry completely so that mold does not grow back.

**Beware of Asbestos:**
Asbestos is a naturally occurring fibrous material that can cause serious health problems if inhaled. Health effects associated with asbestos include: Lung cancer, mesothelioma, and asbestosis.

Over 3,000 commercial products contain asbestos. Common items include: Vinyl floor tiles, roofing shingles, covered hot water pipes, heat resistant fabrics. An inspector, certified by the U.S. Environmental Protection Agency, can conduct an inspection and test for materials that may contain asbestos.

If you suspect material contains asbestos, don't touch it. Asbestos fibers may be released into the air by the disturbance of asbestos-containing material.

**For More Information on Mold:**
http://emergency.cdc.gov/disasters/mold/protect.asp

**Home Repair and Asbestos:**
http://www.state.nj.us/health/iep/asbestos_faq.shtml
http://www.epa.gov/asbestos/learn-about-asbestos.html#find
The Department of Health Urges Residents Engaged in Repair and Rebuilding Effort to Take Precautions

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

As New Jersey recovers and rebuilds from Hurricane Sandy, many New Jersey residents are working to repair their homes and businesses. It is important to know that mold, materials containing asbestos and lead-based paint may all be potential hazards in storm-damaged homes and buildings. Home and business owners, workers and volunteers conducting clean-up or remediation work should protect themselves by wearing protective equipment including gloves, masks, protective eye wear and boots and getting a tetanus booster before starting repairs.

If a home or business was flooded during Hurricane Sandy, mold may be present. Identifying mold in a home or business should always begin with a thorough visual inspection. The inspection may be focused on specific areas where moisture has been seen, where flooding or water damage has occurred or in common areas known for mold growth such as basements, attics and crawl spaces. Stained or discolored areas of walls and ceilings that continue to increase in size or change colors can be signs of mold growth. A strong musty smell is also an indicator of mold.

To remove mold, clean all hard surfaces with a detergent and water solution. Wash hands after touching anything that has touched flood water. Household items such as carpeting and upholstered furniture that were not cleaned and dried can remain a source of mold growth and should be removed from the home. Exposure to mold can cause nasal and throat irritation, coughing or wheezing, eye irritation, or, in some cases, skin irritation. People with mold allergies may have more severe reactions. Immune-compromised people and individuals with chronic lung illnesses, such as obstructive lung disease, may get serious infections in their lungs when they are exposed to mold.

It is also important to be aware that buildings and homes may contain asbestos since it was a common building material. Consequently, anyone who is removing walls or other parts of homes damaged by Hurricane Sandy should be cautious and determine if asbestos is present prior to removal. The home or business owner should first determine if the house or building contains asbestos by contracting with a professional asbestos inspector certified by the U.S. Environmental Protection Agency (USEPA) to conduct an inspection and take samples of any suspected asbestos-containing material. Anyone hired to remove asbestos must be licensed by the Department of Labor. Extensive training is required, including how to use personal protection equipment. While a homeowner is not required to be licensed, we strongly recommend that only licensed professionals remove asbestos.

Additionally, if a home or building was built prior to 1978, it is important to test the paint for lead before doing any renovation or remodeling of painted surfaces. If lead is detected, take all necessary precautions to ensure that lead-painted building components are removed in a safe manner. Protect your family and home – set up safely, control the dust, and clean up completely. For tips on protecting yourself from lead dust while doing repairs visit http://www.epa.gov/lead/rp/do-it-yourselfers.html. It is important to note that any contractors hired to conduct renovation work in homes built before 1978, must have received lead-safe training and are certified by the USEPA.

The Department has developed a brochure for volunteers, community organizations, and home and business owners on how to identify mold and asbestos; and steps that can be taken to protect against these health hazards. The flyer is available at: http://www.state.nj.us/health/er/documents/prepare_before_cleanup_flyer.pdf

To Subscribe/Unsubscribe to Health Matters http://www.state.nj.us/health/newsletter/enews_signup.shtml

EPA Video: Lead Poison Prevention for Home Renovators

contined on page 11
DOH Holds Conference Calls on Hurricane Sandy Damage Funding

The Department held a series of conference calls earlier this month with acute care hospitals, federally qualified health centers, long-term facilities and EMS squads regarding the Federal Emergency Management Agency’s (FEMA) Public Assistance 406 Program that allows nonprofit agencies to apply to FEMA to recoup costs related to disasters. In some cases, agencies can recoup more than 75 percent of their costs.

The Department, The New Jersey State Police, Office of Public Assistance and FEMA gave presentations during the calls. The Department provided an overview of the Public Assistance Program application, while the State Police and FEMA provided an overview of the types of damages the program covers including: Overtime, costs of supplies and materials that are bought and used for repair. Both FEMA and the State Police also discussed the appeals process if a claim is denied and urged that everyone to work closely with FEMA project specialists to avoid potential disputes if at all possible.

For more information on FEMA's public assistance programs please visit: http://www.fema.gov/public-assistance-local-state-tribal-and-non-profit/hazard-mitigation-funding-under-section-406-0

POLST Program Putting End-of-Life Care in the Patient’s Hands

Facing the death of a loved one is always difficult but something that everyone of us will eventually go through. Being prepared and making it easier for family and caregivers to know your preferences is the best way to ensure your end-of-life wishes are carried out.

With this goal in mind, Governor Christie signed legislation in late 2011 that created a Practitioners Orders for Life-Sustaining Treatment (POLST) program to empower individuals to make decisions regarding medical care at the end of their lives. The POLST form is designed to be completed jointly by an individual and a physician or advance practice nurse, detailing the individual's goals of care and medical preferences. POLST is different than other documents like an Advance Directive, since it is an actual medical order that becomes a permanent part of the individual's medical record and is valid in all healthcare settings.

One of New Jersey’s patient safety organizations, The Institute for Quality and Patient Safety, at the New Jersey Hospital Association (NJHA) was selected by the Department of Health to create the POLST form, which was officially unveiled earlier this month at the NJHA offices.

The POLST form is designed for seriously ill patients or those who are medically frail with limited life expectancy. These residents should work with their provider to complete the POLST form to ensure that their wishes are honored and their quality of care is preserved.

The form is available on the Department’s website.
Hospitals Report Reductions in Some Infections

Hospitals in the U.S. continue to make progress in the fight against central line-associated bloodstream infections, some surgical site infections, and catheter-associated urinary tract infections according to a report issued by the CDC.

The CDC reported for 2011:
- A 41 percent reduction in central line-associated bloodstream infections since 2008, up from the 32 percent reduction reported in 2010.
- A 17 percent reduction in surgical site infections since 2008, up from the 7 percent reduction reported in 2010.
- A 7 percent reduction in catheter-associated urinary tract infections since 2009, which is the same percentage of reduction that was reported in 2010.


Be Careful with Medications When Pregnant or if Planning to Become Pregnant

More than 90 percent of women use at least one medicine during pregnancy. To learn about taking medicine during pregnancy, about half of women ages 18 to 44 look for health information on the internet. If you are pregnant or thinking of becoming pregnant it is important to speak to your doctor about the medications you may be taking and to be careful of medical information found on the internet.

To learn more about safe medication lists on the internet, please visit: [http://www.cdc.gov/media/dpk/2013/dpk-safe-meds.html/](http://www.cdc.gov/media/dpk/2013/dpk-safe-meds.html/)

For more on medication use during pregnancy visit: [http://www.cdc.gov/pregnancy/meds/index.html](http://www.cdc.gov/pregnancy/meds/index.html)

CDC Studies Smoking in Adults with Mental Illness

Adults with some form of mental illness have a smoking rate 70 percent higher than adults with no mental illness, according to a Vital Signs report released by the CDC in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA). The report finds that 36 percent of adults with a mental illness are cigarette smokers, compared with only 21 percent of adults who do not have a mental illness.

According to the report, nearly 1 in 5 adults in the United States – about 45.7 million Americans—have some type of mental illness. Among adults with mental illness, smoking prevalence is especially high among younger adults, American Indians and Alaska Natives, those living below the poverty line, and those with lower levels of education.

Click here for more on the Vital Signs report on smoking in adults with mental illness.
The Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention within the CDC is pleased to announce publication of a new Funding Opportunity Announcement (#PS13-1306) to support new activities of the STD Surveillance Network (SSuN). This fully competitive opportunity will support “Centers of Excellence for STD Surveillance” through collaborative projects between eligible state, county, city or tribal health departments and the Division of STD Prevention. The goal of these Cooperative Agreements is to modernize STD surveillance through enhanced and sentinel surveillance activities addressing issues of national, state, and local importance such as use of existing and emerging health information technologies.

The full Funding Opportunity Announcement, information on eligibility and how to apply can be found on [www.grants.gov](http://www.grants.gov) using the FOA number #PS13-1306. Below is a link directly to the application form (MSWord document):


Despite advances in food safety, foodborne illnesses remain common in the United States, with more than 9 million people contracting a foodborne illness every year. The CDC faces challenges in how best to use limited resources to advance food safety, and in attributing illnesses to specific foods unless there is an outbreak.

To help address these concerns, the CDC has organized the largest number of foods implicated in outbreaks in the United States into 17 mutually exclusive food commodities, and provides estimates of the number of domestically acquired foodborne illnesses, hospitalizations, and deaths.

Read the full study here: [http://wwwnc.cdc.gov/eid/article/19/3/11-1866_article.htm#results](http://wwwnc.cdc.gov/eid/article/19/3/11-1866_article.htm#results)

Pertussis, which can be deadly for babies, spiked to a nearly 60-year high last year with more than 41,000 cases in the U.S. New Jersey also saw an increase in pertussis cases in 2012 with with preliminary data showing 767 confirmed and probable cases. In 2011, there were 213 confirmed and probable cases of illness.

The CDC has released this colorful new infographic and a comprehensive web feature to help raise awareness of the spike in pertussis.

February 2013

Community Outreach & Events

February 1 – Dr. Melita Jordan, Senior Executive Service Director, Family Health Services took part in “Give Kids a Smile Day,” at the University of Medicine and Dentistry - New Jersey Dental School in Newark.

February 5 – Commissioner O’Dowd provided remarks on HIV/AIDS in the Black community on National Black HIV Awareness Day at the Mt. Zion Church in Trenton.

February 6 – Commissioner O’Dowd gave remarks on the challenges facing the Department of Health at the New Jersey Business and Industry Association’s annual, “Meet the Decision Maker,” conference held at Forsgate Country Club.

February 20 – Commissioner O’Dowd lead a roundtable on the “Lessons Learned and Challenges Ahead,” after Hurricane Sandy with Jersey City Medical Center. Commissioner O’Dowd later toured the hospital to see the damage caused by Sandy.

February 22 – Commissioner O’Dowd unveiled the Practitioner Orders for Life Sustaining Treatment form with the New Jersey Hospital Association. The POLST form empowers individuals to make decisions regarding medical care at the end of their lives.

February 27 – Gloria Rodriguez gave remarks on diabetes in New Jersey at the YMCA’s “Community Health Forum,” held in Wayne.

Department Welcomes New Director of the Office of Legal and Regulatory Compliance

On February 13, the Department welcomed Ms. Joy Lindo, as the new Director of the Department’s Office of Legal and Regulatory Compliance. Ms. Lindo will spearhead the Department’s strategic planning and workforce development initiatives.

Prior to joining the Department, Ms. Lindo served as Counsel at K&L Gates, where she had extensive experience representing clients such as Fortune 500 corporations and public entities in all phases of employment and commercial litigation. She also regularly counseled clients on workplace policies and compliance strategies. Ms. Lindo has experience appearing before administrative agencies, and before federal and state courts. Prior to law school, she worked at the Center of Alcohol Studies at Rutgers, The State University of New Jersey, in which she managed a multi-million dollar study of outpatient drug and alcohol treatment programs and conducted counselor training as well as clinical assessments.

Ms. Lindo received her B.A. summa cum laude in 1994 and an M.A. in Counseling Psychology from Marist College in 1995. She was awarded her J.D. from Seton Hall University magna cum laude in 2001, where she was Senior Notes Editor for the Seton Hall Law Review. Following law school, she served as a law clerk for the Honorable Jaynee LaVecchia, Supreme Court of New Jersey and the Honorable John C. Lifland, U.S.D.C, District of New Jersey.
# By The Numbers:

**Recover. Rebuild. Restore.**

The Numbers Tell the Story of Governor Christie’s Record of Restoring Fiscal Sanity to Trenton While Funding Key Priorities and Laying the Groundwork for New Jersey’s Recovery

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
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<tbody>
<tr>
<td>$120 Billion</td>
<td>Taxpayer savings under Governor Christie’s sweeping, bipartisan pension and benefits reform.</td>
</tr>
<tr>
<td>$13 Billion</td>
<td>Combined budget shortfall closed by Governor Christie in first six months in office.</td>
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<tr>
<td>$1.676 Billion</td>
<td>State pension fund payment, the largest in New Jersey history.</td>
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<tr>
<td>$966 Million</td>
<td>Hospital funding that focuses on the level and quality of care provided.</td>
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<tr>
<td>$95.8 Million</td>
<td>Increased state and federal funding for community placements and related services for individuals with developmental disabilities or mental health issues.</td>
</tr>
<tr>
<td>$40 Million</td>
<td>Proposed contingency state fund for Sandy-related expenses.</td>
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<tr>
<td>730,000</td>
<td>Children in New Jersey currently receiving health coverage under Medicaid and NJ Family Care, thanks to the second highest eligibility rate in the nation.</td>
</tr>
<tr>
<td>$644,000</td>
<td>Funding for Veterans Haven program.</td>
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<tr>
<td>450,000</td>
<td>People receiving health services every year from New Jersey’s 105 Federally Qualified Health Centers, funded at $50 million, which maintains an all-time high.</td>
</tr>
<tr>
<td>103,200</td>
<td>Private-sector jobs created since Governor Christie took office.</td>
</tr>
<tr>
<td>$40,900</td>
<td>Average loan size from NJ HomeKeeper which has distributed $96 million to help struggling families stay in their homes.</td>
</tr>
<tr>
<td>34,000</td>
<td>New seniors and citizens with disabilities to claim their first year of Property Tax Freeze benefits, 193,000 beneficiaries in total.</td>
</tr>
<tr>
<td>250</td>
<td>New Jerseyans who will receive treatment services in inpatient and outpatient facilities under Governor Christie’s increased drug court funding.</td>
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<tr>
<td>100</td>
<td>Percent of costs for Medicaid expansion covered by the federal government for the first three years.</td>
</tr>
<tr>
<td>50</td>
<td>Family Success Centers in New Jersey, up from 42 in 2012.</td>
</tr>
<tr>
<td>4</td>
<td>Consecutive years Governor Christie has put forward a responsible balanced budget that funds key priorities while holding spending below 2008 levels.</td>
</tr>
<tr>
<td>2</td>
<td>New Jersey State Trooper classes funded in FY14.</td>
</tr>
<tr>
<td>1.4</td>
<td>Percent average property tax rise in 2012, the smallest increase in 21 years.</td>
</tr>
<tr>
<td>0</td>
<td>New taxes since Governor Christie took office.</td>
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</tbody>
</table>
Responding to the Outbreak of Invasive Fungal Infections

Excerpt from the Journal of the American Medical Association

The outbreak of invasive fungal infections among patients who received injections of contaminated methylprednisolone acetate prepared by the New England Compounding Center (in Framingham, Massachusetts) is a disturbing tragedy, already the largest health care–associated fungal outbreak reported in the United States, with 693 cases and 45 deaths reported as of January 28, 2013.1 Effectively responding to this catastrophic event required rapid actions by clinical and public health practitioners who worked to ensure discontinued use of the suspect medication, notify at-risk patients and their physicians, and decipher the many unknowns about the outbreak to provide the best guidance for minimizing harm.

In the United States, public health is a distributed system, with critical responsibilities at local, state, and federal levels. The fungal infections outbreak underscores the pivotal detection and response roles of state health departments, working with local clinical and public health colleagues. In this outbreak, the Tennessee Department of Health (TDOH) sounded the alarm based on a telephone call from an alert clinician treating a patient with an unusual form of meningitis.2 The clinician had not only asked about a broad range of possible patient exposures, but also recognized the potential public health implications and knew to contact the health department. This well-established linkage reflects long-term efforts of the TDOH to establish partnerships and work collaboratively with clinicians, hospitals, and other health care facilities to implement measures to reduce health care–associated infections.

Read the full article here: http://jama.jamanetwork.com/article.aspx?articleid=1567243

Fungal Meningitis and Infection Information

NJ Cases Linked to Multi-State Outbreak of Fungal Meningitis and Associated Infections

NJ Case Information as of February 21, 2013

- Total Exposures: 705
- Total Cases: 49
- Meningitis (with or w/o) other infections: 41
- Paraspinal/Spinal Infection only: 7
- Joint Infection: 1
- Deaths: 0
Mold overtakes a wet mattress after Hurricane Sandy.

Mold:
- **10** The estimated percentage of the population that has an allergic reaction to mold
- **24-48** Remove from your home or business all items that have been wet for more than 48 hours and that cannot be thoroughly cleaned and dried such as leather, paper, wood and carpet
- **N-95** The mask you should wear when cleaning mold

Asbestos:
- **3** Serious diseases related to asbestos include: Lung cancer, mesothelioma, and asbestosis
- **3,000** The minimum number of commercial products that contain asbestos
- **20-50** The number of years it may take for lung cancer, mesothelioma, and asbestosis to surface in a person that was exposed to asbestos

Lead:
- **10** The amount of micrograms of lead (the equivalent of 3 grains of sugar) that can place a child in danger of lead poisoning
- **1974** The year when the gradual phase out of leaded gasoline began
- **1.7 Million** The approximate number of children in the United States with blood-lead levels above safe limits, mostly due to exposure to lead-based paint hazards

Lead found in tap water usually comes from the decay of old lead-based pipes, fixtures or from leaded solder that connects drinking water pipes. Read about lead in drinking water.

Staff Notes

**Douglas Haltmeier**, attended the 2013 Delaware Estuary Science & Environmental Summit held in Cape May where he presented an abstract and poster with the Delaware River Basin Commission on a specialized metals test that allows for improved assessment of trace metals toxicity in the tidal portion of the Delaware River. The Summit was held in January.

**Linda Biando**, Public Health Consultant, and **Kathryn Aveni**, Research Scientist, RNC, MPH, attended the Improving Hearing and Screening & Intervention Systems Learning Collaborative to discuss goals and objectives for quality improvement for newborn hearing screenings. The meeting took place on Jan. 29 and 30.

**Arturo Brito**, Deputy Commissioner, attended the first National Primary Care Extension Programs Conference on February 21 and 22 that discussed strategies for building and sustaining improvements in primary care.
Homeowners or businesses with questions about mold, asbestos, or lead should contact the Department’s Consumer, Environmental and Occupational Health Service Office at 609-826-4920 or 4950.

The Department of Health has safety and health related information to assist homeowners and volunteers in their clean-up efforts. These documents are available on our website at [http://www.nj.gov/health/er/hurricane_recovery_resources.shtml](http://www.nj.gov/health/er/hurricane_recovery_resources.shtml).

The federal Centers for Disease Control and Prevention (CDC) also has important health and safety information on their website. Their information can be found at [http://www.bt.cdc.gov/disasters/cleanup/facts.asp](http://www.bt.cdc.gov/disasters/cleanup/facts.asp).

[http://www.youtube.com/watch?feature=player_embedded&v=iBQaeVTasvE#t=236s](http://www.youtube.com/watch?feature=player_embedded&v=iBQaeVTasvE#t=236s)

### Recovery and Rebuilding, continued from page 1

The Federal Emergency Management Agency (FEMA) Hazard Mitigation Funding under section 406 (Stafford Act) provides discretionary funding for hospitals, Federally Qualified Health Centers, long-term care facilities and EMS agencies that were damaged by the disaster and mitigation efforts from subsequent events. Another major FEMA funding source is Hazard Mitigation funding under section 404, which allows municipalities, counties, and non-profits to apply for projects that implement long-term hazard mitigation resources. Projects are only eligible if they are included in the state’s long-term mitigation plan.

Other grant programs include the Social Services Block Grant, administered through the New Jersey Department of Human Services, which provides federal funding for daycare, protective services, services to people with disabilities, case management, adoption and other services.

The Community Development Block Grant, administered through the federal Department of Housing and Urban Development and the New Jersey Department of Community Affairs assists local communities with recovery efforts involving housing infrastructure and prevention of future damage. The Department is working with DCA on activities related to environmental health issues such as training in mold and asbestos abatement. Also, the Department is working in collaboration with UMDNJ-School of Public Health and the National Institute of Environmental Health Sciences to expand training opportunities on mold to public officials and residents in communities impacted by Sandy.

With warmer weather approaching and some 120,000 people still out of their homes we know that significant repair work remains to be done. The Department will be conducting a public awareness campaign to educate homeowners, businesses, first responders, volunteers and community groups about the health effects of environmental health hazards such as mold and asbestos, the need to wear protective gear and to get a tetanus booster.

For more information about Hurricane Sandy resources, please visit the Department’s website at [www.nj.gov/health/er/hurricane_recovery_resources.shtml](http://www.nj.gov/health/er/hurricane_recovery_resources.shtml)

While challenges remain, I am optimistic and the Department stands ready to assist our partners and the rest of the state.
Reducing Your Risk of Colorectal Cancer
By Rebecca Moss, MD

Colorectal cancer is the third leading cancer both in new cases and cancer deaths in the U.S. In New Jersey, 4,600 new cases of the disease were diagnosed last year with 1,600 deaths, according to the American Cancer Society. There are many factors that contribute to one’s risk of developing colorectal cancer - some of which we can control.

Let’s start with diet. In our culture, we are bombarded with varied advice about specific foods, but the popular belief that individual foods cause or prevent colorectal cancer misses the big point: it is your personal collection of healthy habits that reduce your risk, not just eating or avoiding any particular product.

While foods may play a small part, we know that other healthy habits like maintaining a healthy weight, avoiding tobacco and taking part in regular exercise, put you at a lower risk of developing colorectal cancer. Exercise in particular has been found to independently reduce the risk of colon cancer, especially in men (Colorectal Disease, May 2005, Samad, et. al.). According to the National Institute of Diabetes and Digestive and Kidney Diseases, regular exercise also reduces your risk of developing diabetes and other devastating illnesses.

A meta-analysis including over 2.5 million people found that diabetes increases the risk of colorectal cancer (Journal of the National Cancer Institute, 2005, Larsson, et. al.) The association of diabetes with colorectal cancer is consistently demonstrated to be independent of obesity or Body Mass Index (British Journal of Cancer, February 2001, Nilsen, et.al.)—in other words, even thinner people with diabetes are at increased risk of getting colorectal cancer as compared to similar-weight people without diabetes.

Remember, reducing risk is not the same as preventing cancer. There is only ONE healthy habit that has the potential to prevent colorectal cancer alone: colonoscopy. The American Cancer Society recommends you start routine colonoscopies at age 50 (or earlier for those with a family history or other risk factors). If you are nearing that age, start planning your colonoscopy now.

So instead of focusing on a never-ending series of food trends, get regular aerobic exercise, keep a healthy weight, make healthy food choices most of the time, quit smoking, and please start your routine colonoscopies at the age of 50 -- or earlier as your doctor advises you. Colorectal cancer is a preventable illness, if we catch it early.

Rebecca Moss, MD, is a medical oncologist at The Cancer Institute of New Jersey and an assistant professor of medicine at UMDNJ-Robert Wood Johnson Medical School.