The Department Focuses on Workplace Wellness

Employers play a key role in implementing evidence-based strategies that promote a culture of wellness and encourage healthy behaviors such as physical activity and good nutrition. And here in New Jersey, worksite wellness programs are gaining support among businesses interested in maintaining a healthy, productive workforce. The Department of Health recently unveiled a pilot of its Working Well in NJ Toolkit to 24 New Jersey businesses.

Most employees spend more waking hours at their worksite than any other setting. In fact, Americans spend one-third of their time at work, which gives employers an opportunity to successfully promote a healthy lifestyle. Poor eating habits and physical inactivity are the major risk factors for obesity, which contributes to chronic illnesses such as heart disease and stroke.

Workplace wellness programs apply a coordinated and comprehensive set of strategies, including benefits, environmental supports and links to the surrounding community, to meet the health and safety needs of all employees.

The Working Well in NJ Toolkit can help employers identify the strengths and limitations of current health and wellness promotion policies, convene a Wellness Committee for the worksite, and then develop a Work Plan designed to improve the worksite wellness program. In addition, the toolkit can assist organizations with program evaluation and measuring a return on investment.

The toolkit is part of the Partnering for a Healthy New Jersey State Plan which is fostering best practices for health and disease prevention with the goal of reaching New Jerseyans where they live, learn, work and play. The Department brought together the stakeholders engaged with the plan for the launch of the Working Well in NJ Toolkit as part of a statewide strategic planning meeting held on January 28 in East Brunswick. Deputy Commissioner Dr. Arturo Brito opened the forum with an overview of the Department’s efforts to promote healthy people and healthy communities. Dr. Brito’s remarks focused Partnering for a Healthy New Jersey State Plan and how it connects to the Working Well in NJ Toolkit. Forty-five stakeholders from corporate, foundation, academic and nonprofit organizations also reviewed the results of a Stakeholder Survey that focused on best practices to address seven winnable battles to prevent and control chronic disease. As outlined in the State Plan, the winnable battles are: increase physical activity; improve nutrition; eliminate tobacco use; improve environmental health; enable self-management; increase early detection of disease and improve access to quality health care.

Employers are in an excellent position to address these winnable battles by establishing a culture of wellness in the workplace. Businesses that launch and sustain health programs benefit from healthier employees, who are energetic, engaged and committed to their job. These are objectives that require a concerted effort among management and staff at all levels and present a unique challenge for today’s employers.

continued on page 8
When Luis Torrens accepted a two-year position from the US Centers for Disease Control and Prevention (CDC) and was assigned to the New Jersey Department of Health, he envisioned spending his time in our state doing a variety of tasks having to do with protecting public health.

What he didn’t see coming was spending two months at Newark Liberty International Airport literally at the front lines of the United States Ebola response.

Torrens was assigned to a 60-day deployment at the airport’s Quarantine Station, assisting in the CDC’s enhanced screening process for passengers coming from impacted areas of West Africa.

This was a 5-day a week job that included a number of tasks to make sure that passengers coming into the country who may have been exposed to the Ebola virus in West Africa were properly screened after de-boarding the twice-daily connecting flights predominantly from Brussels. He – along with other staff – worked to ensure that passengers who were potentially exposed to Ebola were safe and healthy.

“I felt I was part of a historic public health response,” said Torrens. “The work was long and meticulous and we were in tight spaces but it was well worth it. I would do it again in a minute.”

Torrens was part of a surge response team that handled enhanced screening duties. The quarantine station normally has three full-time staff members working the station. During those two months, that number ballooned up to 11-14 at any one time.

During his time in Newark, 684 passengers received screening from the Customs and Border Patrol team. Fifty-two received enhanced screening from the CDC team. Only two of the passengers required additional medical evaluation.

The screening team saw anywhere from 1 to 32 passengers on a given day, with Tuesdays and Saturdays being the busiest. The biggest rush was in late November and December as individuals were coming home for the holidays.

Torrens’ day-to-day work included maintaining the quarantine station – which responds to all illnesses, not just Ebola – and assisting in reviewing immigration health records. He worked with the medical teams that assessed patients for additional risk to Ebola exposure.

His main job was to conduct the health education portion of the screening: Checking And Reporting Ebola (CARE), which provided health education materials, and instruction on the 21-day monitoring process for all passengers flying into Newark from an Ebola-affected country.

After returning to his Trenton-based office, Torrens had time to reflect on his experiences. “At the state level, there was a lot of preparation and planning going on,” said Torrens, who is scheduled to be with the Department of Health through August. “At the airport, there were a lot of decisions that had to be made quickly.”
Commissioner Honored by Women’s Political Caucus of New Jersey

Commissioner O’Dowd was recognized during the Women’s Political Caucus 2015 Passion * Power * Progress Awards with the Carol Murphy award. This award is presented to a Republican woman, who has had a successful career and has demonstrated leadership, advanced policies in support of women and families, and helped pave the way for the next generation of women. In a long career in public service, Carol Murphy was President of the NJ Board of Public Utilities and served in the NJ General Assembly where she was Conference Leader and made the well-being of women and families a priority.

New Jersey Hospital Association President and CEO Betsy Ryan presented the award to the Commissioner at the January 15 reception held at the Hyatt Regency in New Brunswick. Commissioner O’Dowd spoke about the importance of women running for and being appointed to office because they bring a unique voice and perspective to policy issues which enriches our culture and improves government.

Public Health Educator Recognized

Suzanne Miro, Senior Health Communications Specialist, was recently recognized with the New Jersey Society for Public Education (NJSOPHE) President’s Award and the Outstanding Health Materials Award. The President’s Award is presented to an individual who has made extraordinary contributions to the practice and profession of health education through exemplary achievement in their work and commitment to NJSOPHE. Miro also received the Outstanding Health Materials Award for an audio visual project entitled “Antibiotics: Will they work when you really need them?” to promote awareness of appropriate antibiotic use to prevent antibiotic resistance. NJSOPHE’s mission is to provide leadership to the profession of health education and to contribute to the health of all people through excellence in health education practice and promotion of public health policies.

Click on the image to view the slide show.
NJ EMS Task Force Helps NYC FDNY-EMS with Backlog in 9-1-1 calls

When an unexpected ice storm hit the New Jersey/New York City region in the early morning hours of January 18, the result was a perfect recipe for black ice, dangerous roadways and a pileup of roadway accidents.

With more than 600 9-1-1 calls backed up in New York City, the New York City Fire Department (FDNY-EMS) chief requested mutual aid and the NYC Office of Emergency Management (OEM) reached out to New Jersey OEM for help.

“The mutual aid request was made for 10 Basic Life Support (BLS) ambulances for one, eight-hour operational period to help respond to calls mostly in the Bronx,” said Assistant Commissioner Christopher Rinn. “We are extremely proud of the job of our EMS Task Force, helping New York while still responding to New Jersey’s needs.”

Units from Jersey City, Westwood, Moonachie, Wallington, Hackensack, McCabe Ambulance, North Bergen, Meadowlands Hospital, Mountainside, Montclair and Summit were deployed to New York City. The Jersey City EMS provided staffing for staging at the Holland Tunnel. Neel Mehta, the Central Task Force Planner, accompanied the responding NJ units along with Ethan Rudnitsky, the Ambulance Strike Team Leader.

New Jersey’s EMS units responded to about 30 calls before returning to New Jersey at 10:30 p.m. Sunday evening.

A Medical Home For Children With Autism

The Governor’s Council for Medical Research and Treatment of Autism (Council) is seeking applications for an Autism Health Needs Medical Homes Pilot Projects designed to improve the overall health outcomes of children with autism, including but not limited to the physical health of children.

The Autism Health Needs Medical Homes Pilot Projects focus on reducing the unmet needs for specialty services for children with autism by bringing together primary care providers with sub specialists and Autism Spectrum Disorder providers to treat the whole person. The Autism Health Needs Medical Homes Pilot Projects’ intent is to improve the quality of and access to services for children and their families, including but not limited to: primary, sub-specialty, diagnostic, behavioral, cognitive, developmental, neurological, psychiatric and prevention/wellness care.

Grantees that are successful in accomplishing the goals of the two-year project will be eligible to apply for three-year grants for expansion and continued implementation of their Autism Health Needs Medical Home, pending the availability of funds. Applications are due Feb. 25.

The Governor’s Council for Medical Research and Treatment of Autism was created by State appropriation in 1999 and has been issuing research, clinical and educational enhancement grants to public and private nonprofit entities since 2000. In 2012, the Council established the New Jersey Autism Center of Excellence (NJ ACE). The NJ ACE consists of (a) a Coordinating Center, (b) three Clinical Research Program Sites and (c) 13 Clinical and Translational Research Pilot Projects. To learn more about the work of the Governor’s Council for Medical Research and Treatment of Autism please visit http://www.state.nj.us/health/autism/index.shtml.
Department of Health Hosts Chinese Delegation

The Department’s Food and Drug Safety Program welcomed 14 members of a delegation from Guangzhou, China on December 18. Loel Muetter, Acting Program Manager, and five project coordinators discussed how the program manages oversight of 58,000 retail food facilities and handles licensing and inspection of the 2,300 wholesale food firms and 1,600 wholesale drug firms in the state. The program presented information about major food safety laws, regulation and inspection of food and drug facilities, and enforcement challenges. The program highlighted positive communication with both industry as well as local and federal regulatory partners. Members of the delegation were particularly interested in how the program handles recalls. Laboratory testing and technology were also discussed at the meeting.

New Jersey Department of Health and Partners Receive National Recognition for Adolescent Immunization Awareness Campaign Videos

The New Jersey Department of Health and the Partnership for Maternal and Child Health of Northern New Jersey recently received national recognition for youth-generated videos from their annual Protect Me with 3+ adolescent immunization awareness campaign. Comprised of a youth video and poster contest and an educational website, the campaign raises awareness about the importance of adolescent immunizations among preteens, teens, and parents with the goal of increasing vaccination rates for:

- Tetanus, Diphtheria, Pertussis (Tdap)
- Human Papillomavirus (HPV)
- Meningococcal Conjugate (MCV4)
- Flu

From December 15-21, 2014, the Immunization Action Coalition (IAC), a non-profit, national vaccine education organization, featured videos from past contest winners Kyle Dubiel and Max Mucha, Ryan Zuzulock, and Kiefer Wilson as a part of their “Video of the Week” series. The three videos were also featured in the IAC Express, a weekly e-newsletter that is delivered to nearly 50,000 subscribers. The videos can be viewed at http://www.immunize.org/votw/.

Additionally, Value of Vaccination, a nonprofit, parent organization, featured two past Protect Me with 3+ winning videos during National Immunization Awareness Month in August and back-to-school month in September. The videos can be viewed at http://valueofvaccination.org/camera/.

This year marks the third annual Protect Me With 3+ contest. For more information about the campaign and to view this year’s winners, visit http://www.protectmewith3.com.
Improving Birth Outcomes Initiative Continues

New Jersey is forging ahead with improving birth outcomes through statewide collaboration, policy change and the implementation of effective programs targeting women, children and families.

In January of last year, the Department gathered a group of stakeholders together at the Building Partnerships Across the State to Improve Birth Outcomes and Create Healthy Communities conference to review ongoing efforts to give New Jersey’s children a healthier start and set a focus on future work.

Since that meeting, three working groups (Data, Payment Strategies and Wellness) have met monthly to develop recommendations for next steps to improve birth outcomes. All three working groups came together in late December at the Robert Wood Johnson Wellness Center. Commissioner O’Dowd opened the meeting with an overview of maternal and child health initiatives. Lori Garg, M.D., M.P.H., the Department’s Maternal and Child Health Director, provided an overview of New Jersey’s strategic priorities for the Collaborative Improvement and Innovation Network initiative to improve infant mortality nationwide.

Working group leaders, George Rhoads, M.D., M.P.H. (Data), Ruth Perry, M.D. (Wellness) and Ward Sanders, J.D. (Payment Strategies) presented preliminary recommendations developed by their respective working groups. In addition, attendees participated in break-out sessions focused on: Prenatal Care, Program Collaboration and Data Systems Integration, and Preconception and Interconception Health. These sessions gave working group members the opportunity to exchange ideas and expand recommendations, which are expected later this year.
February is American Heart Month

New Jersey is recognizing February as American Heart Month with events across the state to raise awareness of heart disease. Heart disease is the number one cause of death in New Jersey with more than 18,000 deaths annually in the state. During American Health Month, Wear Red Day was celebrated on February 6 to focus attention on the impact that heart disease has on women.

Regional Chronic Disease Coalitions, funded by the Department, are working with health care facilities and community groups to educate residents on steps they can take to prevent heart disease. For example, the Hunterdon and Mercer Coalition has partnered with Hunterdon Healthcare and the Hunterdon County Family Success Center to hold heart healthy cooking demonstrations in February. The Morris and Somerset coalition is hosting a free presentation entitled “Women - The Heart of It All” that will focus on prevention, symptoms, diagnosis and treatment of heart disease in women. Many of the other coalitions are holding lunch and learn sessions and hosting health fairs. To find events near you, contact your local coalition.

Opioid Painkillers Widely Prescribed Among Reproductive Age Women

More than a third of reproductive-aged women enrolled in Medicaid, and more than a quarter of those with private insurance, filled a prescription for an opioid pain medication each year during 2008-2012, according to a recent Morbidity and Mortality Weekly Report (MMWR).

Opioids are typically prescribed by health care providers to treat moderate to severe pain. They are also found in some prescription cough medications. The most commonly prescribed opioids among both groups of women were hydrocodone, codeine and oxycodone.

Read more at: http://content.govdelivery.com/accounts/USCDC/bulletins/eb964f

Governor Christie Builds On Commitment To Saving Lives With Expansion of Overdose Protection Act

Building on a commitment to reclaim lives from the menace of drug addiction, Governor Christie signed legislation this month expanding the bipartisan Overdose Prevention Act of 2013 by adding a provision that provides immunity to first responders. The new law cements in statute the protections for first responders taking part in the Christie Administration’s lifesaving Narcan pilot program and EMS waiver in effect in communities throughout New Jersey.

The bill, S-2378, clarifies immunity provisions for administering and dispensing Narcan to individuals and programs involved in the treatment of substance abuse and those that interact with substance abusers.

Commissioner’s Message, continued from page 1

Our workforce mirrors our country’s population, which often consumes an unhealthy diet, has high rates of obesity, is inactive and is aging, all of which raise the risk of chronic disease. Chronic Disease represents seven of the top 10 causes of death in New Jersey. By 2020, older workers age 55 and above will account for 25 percent of the U.S. labor force, up from just 13 percent in 2000. The resultant direct costs to employers include insurance premiums and worker’s compensation claims. Indirect costs are realized in absenteeism, disability and lost worker productivity.

Obesity, for example, costs employers up to $93 billion per year nationally in health insurance claims, according to the Centers for Disease Control and Prevention (CDC). For a company with 1,000 employees, the cost of obesity including medical expenditures and absenteeism is estimated to be $277,000 per year.

A well-organized workplace wellness plan can lower direct and indirect costs to the employer. I encourage large, small and medium-sized businesses to make worksite wellness a part of their organization. The return on investment can be significant.

Whether you have a wellness program in place or are in the planning stage, the toolkit can help by providing key elements of healthy lifestyles; proven and successful strategies; resources to support, establish and maintain worksite wellness initiatives; and tools to support the return on investment for employers.

The toolkit guides companies on how to set goals in order to create a culture of wellness in their organization. Some examples of actions employers can take to encourage healthy behaviors are enacting a company policy to eliminate or restrict smoking at the worksite, offering healthier menu choices in the cafeteria and providing opportunities for employees to increase their level of physical activity.

I want to invite you to register today to receive a free copy of the Working Well in New Jersey toolkit at http://www.state.nj.us/health/fhs/workingwell/toolkit.shtml. To track usage of the toolkit and collect valuable information on its impact and benefit for New Jersey employers and their workforce, we ask that you fill out a survey questionnaire as part of the registration. The data collected will help DOH build and strengthen the workplace wellness initiative.

ShapingNJ Healthy Community Grants 2015

The Department, along with our funding partners – the Robert Wood Johnson Foundation/NJ YMCA State Alliance, Partners for Health and Atlantic Health System – has launched the fourth round of ShapingNJ Healthy Community grants. These grants, $10,000 - $12,000, are awarded to communities to promote access to healthy food and opportunities for routine physical activity. This year we have 30 communities participating, 18 of which are funded by the Department.

“Sustainable change happens at the local level. Through this initiative, we have seen promising changes in our communities, as we continue efforts to promote a culture of wellness in New Jersey,” said Commissioner O’Dowd.

Local projects include corner store initiatives, community/school gardens, walking and bike paths, Safe Routes to School programs, new farmers markets and Take the Stairs campaigns at the workplace.

**January-February 2015**

‘Cancer Matters’
Brought To You By:

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**A Closer Look at Measuring Cancer Survival**

Q&A with Antoinette Stroup, PhD

When looking at cancer, measures of survival are a valuable tool to clinicians, researchers and public health officials. The New Jersey State Cancer Registry, under the direction of the Rutgers Cancer Institute of New Jersey and the state Department of Health, is a local and national resource for population-based epidemiological studies into the causes, treatments and outcomes in patients with cancer. The registry – as with other state registries across the country – includes measures of cancer survival. New Jersey State Cancer Registry Director and Cancer Institute of New Jersey resident member Antoinette Stroup, PhD, is the lead author on research published in the current online edition of the *Journal of the National Cancer Institute* (doi: 10.1093/jncimonographs/lgu017) comparing relative survival rates that use state life tables to traditional methods that use U.S.-based life tables.

**Q: Why was it important to do this study?**

**A:** Relative survival compares the survival probability of a diseased population – in this case, a population diagnosed with cancer – to the survival probability of the general population. Traditional relative survival estimates essentially compare the survival probability of a cohort of cancer patients to the survival probability of the entire U.S. population. This may become problematic and lead to biased estimates if the characteristics of the cancer cohort being studied is markedly different than the comparison population – akin to comparing apples and oranges. Prior research has shown that if the key differences in the two populations are large and have the potential to impact mortality in either population, then the relative survival rates can be either over or under the true rate.

**Q: What were the results?**

**A:** Our findings were generally consistent with what we expected: We found that states with higher background mortality than the U.S. average – Kentucky, Louisiana, and Georgia – had higher estimates of five-year relative survival using state-based life tables compared to the estimates using U.S.-based life tables. And, states with lower background mortality than the U.S. average – Utah and Connecticut – had lower five-year relative survival estimates using state-based life tables as compared to U.S. life tables. However, the differences between the two estimates were generally small – less than four percentage points.

In New Jersey, differences in five-year relative survival estimates between the two methods were not substantial. This finding is due to similarities between New Jersey and the U.S. population in terms of percentage of whites and blacks, median age, overall cancer mortality rates, and background rates of tobacco use for men and women for period under investigation (2000-2009). Read more at: [http://cinj.org/about-cinj/closer-look-measuring-cancer-survival](http://cinj.org/about-cinj/closer-look-measuring-cancer-survival)