Each year produces its own unique set of opportunities and challenges, and 2011 was filled with both. A difficult economic climate, multiple natural disasters and an evolving health care landscape contributed to unprecedented teamwork and planning. 2011 also provided the opportunity to enhance the work we do and reaffirm our commitment to protecting New Jersey’s most vulnerable residents.

Working smarter is also one of the hallmarks of the past year. We worked collaboratively with the Department of Human Services on the Comprehensive Medicaid Waiver for submission to the federal government. We transitioned adult medical day care participants into managed care. We transferred all lab services to the new Public Health, Environmental and Agriculture Laboratory building. And we became one of the first—if not the only—state in the nation to require a Universal Transfer Form (UTF) to be used by hospitals, long-term care facilities, ambulatory care facilities and home health agencies when transporting patients.

Governor Christie’s budget fully funded and enhanced benefits for 160,000 low income seniors and disabled residents who participate in the Department’s Pharmaceutical Assistance to the Aged, Blind and Disabled (PAAD)/Senior Gold program. The Department expanded opportunities for seniors to age at home and in the community through a $47.6 million increase in the Global Options Long-Term Care program. We also supported New Jersey’s hospitals efforts to provide care to low-income residents with a $10 million increase in charity care.

New Jersey’s health care community pulled together to protect residents through Hurricane Irene. The Department helped coordinate evacuations and power restoration to 46 healthcare facilities during and after the storm. Emergency responders performed life-saving, heroic work during unprecedented flooding in North Jersey and during a surprise October snowstorm that knocked out power to thousands of New Jersey residents.

New Jersey also made history enacting a first-in-the-nation law requiring newborns to be screened for life-threatening heart defects before leaving the hospital. Governor Christie and I toured Newton Medical Center and met with the Gordon family, whose four-month-old son, Dylan, is alive today because of the test required by the law.  

The Department promoted healthy communities by supporting blood drives and programs that helped seniors and minorities better manage diabetes and other chronic illnesses. For example, the Department’s Chronic Disease Self-Management (CDSM) program provided 171 workshops for 2,246 participants across New Jersey in 2011. Half of CDSM participants are minorities.
DHSS 2011 Accomplishments

Protecting the Most Vulnerable & Access To Care
- Governor Christie signed a budget which increased hospital funding for charity care and Graduate Medical Education by $40 million
- Fully funded PAAD/Senior Gold and enhanced benefits by reducing co-pays for generic drugs, income limit increase, helping 160,000 low-income seniors and disabled residents
- Implemented first-in-the-nation law requiring newborns to be tested for congenital heart defects. At least two babies have been saved since the law took effect in August
- Coordinated evacuation/power restoration to 46 healthcare facilities during Hurricane Irene while EMS professionals assisted in thousands of evacuations and answered scores of 9-1-1 calls
- Promoted the importance of organ donation with the New Jersey Sharing Network

Healthy People/Healthy Communities
- Worked to increase New Jersey’s blood supply by taping PSAs and holding a press conference during Virtua Memorial blood drive
- Commissioner collaborated with Dr. Oz to draw attention to healthy aging
- Commissioner launched Medicare Wellness Program while visiting seniors in Manchester
- Commissioner convened a roundtable on how health care providers can increase the number of women who breastfeed and awarded $100,000 in grants to 10 hospitals to become more baby friendly
- Commissioner accepted New Jersey YMCA “Spirit of the YMCA” award for ShapingNJ efforts to support the health and well-being of all New Jersey residents.
- DHSS Office of Chronic Disease Prevention and Control received a three-year, $2.5 million contract to expand inspections in stores to ensure that cigarettes are not sold to anyone under 19 years of age
- DHSS awards nearly $350,000 in federal grants to 18 agencies to expand a community-based program that helps older adults better manage their chronic disease
- DHSS announced $135,000 in ShapingNJ grants to ten cities and counties to increase access to healthy choices—including cultivating community gardens and making it easier to walk and bike
- DHSS awarded $800,000 in Community Mobilization Grants to minority community-based or faith-based organizations to reduce asthma and diabetes disparities

Working Smarter
- Expanded Home and Community-Based Services through $47.6 million increase in Department's budget for the Global Options program
- Transitioned adult medical day care participants into Medicaid managed care
- Participated with DHS in Comprehensive Medicaid Waiver application to CMS
- Moved all Department lab services to the new Public Health, Environmental and Agriculture Laboratory building
- Established the Office of Health Care Finance to improve management of the charity care program and hospital financial oversight

CONTINUED ON PAGE 4
It is not a simple matter to create a program to grow and dispense marijuana in New Jersey for medicinal use. The Department of Health and Senior Services, along with the Attorney General’s Office, the Department of Agriculture and other state agencies, is building a new, secure network of nonprofit Alternative Treatment Centers (ATC) from the ground up to provide qualified patients with access to medicinal marijuana.

Secure systems are needed to grow, package, test, inspect, transport, dispense and dispose of a substance, which we must always bear in mind is considered a Schedule 1 drug under federal law. Schedule 1 drugs are not considered legitimate for medical use.

The State is actively moving forward to make this program a reality and we have made substantial progress. We’ve developed a responsible, first-in-the nation permitting process to thoroughly vet the financial and personal backgrounds of the six nonprofit agencies awarded bids to grow and sell to patients. We’ve adopted regulations that strike an appropriate balance between public safety and access for qualified patients.

One ATC is nearing completion of the investigatory process. Department officials frequently meet and communicate with them to monitor progress. Others who hope to operate an ATC are actively at work to secure approved municipal locations.

The Department will publish on its website—in mid-March—the names of more than 100 physicians who have registered to participate in the program. This will help attending physicians and their patients find doctors who will help them secure access to medicinal marijuana.

John H. O’Brien, a 26-year veteran of the New Jersey State Police, directs our program. He brings the leadership and experience to interface effectively with law enforcement and develop the appropriate oversight and security protocols.

The state is working to ensure that as this complex program begins, it protects public safety and ensures...
Moving Forward, continued from page 1

We provided grants to help New Jersey residents gain access to healthy foods and recreation opportunities. The Department also awarded grants to faith-based organizations to reduce health disparities in their communities.

We partnered with the Department of Human Services to expand the Supplemental Nutrition Assistance Program (SNAP) to 16,000 beneficiaries of the Pharmaceutical Assistance to the Aged, Blind and Disabled (PAAD) program.

DHSS awarded $950,790 from the U.S. Department of Health and Human Services to enhance the public health infrastructure and strengthen New Jersey’s public health workforce.

Palliative Care/End-of-Life

Governor Christie signed legislation calling for creation of a standardized Physician Orders for Life Sustaining Treatment (POLST) form allowing patients and their doctors to indicate preferences for life-sustaining treatment.

Governor Christie signed legislation creating an End-of-Life Advisory Council to study the quality of end-of-life care.

Highlighted the importance of palliative care/end-of-life issues in discussions with stakeholders including the New Jersey Health Officers Association, the Business and Industry Association and Rutgers University students, staff and alumni.

Accomplishments, continued from page 2

- Implemented a one-page, real time clinical record (Universal Transfer Form) that travels with patients as they transfer among any of the state’s 1,900 licensed health care facilities.
- Worked with the Department of Human Services to expand the Supplemental Nutrition Assistance Program (SNAP) to 16,000 beneficiaries of the Pharmaceutical Assistance to the Aged, Blind and Disabled (PAAD) program.
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Moving Forward, continued from page 1

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Improving the quality of care through empowering patients will be an important area of focus for me in 2012. In particular, I will emphasize the importance of quality of care at the end of life through a series of events. The first, a roundtable discussion on Feb. 3 at the University Medical Center at Princeton, will highlight legislation Governor Christie recently signed that protects the healthcare wishes, dignity and autonomy of those in palliative care settings by creating a standardized Physician Order for Life Sustaining Treatment (POLST) form. The form will allow patients and their doctors to indicate preferences for life-sustaining treatment.

I will also encourage physicians to talk to their patients about their goals for end-of-life care and to share those wishes with their family members and loved ones. By taking steps now, people can ensure their wishes are honored. And I will also work with the Assisted Living industry to improve the quality of these facilities through innovative partnerships.

Whether we are ensuring the elderly have access to care, working to reduce health disparities in minority communities, promoting access to healthy and nutritious foods or engaging in other activities and programs that protect and improve the health of New Jersey residents, DHSS will continue to work with our partners in the health care community to find the best way to deliver needed services to the people of New Jersey.
New Jersey’s Critical Blood Shortage

How serious is New Jersey’s blood shortage? Consider the following: New Jersey imported nearly 50,000 units of blood from other states in 2010, is the largest importer of blood in the nation and typically has only a two-day supply of blood on hand to serve those in need.

In an effort to raise the public’s awareness of the shortage Health and Senior Services Commissioner Mary E. O’Dowd, Betsy Ryan, President & CEO of the New Jersey Hospital Association, Rich Miller, Virtua CEO and Dr. Craig Turner, president of the medical staff and assistant chief of emergency medicine at Virtua, held a press conference at a workplace blood drive at Virtua Memorial in Mount Holly on January 9th, where they asked residents to donate and encouraged businesses to hold more blood drives. The blood drive was staffed by the Red Cross.

“Nine out of 10 people will need blood at some point in their lifetime,” Commissioner O’Dowd said. “People can donate in a variety of ways: At a workplace blood drive, at a community blood drive, or at the nearest blood center or hospital collection site.”

Sixty percent of the state’s adults are eligible to donate blood, but only 3.6 percent do, below the national average of 5 percent.

“New Jersey hospitals need blood every single day, but there are some days where blood supplies in New Jersey reach alarming lows,” said Ryan. “When that happens, our hospitals may be forced to ration blood. With a limited blood supply, emergency procedures receive priority and elective surgeries would be curtailed. In extreme shortages, some procedures may need to be canceled, and emergency departments would have to divert patients.”

Most people in New Jersey can donate blood if they are in good health, at least 16 years old, and weigh at least 110 pounds. Giving blood is easy. It takes less than an hour. A single unit of blood donated in the course of an otherwise routine work day can save up to three lives.

The workplace blood drive coincided with January being National Blood Donor Month that seeks to put a spotlight on blood donations at a time when weather, holidays and illness depresses blood supply levels nationwide.

Virtua CEO Miller said his four hospital system uses 11,000 units of red cells and 3,000 to 4,000 units of other blood products such as platelets and plasma each year. The blood is used mostly for surgical patients, oncology patients and patients with gastrointestinal bleeding. “Virtua hosts 25 blood drives each year and its employees donate 1,000 units of blood annually,” noted Miller.

Dr. Turner explained how important blood is in the emergency room to accident victims and other trauma patients. He reminded everyone attending the press conference that “donating blood may save your life someday.”

For information on how to donate blood or how to plan a blood drive, visit www.njsave3lives.com.
NJCEED: Providing Cancer Screening to Those Most in Need

Currently, there are nearly 1.3 million uninsured or underinsured individuals living in New Jersey. It’s a population that often struggles to provide needed healthcare for themselves and their families. Unfortunately this vulnerable population is often forced to delay care until a major health emergency takes place.

Providing access to quality health care to those who are struggling is a key priority for the Department; and since 1996, the New Jersey Cancer Education and Early Detection (NJCEED) program has worked to help low-income residents receive needed cancer services. In fact, since the program’s inception, more than 121,000 residents have received cancer screening through the NJCEED program.

The goal of NJCEED is to provide cancer outreach, education, screening, tracking and follow-up services to individuals aged 18-64 with incomes up to 250% of the Federal Poverty Level.

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The program provides breast, cervical and colorectal cancer screening services to women; and, prostate cancer screening, colorectal screening and symptomatic male breast cancer services to men. The program is available in each of New Jersey’s 21 counties through screening programs called NJCEED Lead Agencies.

In State Fiscal Year 2011 alone, the program screened nearly 21,700 residents for breast, cervical, prostate, and/or colorectal cancers. More than 13,700 women received mammograms and over 16,900 women were screened for cervical cancer.

The program serves a large minority population. Approximately 70% of those served are Hispanic (45.6%), African American (17.9 %) or Asian, (6.8 %).

Prevention and education are important components of NJCEED. Educating people about cancer and other serious illnesses gives them the tools they need to identify symptoms that may lead to early diagnosis and better health outcomes.

Oftentimes, programs such as NJCEED are the first and last resource for groups of people without health care options – especially during difficult economic times. DHSS remains committed to protecting the health of those most in need in New Jersey. The Department encourages everyone to get regular checkups and cancer screenings.

For more information about NJCEED and other state and federal cancer resources, please visit the NJCEED homepage at www.state.nj.us/health/cancer/njceed/index.shtml
1996  The year NJCEED started

$3 million  Funding NJCEED receives from the Centers for Disease Control and Prevention

21  The number of New Jersey counties where NJCEED operates

121,043  Total residents served since the start of NJCEED

155,542  Mammogram screenings performed since the start of NJCEED

155,292  Pap tests performed since the start of NJCEED

21,708  New Jersey residents screened for breast, cervical, prostate, and/or colorectal cancers in fiscal year 2011 through NJCEED

16,937  Cervical cancer screenings performed in FY 2011 through NJCEED

70  The approximate percentage of minority participants in NJCEED

Creating a Secure Program, continued from page 3

the integrity of the ATCs for the patients and the communities supporting it. Its long-term success depends on careful and serious consideration of the issues involved.

Government must address questions about the relationship to federal law, security, finances, regulatory compliance and law enforcement, including a surveillance system for cultivation sites and dispensaries, plus fingerprint checks of every owner, officer, director and employee. Law enforcement has to be trained to differentiate between a Department-issued identification card and a forgery. Secure computer software systems must be in place. The ATCs and the state must be able to provide testing similar to other controls over plants or consumer products. The ATCs must be able to exchange confidential patient information with one another and the Department.

The Department’s medical-model is intended to provide safeguards for patients. The professionals who provide for the distribution, research and safety of legal medications - pharmacists, medical schools, academia, and pharmaceutical companies – are not part of the medicinal marijuana law created by the Legislature and signed two years ago in the final hours of the previous administration. There is no pre-existing model or infrastructure.

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Commissioner O’Dowd delivered remarks on the health impacts of childhood obesity before “Austin the Unstoppable,” a new musical debuting at the George Street Playhouse in New Brunswick.

Dr. Arturo Brito, Deputy Commissioner of Public Health Services, visited the Center for Health Education Medicine and Dentistry to take part in a ribbon cutting for “Miles of Smiles” a free dental program for children in Lakewood.

Commissioner O’Dowd attended the Advisory Council on Palliative End-of-Life Care meeting which took place at the New Jersey Hospital Association (NJHA) headquarters in Princeton.

Commissioner O’Dowd attended the NJHA annual meeting in Princeton with Governor Christie.

Creating a Secure Program, continued from page 7

Governor Chris Christie, like the Governors of Washington state and Arizona, had legal concerns about the potential for federal actions against growing and dispensing and the liability of state workers. So he -- like other Governors -- sought guidance from the U.S. Department of Justice. While the Washington state governor vetoed the legislation and the Governor of Arizona filed a lawsuit to block implementation, Governor Christie decided to move forward in July.

While polls indicate a majority of residents approve of making medicinal marijuana available to patients, many residents have publically opposed the cultivation and dispensing of medicinal marijuana in their communities.

We empathize with patients who are frustrated and waiting for access. But, no ATC can open in a community without the appropriate municipal approval or community support. New Jersey learned from other states, which tried to place controls on distribution sites after communities raised concerns about proliferation. Those who advocate for speedy marijuana distribution seem to forget New Jersey is a “home rule” state.

I am certain that once the first ATC is up and running, the public will see that it is operated safely and securely and that it is dispensing only to qualified patients. Everyone will see the Department has taken its responsibility seriously and the steady progress of other ATCs may begin to be welcomed by other communities.
DHSS publishes EMS Field Guide

The DHSS Office of Emergency Medical Services (OEMS) has created and distributed an updated pre-hospital field guide to assist first responders in providing the most effective and efficient care and triage.

The pocket-sized field guide was distributed, without charge, to more than 28,000 New Jersey-certified Emergency Medical Technicians (EMT) and paramedics in November. The guidelines are meant to assist EMTs and paramedics in their approach to patient assessment and management. It is designed to be a continuing education tool as well as a quick and up-to-date reference guide.

The EMS Field Guide is divided into sections based on various emergency medical conditions and symptoms such as trauma and emergency preparedness. Each algorithm includes specific medical treatments and procedures that combine basic and advanced life support responses. The treatment/responses are color-coded based on the level of training of the providers performing each task. For example, information for basic providers is contained in white boxes and information for advanced providers is featured in red boxes.

Special considerations for the pediatric population are included wherever appropriate and are identified by the Emergency Medical Services for Children (EMSC) logo—which includes a teddy bear. Blank pages are included at the end of the guide to allow for the addition of new and revised protocols over the next several years.

The Department’s updating of the field guide is one more example of how the Department is working smarter to protect the health of New Jersey residents.

The DHSS EMS field guide will soon be available on the DHSS website as a downloadable document. OEMS staff is also developing an application for smart phones to make the guide more accessible and user-friendly.
This fall, the Centers for Disease Control and Prevention (CDC) released the 2010 National Immunization Survey which reported that New Jersey is below the national rates of newborns receiving the birth dose of vaccine against the hepatitis B virus (HBV). Only 37 percent of our state’s newborns receive the birth dose of HBV vaccine compared to the national average of approximately 64 percent.

It is important that all newborns receive the birth dose to ensure our children have the appropriate protection from the HBV, which can cause chronic long-term health conditions. Babies aren’t able to fight HBV infection as well as older children and adults. Infants infected at birth have a greater than 90 percent chance of becoming chronically infected with HBV leading to liver cancer, cirrhosis, and liver failure.

In many cases, the HBV passes from mother to baby during birth when the mother does not know she is infected. In other cases, the virus is spread to the baby during close contact with an infected family member, caregiver or friend. Approximately 66 percent of childhood transmission of HBV occurs in infants whose mothers are HBV negative but who are exposed postnatally from another family member or caretaker with chronic HBV infection. Most people who are infected with HBV do not feel sick and have no idea they carry this virus. HBV can be spread by infectious blood and body fluids.

The universal HBV birth dose to all infants acts as a safety net and reduces the risk for perinatal infection in infants. Delaying HBV vaccination until a follow-up office visit will be too late to prevent HBV transmission.

The HBV vaccine has been demonstrated to be safe when administered to infants, children, adolescents and adults. Since 1982, an estimated 70 million adolescents and adults and 50 million infants and children in the United States have received at least one dose of HBV vaccine; a billion doses of HBV vaccine have been given worldwide.

To help improve HBV vaccination rates, the Department is asking birthing hospitals and healthcare professionals to ensure that all newborns are being protected against HBV by ensuring that there are written policies and procedures and standing orders for administration of the HBV vaccine at birth in accordance with the CDC, American Academy of Pediatrics (AAP) and American Academy of Family Practitioners (AAFP) recommendations.

The Department is also asking health care providers to help educate parents on the need for this vaccine. We need to increase awareness that the HBV can be spread by infectious blood and body fluids and not just through intercourse or through birth to an infected mother. A child may be at risk when coming into contact with blood from an infected person, which can happen with an infected person suffers a scrape, cut, or nose bleed.

New Jersey’s health care providers are vital partners in ensuring all our children are receiving essential vaccinations that will protect their health. With greater understanding of this HBV vaccine, we can improve vaccination rates in our state.