Hurricane Sandy Roundtables Highlight Best Practices of Public Health, Health Care Partners

New Jersey's public health and health care professionals were very well prepared and did an excellent job during Hurricane Sandy. Governor Chris Christie attended the annual meeting of the New Jersey Hospital Association (NJHA) in Princeton last Friday to thank the CEOs for their efforts in helping the state’s residents at the most crucial time.

On Monday, I was in Hamilton to thank more than 100 local and county health officials from across New Jersey during the Annual Conference of State and Local Health Officers. Local and county health officials were instrumental in preparing for and responding to Sandy and their expertise is essential as we continue to help our communities and residents recover.

The public health and health care system’s response to Sandy was also the focus of the first of four roundtables that I hosted Jan. 23 at Community Medical Center in Toms River.

Hospital CEOs, Ocean County Health Officer Dan Regenye, Commander Andy Chen of the U.S. Public Health Service, Trooper William Craney, State Police Office of Emergency Management, Ocean County Emergency Medical Services Coordinator Steven Brennan, NJHA President Betsy Ryan and nursing home, home health and dialysis representatives highlighted best practices and how we can enhance our preparedness efforts in the future.

At the roundtable, I reviewed federal and state assets that were available to our partners including 135 ambulance units from five states; a Mobile Satellite Emergency Department that was deployed in Hillsborough, Ocean Medical Center in Brick and Jersey City Medical Center; the Strategic National Stockpile; and federal Disaster Medical Assistance Teams of medical personnel who treated 750 patients in seven locations. It was the first time these professionals were deployed in New Jersey. Roundtable participants as well as the audience in attendance also received a list of federal and state emergency assets (http://nj.gov/health/lh/documents/asset.pdf) that are available during a crisis.

During the roundtable, panel members discussed the topics of: Increased volume in health care facilities; evacuation of health care facilities; medical shelters; EMS; communication flow; resource requests and regulatory issues.

The Department will produce a report outlining the best practices and ongoing issues we identified during the roundtables. Three other roundtables are continued on page 5.
The storm that hit New Jersey late October 2012 was unprecedented. New Jersey’s 95 local health departments (LHDs), which serve all 565 municipalities, were fully engaged in response and recovery. To gain a better understanding of the role our LHDs played during the storm, the Office of Local Public Health conducted a survey that asked questions about resource allocation among local jurisdictions, the impact of power loss on communications, and the focus of local health efforts during and after the storm.

The Department received a significant number of responses to the survey. The data showed that the primary focus of LHD efforts were initially directed to post-storm inspections (retail food, wells, hazardous materials) and the staffing of shelters during and after the storm.

In Ocean County, one of the hardest hit areas of the state, Health Officer Daniel Regenye shared that the Health Department set up and fully staffed a Medical Needs Shelter in addition to supplying a nurse to handle the first aid function at three general population shelters.

Twenty-eight of the responding LHDs indicated that they had a critical role in setting up a local shelter and over 9,000 person hours were reported to be spent on shelter-related issues between October 27 and November 12, 2012. Sixteen LHDs used Medical Reserve Corps (MRC) volunteers and 19 used non-MRC volunteers, some used both.

The second area of focus for the majority of LHDs was public education, such as how to deal with mold and flood waters, as well as avoiding carbon monoxide poisoning. Often times Health Officers, such as Stephanie Carey of Montgomery Township, were called upon to juggle simultaneous demands including setting up a shelter, protecting food safety, providing animal care and educating the public on various storm issues.

West Windsor Township Health Officer Jill Swanson, as well as other LHDs across New Jersey, coordinated and staffed warming/recharge/reception centers in addition to conducting sheltering and public education activities. They also reached out to elderly and homebound residents via phone and site visits.

Respondents indicated that 66 percent or more of staff-time was spent on response and recovery efforts, with seven LHDs devoting over 500 hours to these efforts. Ocean and Burlington counties clocked more than 1,000 staff hours during that 17-day period between October 27 and November 12.

Many LHDs were challenged to balance routine day-to-day operations with the immediate demands of the recovery efforts. Our survey results reveal that for some jurisdictions the areas of routine inspections, complaint response, and communication efforts were temporarily reduced or unaddressed due to recovery activities understandably taking precedence.

Local Health Departments’ Response to Superstorm Sandy
by Jennifer Barron

Many LHDs were challenged to balance routine day-to-day operations with the immediate demands of the recovery efforts.
Advanced Standing Pilot Program Gains Momentum

In January 2012, the Department partnered with the Health Care Association of New Jersey (HCANJ) to start a four-year pilot program designed to enhance quality of care in the state’s assisted living facilities.

The voluntary program, entitled “Advanced Standing,” provides consumers with the knowledge that advanced standing facilities have met the highest quality standards of care in the state for assisted living facilities. The program allows HCANJ to offer a special designation to assisted living facilities that commit to yearly onsite surveys, satisfy all state licensing regulations and meet quality benchmarks set by a peer review panel that includes Departmental participation.

To date, 62 facilities have applied to be part of the pilot program. The Department is in the process of conducting random, unannounced follow-up surveys on up to 25 percent of the facilities in the program to ensure compliance. In the coming weeks, it is anticipated that 56 of the facilities will obtain Advanced Standing status.

HCANJ anticipates that an additional 17 facilities will apply for the program in 2013.

The advanced standing program gives assisted living facilities the opportunity to ensure a standard of excellence that will be noted by the Department with an advanced standing designation on its website; and allows the Department to better focus its resources on those facilities that are not part of the program while maintaining oversight of all licensed assisted living facilities in New Jersey.

Department Releases Assisted Living Profile Survey

For twenty years, assisted living facilities in New Jersey have strived to provide specialized care and housing to their residents in a way that promotes independence, individuality, privacy and dignity in homelike surroundings.

The goal is to allow residents to “age in place,” by assisting them with daily living activities until they are ready to leave on their own or until they require more advanced medical care to meet their needs.

As a way to determine if assisted living facilities in New Jersey are meeting the goal of “aging in place” the Department collects data from assisted living facilities and creates an Assisted Living Profile that allows the Department to better understand the state of the industry. The profile is also used by the industry to compare facilities to statewide averages for many key indicators such as provider credentials, special services, staffing information, Medicaid participation and other measures. The survey also collects demographic data on residents to determine the makeup of residents in these facilities.

Recently, the Department released its 2011 Resident Profile Survey where 209 out of 214 assisted living facilities responded. Takeaways from the survey included:

Facility Information:
In 2011, the average assisted living facility had 51 full-time employees. 70 percent of facilities had an active Certified Medication Aide (CMA) program and 24 percent of facilities had in-house training CMA programs. There were 104 assisted living administrators credentialled to be Certified Assisted Living Administrators (CALA),
Healthy Students Are Ready to Learn

There is clear evidence linking good health and academic achievements in school children. In fact, the National Association of State Boards of Education has noted, “Schools cannot achieve their primary mission of education if students and staff are not healthy and fit – physically, mentally and socially.”

The Department has long understood the link between good health and academic achievement and has worked with schools to make the educational environment as healthy as possible. One successful model currently being expanded in New Jersey with a proven track record of success is Coordinated School Health (CSH).

The CSH model was first adopted in 2008, through a five-year cooperative agreement with the Centers for Disease Control and Prevention and the State Department of Education. CSH uses a school health team, a self-assessment process, and action plan to improve the health of students and their academic performance.

CSH works to:

• ensure that the health and physical education curriculum in schools are aligned with the New Jersey’s core curriculum standards, are age appropriate and comprehensive
• offer health, counseling and social services to assess, educate or treat and/or refer students to needed community services
• provide nutrition services that integrate and reinforce classroom nutrition education with food served in the cafeteria
• support staff wellness through work-site activities that assess, educate and are accessible to all school staff
• create a healthy school environment that fosters learning because it is safe, supportive, and free of any conditions that pose a risk or are detrimental to the health of staff and students
• involve families and the community to advocate for resources, contribute their talents or help in developing health programs and policies to benefit students, families and the school community

In July 2010, the Department expanded CSH to 36 schools through a $1 million grant to the Center for Prevention and Counseling, Empower Somerset, the Atlanticare Foundation and the Statewide Parent Advocacy Network.

For a list of schools taking part in the program, please visit: http://nj.gov/health/fhs/children/teens.shtml

For more on Coordinated School Health: www.cdc.gov/healthyyouth
Roundtables, continued from page 1

scheduled for Feb. 20 at Jersey City Medical Center; March 14 at the Joint Field Office in Lincroft and April 4 at Holy Name Hospital in Teaneck.

After the Ocean County roundtable, Health Officer Regenye and I toured the storm-damaged Ocean County communities along Rt. 35 in Seaside Heights, Lavallette, Normandy Beach, Ortley Beach and Mantoloking. I was very impressed with the progress that has been made in removing debris.

Regenye explained that since the storm, his agency set up 17 Tetanus booster clinics in 12 different municipalities. They provided 378 Tdap vaccines and 319 flu shots to protect recovery workers as they rebuild homes and businesses.

As we move through this recovery phase, it is critical that volunteers, homeowners, business owners, first responders and recovery workers take steps to protect themselves from injury and or illness while doing repair work. Important steps to protect their health include wearing gloves, masks, protective eye wear and boots and getting a tetanus booster and a flu shot.

Department Provides Resource Guide for Families in Temporary Housing

To help families who are in temporary housing because of the aftermath of Superstorm Sandy, the Department has created and distributed a comprehensive healthcare and public health resource guide to help families and individuals re-connect with health-related resources.

The guide, that has been distributed through New Jersey’s local health departments and federal recovery centers, features a county-by-county breakdown of health resources including contact information for health departments, hospitals, community health centers, Women, Infants and Children (WIC) programs as well as state and federal agencies.

The guide also contains public health information for individuals, including fact sheets on food safety, drinking water and mold issues. The guide is available at http://www.nj.gov/health/er/documents/nj_public_health_directory.pdf.

Commissioner Extends Emergency Prescription Assistance Program

New Jersey Department of Health Commissioner Mary E. O’Dowd has extended the Emergency Prescription Assistance Program (EPAP) through March 1. The federal program provides individuals without insurance with a free one-time, 30-day refill of prescription medicine at participating pharmacies.

Individuals must demonstrate New Jersey residency with a driver's license, state issued identification card, current lease, utility bill or other credible documents of residency.

For more information on who is eligible for EPAP, visit http://www.phe.gov/Preparedness/planning/epap/Pages/dai.aspx.
New Jersey Department of Health Urges Residents to “Take 3” Actions to Fight the Flu

As influenza (flu) activity continues to increase in New Jersey and nationwide, Health Commissioner Mary E. O’Dowd encourages New Jersey residents to “Take 3” actions to fight the flu.

The following actions, promoted by The Centers for Disease Control and Prevention (CDC), will help to protect yourself and others during the peak of flu season: take time to get a flu vaccine; take everyday preventative actions to stop the spread of germs; and take flu antiviral drugs if your healthcare provider prescribes them.

“Like most of the nation, New Jersey is experiencing widespread flu activity,” said Commissioner O’Dowd. “Flu vaccination is the single most important step we can take to protect ourselves and our families against infection. The good news is that the CDC is reporting that the flu vaccine is a very good match for the strains of flu circulating in the community and early data indicates that individuals who are vaccinated have been 62 percent less likely to visit a doctor due to illness from the flu.”

To find a nearby flu clinic, please visit the Find a Flu Shot Locator on the Department's website.

The CDC recommends that everyone 6 months of age and older get a seasonal flu vaccine each year. A flu shot is especially important for certain groups of individuals who are at higher risk of developing serious flu-related complications. These groups include: pregnant women, children under the age of five, but especially younger than 2 years old, people 65 years of age and older, and people with certain chronic medical conditions (such as asthma, heart disease, cancer, diabetes and HIV).

In addition, there are other people for whom vaccination is especially important—people who live in nursing homes and other long-term care facilities and people who live with or care for those at high risk for complications from the flu.

The Department works with the health care associations to strongly encourage health care workers to protect themselves, their families and their patients by getting a flu shot. Health care workers are recommended to receive the flu vaccine to reduce the transmission of influenza-related illness and death, especially to patients at increased risk for severe flu complications.

Children younger than 6 months of age are too young to get vaccinated and anyone who has ever had a severe allergic reaction to the flu vaccine also should not get a flu shot.

Taking everyday preventative actions can help stop the spread of germs that cause respiratory illness, like flu. These measures include washing your hands, covering your nose and mouth with a tissue when you sneeze or cough, avoiding close contact with sick people and staying home from work or school if you are sick.

For more information on the flu please visit the CDC webpage: http://www.cdc.gov/flu/protect/preventing.htm

For general flu information and resources, please visit: http://nj.gov/health/flu/generalinfo.shtml.
An emergency hospital for influenza patients during the 1918-1919 flu pandemic.

MaryAnn Ellsworth, MS, RD, Public Health Consultant-Nutrition, attended a White House Holiday Open House tour in Washington, D.C. on December 21, 2012. Mary Ann was invited to the White House as a partner with Let's Move, the First Lady Michele Obama’s childhood nutrition and physical activity initiative to prevent obesity.

Michael A. Coyne, Research Scientist attended the Occupational Safety and Health State Plan Association Winter Meeting January 8-10. The meeting discussed health and safety regulations, bioterrorism and pandemic responses and how to best leverage partnerships with other state agencies.

Lisa Watts, Peter Hylkema and Jennifer Corrieri, of the Department’s Division of Epidemiology, Environmental and Occupational Health attended the National Conference on Interstate Milk Shippers Dairy Hazard Analysis and Critical Control Point Training on January 15-18. This training is mandated by the Milk Safety branch of the FDA for rating officers and dairy plant auditors to maintain certifications that allow them to certify milk plants in New Jersey.

Carl Michaels, Coordinator, Preparedness Programs was presented the President’s Award on January 28, by the New Jersey Association of County and City Health Officials at its annual membership meeting for his promotion of public health emergency preparedness, and leadership in administration of emergency preparedness grants for the Association and its membership.

Department of Health...about the Flu

1. The number of flu shots needed to protect against the flu each flu season. A flu shot is the best way to protect against the flu.
2. The number of days before flu symptoms develop when most adults may be able to infect others.
3. The number of weeks it takes for the body’s immune system to respond to the flu shot.
5. 20% of residents that will contract the flu each year.
7. The number of months in the flu season. The season runs from October through April.
42. The percentage of Americans who were vaccinated against the flu during the 2011-2012 flu season.
3000 – 49,000. The number of people who die in the United States each year from the flu - depending on the severity of the season.
50 million. The estimated number of people killed worldwide during the 1918-19 flu pandemic.
145 million. The total number of flu vaccine doses produced for the 2012/1013 flu season in the United States.
January 14 – Assistant Commissioner Dr. Tina Tan helped award Grand and Runner-Up prizes in the Protect Me With 3 Educational Video Contest. The contest sought to expand the knowledge of common diseases including pertussis, tetanus and diphtheria among New Jersey youth aged 11 through 18. The event was held at Burlington County Institute of Technology-Westampton Campus in Burlington County.

January 17 – Commissioner O’Dowd taught a class on public health to Masters Students at Columbia University’s Mailman School of Public Health. Commissioner O’Dowd is an Alumnus of the University.

January 23 – Commissioner O’Dowd held a roundtable at Community Medical Center in Toms River on the lessons learned and challenges ahead following Super Storm Sandy. The Commissioner also toured the hospital and viewed damage from the storm after the event.

January 24 – Deputy Commissioner, Dr. Arturo Brito provided opening remarks for the kickoff meeting of the Crisis Standards of Care Committee that will develop a strategic plan to be incorporated into statewide emergency plans by June 2017.

January 25 – Commissioner O’Dowd joined Governor Chris Christie at the New Jersey Hospital Association annual meeting in Princeton.

January 28 – Commissioner O’Dowd provided a “State of Health” update in New Jersey to Health Officers at the Robert Wood Johnson Wellness Center in Hamilton.

Assisted Living Profile Survey, continued from page 3

47 administrators that reported to be licensed Nursing Home Administrators (NHA) and 12 administrators that reported to be both CALA certified and NHA licensed.

Resident Information:
In 2011, there were 14,619 total residents in New Jersey’s assisted living facilities, 75 percent of residents were female and 25 percent were male. The median age for permanent residents was 85. The mean length of stay for permanent residents was 30 months.

The average age of temporary residents in New Jersey’s assisted living facilities was 83, 68 percent were female, while 32 percent were male with an average stay of 82 days.

To view the entire 2011 resident profile survey, please visit: http://www.state.nj.us/health/healthfacilities/documents/2011_alprs_survey_results.pdf
January is National Blood Donor Month

In recognition of National Blood Donor Month, Health Commissioner Mary E. O'Dowd and Kevin Rigby, Vice President and US Country Head of Public Affairs at Novartis Pharmaceuticals Corp., co-signed a letter as co-chairs of the New Jersey Workplace Blood Donor Coalition calling on New Jersey employers to conduct more blood drives in 2013.

They emphasized the need to increase the state's blood supply by increasing employer engagement in blood donation throughout the year and encouraging more employees to become first time donors. Sixty percent of New Jerseyans are eligible to donate blood, yet only 3.6 percent do so on a routine basis.

New Jersey employers can help alleviate the blood shortage in four ways: by 1) hosting a workplace blood drive, 2) promoting community blood drives in their area, 3) joining with other businesses to sponsor a blood drive, or 4) inviting employees to donate at their nearest blood center or hospital donation facility.

For tips on how to conduct a workplace blood drive, visit www.njsave3lives.com. The website contains contact information for New Jersey's eight blood centers. Contact the one nearest you for assistance in planning and organizing a blood drive.

To view the Commissioner's letter, please visit http://www.state.nj.us/health/njsave3lives/documents/the_unit_8.pdf

Department Awards $90,000 to Five Organizations to Fight Chronic Disease in Minority Communities

The New Jersey Department of Health's Office of Minority and Multicultural Health has awarded five community organizations $18,000 each to implement Take Control of Your Health, a self-management program that empowers individuals to fight chronic illnesses.

The five organizations receiving awards are:
• CompleteCare Health Network - Bridgeton, Cumberland County
• Friends of Grace - Englewood, Bergen County
• Hunterdon Prevention Resources - Flemington, Hunterdon County
• The Sickle Cell Association of New Jersey - Newark, Essex County
• University Correctional HealthCare - Newark, Essex County

The funding will be used to implement five, six-week workshops designed to improve the health of those with chronic conditions, including asthma, cancer, cardiovascular disease, diabetes, obesity and HIV/AIDS. Peer leaders are also trained to provide the course to participants and their caregivers. The Take Control of Your Health workshops are designed to improve health and quality of life of those who participate in the program.

Program participants learn strategies for managing symptoms, emotional distress, relaxation techniques, and effective ways to communicate and work with health care professionals. Nutrition education and the benefits of exercise are also stressed throughout the program.

For more information, please visit: http://www.state.nj.us/health/news/2013/approved/20130116a.html
Binge Drinking – A Serious, Under-Recognized Problem Among Women and Girls

Binge drinking is a dangerous behavior but is not widely recognized as a women’s health problem. Drinking too much – including binge drinking - results in about 23,000 deaths in women and girls each year. Binge drinking increases the chances of breast cancer, heart disease, sexually transmitted diseases, unintended pregnancy, and many other health problems. Drinking during pregnancy can lead to sudden infant death syndrome and fetal alcohol spectrum disorders.

About 1 in 8 women aged 18 years and older and 1 in 5 high school girls binge drink. Women who binge drink do so frequently – about 3 times a month – and have about 6 drinks per binge. There are effective actions communities can take to prevent binge drinking among women and girls.

It’s a vital public health issue, as drinking too much can seriously affect the health of women and girls. Here are the facts:

- Women’s and girls’ bodies respond to alcohol differently than men’s. It takes less alcohol for women to get intoxicated because of their size and how they process alcohol.
- Binge drinking can lead to unintended pregnancies.
- It is not safe to drink at any time during pregnancy.
- If women binge drink while pregnant, they risk exposing their developing baby to high levels of alcohol, increasing the chances the baby will be harmed by the mother’s alcohol use.

For the complete picture on binge drinking among women and girls visit: [http://www.cdc.gov/vitalsigns/bingedrinkingfemale/index.html#Risk](http://www.cdc.gov/vitalsigns/bingedrinkingfemale/index.html#Risk)

Folic Acids Prevents Birth Defects

The CDC urges women to take **400 micrograms of folic acid every day**, starting at least **one month before getting pregnant**, to help prevent major birth defects of the baby’s brain and spine.

Most multivitamins sold in the United States have the amount of folic acid women need each day. Women can also choose to take a small pill (supplement) that has only folic acid in it each day.

Multivitamins and folic acid pills can be found at most local pharmacy, grocery, or discount stores. Check the label to be sure it contains 100 percent of the daily value (DV) of folic acid. Even breakfast cereal can have 100 percent of the daily value of folic acid. Just check the label.

To listen to a podcast and learn more about how folic acid prevents birth defects please visit:

[http://www.cdc.gov/NCBDDD/folicacid/about.html](http://www.cdc.gov/NCBDDD/folicacid/about.html)
New Jersey Immunization Information System to Streamline Burden on Providers

The New Jersey Immunization Information System (NJIIIS) is a confidential, population-based, information system that collects and consolidates vaccination data about children in New Jersey. NJIIIS consolidates vaccination records of children from multiple providers - generating reminder and recall vaccination notices, vaccination history documents, and vaccination coverage assessments. Completed and soon to be developed enhancements are being made to NJIIIS including:

1. **Inventory Enhancement for VFC Providers** - Inventory enhancements will allow providers who take part in the New Jersey Vaccines for Children Program (NJVFC) to see their NJVFC inventory pre-populating in NJIIIS and in the Immunization Management and Ordering Distribution System. The enhancements will allow providers to simply "claim their shipment" orders without having to manually enter order information.

2. **Training - Starting February 2013, NJIIIS will be offering two new web-based training modules** -
   - **Meaningful Use Stage 1 webinar**
     NJIIIS, in collaboration with NJ-HITEC has recorded a webinar to provide information on frequently asked questions for Meaningful Use Stage 1.
   - **NJIIS Interface Training webinar**
     A new NJIIIS web-based training module is under development, in collaboration with NJ-HITEC. This training targets providers who report data to NJIIIS via interface using HL7 standard messaging protocol; and is recommended for both clinical and technical staff.

Detailed information on these modules will be available in February on the NJIIIS website under ‘Training Opportunities’ (https://njiis.nj.gov/njiis/jsp/trainingschedule.jsp).

DOH Working Smarter with Egov

The Department’s Medicinal Marijuana Program and Office of Vital Statistics recently implemented a new web-based solution entitled “e-government” (egov) that improves delivery of services and achieves costs savings by securely and conveniently allowing for the payment of fees for permits, licenses, and vital records.

Prior to egov, the only way to submit payments to DOH was through checks and money orders, a time-consuming and labor intensive process that after recording, processing and reconciling could take months to complete. Egov allows customers to pay application fees electronically by check or credit card, receive a payment confirmation number and then complete the application. The Department receives an email that payment is made and Treasury clears the payment within two days.

Egov is currently being expanded to additional Department programs. Between now and early March, lead and asbestos inspectors, animal control, tanning, bottled water, youth camps, ambulance inspections and public health nurses will all have the ability to apply and pay on-line using the Department’s egov solution.

As egov continues to be implemented and expanded across the Department a link to egov will become available on the program’s website.
Give Your Skin a Break: Skip the Tanning Bed This Winter

By Jerod Stapleton, PhD

Skin cancer is by far the most common type of cancer diagnosed each year in the United States but it is also one of the most preventable. Most skin cancers are caused by exposure to ultraviolet (UV) radiation, like that found in sunlight. Not surprisingly, many skin cancers are found in elderly people and people who have spent a lot of time in the sun. However, a recent and disturbing trend has been the rapidly rising rate of melanoma, the most deadly form of skin cancer, in young women over the past few decades. Scientists primarily attribute this increase to the greater use of artificial UV indoor tanning beds. There is a strong body of scientific evidence that shows the risk of melanoma and other skin cancers increases as a result of indoor tanning use because the artificial UV radiation from tanning beds damages skin cells in a way that can lead to cancer development. Despite the risks, indoor tanning remains a multi-billion dollar industry in the United States.

The public health impact of tanning beds can be surprising. A study out last year from British Medical Journal (doi: 10.1136/bmj.e5909) reported that each year 170,000 new cases of skin cancer in the United States can be contributed to indoor tanning. That is an average of more than 450 cases of skin cancer every day in the US. A 2011 study from the International Journal of Cancer (doi: 10.1002/iji.25576) examined 18-29 year old women who had a history of indoor tanning use and found that nearly 4 in 5 melanomas found in this group were attributable to indoor tanning use. Based on the strong body of evidence that indoor tanning leads to skin cancer, many respected national and international health organizations have recommended that tanning beds should be avoided. That list includes the American Medical Association, the World Health Organization, and the American Academy of Dermatology.

The winter and early spring months are when indoor tanning is most popular. Give your skin a break this winter and skip the tanning bed. The tan you get from indoor tanning will fade but the skin damage is permanent. If you really want to keep your tan during these months, sunless spray-on tans are the healthy way to go. Spray-on tanning technology is better than ever and can give you the glow you desire now without damaging how you will look later.

Jerod Stapleton, PhD, is a behavioral scientist in the Cancer Prevention and Control Program at The Cancer Institute of New Jersey and an assistant professor of medicine at UMDNJ-Robert Wood Johnson Medical School.

Response to Sandy, continued from page 2

Feedback from Health Officers was also solicited in an effort to improve daily communications with the Department during the event. General comments regarding the event preparation, response, and recovery were encouraged. We are grateful to New Jersey’s local health departments for their role in the response and recovery from Superstorm Sandy and look forward to incorporating their feedback into our after-action plans going forward.