DHSS Celebrates National Minority Health Month

By Mary E. O'Dowd, MPH, Commissioner
New Jersey Department of Health and Senior Services

The New Jersey Department of Health and Senior Services (DHSS) is committed to ensuring health equity for all New Jerseyans. You may have noticed that for the first time in 2012, the DHSS – Office of Minority and Multicultural Health (OMMH) – is recognizing National Minority Health Month in April. In the past, the Department has celebrated this event in September. We are excited to now align the OMMH celebration this year with the National Office of Minority Health in the U.S. Department of Health and Human Services in order to leverage our efforts together.

OMMH will celebrate another first this year as it kicks off Minority Health Month with a one-day health equity summit entitled “Health Equity for All, Think Nationally, Act Locally.” The summit has been designed to help communities, providers, practitioners and state government take action at the local level by identifying realistic strategies to move New Jersey toward its ultimate goal of eliminating health disparities and achieving health equity.

A part of the DHSS mission includes a commitment to work toward achieving health equity, and eliminating disparities that are known to be disproportionately prevalent in New Jersey’s racial and ethnic communities such as diabetes and asthma. We proudly recognize this year’s Minority Health Month theme Health Equity for All not only as a Department goal but also as the new vision for OMMH.

The DHSS understands that to achieve health equity requires a culturally competent and linguistically appropriate healthcare system of providers, practitioners, and grassroots organizations working strategically together. Throughout the year, OMMH works collaboratively with its community partners to raise awareness about health disparities, coordinate and implement community outreach strategies, support policies and programs. This collaboration will be evident with all the special health events taking place around New Jersey.

The OMMH was created in September 1990. The office awards grants of $100,000 per year to eight community agencies to reduce asthma or diabetes in low-income areas throughout the state. Two grantees—Hispanic Family Center of Southern New Jersey and the Henry J. Austin Health Center in Trenton—dramatically reduced children’s visits to the ER. That, in turn, resulted in reduced school absences related to asthma. Henry J. Austin reduced school absences 82% and Hispanic Family Center reduced absences by 63%.
Cancer Survivors Tell How State-Funded Screening Program at Saint Michael's Saved their Lives

Four cancer survivors who said their lives were saved by a state-funded cancer screening program at Saint Michael's Medical Center met with Commissioner Mary E. O'Dowd on March 20 to tell their stories.

The Commissioner visited the “In the Pink” program at Saint Michael's Medical Center in Newark to highlight the availability of free cancer screenings for low-income residents who are uninsured or underinsured. The program at Saint Michael's, which provided 3,500 cancer screenings last year, is one of 22 statewide funded by the New Jersey Cancer Education and Early Detection (NJCEED) program with $9 million.

Nearly 21,000 people received life-saving cancer screening through the NJCEED program last year. More than 1,800 cases of cancer have been diagnosed through NJCEED since the program began in 1993. More than 19,000 people are diagnosed with cancer in New Jersey each year and more than 4,000 die.

Paulette Kennedy was uninsured, living in a shelter, had Type II Diabetes and a lump in her breast the size of a grapefruit when she was diagnosed two years ago at Saint Michael's. “I wasn't supposed to be alive,” said Kennedy, who has since had three rounds of chemotherapy treatment.

Conrad Webley, a 67-year-old veteran from East Orange, heard about the cancer screening program through his church and now he encourages all the men he meets to get a PSA blood test to check for prostate cancer. Like the other cancer survivors Commissioner O'Dowd met with, Webley says he's alive today because of Aretha Hill-Forte, director of the In the Pink Program.

Emma Lewis of Newark, a 65-year-old retired nurse, said she thought her life was over when she discovered a lump on her breast because she knew her children could not afford to pay her medical bills. With the help of the In the Pink program, she has gotten treatment and now wants to help others by telling her story.

"Everyone of us knows a young woman who has died of breast cancer," Janet Lesko, director of development for the Connie Dwyer Breast Center at Saint Michael's, told Commissioner O'Dowd during her tour. "Ninety-six percent of women survive breast cancer. We want people to get their biopsies early on so we can figure out what is going on."

Dave Ricci, president and CEO of Saint Michael’s Medical Center, called the program crucial in today’s economic climate. “We don't want any woman to die because she could not afford a mammogram or cervical cancer screening. We don't want any man to die of prostate or colon cancer because he lost his job and health insurance. We know this program saves lives,” he said.

The program provides cancer outreach, education, screening, tracking, and follow-up services to residents with incomes no more than 250 percent of the federal poverty level and who are uninsured and underinsured. In 2012, 250 percent of the federal poverty level for a family of four is $57,625.

“Cancers can be treated more effectively if found early,” Commissioner O'Dowd said. “By providing free screenings to uninsured residents, the NJCEED program has saved thousands of lives.”
Health Care-Associated Infections (HAIs)

People getting medical care can catch serious infections called health care-associated infections (HAIs). While most types of HAIs are declining, one – caused by the germ \textit{C. difficile} – remains at historically high levels. \textit{C. difficile} causes diarrhea linked to 14,000 American deaths each year. Those most at risk are people, especially older adults, who take antibiotics and also get medical care.

- Deaths related to \textit{C. difficile} increased 400\% between 2000 and 2007, due in part to a stronger germ strain.
- Almost half of infections occur in people younger than 65, but more than 90\% of deaths occur in people 65 and older.

Learn more at: \url{http://www.cdc.gov/VitalSigns/HAI/index.html}

CDC Releases New Autism Prevalence Data in New Jersey and 13 Other States

The Centers for Disease Control and Prevention estimates that 1 in 88 children in the United States has been identified as having an autism spectrum disorder (ASD), according to a new study released yesterday that looked at 2008 data from 14 communities. Autism spectrum disorders are almost five times more common among boys than girls – with 1 in 54 boys, and 1 in 252 girls identified with an ASD. The New Jersey data identified 1 in 49 children with an ASD.

Read the Press Release: \url{http://www.cdc.gov/media/releases/2012/p0329_autism_disorder.html}

Read the Study: \url{http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6103a1.htm?__cid=ss6103a1_w}

NJ has one of the best systems in the nation for identifying, diagnosing and caring for children with Autism Spectrum Disorders (ASDs). New Jersey is committed to meeting the needs of those with ASDs and their families through research, services and support.

The NJ Governor's Council for Research and Treatment of Autism plans to establish a NJ Autism Center of Excellence in July 1, 2012. Grants will be awarded in June.

Health Care-Associated Infections (HAIs)

People getting medical care can catch serious infections called health care-associated infections (HAIs). While most types of HAIs are declining, one – caused by the germ \textit{C. difficile} – remains at historically high levels. \textit{C. difficile} causes diarrhea linked to 14,000 American deaths each year. Those most at risk are people, especially older adults, who take antibiotics and also get medical care.

- Deaths related to \textit{C. difficile} increased 400\% between 2000 and 2007, due in part to a stronger germ strain.
- Almost half of infections occur in people younger than 65, but more than 90\% of deaths occur in people 65 and older.

Learn more at: \url{http://www.cdc.gov/VitalSigns/HAI/index.html}

CDC Launches Tobacco Education Campaign

The U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention, through its Office on Smoking and Health, launched a national mass media campaign to educate the public about the harmful effects of smoking and to encourage quitting. The campaign is called "Tips From Former Smokers" and features real people who have experienced a variety of illnesses stemming from tobacco use, including cancer, heart attack, stroke, asthma, and Buerger's disease.

\url{http://www.cdc.gov/Features/TobaccoEducationCampaign/}

For information on CDC’s tools to help families track their child’s development, visit: \url{www.cdc.gov/actearly}
DHSS Announces $8.1 Million in Grants For Care and Treatment of New Jerseyans Living With HIV/AIDS

Get tested, know your status and stay vigilant were the messages that DHSS Commissioner Mary O’Dowd delivered to an audience of patrons, health care professionals and reporters at the Henry J. Austin Health Center in Trenton on March 21. Commissioner O’Dowd visited the Center to announce $8.1 million in grants to hospitals, health centers, community organizations and public health agencies that provide medical and support services to those living with HIV/AIDS in New Jersey.

During the event, Commissioner O’Dowd met with key leadership of the Center, including CEO George Stokes and Medical Director Dr. Kemi Ali and commended the Center on the innovative approach it is taking to help serve those with HIV/AIDS in Trenton. “Henry J. Austin is consolidating all services in one health home—they are viewing services from the patient perspective and minimizing barriers to care by providing all services in one place,” said Commissioner O’Dowd. “The center provides all aspects of direct patient care including counseling and testing, transportation, pharmaceutical assistance and two patient navigators. The Center will soon be providing mental health services for clients provided by a physician and an advanced practice nurse.”

Seventeen organizations will receive $6.3 million in U.S. Department of Health and Human Services Ryan White funds to provide health care services, home health care, transportation, substance abuse treatment, mental health counseling, hospice care and other social services.

A second grant of $1.8 million in funding from the U.S. Centers of Disease Control and Prevention (CDC) will enhance HIV testing and allow clinics in Newark, Camden, Atlantic City, Neptune and Jersey City—to buy HIV testing kits and hire patient navigators to help those who test positive for HIV to enroll in treatment. The Department also provides approximately 7,000 low-income individuals with access to a wide range of HIV/AIDS medications through its AIDS Drug Distribution Program.

The CDC grant includes $1.4 million to UMDNJ-Robert Wood Johnson Medical School to enhance rapid HIV testing and grants of $87,500 to Newark, Camden, Atlantic City, Neptune and Jersey City to hire patient navigators to help individuals who test positive for HIV enroll in HIV/AIDS care programs. The navigators will also provide counseling and outreach services to those living with HIV/AIDS.

More than 45,000 people are living with HIV/AIDS in New Jersey. The state ranks 5th nationally in the percentage of women diagnosed with HIV/AIDS, third in the percentage of pediatric cases and 7th in the overall number of cases. Minority and multicultural populations are disproportionately impacted. Women account for one third of the adult and adolescent HIV/AIDS cases in the state. New Jersey has had great success in recent years in virtually eliminating mother-to-newborn transmission of the disease.

For complete information of Ryan White Funding, please visit: http://hab.hrsa.gov/abouthab/partbdrug.html

For more information on the Department’s Division of HIV, STD, & TB Services, please visit: http://www.state.nj.us/health/aids/freemeds.shtml

Ryan White Grantees:

**ATLANTIC COUNTY:**
- Access One, Inc.: $408,220
- Atlanticare Regional Medical Center: $871,486
- John Brooks Recovery Center: $54,166
- South Jersey AIDS Alliance: $272,306

**CAMDEN COUNTY:**
- Kennedy University Hospital: $682,989

**CUMBERLAND COUNTY:**
- CompleteCare Health Network: $75,000

**MERCER COUNTY:**
- Community Health Law Project: $30,000
- Henry J. Austin Health Center: $788,771
- New Jersey Association on Corrections: $160,000
- St. Francis Medical Center: $54,250

**MIDDLESEX COUNTY:**
- Hyacinth AIDS Foundation: $160,000

**MONMOUTH COUNTY:**
- Discovery Institute for Addictive Disorders: $62,000
- Jersey Shore University Medical Center: $1,184,600
- Monmouth Medical Center: $465,811
- Riverview Medical Center: $340,986

**OCEAN COUNTY:**
- Ocean County Board of Health: $514,009
- Ocean County Board of Social Services: $30,000
Since the early 1980s, when the AIDS epidemic first gained national attention, Jersey Shore University Medical Center recognized the importance of supporting and providing compassionate care to patients with HIV/AIDS. In 1983, one physician and one nurse at Jersey Shore treated four local patients during their lunch hours. Eventually referred to as the “A-Team,” the health care providers quickly saw a dramatic increase in patients diagnosed with HIV/AIDS. By 1989, the clinic received funding from the State of New Jersey, for two physicians managing care for 350 patients. Currently, the active patient census is over 900.

The A-Team model is somewhat unique in that the same physicians provide care for their patients both inpatient and ambulatory care settings. The program philosophy has always been predicated on the notion that optimal outcomes are driven by adherence to the medical regimen. That adherence is fostered by having health care services available in one location, and when feasible, provided by the same set of providers. As a result, A-Team physicians manage their patients’ diabetes and hypertension, arrange for appropriate health screenings, and collaborate with colleagues in pediatrics and obstetrics to provide on-site women’s health and pediatric HIV services.

Today, the A-Team manages and provides full continuum of care services for their patients.

The development of a strong team is key to the program’s success, and to the continuity of care for patients. All team members - secretaries, social workers, nurses, and physicians - are considered critical to patient care. At the close of each ambulatory care session, the entire team gathers to review all patients seen that day. An Electronic Health Record (EHR) links all clinical information for A-Team patients, and provides Infectious Disease physicians access to patient medical information outside of the clinic setting. This greatly facilitates Emergency Department evaluations, allowing for efficient transitions of care, and helps prevent unnecessary hospitalizations. The EHR also contributes to the team’s ability to perform quality performance reviews and helps in assessing patient eligibility for clinical trials.

All patients seen by the A-Team are managed by Board-Certified Infectious Disease physicians, led by Kathleen Casey, M.D. and nationally certified nurses. The A-Team physicians have a strong interest in Hepatitis C/HIV co-infection. Members of the A-Team regularly teach HIV-medicine to medical students, medical residents, ID fellows, physician assistants, and pharmacy students who attend sessions to fulfill their HIV curriculum requirements. Additionally, the A-Team recently extended its reach globally by partnering with Ambo Hospital in Ethiopia. Lito Fune, M.D. and Edward Liu, M.D., along with A-Team nurses and support staff, recently traveled to Ethiopia to train Ambo Hospital physicians and front-line staff. The result of this long-distance mentoring relationship has resulted in a true exchange of best care practices and philosophies in the treatment of HIV/AIDS.
DHSS recently released its 2011 Hospital Performance Report that demonstrates hospital performance and quality continues to improve in New Jersey. The report serves as a guide to the Department and individual hospitals by assessing current quality of care and areas for improvement. The report grades hospitals in three general categories - patient safety, healthcare-associated infections and the percentage of time hospitals delivered the recommended treatment for specific health conditions.

### Health Disparities

#### Hepatitis C
Among deaths for which hepatitis C is a contributing factor, Blacks have 3 times higher death rates compared to Whites.

#### Chronic Kidney Disease
Mortality from kidney disease is highest among Blacks. Death rates among Blacks are more than 2 times higher compared to Whites.

The incidence rate of end-stage renal disease among adults diagnosed with diabetes is nearly 2 times higher among Blacks.

#### Sexually Transmitted Diseases
Blacks and Hispanics have the highest rates of sexually transmitted diseases. Non-white New Jersey residents have syphilis incidence rates that are 3 times higher than White residents.

#### Immunizations
Blacks aged 65 and older are significantly less likely to receive influenza and pneumococcal vaccines compared to Whites.

Deaths due to pneumonia or influenza are highest among Blacks.

Minority children younger than 2 years old are less likely to obtain all the recommended vaccinations compared to Whites.

---

**National Minority Health Month 2012 Kickoff**
hosted by DHSS Office of Minority and Multicultural Health
April 2, 2012, 8:30 am - 4:30 pm
RWJ Hamilton Center for Health and Wellness
“Health Equity for All…Think Nationally, Act Locally” Health Equity Summit

On March 9, Commissioner O’Dowd visited the B. Bernice Young Elementary School in Burlington Township to mark National School Breakfast Week. Commissioner O’Dowd read a book about proper nutrition to students. Commissioner O’Dowd was highlighting how breakfast in the classroom can improve nutrition and academic performance.

March 9 – Commissioner O’Dowd and Department of Human Services Commissioner Jennifer Velez attended the 25th anniversary of the State Health Insurance Assistance Program that provides Medicare beneficiaries free and accurate information on their coverage options. The event honored the program’s 400 trained counselors and 200 volunteers.

March 20 – Commissioner O’Dowd visited St. Michaels Medical Center in Newark to highlight the NJ Cancer Education and Early Detection (NJCEED) program that funds free cancer screenings for low-income residents who are uninsured and underinsured. Commissioner O’Dowd met with patients whose cancer was diagnosed through the NJCEED program.

March 21 – Commissioner O’Dowd traveled to the Henry J. Austin Health Center in Trenton to announce $8.1 million in grants for care and treatment of New Jerseyans living with HIV/AIDS during a visit to the Henry J. Austin Health Center in Trenton. The event took place on March 21.

March 23 – Deputy Commissioner Dr. Arturo Brito provided opening remarks at the 4th Leaders’ Academy for Healthy Community Development conference at the Robert Wood Johnson Center for Health and Wellness. The conference was held to improve the quality of life for all individuals in New Jersey through the promotion of wellness, physical fitness, sports and healthy lifestyles.

March 30 – Commissioner O’Dowd attended the New Jersey Hospital Association’s kick off meeting that will develop the Physician Orders for Life-Sustaining Treatment (POLST) form.

On March 9, Kathleen Mason, Assistant Commissioner for the Division of Senior and Utilization Management, for presenting at the Center for Health Care Strategies Conference in Alexandria, Virginia on March 8. Kathy’s presentation focused on New Jersey’s Medicaid Comprehensive Waiver submission to CMS and how DHSS is utilizing stakeholder workgroups to develop a system designed to improve Managed Long-Term Care. Representatives from Tennessee, Minnesota, California, Georgia, Rhode Island, also presented at the conference.
DHSS Starts Accreditation Process

The Department of Health and Senior Services (DHSS) has initiated a process to compare itself against a set of nationally recognized and evidenced-based standards in an effort to improve and protect public health. The process, known as accreditation, will allow DHSS to demonstrate the value and importance of the Department’s work and the critical impact that DHSS has on the public’s health and quality of life.

The accreditation process is overseen by the Public Health Advisory Board (PHAB), a non-profit, voluntary public health accreditation organization, founded in 2007, whose goal is to advance public health performance by providing a national framework of standards for local, state, territorial and tribal health departments.

As part of the accreditation process the Department is identifying documentation that meets a specific set of standards and measures developed by PHAB. The measures are based on Essential Public Health Services and Core Functions published by the Centers of Disease Control and Prevention. The standards by which the Department is being measured against include:

- Conduct assessments focused on population health status and health issues facing the community
- Investigate health problems and environmental public health hazards to protect the community
- Inform and educate about public health issues and functions
- Engage with the community to identify and solve health problems
- Develop public health policies and plans
- Enforce public health laws and regulations
- Promote strategies to improve access to healthcare services
- Maintain a competent public health workforce
- Evaluate and continuously improve processes, programs, and interventions
- Contribute to and apply the evidence base of public health
- Maintain administrative and management capacity
- Build a strong and effective relationship with governing entity

For more information on PHAB and the accreditation process please visit http://www.phaboard.org/

Minority Health Month, continued from page 1

As we salute Minority Health Month 2012, the Department reaffirms its commitment to creating an inclusive health system that treats all people equitably – and one where all New Jerseyans can achieve optimal health.

Dr. Arturo Brito, Deputy Commissioner of Public Health Services, Dr. Carolyn Daniels, Executive Director of the DHSS Office of Minority and Multicultural Health and Department staff will be traveling across New Jersey this April to take part in events that recognize the work being done to eliminate health disparities in New Jersey and to celebrate National Minority Health Month.

This year’s slogan, Health Equity for All, is a reminder that an equitable health care system benefits everyone. I encourage you to use this calendar to attend events and activities that will inform and inspire each one of us to reach our goal.
Organ and tissue donation can affect any one of us, often when we least expect it. Chances are, it will touch each one of us or someone we know at some point during our lifetime. I never expected to be on a transplant waiting list, much less when I was a 16-year-old high school senior and co-captain of my tennis team. I’d never learned the impact of what saying “yes” to donation on my driver’s license actually meant.

As a way to promote the need for organ donation, Health and Senior Services Commissioner Mary E. O’Dowd has partnered with NJ Sharing Network on a series of local and national initiatives to alert New Jerseyans that registering to be an organ and tissue donor is not only critically important, but it could be the decision that helps you or someone you know.

There are nearly 5,000 New Jersey residents waiting for a second chance at life. The reality is, many of them will die without ever having received an organ transplant, and the need becomes more dire every day. I could have easily been one of them. During my senior year in high school, I suffered a sudden, massive heart attack. I had no history of health problems, and wasn't expected to live through the night. I waited nine long months on an experimental implanted heart pump until my second chance came—a heart transplant, just days before high school graduation.

Eleven years later, I met the family of my heart donor, Shannon, an 18-year-old high school senior who had passed away in a car accident. I could see instantly the comfort it brought Shannon’s family, knowing that something positive came out of tragedy and that she was able to live on in some way. What was most meaningful was learning that she had said “yes” to donation on her license. It’s the reason I’m here today, and why I work as Senior Education and Programs Manager at NJ Sharing Network—to encourage others to make that life-saving decision, the decision they’d hope someone else had made if they were ever in need.

To bring greater awareness to the need for more New Jersey residents to take action and register to become organ and tissue donors, on April 19, NJ Sharing Network and Commissioner O’Dowd will join with hospital leaders at Newark Beth Israel to host a press conference to celebrate April as Donate Life Month. Additionally, on April 20, NJ Sharing Network will join legislators, motor vehicle employees, hospitals, corporations, and residents all across the country in support of Donate Life Month and National Donate Life Blue and Green Day. All will wear blue and green in support of organ and tissue donation, as a call to action for New Jersey residents to say “Yes” to donation when they get their license renewed, or online, anytime at [www.donatelifenj.org](http://www.donatelifenj.org). All New Jersey residents are encouraged to participate and post their photos at Donate Life NJ’s Facebook page to spread the word. For more information, please visit [www.njsharingnetwork.org](http://www.njsharingnetwork.org).
Office of Refugee Health Makes Impact in New Jersey

Most people are probably unaware that approximately 700 refugees are resettled in New Jersey each year as part of the DHSS Refugee Health Program (RHP). The program serves people fleeing persecution in their homelands who, after seeking refugee or asylee status from the United States Department of Homeland Security (DHS), are allowed to resettle in New Jersey.

Protecting the health of refugees and the safety of the general public are crucial areas of concern when refugees are settled into New Jersey. Refugees are required by DHS to undergo a homeland security background check, a mental health screening and a physical exam that includes checks for diseases that may impact the public's health. Once settled, refugees receive another preventive health assessment within 30 days of entry into the United States. This assessment is meant to protect the public's health against communicable diseases, and identify and treat health conditions that could impede the refugee's successful resettlement.

The RHP works with Federally Qualified Health Centers (FQHCs) located in Atlantic, Union, Hudson, and Essex Counties to complete initial health assessments for each resettled refugee. Depending on the results of the assessment, the RHP, Voluntary Resettlement Agencies and FQHCs work together to ensure that care is coordinated and that the refugee is able to navigate the state's health care system. The program takes great care to provide culturally appropriate health services; and to ensure that language and other barriers to care do not negatively affect health outcomes for those just settling in the state.

Over the past 5 years, over 3,700 refugees and asylees have settled in New Jersey. Countries with the largest number of refugees include Cuba, Myanmar, Bhutan, Iraq and most recently Darfur.

The RHP program is located within the DHSS Office of Communicable Disease Service and consists of a full-time public health representative, part-time data entry operator and refugee coordinator.

For more information on the DHSS Office of Refugee Health, please visit: http://www.state.nj.us/health/cd/izdp/rh.shtml

Additional resources are available at:
- U.S. Department of State, Bureau of Population, Refugees and Migration
- International Committee of the Red Cross (ICRC)
- UN High Commissioner for Refugees (UNHCR)
- U.S. Committee for Refugees