Having an end-of-life care discussion with your loved ones is never easy. People are understandably hesitant to talk about how care should be delivered during a medical crisis or when a person’s health is failing. However, it’s a discussion that needs to take place to ensure that your loved one’s wishes regarding medical care and treatment are followed.

As Commissioner, I've made promoting discussion of these important issues one of my key priorities. My goal is to engage the public and the provider community in a dialogue about palliative and end-of-life care—so we can ensure that more residents get the treatment they desire. To advance debate and awareness, I have conducted a series of roundtable discussions by visiting providers who are doing innovative work at University Medical Center of Princeton, St. Joseph's Regional Medical Center in Paterson and Morristown Medical Center. I've also written articles on the topic for health care providers and the general public to encourage them to engage in advance planning discussions.

November is National Hospice and Palliative Care Month and to highlight the palliative care and hospice services that are available in New Jersey, I took part in two events - one at Cooper Medical School of Rowan University on November 13, and the other at Hackensack University Medical Center on November 15. During both forums targeted to healthcare professionals, I encouraged physicians, nurses and other providers to educate their patients and promote discussion. It is important for individuals to have the conversation with their family and health care providers so families are not making decisions in the midst of a health crisis without knowledge of health care preferences.

Studies have shown that one-fifth of Americans who haven’t broached the subject of end-of-life care are waiting for their loved ones to bring the topic up first. Of those who did have a conversation, 63% said they felt better knowing they were honoring their loved ones’ wishes, while 39% felt better knowing their loved one died in the way they wanted.

Not knowing end-of-life care priorities for a loved one is especially difficult for family members. It is emotionally draining and can lead to expensive and possibly unwanted medical treatments. Consider the following: New Jersey spends more than any other state on Medicare patients in the last two years and one-fourth of all Medicare spending in the U.S. goes to pay for care provided in the last year of life. Unfortunately, despite all the resources used to extend life, we see little or no evidence of improved health outcomes.
Super Bowl XLVIII will take place on February 2, 2014 at the MetLife Stadium in East Rutherford. This event is expected to draw more than 82,000 attendees from all of over the United States and even worldwide. The Department of Health would like to take this opportunity to remind everyone that when large numbers of individuals gather in close settings, such as sporting events, there is an increased potential for the spread of infectious diseases. All athletes, spectators, trainers, and medical support personnel should make sure their immunizations are up-to-date to prevent illness and outbreaks of vaccine-preventable diseases.

Over the years vaccines have prevented countless cases of infectious diseases and saved millions of lives. Due to the success of immunizations, the public sometimes questions the necessity of vaccination since we rarely see the dire consequences of these diseases today. However, recent outbreaks of vaccine-preventable diseases serve as a reminder of the importance of up-to-date immunizations.

Although measles was declared eliminated in the U.S. in the year 2000, it is periodically imported by international travelers returning from or visiting from other countries, including countries in Europe and Southeast Asia. During 2001-2011, the median annual number of measles cases in the U.S. was 60. Since elimination, the highest number of U.S. cases were reported in 2008 (140 cases) and 2011 (220 cases). During January 1 – August 24, 2013, a total of 159 measles cases were reported. Most cases have been among individuals who were unvaccinated or had unknown vaccination status.

More recently, New York City experienced a measles outbreak in a Brooklyn community which began when an unvaccinated adolescent returned to New York City from London while infectious with measles. New Jersey had four reported measles cases in 2011; two cases were reported in 2012.

The Super Bowl, with its large crowds of tourists and visitors, is an event that is not immune from the possibility of measles exposures. In 2012, just days before the Super Bowl in Indianapolis, two people with measles visited the Super Bowl Village while infectious, potentially exposing thousands of people to the virus. There were no cases of measles directly attributed to this visit, however; during the same time period, an outbreak of measles in the Indianapolis area resulted in 16 confirmed measles cases. These cases and outbreaks demonstrate that unvaccinated people place themselves and their communities at risk for measles. High vaccination coverage is important to prevent the spread of measles after being introduced by those residing or visiting other countries.

Possible disease transmission is not limited to measles. NJ has also experienced outbreaks of mumps and pertussis in recent years. The Super Bowl is taking place in February, which is also typically the peak of influenza season.

Flu seasons are unpredictable and can be severe. Estimates of flu-associated deaths in the US range from a low of about 3,000 to a high of about 49,000 people.
Asthma is a chronic illness marked by swelling or tightening of the airways that can cause shortness of breath, coughing, wheezing and chest tightness. The disease does not have a cure, but it can be controlled through the proper use of medications and by avoiding asthma triggers. Uncontrolled, asthma can lead to missed days at work, emergency department visits, hospitalization and even death.

The Department’s Asthma Awareness and Education Program recently used public health surveillance data to compare adults with controlled and uncontrolled asthma.

Key findings of the data brief include:

Compared to adults with controlled asthma, adults with uncontrolled asthma report:

- More work/activity days lost
- More urgent doctor visit
- More emergency department visits
- More hospitalizations
- Higher prevalence of cardiovascular disease
- Higher prevalence of depression
- Higher prevalence of work-related asthma

Read more at:
http://www.nj.gov/health/fhs/asthma/documents/asthma_control_in_adults.pdf

**Uncontrolled asthma is defined as more than nine days per month where individuals had asthma symptoms, more than two days with difficulty sleeping due to asthma and a limitation on activities as a result of asthma.**

Community Grants Lead to Innovations

In 2013, ShapingNJ awarded 18 grants through its Healthy Community Grants Initiative. The grants ranged in size from $7,500 to $10,000 and were awarded to nonprofit organizations and local health departments to fund projects that increased access to physical activity and nutritious foods in low-income communities across New Jersey.

The success of these grants fostered the latest expansion of more than 30 community grants for 2014 funded by the Department and several of its partners, including the YMCA State Alliance and the NJ Physical Fitness and Sports Council. Additional funders may join, as well.

ShapingNJ set out to establish an active network of communities with seed money and technical assistance capable of implementing sustainable local strategies to decrease obesity. Successful projects include nutrition education programs in schools, workplace physical activity programs, and healthy food campaigns in local bodegas.

Social media including Facebook and Twitter enables the grantees to share innovations with each other and their constituents. Through shared communication, grantees increased community involvement, awareness and support of obesity prevention programs. They forged new partnerships that brought tangible resources such as workspace, volunteers and donations to the table.

In the next round of grants, we are asking grantees to forge relationships with local hospitals or health systems to institute community-clinical linkages. Thus, we are helping grantees to expand their networks and build upon the foundation laid in 2013 projects.
November 1 – Commissioner O’Dowd attended the New Jersey Hospital Alliance’s 20th Anniversary celebration in Trenton.

November 12 – Alison Gibson, Assistant Commissioner, delivered remarks highlighting the achievements of New Jersey’s home health aides during the Home Health Aide Recognition Day celebration event held at the PNC Arts Center in Holmdel.

November 13 – Commissioner O’Dowd took part in a Palliative Care Symposium at Cooper Medical School of Rowan University in Camden.

November 15 – Commissioner O’Dowd gave remarks at two events that took place at Hackensack University Medical Center, the first highlighted the state’s increased funding for Graduate Medical Education and the second was a conference on palliative care.

November 15 – Dr. Arturo Brito, Deputy Commissioner, provided remarks and handed out awards at the Statewide EMS Conference in Atlantic City.

November 18 – Commissioner O’Dowd joined officials from Bristol Myers Squibb Children’s Hospital at Robert Wood Johnson University Hospital in New Brunswick for the opening of the New Center for Advanced Pediatric Surgery.

November 18 – Deputy Commissioner Dr. Arturo Brito presented at Rutgers University New Jersey Medical School’s Public Health and Preventive Medicine Grand Rounds on Super Storm Sandy: Impact & Recovery Efforts in New Jersey One Year Later.

November 20 – Commissioner O’Dowd delivered the Annual State of Public Health address to health officials and mayors at the State League of Municipalities meeting in Atlantic City.

Debra Virgilio, Research Scientist, HCQA, participated in the Annual Northeast Cerebrovascular Consortium meeting representing the New Jersey Acute Stroke Registry.

Amelia Hamarman, Research Scientist, Sexually Transmitted Disease (STD) Program, attended the annual meeting of the National Coalition of STD Directors. She represented the Department on a national forum that discussed how the allocation of STD resources impact states across the nation.

Kidanemariam Mesheha, Research Scientist, HIV, STD & TB Services and Barbara Bolden, Acting Director, Epidemiologic Services and Medical Monitoring Project, National Principal Investigators and Project Coordinators meeting to assess the implementation of the project, share experiences with other participating sites and discuss new approaches to client sampling and case surveillance.
The New Jersey Action Coalition (NJAC) and Rutgers University School of Nursing recently received $1.6 million in funding from the Centers for Medicare and Medicaid Services (CMS) for the development, implementation and evaluation of a new RN program to improve healthcare provided in New Jersey’s nursing homes.

NJAC, in partnership with the Health Care Association of New Jersey will solicit and train 50 new preceptors and 50 newly graduated nurses for a 12 month residency program starting in December 2013. A curriculum for the program will be based on recommendations and guidelines developed by the Institute of Medicine’s “Future of Nursing: Leading Change, Advancing Health” report released in 2011. The report advocated for nursing residencies to be expanded into nursing homes.

CMS funding for the program is generated from penalties that the New Jersey Department of Health levies against nursing homes in New Jersey. The Department assists in program development with CMS.

“This new program makes a significant investment in training 100 new nursing professionals that is expected to improve health outcomes for vulnerable populations living in nursing homes,” said Alison Gibson, Assistant Commissioner, New Jersey Department of Health.

Nursing homes are often not seen by new nurses as viable career opportunities due to limited staffing positions and lack of preparation specific to nursing homes in their academic careers. When nurses do take positions with nursing homes there is often a large amount of turnover. In fact, a recent study by the American Health Care Association found that the retention rate for staff nurses in nursing homes in NJ was 53.8 percent and the turnover rate was 37.7 percent.

“This new residency program hopes to limit turnover by providing nurses with the skills and competencies to succeed in the nursing home environment - while at the same time opening up additional career avenues for nursing school graduates. Improved retention rates will result in nurses gaining better insight into the specialized care that needs to be provided in nursing homes - over time this will lead to better health outcomes,” noted Gibson.

For more information on the Nursing Home Residency Program visit the NJAC website at: http://www.njni.org/page/about-new-jersey-nursing-initiative.

Read the full press release at: http://campaignforaction.org/sites/default/files/Press%20Release%20for%20LTC%20%2081%29.pdf
**Rutgers New Jersey Medical School Residency Program Focusing on Preventive Medicine**

The Department of Health is providing education and supervision to medical residents taking part in a Rutgers New Jersey Medical School residency program focusing on preventive medicine and community health. As part of the program, medical residents are assigned to the Department for up to eight weeks.

The two-year program requires residents to provide assistance in the development of surveillance reports, outbreak investigations and monitoring of health events (births, deaths, immunizations, blood tests, etc.). Preventive Medicine Residents are also required to rotate at the VA New Jersey Medical Center, and the Global Tuberculosis Institute in Newark.

The goals of the Preventive Medicine Residency program are to train physicians to be highly qualified in public health, preventive medicine, and medical epidemiology, in order to have the necessary skills to understand and improve health and wellness, and reduce the risks of disease, disability, and premature death both in individuals and populations.

The New Jersey Medical School Preventive Medicine Residency program is accredited by the Accreditation Council for Graduate Medical Education. More on the program is available at: [http://njms.rutgers.edu/departments/preventive_medicine/residency/](http://njms.rutgers.edu/departments/preventive_medicine/residency/)

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**Home Health Aide Recognition Day**

The Department of Health recognized November 12, as Home Health Aide Recognition Day in New Jersey by taking part in a day-long celebration held at the PNC Bank Arts Center highlighting the achievements and services provided by Home Health Aides across the state.

Home health aides provide essential services to New Jersey’s most vulnerable residents - the frail, elderly, disabled and terminally ill in their homes and in an environment that promotes independence, dignity and respect. Home Health Aides provide personal care as part of the Home Health and Health Care Service agencies’ teams of caregivers that offer an alternative to institutional, long-term care, which can be more expensive and stressful to patients.

“Without home health aides, many vulnerable New Jersey residents would find themselves in an environment that is less familiar and not as comfortable as their own home,” said Alison Gibson, Assistant Commissioner. “Treating patients in their home, in a caring environment often in concert with their family and friends can make all the difference for an elderly or disabled person struggling with serious health issues.”

The Department congratulates all New Jersey’s home health aides for their work on behalf of their clients; and expresses its gratitude to the Home Care Association of New Jersey, the Health Care Association of New Jersey, the Home Care Counsel of New Jersey, the Home Health Services Association of New Jersey, Leading Age New Jersey, the New Jersey Hospice and Palliative Care Association and the New Jersey Hospital Association for the value they bring to the state’s health care system.
Grant Opportunity: Pain Management and/or Buprenorphone Treatment for New Jersey’s Safety-Net Primary Care Providers

The Nicholson Foundation, in partnership with Community Health Center Inc, and its Weitzman Quality Institute, is requesting Expressions of Interest from safety–net primary care providers interested in improving their patients’ access to high quality, evidence-based pain care and/or Buprenorphine treatment for opiate abuse by implementing Project ECHO®.

Interested agencies must be New Jersey primary care providers that offer comprehensive services to primarily underserved populations, including:

- Federally Qualified Health Centers (FQHCs), and FQHC look-a-likes
- Other Free-standing community clinics and health centers
- Ambulatory care clinics that are part of a safety-net hospital system either located in the safety-net hospital or in the community
- Community-based primary care medical practices serving a safety-net population

Project ECHO is an innovation that dramatically improves both capacity and access to specialty care for underserved populations. This high-impact intervention is accomplished by linking expert inter-disciplinary specialist teams with primary care clinicians through teleECHO™ clinics. The experts co-manage patient cases and share their expertise via mentoring.

For more information on this grant and Project ECHO, please visit:
http://echo.unm.edu/

New Jersey has been working to help residents and health care providers better manage end-of-life care. In December 2011, Governor Chris Christie signed legislation creating a standardized Practitioners Orders for Life-Sustaining Treatment (POLST) form. In February, the Department along with the New Jersey Hospital Association released the POLST form, which is signed by a patient’s attending physician or advanced practice nurse, and provides orders for health care personnel to follow for a range of life-sustaining treatments such as feeding tubes, ventilators and medication. The POLST form is designed to outline the wishes of those who have a terminal illness or a compromised medical condition.

By completing the POLST form you create a partnership with your health care provider and leave no ambiguity on how your medical care and treatment will be carried out. The POLST form and more information on POLST and advance directives are available on the Department’s website at http://www.state.nj.us/health/advancedirective/polst.shtml.

The Department of Health encourages all New Jersey residents—in all stages of life—to discuss their wishes for end of life treatment with their loved ones and document preferences so their dignity and autonomy is honored in the future.
CDC Report Documents Health Disparities

Income, education level, sex, race, ethnicity, employment status, and sexual orientation are all related to health and health outcomes for a number of Americans, according to a new Morbidity and Mortality Weekly Report Supplement released today by the Centers for Disease Control and Prevention (CDC).

The "CDC Health Disparities and Inequalities Report — United States, 2013," is the second CDC report that highlights differences in mortality and disease risk for multiple conditions related to behaviors, access to health care, and social determinants of health – the conditions in which people are born, grow, live, age, and work.

The latest report looks at disparities in deaths and illness, use of health care, behavioral risk factors for disease, environmental hazards, and social determinants of health. This year’s report contains ten new topics including access to healthier foods, activity limitations due to chronic diseases, asthma attacks, fatal and nonfatal work-related injuries and illnesses, health-related quality of life, periodontitis in adults, residential proximity to major highways, tuberculosis, and unemployment.

Some of the report’s key findings include:

- The overall birth rate for teens 15-19 years old fell dramatically -- by 18 percent -- from 2007 to 2010. Birth rate disparities also decreased because the rates fell by more among racial and ethnic minority populations that had higher rates. However, across states, there was wide variation, from no significant change to a 30 percent reduction in the rate from 2007 to 2010.
  - Working in a high risk occupation -- an occupation in which workers are more likely than average to be injured or become ill -- is more likely among those who are Hispanic, are low wage earners, were born outside of the United States, have no education beyond high school, or are male.
- **Binge drinking** is more common among persons aged 18-34 years, men, non-Hispanic whites, and persons with higher household incomes.
- While the number of new tuberculosis cases in the United States decreased 58 percent from 1992 to 2010, tuberculosis continues to disproportionately affect racial and ethnic minorities, including foreign-born individuals.

Read more at: [http://www.cdc.gov/media/releases/2013/p1121-health-disparities.html](http://www.cdc.gov/media/releases/2013/p1121-health-disparities.html)

Vaccine Preventable Diseases, continued from page 2

Getting vaccinated not only protects you, but those around you as well—your community, co-workers and loved ones. Everyone six months of age and older is recommended to get the 2013-2014 flu vaccine, with rare exceptions. NJ residents can visit [http://nj.gov/health/flu/findflushot.shtml](http://nj.gov/health/flu/findflushot.shtml) to find flu clinics near to them.

Increases in vaccine preventable diseases demonstrate that unless we eliminate all these diseases, it is important to keep immunizing. Even if there are only a few cases of disease today, if we take away the protection provided by vaccination, more and more people will be infected—spreading disease to others and eliminating the progress we have made over the years. Intercept these diseases, get vaccinated. Make vaccines your first line of defense!
The holiday season traditionally brings parties and extra treats you normally would not eat all year long. Couple that with eating on the run while traveling and shopping, and you have a recipe for weight gain, which can be a factor in heart disease, diabetes, and even cancer. According to the American Institute for Cancer Research, approximately one third of all cancers can be prevented by maintaining a healthy weight, a physically active lifestyle and consuming a healthy diet. So, what is the best way to accomplish this during the holidays?

The good news is, you can still enjoy some of your favorite dishes – it’s just a matter of moderation and making better choices. For instance:

- Avoid creamy-looking foods (soups, dips, dressing), as they are high in saturated fat and calories.
- Fill most of your plate with vegetables and fruit, which are high in nutrients and low in calories.
- Salads with vegetables are a great choice, but add-ons like bacon and croutons add fat and calories.
- Choose whole grains instead of refined products. Whole grains have more nutrients and minerals and tend to be metabolized more slowly than refined grains, thus you will feel less hungry for a longer period of time after you eat them.
- As far as beverages, avoid sugary drinks. Water and unsweetened tea are good choices. Alcohol consumption should be in moderation. While less than one drink per day for women and less than two for men has been shown to have some benefit in relation to heart disease, even one drink per day has been associated with an increased risk of breast cancer.
- Fruit salads made with fresh fruit and garnished with fruit juice or non-fat yogurt are the best choices for dessert, but it is the holiday season. If there is a special cake or cookie you must have, go ahead and make an exception – but make it a small piece and refrain from seconds.

Combine these tips with fun, physical activity with family and friends, and you’ll be giving yourself the best holiday gift ever – the gift of good health! To learn more, visit www.cinj.org.

http://www.cdc.gov/media/releases/2012/dpk-healthyliving.html