As we mark one year since Superstorm Sandy, the Department remains focused on helping families and communities recover. Over the past year, the Department has allocated more than $15.5 million in federal funds for a variety of health recovery initiatives—everything from preventing and mitigating environmental health issues such as mold to enhancing social services for vulnerable families.

Earlier this week, I joined Governor Chris Christie and the Cabinet for a Sandy Memorial Service at the New Hope Baptist Church in Newark. Later in the day, as part of the "Sandy Service Day," I prepared food for volunteers and firefighters at the Seaside Park Fire House, which was flooded during Sandy and suffered damage to its roof.

On Wednesday, Jersey Shore University Medical Center in Neptune hosted a remembrance ceremony for hospital staff which I attended. Like the rest of the hospital industry during Sandy and the recovery, Meridian's team rose to the challenge, serving as a haven for the community and staff who were dealing with personal losses while working long hours to ensure patients' needs were met. Their fundraising efforts for staff and Sandy charities sends a powerful message to the region they serve.

All of these events point to the resiliency of our residents and progress the state has made in our recovery efforts so far, but there is still a lot of work to do to help those who are struggling or not yet back to normal.

Some of the most recent efforts will provide:

- Up to $4 million in federal Social Services Block Grant (SSBG) funds to community health centers, hospital clinics and ambulatory care centers to hire social workers or behavioral health specialists to screen individuals in primary health care settings for domestic violence, substance abuse and behavioral health issues

- $2.2 million in federal funds for three studies to analyze the health effects and recovery status of New Jersey residents and recovery workers impacted by the Superstorm

- $293,000 to the Rutgers School of Public Health in New Brunswick (Rutgers) to conduct additional free mold remediation classes for homeowners, business owners, and local health and code enforcement officials. The funding comes in addition to $125,000 awarded to Rutgers in April to hold mold training sessions. Nearly 900 homeowners and local officials have participated in these sessions

In addition, the Department created and distributed to the Red Cross, county and local health officials, libraries and other community groups more than 12,000 mold brochures, in both English and Spanish. The Department held a...
town hall in Union Beach on mold in May where I spoke to residents about their experiences and concerns about mold; and in the spring the Department aired Public Service Announcements (PSA) on radio stations throughout the state on the dangers of mold. The PSA is available here.

We know from previous tragedies, such as Hurricane Katrina, that mental and behavioral health issues present themselves well into the recovery phase of a disaster. That is why I am urging all of the state’s Federally Qualified Health Centers (FQHCs), hospital clinics and ambulatory care centers to apply for the $4 million in funding to screen patients for post Sandy behavioral health issues. The Department of Health is working collaboratively with the Departments of Children and Families and Human Services to ensure that women and children have access to services, in a primary care setting, for substance abuse, domestic violence and behavioral health issues.

The Department is also preparing for future disasters by conducting three studies on the health of workers and residents across New Jersey. Federal funding for these studies includes $490,000 from the National Institute of Occupational Safety and Health (NIOSH) to examine work-related injuries and illnesses of first responders, Red Cross volunteers and tree care workers; $540,202 from the federal Centers for Disease Control and Prevention (CDC) to study Sandy-related medical illnesses and deaths and mental health issues; and $1.19 million for a study of the health effects and recovery status of state residents impacted by the storm.

Other funding and program announcements made by the Department include:

- $3.4 million was awarded to county health departments, hospitals and community agencies last month to Expand Case Management for Children with Special Health Needs
- $3 million is being awarded to county health departments to coordinate health-related services to individuals who were impacted by Superstorm Sandy
- $1.6 million was awarded to the Statewide Parent Advocacy Network (SPAN) for Parent Resource Specialists. These trained parent advocates work with families and refer them to local, state and federal services to help their families succeed
- Nearly 4,800 uninsured individuals impacted by Sandy received $267,000 in free, one-time 30-day refills of prescription medications through the federal Emergency Prescription Assistance Program (EPAP)
- $400,000 to the New Jersey Poison Information and Education System (NJPIES) for its poison hotline and training for local health departments on environmental health hazards including Carbon Monoxide
- $118,000 for portable radios distributed to 21 County Office of Emergency Management/EMS coordinators to ensure 24/7 emergency communication and coordination when landline and cellphone systems fail

This was the worst storm that New Jersey has ever experienced so as we pass the one year mark, let us remain focused on those who still need our help. I look forward to working with all of you as our health recovery efforts continue.

For additional information on Sandy funding, please visit: http://nj.gov/health/news/2013/approved/20131024a.html
Governor Christie announced a new $57 million Sandy Housing and Rental Assistance Program, the Working Families Living Expenses Voucher Program. The program will provide housing stability for individuals and families still recovering financially from Superstorm Sandy by helping to offset living expenses. The funding will be distributed through county Boards of Social Services as well as other designated agencies in the form of direct payments to billing agencies or vouchers to select vendors for eligible Sandy-impacted residents.

The new program provides temporary relief to households by offering support to fund costs related to: maintaining temporary housing while their primary residence is repaired/rebuilt; maintaining a primary residence for the household to return to when repairs and reconstruction are completed; and ensuring that affected households can obtain certain essential items for their primary residence. The funding is being made available through a federal Social Services Block Grant (SSBG) to the New Jersey Department of Human Services (DHS).

Every year, more than two million people in the United States get infections that are resistant to antibiotics and at least 23,000 people die as a result, according to a new report issued by the Centers for Disease Control and Prevention (CDC). The report, *Antibiotic Resistance Threats in the United States, 2013*, presents the first snapshot of the burden and threats posed by antibiotic-resistant germs having the most impact on human health. The threats are ranked in categories: urgent, serious, and concerning.

Threats were assessed according to seven factors associated with resistant infections: health impact, economic impact, how common the infection is, a 10-year projection of how common it could become, how easily it spreads, availability of effective antibiotics, and barriers to prevention. Infections classified as urgent threats include carbapenem-resistant Enterobacteriaceae (CRE), drug-resistant gonorrhea, and *Clostridium difficile*, a serious diarrheal infection usually associated with antibiotic use. *C. difficile* causes about 250,000 hospitalizations and at least 14,000 deaths every year in the United States.

“Antibiotic resistance is rising for many different pathogens that are threats to health,” said CDC Director Tom Frieden, M.D., M.P.H. “If we don’t act now, our medicine cabinet will be empty and we won’t have the antibiotics we need to save lives.”

In addition to the toll on human life, antibiotic-resistant infections add considerable and avoidable costs to the already overburdened U.S. health care system. Studies have estimated that, in the United States, antibiotic resistance adds $20 billion in excess direct health care costs, with additional costs to society for lost productivity as high as $35 billion a year. The use of antibiotics is the single most important factor leading to antibiotic resistance. Up to 50 percent of all the antibiotics prescribed for people are not needed or are not prescribed appropriately.

Four Core Actions to Fight Antibiotic Resistance

1. Preventing Infections, Preventing the Spread of Resistance
2. Tracking Resistance Patterns
3. Improving Use of Today’s Antibiotics (Antibiotic Stewardship)
4. Developing New Antibiotics and Diagnostic Tests

Antibiotics are also commonly used in food-producing animals to prevent, control, and treat disease, and to promote growth. As in humans, it is important to use antibiotics in animals responsibly. To help ensure that medically important antibiotics are used judiciously in food-producing animals, the U.S. Food and Drug Administration recently proposed guidance describing a pathway for using these drugs only when medically necessary and targeting their use to only address diseases and health problems.

“Every time antibiotics are used in any setting, bacteria evolve by developing resistance. This process can happen with alarming speed,” said Steve Solomon, M.D., director of CDC’s Office of Antimicrobial Resistance. “These drugs are a precious, limited resource—the more we use antibiotics today, the less likely we are to have effective antibiotics tomorrow.” Read more:

http://www.cdc.gov/media/releases/2013/p0916-untreatable.html
In collaboration with the New Jersey Cancer Education and Early Detection (NJCEED) program’s Paint the State Pink Campaign, the state’s ten Regional Chronic Disease Coalitions teamed with county health departments and community organizations during National Breast Cancer Awareness Month to educate women about the importance of breast cancer screening and early detection.

Throughout October, pink ribbons, symbolizing breast cancer awareness, were widely distributed and prominently displayed across the state to remind women how important clinical breast exams and mammograms are to diagnosing breast cancer in its early stages. Many women can survive breast cancer if detected and treated early.

In New Jersey, the Health Department’s Cancer Epidemiology Services reports that from 2006 – 2010, 34,023 women were diagnosed with invasive breast cancer.

To assist low-income, uninsured and underinsured women, NJCEED provides cancer screenings at no cost. During the Paint the State Pink Campaign, educational programs were held at health fairs, flu clinics, schools, senior centers, freeholders’ meetings and a variety of other venues encouraged women to schedule breast exams.

The New Jersey Commission on Cancer Research (NJCCR) has awarded Janice Thomas, PhD, a post-doctoral fellow in the X.F. Steven Zheng laboratory at Rutgers Cancer Institute of New Jersey a two-year $100,000 grant to further examine the impact of a protein ‘trigger’ involved in the regulation of cell function in breast cancer.

The overall aim of the research is to investigate a unique activator of the mTOR (mammalian target of rapamycin) protein, which is a central controller of cell growth and metabolism. Overproduction of this activator – known as a novel small GTPase enzyme – causes protein function to be heightened, especially in colorectal and breast cancers. This enhanced function can cause tumor cells to grow uncontrollably.

While there are anti-cancer drugs (rapamycin) designed to block the mTOR function in advanced kidney and breast cancers, implications are not yet known if this activator could act as a biological marker to help identify tumors that would respond to rapamycin treatment. The grant will support Dr. Thomas and her colleagues in further exploring that possibility as it relates to breast cancer. By further understanding and identifying the mechanisms behind the mTOR protein, the opportunity exists to develop new treatments designed to halt growth activity.

The grant period runs through June 30, 2015. The award to Thomas was one of 24 given by the NJCCR.
September 25 – Alison Gibson, Assistant Commissioner, was elected president of the Association of Health Facility Survey Agencies at the organization’s annual conference.

October 1 – Commissioner O’Dowd met with volunteers at the “Super Community Tailgate Blood Drive” at MetLife Stadium to discuss the importance of donating blood.

October 7 – Commissioner O’Dowd attended the ribbon cutting and grand opening of the MD Anderson Cancer Center at Cooper. The center is located on the Cooper Health Sciences Campus in Camden.

October 10 – Dr. Arturo Brito, Deputy Commissioner, commemorated National Sudden Infant Death Syndrome Awareness Month and 25 years of collaboration between the Department and the Child Health Institute of New Jersey, Robert Wood Johnson Medical School in New Brunswick.

October 10 – Commissioner O’Dowd took part in a press conference at the Toms River Home Depot to highlight the dangers of portable gas generators.

October 11 – Commissioner O’Dowd and Christopher Rinn, Assistant Commissioner, held a conference call with County Health Departments to announce $3 million in federal Social Services Block Grant (SSBG) funds to coordinate health-related services to individuals who were impacted by Sandy.

October 23 – Commissioner O’Dowd delivered remarks on the state’s public health priorities to the Board of Directors of the Robert Wood Johnson Foundation. The meeting took place in New Brunswick.

October 29 – Commissioner O’Dowd joined Governor Chris Christie and the Cabinet for a Sandy Memorial Service at the New Hope Baptist Church in Newark.

October 29 – Commissioner O’Dowd, as part of the “Sandy Service Day,” volunteered at the Seaside Park Fire House, which was flooded during Sandy.

October 30 – Commissioner O’Dowd attended a remembrance ceremony for hospital staff at Jersey Shore University Medical Center in Neptune.

Nancy Kelly-Goodstein, MAS, Deputy Director, Office of Emergency Medical Services attended the National Association of State EMS Officials 2012 Annual Meeting that addressed issues and trends in emergency medical services systems. At the meeting, Karen Halupke, Director, Emergency Medical Services, was recognized for her 10 years of leadership as New Jersey Office of Emergency Medical Services Director.

Bretta Jacquemin, Research Scientist, and Loretta Kelly, Acting Director for the Center for Health Statistics, participated in the CDC National Violent Death Reporting System 2012 grantees annual meeting to share progress made toward the implementation of the National Violent Death Reporting System.

Alison Gibson, Assistant Commissioner, and Stefanie Mozgai, Program Manager, Health Facilities Evaluation and Licensing, attended the 2013 Annual Association of Health Facility Survey Agencies (AHFSA) Conference that provides a forum for health care regulatory Agency Directors and Managers to address common interests and concerns on health care program issues.
The New Jersey Department of Health (DOH) has developed and distributed two key planning tools that will help hospitals and other health care facilities develop contingency plans so they won’t be overwhelmed by patients during an emergency.

Department preparedness experts have developed Alternate Care Site (ACS)/Expanded Treatment Area (ETA) planning templates that will provide guidance to healthcare facilities so they can provide timely and efficient triage and treatment during times of heavy patient volume.

The templates are scalable in size for the number of beds, medical supplies and medications. They can be adjusted based on the available resources or the scope of any particular emergency. The templates can be found on the Department’s Emergency Website at www.nj.gov/health/er.

Alternate Care Sites are defined as sites at locations within a community, such as a school cafeteria. Emergency Treatment Areas are defined as sites opened at a healthcare facility, such as a tented area in the parking lot.

Depending on the scope of the incident, the plan may be activated by the healthcare facility or the county or local Office of Emergency Management (OEM).

Partners can include hospitals, local and county health departments, Federally Qualified Health Centers (FQHC), regional healthcare coalitions, Medical Coordination Centers (MCC), local and county OEMs, Medical Reserve Corps units and American Red Cross chapters.
While we are making advances in the diagnosis and treatment of lung cancer, we still have a long road ahead of us in the United States. Because of a decrease in smoking, lung cancer deaths have begun to decline in men and are leveling off in women. But, there is still more we all can do to help:

- Discourage others from using tobacco products
- Quit smoking
- See a physician early if you suspect something
- Take care of yourself

Smoking accounts for nearly 90 percent of all lung cancers. The risk of developing lung cancer for a current smoker of one pack per day for 40 years is approximately 20 times that of someone who has never smoked. Prevention is always best. Make it a point to not expose loved ones to smoking. Children who grow up in smoking households are at a higher risk for a whole host of problems such as sudden infant death syndrome, frequent ear infections, asthma, and lung cancer later in life. Also, exposing a pregnant woman to second hand smoke puts the unborn baby at risk for poor growth before birth and premature birth.

Quit smoking. This is not easy, but it pays off in so many ways. The first payback is on your pocketbook (it is cheaper not to smoke - and not just the cost of a pack or carton, but in dollars you spend on your health). Second, your blood flow will improve. In 24 hours, you cut down your risk of having a heart attack. In one year, you cut down that risk by 50 percent. And in 15 years, your risk of a heart attack is the same as a non-smoker. Third, your breathing will get better. In three to nine months, your lung function will improve and you will be able to clear a lung infection better. Fourth, you decrease your risk of lung cancer if you can abstain for at least 10 years. At Rutgers Cancer Institute of New Jersey, in conjunction with Rutgers Robert Wood Johnson Medical School and Rutgers School of Public Health, we offer free smoking cessation programs to help you through this. Learn more at http://www.cinj.org/education/tobacco-dependence-program.

While the majority of patients with lung cancer come in with advanced disease we hope to change that. If you have never really had a cough before and either smoke now or did so in the past, see your doctor. A cough with blood is even more concerning, but just as difficult to pinpoint the cause. If you have a hoarse voice that has come on suddenly and does not go away, please alert your physician. If you have smoked more than 100 cigarettes in your life, please keep track of these symptoms and ask your doctor if further evaluation is needed. While these and other symptoms can be seen in patients with cancer, they can be seen in non-cancer cases, too. Screening can help to properly diagnose these patients. Physician-scientists at Rutgers Cancer Institute of New Jersey participated in a national lung cancer screening clinical trial that showed great promise. Our center will be launching a formal lung cancer screening program in the near future.

Take care of yourself. Research continues to show that people who eat well, sleep well, and stay active lead a healthier life.

Sujani Ganga Surakanti, MD, is a medical oncologist in the Thoracic Oncology Program at Rutgers Cancer Institute of New Jersey and an assistant professor of medicine at Rutgers Robert Wood Johnson Medical School.