Assisting Residents, Communities with Resiliency Remains Key Focus of Department

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

As we approach the one year anniversary of Superstorm Sandy, the Department is focused on building resiliency among residents, businesses, and communities. We continue to collaborate with public health officials, the medical community, and social service agencies as they help residents recover.

As part of our recognition of September as National Preparedness Month, the Department held the first two in a series of events to distribute federal Social Services Block Grant (SSBG) funds that are dedicated to helping families and communities not only recover, but improve our preparedness for the next storm or public health emergency.

On September 4, I joined county Emergency Medical Services (EMS) coordinators throughout the state in Sea Bright to present state-of-the-art, walkie-talkie radios to each of the 21 counties. The radios are critical to emergency response because they are the primary way EMS officials communicate with each other when landlines and cell phone systems fail. They help first responders coordinate evacuations and ensure that counties can communicate with residents, hospitals and nursing homes within their borders as quickly as possible during an emergency.

Each county already had one radio, but Superstorm Sandy proved that additional radios were needed to improve communications. The radios were funded through $118,000 in federal SSBG funds and marked the first use of SSBG funds by the Department for New Jersey’s EMS system.

On September 17, I spent the afternoon in Red Bank, at the Visiting Nurses Association of Central Jersey where Department of Children and Families Commissioner Allison Blake and I announced that $10 million in federal SSBG funding will be distributed to county health departments, hospitals and community agencies to help thousands of vulnerable New Jersey families connect with medical and social needs.

The department’s funding includes $3.4 million to support nurses and social workers in ten agencies: Children’s Specialized Hospital, Jersey City Medical Center, the Visiting Nurses Association of Central Jersey, Atlantic County Special Child Health Services School District, and county health departments in Bergen, Cape May, Cumberland, Essex, Middlesex and Ocean. Another $1.6 million will be given 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.

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Governor Chris Christie holds a press conference on eligibility for Stronger NJ Business Grants while visiting Sea Bright.

Governor Chris Christie visits Sea Bright Pizza after holding a press conference on eligibility for Stronger NJ Business Grants while visiting Sea Bright.

Christie Administration Announces Stronger NJ Neighborhood And Community Revitalization Program Launch

$75 Million Program Will Offer Financial Assistance to Sandy-Affected Small Businesses and Strengthen Local Communities

In support of Governor Christie’s commitment to helping storm-impacted small businesses and communities recover, the New Jersey Economic Development Authority (EDA) approved the creation of the Stronger NJ Neighborhood and Community Revitalization (NCR) Program. The $75 million program will offer financial assistance to support 1) development and public improvement projects; 2) main street revitalization; and, 3) Community Development Financial Institutions providing loans to small businesses.

“As New Jersey continues to rebuild and recover, it is critical that we remain focused on strengthening our local communities and restoring economic vitality throughout the state,” said EDA Chief Executive Officer Michele A. Brown. “The Stronger NJ Neighborhood and Community Revitalization Program will help lead to neighborhood stability, increased local tax revenues, new employment opportunities and the attraction of additional investment to our region.”

Following the approval of New Jersey’s Community Development Block Grant (CDBG) Disaster Recovery Action Plan, Governor Christie called on the EDA to administer $460 million of the state’s CDBG Disaster Recovery allocation to assist businesses and communities. The $75 million Stronger NJ NCR Program will support projects located throughout the state, with a focus on the nine most impacted counties of Atlantic, Bergen, Cape May, Essex, Hudson, Middlesex, Monmouth, Ocean, and Union, as defined by the U.S. Department of Housing and Urban Development (HUD). The $260 million Stronger NJ Business Grant and $100 million Stronger NJ Business Loan programs were previously introduced and remain active.

Through the NCR Program, $62.5 million will be allocated to help advance development and public improvement projects with grants and/or loans, up to a maximum of $10 million per project. Projects must fall under at least one of the categories identified in the NCR program. For example:

Catalytic Projects, which must be located in commercial or industrial areas. These projects must include planned physical improvements that have commercial or mixed uses, including retail, office, hospitality, community, and industrial; projects with a housing component can only receive funding for the commercial component. Projects can involve construction or rehabilitation of commercial and mixed-use buildings, parking, and supporting infrastructure (i.e. utilities, streetscape, drainage, etc.).


$75 Million Program Will Offer Financial Assistance to Sandy-Affected Small Businesses and Strengthen Local Communities
An estimated 1.6 million smokers attempted to quit smoking because of the Centers for Disease Control and Prevention’s “Tips From Former Smokers” national ad campaign, according to a study released by the CDC. As a result of the 2012 campaign, more than 200,000 Americans quit smoking immediately following the three-month campaign, of which researchers estimated that more than 100,000 will likely quit smoking permanently. These results exceed the campaign’s original goals of 500,000 quit attempts and 50,000 successful quits.

The study surveyed thousands of adult smokers and nonsmokers before and after the campaign. Findings showed that, by quitting, former smokers added more than a third of a million years of life to the U.S. population. The Tips campaign, which aired from March 19 to June 10, 2012, was the first time a federal agency had developed and placed paid advertisements for a national tobacco education campaign. Ads featured emotionally powerful stories of former smokers living with smoking-related diseases and disabilities. The campaign encouraged people to call 1-800-QUIT-NOW, a toll-free number to access quit support across the country, or visit a quit-assistance website. The study on the campaign’s impact is published today by a medical journal, The Lancet.

“This is exciting news. Quitting can be hard and I congratulate and celebrate with former smokers - this is the most important step you can take to a longer, healthier life,” said CDC Director Tom Frieden, M.D., M.P.H. “I encourage anyone who tried to quit to keep trying – it may take several attempts to succeed.”

The study found that millions of nonsmokers reported talking to friends and family about the dangers of smoking and referring smokers to quit services. Almost 80 percent of smokers and almost 75 percent of non-smokers recalled seeing at least one of the ads during the three-month campaign.

Calls to the quitline more than doubled during the campaign and visits to the website were more than five times higher than for the same 12-week period in 2011, according to a 2012 report.

“Hard-hitting campaigns like ‘Tips From Former Smokers’ are great investments in public health,” said Tim McAfee, M.D., M.P.H., director of the CDC Office on Smoking and Health, and lead author of the study. “This study shows that we save a year of life for less than $200. That makes it one of the most cost-effective prevention efforts.”

The Tips campaign is an important counter to the more than $8 billion the tobacco industry spends annually to make cigarettes more attractive and more available, including to youth and young adults. Investments in educational campaigns such as Tips can help to save more lives and reduce health care costs. The Affordable Care Act’s Prevention and Public Health Fund paid for the $54 million Tips 2012 campaign. A second set of Tips ads aired earlier this year and plans are under way for a new set of Tips ads in 2014. CDC will release initial results of the 2013 ads later this year.

Read More: http://www.cdc.gov/Features/SmokersTips/
On September 26, Governor Chris Christie signed legislation changing “Ovarian Cancer Awareness Month,” in New Jersey from February to September, which is the same month that the country observes “National Ovarian Cancer Awareness Month.”

During September, the Department of Health (DOH) in concert with the Teal Tea Foundation, a national campaign to raise awareness of ovarian cancer, called on municipalities to “Turn the Towns Teal” in recognition of Ovarian Cancer Awareness Month. The Department’s cancer screening program, New Jersey Cancer Education and Early Detection (NJCEED), spearheaded the observance, collaborating with community organizations to promote ovarian cancer awareness. Municipalities agreed to tie teal ribbons to trees, polls and buildings and distribute information on the signs and symptoms of ovarian cancer.

Called the “silent disease” because the symptoms are often vague, ovarian cancer is the fifth leading cause of cancer deaths among women and the leading cause of gynecologic cancer deaths in the United States. More than 20,000 women are diagnosed with ovarian cancer annually, and more than 14,000 die from the disease each year, including an estimated 480 women in New Jersey.

All women are at risk for ovarian cancer, but if detected early and treated properly, the survival rate increases more than 90 percent.

NJCEED bilingual outreach coordinators provided information in Spanish and Portuguese. The 10 Regional Chronic Disease Coalitions made presentations to local governing boards, at health fairs and conferences encouraging women to talk to their doctors about cancer risks and know the symptoms of ovarian cancer.


**By the Numbers: the Impact of ShapingNJ**

*ShapingNJ* is the state partnership for nutrition, physical activity and obesity prevention. The goal of this partnership is to prevent obesity and improve the health of populations that are at risk for poor health outcomes in New Jersey by making "the healthy choice, the easy choice." Since 2008 New Jersey is more active and eating healthier:

- More municipalities and counties have Complete Streets resolutions to accommodate cars, pedestrians, cyclists and people with disabilities (60%)
- The number of NJ adults walking in their neighborhood at least once a week has increased by 7% (Double)
- More NJ adults reporting to have community recreation centers in their community (4,300)
- Licensed NJ early care and education centers required to provide at least 30 minutes of daily playtime and serve fruits and vegetables (10%)
- More schools are teaching lessons about physical activity (10%)
- More employees are participating in nutrition and weight management programs (71%)
- More children are receiving school breakfasts (61%)
Antoinette M. Stroup, PhD, has joined Rutgers Cancer Institute of New Jersey and the New Jersey State Department of Health to lead the New Jersey State Cancer Registry, whose cancer surveillance team collects and analyzes cancer incidence and survival data across the state. In her new role, Dr. Stroup will oversee the Registry, which serves as a local and national resource for population-based epidemiological studies into the causes, treatments and outcomes in patients with cancer.

The New Jersey State Cancer Registry, housed in the New Jersey State Department of Health and the Cancer Institute of New Jersey, is one of only 20 in 16 states designated and funded as part of the National Cancer Institute Surveillance Epidemiology and End Results (SEER) program, which is considered to be the most authoritative source of information on cancer incidence and survival in the United States. The registry has been collecting statewide cancer surveillance data since 1978, providing population-based cancer incidence and survival data for local cancer control and prevention programs, SEER, and other national and international programs including the Centers for Disease Control and Prevention's National Program of Cancer Registries, the North American Association of Central Cancer Registries, and the International Association of Cancer Registries.

Read more at: http://www.state.nj.us/health/news/2013/approved/20130919a.html

New Jersey Department of Health Commissioner Mary E. O'Dowd is urging New Jersey residents to help save lives by donating blood at a mega "Blood Drive Tailgate" in the parking lot at MetLife Stadium on October 1.

The "Blood Drive Tailgate" will take place in the parking lot of MetLife Stadium from 11:00 a.m. to 3:45 p.m. Everyone who volunteers to donate blood will be entered into the Super Community Blood Drive sweepstakes for a chance to win a pair of tickets to Super Bowl XLVIII in February 2014 at MetLife Stadium in East Rutherford.

Those who volunteer will also be able to tour the Host Committee's Huddle Shuttle, the first mobile tour associated with a Super Bowl. It includes the Vince Lombardi Trophy and displays an array of football memorabilia.

The "Blood Drive Tailgate" is co-hosted by the NY/NJ Super Bowl Host Committee and the New Jersey Workplace Blood Donor Coalition, co-chaired by Commissioner O'Dowd and Kevin Rigby, US Country Head of Public Affairs and Vice President of Public Affairs for Novartis Pharmaceuticals Corp.

"We are proud to partner with the New Jersey Workplace Blood Donor Coalition for this Mega Drive event," said Alfred F. Kelly Jr., President & CEO of the New York/New Jersey Super Bowl Host Committee. "Giving the gift of life through a blood donation is critically important so we encourage donors to come to MetLife Stadium on October 1."

Read more at: http://www.state.nj.us/health/news/2013/approved/20130918a.html

Antoinette M. Stroup, PhD
Medical Homes are a relatively new approach to improving patient care in New Jersey and around the nation. The approach allows for a team of medical professionals, led by a physician, to provide comprehensive and coordinated care to patients with the goal of maximizing health outcomes. The Medical Home focuses on better communications between medical providers and the patient, use of Electronic Health Records to monitor and track patients’ outcomes in real time, and the availability of a health team that works closely with the patient to ensure the patient is following medical recommendations.

Community Health Centers across the state of New Jersey are participating in national medical home recognition and accreditation programs, including the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Homes Recognition Program and the Joint Commission Primary Care Medical Home Certification.

The new paradigm for quality improvement focuses on the “Triple Aim” a framework developed by the Institute for Healthcare Improvement. Improving health care systems requires pursuit of three aims: improving the experience of care, improving the health of populations, and reducing per capita costs of health care. NJ Community Health Centers incorporate these aims into their federally mandated quality plans. Patient-centeredness is a fundamental focus of quality care. Quality Improvement is ongoing, and continues to be monitored, and evaluated.

The Patient Protection and Affordable Care Act of 2010 (ACA) significantly changed the landscape of American health care policy. The aim of the ACA is to improve quality and lower cost of health care. The transformation to a patient-centered medical home is designed to improve the quality of care and decrease costs. Transforming Community Health Centers into patient-centered medical homes requires that senior leaders support ongoing quality improvement, quality teams implement and monitor improvements, and healthcare services are accessible to the community served. These elements are all integral parts of the transformation work.

New Jersey health centers are working hard to standardize quality and safety in the delivery of their health care services. As a result, the following health centers have received either national medical home recognition or accreditation:

- AtlantiCare Health Services: NCQA PCMH
- Complete Care Health Network: NCQA PCMH
- Horizon Health Center: Joint Commission MH Accredited
- Monmouth Family Health Center: NJCQA PCMH
- Ocean Health Initiatives: NCQA PCMH
- CAMcare: Joint Commission MH Accredited
- Eric B. Chandler: NCQA PCMH
- North Hudson Community Action Corporation Health Center: Joint Commission MH Accredited
- Zufall Health Center – NCQA PCMH

To learn more about New Jersey community health centers please visit [www.nj pca.org](http://www.nj pca.org).

NCQA: The National Committee for Quality Assurance; PCMH: Patient Centered Medical Home; MH: Medical Home; JCMH: Joint Commission Medical Home (Accredited)
The New Jersey Department of Health won Gold, Silver and Bronze Awards for Excellence at the National Public Health Information Coalition’s Annual Symposium (NPHIC) in Chicago. The Department won gold for its risk communication efforts after Superstorm Sandy, silver for the Department’s public service announcement on mold, and bronze for its February 2013 edition of Health Matters.

NPHIC is the premier network of public health communicators in the United States and is committed to “making public health public” by sharing its knowledge, expertise, and resources to effectively about the important health issues of the day.

Congratulations to...

Natalie Pawlenko, MSW, Director of the Office of Local Public Health, received the White House “Champions of Change in Public Health” award for her efforts in streamlining and coordinating public health data collection and analysis. For the past nine years, Ms. Pawlenko has provided leadership in public health quality improvement, emergency preparedness and regional planning, helping New Jersey’s 95 health departments work smarter on behalf of New Jersey’s nearly 9 million residents. Ms. Pawlenko’s efforts are helping to provide low-cost technical solutions to New Jersey’s local public health departments, allowing them to identify cost-effective ways to improve their public health services.

The Division of HIV/AIDS, STD and TB Services on being selected as first place winners in the 2013 Association of State and Territorial Health Officials Vision Awards. The Division was awarded first place for the HIV Patient Navigator Program that enrolls newly diagnosed individuals with HIV into treatment services that improve health outcomes. Steve Saunders, Division Director who wrote the application and oversees the program is accepting the award on behalf of the Division.

Roslyn Council, Outreach and Education Coordinator, NJ Cancer Education and Early Detection Program (NJCEED), was one of two recipients of the national 2013 State/Community Collaboration Award given by the Directors of Health Promotion and Education. The award recognizes Ms. Council’s educational initiatives for women of color for breast cancer and cervical cancer and for prostate cancer awareness, as well as for mobilizing New Jersey communities for heart disease and stroke awareness.
Community Outreach & Events

August 28 — Deputy Health Commissioner Dr. Arturo Brito visited the City of Newark’s “School Bus Express” free immunization program for city youth.

September 4 — Commissioner O’Dowd hosted a press conference in Sea Bright where she presented County Emergency Medical Services Coordinators with portable radios to ensure 24/7 communication when landlines and cellphone systems fail.

September 9 — Commissioner O’Dowd attended a Super Community Blood Drive at Rutgers in New Brunswick.

September 12 — Commissioner O’Dowd toured the St. Joe’s Geriatric Emergency Department and held a roundtable on palliative and end-of-life care.

September 16 — Commissioner O’Dowd and Children and Families Commissioner Allison Blake announced $10 million in Social Services Block Grant Funding that will help thousands of vulnerable families connect with medical and social needs resources and programs at the Visiting Nurses Association of Central Jersey’s in Red Bank.

September 25 — Commissioner O’Dowd delivered remarks at the Vaccine for Children Conference in East Windsor.

September 30 — Commissioner O’Dowd visited the Southern Jersey Family Medical Center in Burlington City to announce $13.5 million in grants to community health centers and other health social services agencies to improve pregnancy outcomes in New Jersey.

Injection Safety

A big thank you to the “Safe Injection Ambassadors,” a valuable group of 25 health care professionals who volunteered to help the New Jersey Department of Health educate health professionals about safe injection practices. Ambassadors attended a day-long training, received materials to teach about New Jersey’s safe injection program, agreed to present at least two presentations within one year of being trained, and passed a qualifying exam! Since being trained in 2012, the Ambassadors have conducted 61 presentations to nearly 800 individuals!
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After a tour of its Federally Qualified Health Center and WIC program, Commissioner Blake and I hosted a roundtable discussion with caseworkers and mothers who have children with special medical needs who receive case management services through the Department's Special Child Health Services program. I was very moved by the powerful stories of these women and their heroic efforts to deal with the storm, its aftermath and the special needs of their children—all at the same time. One of the mothers I spoke with, Suzanne Miltenbergen, is a mother of three—including two children with severe disabilities—and she also works for the Department as a Special Child Health Services manager in Atlantic County.

One of her sons was just home from the hospital when the storm hit and the family was forced to evacuate to a relative’s home. Then the relative's home lost power and they were forced to relocate to a hotel. And, throughout her family’s struggle, Suzanne continued to report to work because she knew other families with children with special medical needs also needed help and were counting on her to be there for them.

It was heartening to know that the $3.4 million in SSBG funds will enhance the services to women I met in Red Bank and all of the 8,000 families with children with special medical needs who were impacted by Sandy.

Both of these events underscore the importance of the resiliency efforts going on at the shore and in other impacted communities around the state. We have made tremendous progress.

We have distributed more than 12,000 mold brochures in English and Spanish and paid for hundreds of residents and public health and building code officials to attend mold remediation training classes. We used SSBG funds for a series of Public Service Announcements about the health hazards of mold, asbestos and the need for the public to protect themselves against West Nile Virus. But our work is not done and in the coming months we will be making additional announcements in a continuing efforts to support and enhance the resiliency efforts of residents and communities.
Department of Health Improving Programs with Quality Improvement Initiatives

Department of Health staff unveiled several Quality Improvement Projects (QI) that are enhancing service and efficiency within the Department. QI initiatives and results are summarized below.

**Increasing Facility Participation in HIV/AIDS Medical Monitoring:**
Quality Initiative Project Leaders: Kidane Meshesha, Barbara Bolden, Peter Khurana, Jorge Bascara, Edison Andrade, Persia Wallace and Iris Chittams

The Division of HIV/AIDS, TB, and STDs Services developed strategies to improve provider participation in surveys that measure essential clinical care to people receiving treatment for HIV. Survey participation by providers is critical for evaluating the healthcare experience for patients. As a result of the reform strategies instituted by the division, the participation rate increased from 70% to 96%.

**License Renewal of HealthCare Facilities:**
Quality Initiative Project Leaders: Donald Doerr and Jack Greenberg

Two units within the Division of Health Facilities Evaluation and Licensing sought to institute changes in operations to decrease the length of time to renew licensure of health care facilities, while preventing re-licensure of those facilities with assessment payments in arrears. Reforms to the program have resulted in a 50% decrease in the length of time it takes to process license renewals.

**Improvements to the New Jersey Immunization and Information System:**
Quality Initiative Project Leaders: Suzanne Miro, Bhavani Sathya, Ellen Bay, Lisa Paddock, Simi Octania-Pole and Bonnie Wiseman

The QI Team is working to increase the number of providers reporting vaccine lot numbers to the New Jersey Immunization and Information System. The group has developed a strategy for gaining greater compliance that will be implemented in the future, it is anticipated that not only will there be increased provider compliance; the NJIIS will improve the quality of its data.

**Improvement of Lab Processing of Specimens:**
Quality Initiative Project Leaders: Rupali Desai, Mary Dillon, Dr. Kari Briggs, Melissa Reside and Annmarie Haldeman

Department microbiologists joined Quality Assurance laboratory staff to improve the process of how urine specimens are handled from receipt to analysis. Based on early results, it is anticipated that there will be a nearly 70% increase in same day processing.

**Undelivered Letters – Newborn Screening:**
Quality Initiative Project Leaders: Yvonne Miller-Watkins, Suzanne Karabin, Felicidad Santos, Betty Durham, Karyn Dynak, Paula Jumper, Tariq Ahmad, Alvina Randolph, Jon Watkins and Lorra Hambach

The Newborn Screening Program collected data on undeliverable letters in order to streamline the notification process for parents and physicians caring for children with abnormal test results. The program is in the process of reviewing the data and developing a system that will decrease the number of returned letters thereby reducing delays in test result notifications.
There is a growing body of evidence linking obesity and a sedentary lifestyle to an increased risk of developing breast cancer. Research has shown that postmenopausal women who are overweight (with a Body Mass index of greater than 25) may have between a 30 to 50 percent higher risk of developing breast cancer compared to their leaner counterparts. The reasons are likely multifactorial. After menopause, fat tissue is the main site of estrogen production, and overweight women have higher levels of estrogen than women with a normal body weight. In addition, obesity leads to insulin resistance, and the body’s normal response to such resistance is to produce higher levels of insulin. Insulin is being increasingly recognized as a promoter of cancer cell growth, both directly and indirectly. Exercise and weight loss of even a few pounds can reduce insulin resistance, thereby reducing breast cancer risk.

Many studies have also demonstrated an association between moderate to heavy alcohol intake and an increased risk of breast cancer. A large observational study conducted in the U.S. showed that even one drink per day can increase the relative risk of developing breast cancer by 10 to 15 percent. We know, however, that alcohol does have positive effects on the heart. It is not necessary to completely eliminate alcohol from one’s diet; as with everything in life, moderation is key.

For women who have a history of breast cancer and are now cancer-free, making healthy lifestyle choices can decrease the risk of recurrence. Research has shown that regular exercise (even just three hours per week of moderate to vigorous activity), eating a diet low in fat and high in fruits, vegetables and fiber, as well as limiting alcohol intake are all associated with a lower risk of relapse. In some cases the degree of risk reduction is of the same magnitude as adding a chemotherapeutic agent such as a taxane to the treatment regimen.

We all know that living a healthy lifestyle has both physical and psychological benefits. Now we have yet another reason to add to the growing list of positive effects.