

March 2014



Keeping New Jersey Healthy



Commissioner O'Dowd at the B. Bernice Young Elementary School in Burlington Township with children taking part in the school breakfast program.



A farmers market on the grounds of Newark Beth Israel Medical Center.

## Access to Nutritious Foods Key to Improving Health

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



**S**pring has arrived. We can finally put the long, snowy winter behind us and look forward to gardening, warmer temperatures, outdoor recreation, and shopping in local farmer's markets for fresh fruits and vegetables.

March is National Nutrition Month, a good time to eat healthier and take advantage of New Jersey programs that improve health by providing access to nutritious foods.

One of the Department's programs focused on nutrition is the Special Supplemental Nutrition Program for Women, Infants and Children – also known as WIC. The program provides vouchers to participants to buy milk, cheese, eggs, beans, fruits, vegetables and other healthy foods for low-income women, infants and children up to age 5. In 2013, WIC served an average of 167,000 residents each month.

This year, the WIC program will be enhanced by a partnership that the Department has started with the nonprofit group, The Food Trust. WIC vendors will have the opportunity to attend training this spring on how best to increase the consumption of fresh produce.

The Department also has a WIC Farmers Market Nutrition Program and a Senior Farmers Market Nutrition Program. From June 1 through September 30, these programs will provide \$20 in vouchers to participants to buy fresh produce from WIC approved farmers. In 2013, the two programs allowed more than 90,000 low-income individuals to buy fresh, locally-grown fruits and vegetables.

Senior citizens in New Jersey also get assistance from the Department of Health's Commodity Supplemental Food Program that works to improve the health of low-income seniors at least 60 years of age by supplementing their diets with nutritious foods. Established in 2010, we work with the U.S. Department of Agriculture to provide monthly food packages to seniors in need through major food banks throughout the state. In 2014, the program will help nearly 3,000 seniors receive healthy foods they otherwise may not be able to afford.

Young people have access to healthy meals through the U.S. Department of Agriculture's school lunch and breakfast programs. This year special emphasis is being placed on growing the School Breakfast Program, which helps to ensure that low-income children across the state start the day with a nutritious meal. Research has shown that a well-balanced breakfast promotes sound eating habits, good health, and academic achievement in school age children. In 2014, more than 255,000 New Jersey school children are taking part in this program.

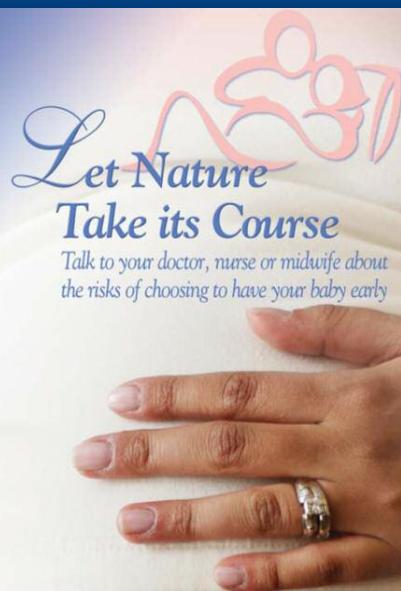
The program has made strides in recent years by allowing breakfast to be served during instructional time, so students can have breakfast in the classroom. This has proven to be the most effective strategy for increasing school breakfast participation.

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THE LEAPFROG GROUP



Talk to your doctor, nurse or midwife about the risks of choosing to have your baby early.

## New Jersey State Stroke Conference

**Hyatt Regency  
New Brunswick**

**Thursday, April 3, 2014  
8:00 am - 4:15 pm**

**Register Now**

## New Jersey Shows Progress in Improving Birth Outcomes

The New Jersey Department of Health's focus on reducing early elective deliveries has produced impressive results. New Jersey's rate of early elective deliveries has dramatically declined since 2010 from 15.7% to 4% in 2013 according to a report released this month from [The Leapfrog Group](#).

Early elective deliveries are births between 37 and 39 weeks that were delivered by cesarean section or induction with no documented medical complications. These deliveries are associated with increased complications for both mothers and newborns, compared to deliveries occurring after 39 weeks and women who go into labor on their own.

New Jersey reports of early elective deliveries have declined for three straight years—mirroring national trends. Our state also fell below the national average of 4.6% with an average of 4%.

The Department of Health has taken a leadership role in improving birth outcomes. Recognizing early elective deliveries was an area where New Jersey needed to improve, the Department partnered with the New Jersey Hospital Association to lead the Perinatal Safety Collaborative in 2009. One of the first issues the collaborative targeted was reducing elective deliveries before 39 weeks and improving documentation of medical issues. Through this initiative, many New Jersey hospitals have adopted policies to end the practice of early elective deliveries.

## Unique Program at Capital Health Lets Stroke Patients Skip the Emergency Room

**Going Directly for CT Scans Can Shorten the Time to Emergency Treatment, Says Study in Neurosurgery**

Capital Institute for Neurosciences recently published a study in the journal *Neurosurgery* that showed its unique pre-hospital stroke alert program (PHSA) is shortening the time it takes for them to deliver potentially life-saving, "clot-busting" drugs. The same center that opened the first neurological emergency room in the country, is taking the next step in improving stroke care.

Experts at Capital Health provided EMS personnel from around the region with special training to identify stroke patients enabling them to send a pre-notification to the hospital. This notification lets the emergency department team know a patient with a possible stroke is on the way. As a result, patients go directly to the CT suite, instead of stopping in the emergency department first, which wastes valuable time. They are met by the neurological emergency team, which performs a quick assessment and CT scan of the brain. If stroke is confirmed in the appropriate time frame, tPA (medication that reduces blood clots) is administered or emergency surgery is started immediately.

According to study data, on average, CT scans were performed about 12 minutes after the patient arrived at the hospital—compared to 35 minutes—before the PHSA system was introduced. The study also found that EMS assessment of stroke was accurate 66% of the time. The median door-to-needle time was 57 minutes, compared to 99 minutes before the PHSA system and the overall percentage of stroke patients receiving tPA was 18 percent, compared to an average of five percent over the previous three years. This is among the best door-to-needle times in the nation.

# Chronic Disease Prevention and Control Services



FDA  
Consumer Update

## Indoor Tanning: The Risk of Ultraviolet Radiation

FDA Video - Indoor Tanning: The Risks of Ultraviolet Rays



## Tackling Chronic Disease in New Jersey

**O**n March 25th, the New Jersey Cancer Education and Early Detection (NJCEED) program hosted a mid-day "wake up call" to distribute information about diabetes and cancer prevention at a Trenton food court to highlight NJCEED's worksite wellness initiative. The event was held in partnership with the American Diabetes Association (ADA) and NJ SNAP-ED (a cooperative extension program focused on nutrition and physical fitness), in recognition of Diabetes Alert Day and to commemorate March as Colorectal Cancer Month.

By working together, NJCEED, ADA and NJ SNAP-ED are demonstrating that many chronic diseases are preventable. The key to success is information that enables people to make informed decisions to protect their health. By knowing their risks for diabetes, people can take steps to prevent the disease. Proper nutrition and exercise are key to preventing and managing diabetes and many forms of cancer. Cancer screening can help to detect cancers in the early stages before symptoms appear when cancer may be easier to treat or cure.

By reaching out to people where they work, NJCEED interacts with hundreds of individuals at workplace events with information they can use to improve their lives and help their families.

NJCEED provides comprehensive outreach, education and screening services for breast, cervical, colorectal and prostate cancers. To learn more about NJCEED, visit <http://nj.gov/health/cancer/njceed/index.shtml>.

## Understanding the Reasons Behind the Risky Habit of Frequent Indoor Tanning

*A researcher at the Rutgers Cancer Institute of New Jersey seeks to understand the mindset of indoor tanners and encourage them to reduce or change behavior*

**W**hy do some young women frequently use indoor tanning beds, knowing that it can increase their chances of developing melanoma and other skin cancers? What could convince them to reduce that risk?

Jerod L. Stapleton, a behavioral scientist at Rutgers Cancer Institute of New Jersey and an assistant professor of medicine at Robert Wood Johnson Medical School, is seeking to answer these questions with support from a career development grant from the National Cancer Institute. Stapleton and his team will conduct a study based on interviews over the next two years that are designed to better understand the views and motivations of tanners. The researchers will then use their findings to develop a behavioral intervention program tailored to encourage young women tanners to consider monitoring or changing their behavior.

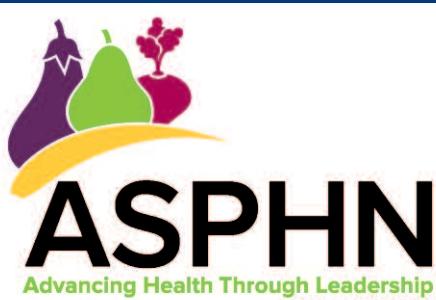
Studies have long shown an association between the use of ultraviolet indoor tanning beds and melanoma risk, with frequent tanners being the group at highest risk. But indoor tanning remains widespread among young adults, according to a recent study published in *JAMA Dermatology*. Nationwide, 35 percent of adults and 55 percent of college students report having tanned indoors. The *JAMA* [study](#) reported that 419,254 cases of skin cancer in the U.S. could be attributed to indoor tanning. Of these cases, 6,199 are melanomas, the deadliest kind of skin cancer.



## International Society of Neonatal Screening

## Minority Health Month Events April 2014

Click this box to find an event near you.



Association of State Public Health Nutritionists

## Department of Health Staff Notes

### Congratulations to...

#### **Dr. Scott Shone Recipient of the Jean Dussault Medal for 2013**

Dr. Scott Shone, Program Manager for the Public Health and Environmental Laboratories (PHEL) Newborn Screening Program, has been named the recipient of the 2013 Jean Dussault Medal by the International Society of Neonatal Screening. This prestigious medal is awarded annually to a top rising investigator in the field of neonatal medicine.



Dr. Shone has been with the Newborn Screening Program since 2008 and has provided outstanding leadership, scientific capabilities, and a desire for systematic quality improvement. As the state adopted new technologies and underwent a physical move to a new testing facility, Dr. Shone facilitated the transitions and provided his staff with guidance and direction. In his short career, Dr. Shone has provided outstanding leadership, scientific capabilities, and a desire for systematic quality improvement.

#### **Michael Conca** joined the Office of Healthcare

Financing and will be working on issues related to the Delivery System Reform Incentive Program. He will serve as liaison to the Department of Human Services, Medicaid, external stakeholders, and constituency groups such as hospitals, hospital trade associations and advocacy organizations.

#### **Linda Anderson**, Director, Office of Primary Care, attended the Ribbon Cutting Ceremony for the official opening of the Henry J. Austin Health Center - Bellevue

**Mary Ann Ellsworth**, Public Health Consultant, attended an Association of State Public Health Nutritionists meeting where she provided a progress update on the accomplishments of the National Fruit and Vegetable Council during the 5th and final year of their cooperative agreement with Centers for Disease Control and Prevention. Ms. Ellsworth is currently the Chairperson of the National Council of Fruits and Vegetables.

**Crystal Owensby**, Coordinator, Primary and Preventive Health Services, attended the National Healthy Homes Training Center and Network Annual Meeting. Ms. Owensby is responsible for the development, implementation, and evaluation of New Jersey's Superstorm Sandy Recovery "Healthy Homes and Lead Poisoning Prevention Initiative."

**Ken Christensen**, Public Health Rep attended a three day course on Unified Command Response sponsored by Texas A&M University. The class reviewed the hypothetical response by authorities to a terrorist attack at a state university train station in New Jersey.



Assistant Commissioner, Gloria Rodriguez with Darrel Staton, associate principal, MetEast High School (Left) and Raul Nieves, director of maintenance, Bound Brook School District during a School Breakfast Summit in Trenton.

***Research has shown that a well-balanced breakfast promotes sound eating habits, good health, and academic achievement in school age children. In 2014, more than 255,000 New Jersey school children are taking part in this program.***



**Public Health**  
Prevent. Promote. Protect.

## Commissioner's Message, *continued from page 1*

Gloria Rodriguez, Assistant Commissioner, spoke at a conference hosted by Advocates for Children of New Jersey on March 27, where she noted that as a result of the changes made to the program, New Jersey's School Breakfast Program moved from 46th to 37th place nationally from the 2011-2012 to the 2012-2013 school year, according to the Food Research and Action Center's school breakfast report card.

Ensuring New Jersey residents are eating right and staying healthy are also keys goals of the Department's *ShapingNJ* initiative, a public-private partnership of more than 230 organizations in New Jersey working to "make the healthy choice, the easy choice" for all residents.

*ShapingNJ*, along with its funding partners the YMCA State Alliance and Partners for Health Foundation will, in 2014, provide grants totaling approximately \$310,000 to 32 communities throughout the state. The grants are awarded to nonprofit organizations that team with local partners including schools, health departments, and faith-based organizations to support environmental changes to prevent obesity and poor health outcomes. Each awardee must adopt two strategies—one to improve nutrition and another focused on physical activity. Examples of those strategies include creating community walking paths or purchasing a school salad bar and integrating it into the school's food service program. The grantees and the programs they support are available at: <http://goo.gl/U2XpcV>

The Department of Health is focused on improving the health of all New Jersey residents. Ensuring that those in need have access to nutritious foods is paramount to our efforts. As we move into warmer weather, I encourage everyone to visit a farmers market and enjoy the fresh and healthy options that are available.

## QI Improvement Course for Public Health Professionals

The Office of Local Public Health (OLPH) is offering a free, credited, online training course in quality improvement (QI), specifically supporting the public health community. The course, "Process Improvement for Public Health Professionals" is accessible via the New Jersey Learning Management Network (NJLMN): <https://njlmn.rutgers.edu>.

Quality improvement is a process that enables employees to identify problems and determine what changes are needed in order to reach a set goal. The end result should increase the effectiveness of what we do in public health. In an effort to promote accessibility to quality improvement tools, DOH is providing this course free to public health officials and DOH staff.

During the self-study program, participants will gain a better understanding of the quality improvement process in a manner that is convenient to their schedules. Seven modules walk learners through the key steps of a process improvement project. After completing the mandatory modules of the course and passing a 10 question knowledge check, learners earn a Certificate of Completion as well as 3 Public Health Continuing Education Credits (CEUs for Health Officers and Registered Environmental Health Specialists).



## Robert Wood Johnson Foundation

**DEADLINE:**  
April 18, 2014, 3:00 p.m. ET

[Apply Online](#)



Preview a sample application before submitting. >

### Where Health Care Innovation is Happening



See who's working with CMS to implement new payment and service delivery models.

Click this map to find health care innovations.

## RWJF Releases Funding for Reducing Healthcare Disparities Through Payment and Delivery System Reform

Funding is available for groups that are interested in designing and implementing policies to reduce healthcare disparities through payment and delivery system reform. The Robert Wood Johnson Foundation (RWJF) is looking for organizations that can develop and implement a combined payment and delivery change model that includes a focus on meeting disparities reduction benchmarks and targets while also meeting general quality improvement expectations. Deadline is April 18, 3 p.m. for brief proposals.

Applicants should be healthcare organizations that actively collaborate with at least one payer (e.g., health plan, insurance company, employer, government payer) and one or more provider/healthcare organizations (e.g., health centers/clinics, provider organizations, hospitals, network of physician offices, regional coalition of providers and healthcare organizations). Proposals for this solicitation must be submitted via the RWJF online system. Contact Scott Cook at (866) 344-9800 if you have any questions.

## CMS Seeks Applicants to Participate in Medicare Hospice Care Model

Hospices can apply through June 19 to participate in the [Medicare Care Choices Model](#), which will test whether Medicare beneficiaries who meet Medicare hospice eligibility requirements would elect hospice if they could continue to seek curative services.

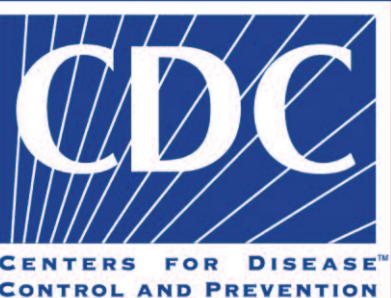
The model will focus on Medicare patients and Medicare-eligible Medicaid patients with advanced cancers, chronic obstructive pulmonary disease, congestive heart failure and HIV/AIDS who meet hospice eligibility requirements.

Medicare beneficiaries are currently required to forgo curative care to receive palliative care offered by hospices. The project will examine whether access to such services improves quality of care and patient and family satisfaction and any effects on the use of curative services and the Medicare hospice benefit.

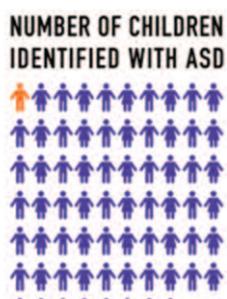
The hospices will provide services available under the Medicare hospice benefit for routine home care and inpatient respite levels of care that cannot be separately billed under Medicare Parts A, B and D.

For more information: <http://innovation.cms.gov/Files/x/MCCM-RFA.pdf>





**Nationally 1 in 68 children have been identified with ASD.**



**1 in 68**



**What is Autism?**

CDC Video: What is Autism?

## Prevalence of Autism Spectrum Disorder in New Jersey Rises to 1 in 45 children; 1 in 68 Children Nationally

The Centers for Disease Control and Prevention (CDC) released new prevalence rates for Autism Spectrum Disorder (ASD) last week based on a study of 8-year-olds in parts of 11 states—including New Jersey. The study indicated that prevalence rates in New Jersey have risen to 1 in 45 compared with 1 in 68 children in other communities across the nation.

This new national estimate is roughly 30 percent higher than previous estimates reported in 2012 of 1 in 88 children.

The data continues to show that ASD is almost five times more common among boys than girls: 1 in 42 boys versus 1 in 189 girls. In New Jersey, an estimated one out of every 28 boys has been identified with an ASD and 1 in 133 for girls.

White children are more likely to be identified as having ASD than are black or Hispanic children.

"Research tells us the earlier a child with autism is identified and connected to services, the better. That's why it's so important for every parent to track their child's development and act quickly if there is a concern," said Commissioner O'Dowd. The Department of Health's budget includes nearly \$139 million for its Early Intervention System, which provides early identification and referral, service coordination, evaluation/assessment, and developmental early intervention services for children birth to three with developmental delays and disabilities.

"New Jersey has one of the best systems in the nation for identifying, diagnosing and documenting children with Autism Spectrum Disorders" the Commissioner said. New Jersey is one of only four states with an Autism Registry that requires reporting by neurologists, pediatricians, nurses and other autism providers so children can be referred for resources and services. Approximately, 12,400 are registered and that has heightened awareness among parents and providers of indicators for Autism Spectrum Disorders.

New Jersey is also in the forefront of autism research with a Center for Excellence at Montclair State University. Since 2008, the Governor's Council for Medical Research and Treatment of Autism has provided nearly \$25 million in research grants.

The surveillance summary report, "Prevalence of Autism Spectrum Disorder among Children Aged 8 Years – Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2010," was published last week in the [CDC's Morbidity and Mortality Weekly Report](#).

Researchers reviewed records from community sources that educate, diagnose, treat and/or provide services to children with developmental disabilities. The criteria used to diagnose ASDs and the methods used to collect data have not changed.

More on the CDC's report is available at: <http://goo.gl/wKTdKo>

'Cancer Matters'  
Brought To You By:

# RUTGERS Cancer Institute of New Jersey



Eric A. Singer, MD, MA, is a urologic oncologist at Rutgers Cancer Institute of New Jersey and an assistant professor of surgery at Rutgers Robert Wood Johnson Medical School.



**Office of Cancer Control  
and Prevention**

[www.njcancer.gov](http://www.njcancer.gov)

## Testicular Cancer Awareness

By Eric A. Singer, MD, MA

**A**ccording to the National Cancer Institute, testicular cancer is the most common malignancy among men ages 15 to 35. In 2014, nearly 8,800 new cases and nearly 400 deaths are expected from testicular cancer in the United States alone. While the risk of developing testicular cancer is low, every man should understand some basic facts about this disease.

### Risk Factors

The majority of men who develop testicular cancer do not have any specific risk factor. Men who had an undescended testicle (cryptorchidism), or a testicle that was not in the scrotum at birth, are at an increased risk for testicular cancer. Bringing the testicle down into the scrotum with surgery doesn't decrease the risk of developing testicular cancer but it does make it easier to regularly examine the testicle and find any abnormalities early.

### Symptoms and Evaluation

Testicular cancer usually presents with a lump on the testicle. The mass is usually painless, but some men notice a "heaviness" in their scrotum on the side of the tumor. Rarely, in cases of advanced testicular cancer, or cancer that has spread to other parts of the body, men can have back pain, abdominal pain, cough, or unintentional weight loss. Any man who feels a testicular or scrotal mass should seek medical attention immediately.

### Early Detection

"When in doubt, get it checked out." Testicular cancer can spread quickly. Many men try to ignore what is happening to their bodies. Waiting and hoping that a testicular mass will simply go away on its own is dangerous and can lead to cancer affecting other parts of the body. The sooner a testicular tumor is found and treated the less likely it is a man will need major surgery, chemotherapy, or radiation.

### Resources

- Rutgers Cancer Institute of New Jersey: [www.cinj.org](http://www.cinj.org)
- National Cancer Institute: [www.cancer.gov](http://www.cancer.gov)
- American Society of Clinical Oncology: [www.cancer.net](http://www.cancer.net)

**"When in doubt, get it checked out."**

***Testicular cancer can spread quickly. Many men try to ignore what is happening to their bodies. Waiting and hoping that a testicular mass will simply go away on its own is dangerous and can lead to cancer affecting other parts of the body.***