



Keeping New Jersey Healthy



Clinic Nurse Rashema Saunders at JSAS Healthcare in Neptune demonstrates how Narcan is administered.

Christie Administration Continues Addiction Recovery Efforts During Season of Giving

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



Addiction is a chronic, relapsing brain disease that affects all family members. The stigma and misconceptions associated with drug abuse can be as harmful as the opioids themselves.

That's why programs like JSAS Healthcare in Neptune are so essential. I visited this clinic last Friday and attended a free training class where family and friends of those with addiction disorders learn how to administer Narcan. More than 227 people have been trained since Sept. 15. Everyone who completes the training gets a voucher good for 30 days of free treatment at the facility. The Department of Human Services funded the Opioid Overdoses Prevention Project at JSAS Healthcare with \$100,000. Three similar programs have started in Atlantic, Camden and Essex counties.



Commissioner O'Dowd meets with Dr. Susan F. Neshin, ABAM, and Nurse Terri Mount, BSN, at JASA Healthcare in Neptune

I also met with three mothers who participate in the Chemical Abuse Recovery Experience (C.A.R.E.). They each spoke of the incredible support of this program changing their lives. The women receive medical care and learn parenting skills, attend group counseling and receive medical care. An OB nurse and an obstetrician from nearby Jersey Shore Medical Center have provided medical care there for 25 years.

JSAS Healthcare is a place where these women are free from the stigma associated with drug use and methadone treatment allowing them to address addiction. I saw a culturally competent program where everyone from the front desk clerk to the OB nurse to the executive director treat them like extended family offering acceptance and hope.

"This is my first time being really clean. This is the first outpatient facility where I feel really supported. It saved my life," said the mother of a two-year-old.

The experience of these mothers can be an example of how the healthcare system and providers can examine their behavior and ensure they treat all patients with dignity and respect no matter what disease they need care for.

Until someone is ready for treatment and treatment is available there remains the risk of overdose death. Narcan is a life-saving medication that prevents deaths, which have devastated families and communities. As part of Governor Christie's effort to address addiction and prevent overdose deaths, I signed a waiver last spring allowing 28,000 EMTs to administer Narcan and directing our EMS staff to create a training program. The Department's Division of HIV, STD and TB Services has also given an \$85,000 grant to the South Jersey AIDS Alliance to buy 3,000 intra-nasal Naloxone kits and education materials for nurses working with the state's five needle exchange programs in Atlantic City, Camden, Jersey City, Newark and Paterson.

I want to extend my thanks to JSAS Healthcare Executive Director Ed Higgins and his team for the great work they do. Finally, I want to wish all of you and your families a happy and healthy holiday season.

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Community Health Wellness

Partnering for a Healthy New Jersey



Deputy Commissioner, Arturo Brito, MD, MPH, welcomes nearly 300 participants to the *Communities Making a Difference to Prevent Childhood Obesity Summit* in Edison.



A panel moderated by Mike Schneider of NJTV News focused on collaboration to promote healthy communities. Panelists (right to left): Diana MTK Autin, Statewide Parent Advocacy Network; Robert Like, MD, MS, Rutgers Robert Wood Johnson (RWJ) Medical School; Mariam Merced, MA, RWJ University Hospital; Daniel F. Oscar, Center for Supportive Schools and Laurie Shanderson, PhD, MPA, Richard Stockton College.

Department of Health Cosponsors Statewide Summit on Healthy Communities

On December 3, Deputy Commissioner of Health Dr. Arturo Brito joined with other state and national experts to highlight the critical role communities play in reducing health disparities and lowering obesity rates among adults and children in New Jersey. Nearly 300 participants attended the daylong *Building Healthy, Equitable Communities Summit* in Edison.

In welcoming remarks, Dr. Brito stressed the need for coordinated efforts to address the persistent problems of obesity and its costs in human terms, productivity and dollars. “The Department of Health is putting resources into public health prevention efforts,” Dr. Brito said, citing grants to help build healthy communities and the seven winnable battles outlined in the [State Plan: Partnering for a Healthy New Jersey](#).

Throughout the day speakers, panelists and moderators focused on best practices to improve community health and advance health equity among racial, ethnic and socio-economic groups in New Jersey.

The summit sponsors with support from the Robert Wood Johnson Foundation (RWJF) represent a vital partnership in New Jersey to foster a Culture of Health in which everyone can lead healthier lives. The Department of Health’s statewide partnership ShapingNJ, along with the New Jersey Partnership for Healthy Kids, New Jersey YMCA State Alliance, Rutgers Cooperative Extension, American Academy of Pediatrics New Jersey Chapter and New Jersey Hospital Association hosted the summit.

One of the most encouraging signs in the fight against rising obesity in the United States is the significant decline in childhood obesity among 2- to 5-year-olds. Between 2005-2006 and 2011-2012, the obesity rate among this age group dropped from 12.4% to 8.4%, according to the Centers for Disease Control and Prevention (CDC). These findings suggest that we may be “about to turn the corner on childhood obesity,” said keynote speaker, Dr. William H. Dietz, of the George Washington University Milken Institute School of Public Health and former director of the CDC’s Division of Nutrition, Physical Activity and Obesity.

However, with federal funds for anti-obesity initiatives unlikely in the near future, he emphasized more coordination among providers. The roots of obesity are complex requiring programs specifically tailored to different social groups and the cultural and economic factors that affect them.

Speakers emphasized the need for sustained efforts and consistent messages. They highlighted the roles that different organizations can play. For example, academic institutions can help students better prepare for healthcare careers by providing study in the historical roots of health disparities.

Schools can help reduce the stigma attached to obesity by helping to change the terminology used in everyday conversation. Instead of speaking of “obese people”, which implies an identity, it would be better to say “people with obesity,” which describes a medical condition. Organizations and programs must engage parents in community building. With knowledge to make informed decisions, they become effective advocates for their families and for policy change at the local level.

In general sessions and workshops, participants shared progress toward achieving health equity and sustainable change in community building.

Meeting the Challenges of HIV

New Jersey has seen significant success in reducing new HIV infections with a 72% decline between 1990 and 2010. In 1991, 4,544 new HIV/AIDS diagnoses were reported and, by 2010, the number of new cases dropped to 1,287.

The number of deaths due to HIV disease has also declined significantly. More than half of those with HIV are living more than ten years after their AIDS diagnosis.

New Anti-Retroviral medications have slowed symptom and disease progression and enhanced survival after AIDS diagnosis. These therapies have been shown to reduce the risk of transmitting HIV for people who adhere to their regimens.

Advances in HIV medications have also led to a dramatic decline in new infections transmitted from mothers to their babies. Since 1993, the number of annual perinatal infections has dropped by more than 90%.

To improve outcomes for those with HIV, the Department started an HIV Prevention Patient Navigator program to increase the number of people who are linked to care and placed on antiretroviral therapy. The Program, now offered in 13 locations, received the Association of State and Territorial Health Officials' (ASTHO) First Place Vision Award in 2013 as a highly effective way to link HIV positive individuals to HIV care.

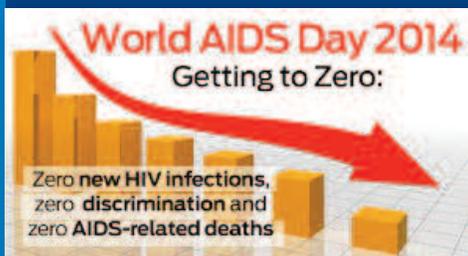
Nearly 900 patients were linked to care in the first six months. In addition to testing and linking HIV positive people to care, the Navigators provided 1,149 treatment adherence counseling sessions, and more than 1,000 prevention counseling sessions to HIV patients.

DOH Receives Increased Funding for HIV Patient Navigator Program

The Department's Division of HIV, STD and TB Services (DHSTS) was recently awarded \$1.5M through the federal competitive Ryan White Part B Supplemental Grant program, a more than \$465,000 increase from 2013. With the support of this grant, DOH will enhance New Jersey's HIV Navigator Program, an initiative linking newly diagnosed HIV-positive and lost-to-care individuals to community HIV medical care.

DHSTS initiated the HIV Patient Navigator (HPN) program at 13 locations statewide to further reduce the incidence of HIV infection by increasing the number of people living with HIV/AIDS linked to care and on antiretroviral therapy, which reduces the possibility of transmission. The program received ASTHO's First Place Vision Award in 2013 as a highly effective means to link HIV-positive individuals to care to benefit both the individual's and the public's health.

The HPN project has been extremely successful since its inception in 2012. Eight HPN programs operating during the first half of 2014 saw 881 new patients, and linked to care 683 out-of-care individuals who are HIV positive (159 newly identified). Another 237 individuals who are known positive were linked to care at HPN sites. The Navigators also offer HIV testing to partners of HIV clinic patients, and during the same period tested 151 partners, 10% of whom were HIV-positive and linked to care. The Navigators provided 1,149 treatment adherence counseling sessions and 1,051 prevention counseling sessions to HIV patients in their clinics during this time.



HIV Perinatal Infection in NJ by Current HIV Status and Birth Year Since 1993

Birth Year	Number Infected
1993-1999	347
2000	18
2001	10
2002	9
2003	10
2004	9
2005	10
2006	2
2007	3
2008	2
2009	3
2010	2

Source: New Jersey Enhanced Perinatal Surveillance data as of December 31, 2010.

Community Outreach & Events

November-December 2014



Commissioner O'Dowd talks with Local Health Officers at the NJ League of Municipalities Conference on Nov. 19



Assistant Commissioner Christopher Rinn and Stephanie D. Carey, Immediate Past President of the NJ Association of County and City Health Officials at the NJ League of Municipalities Conference on Nov. 19.



The Department's Public Health and Environmental Laboratories (PHEL)

- November 5** Melita J. Jordan, Senior Executive Service Director, Community Health & Wellness Unit, spoke about DOH chronic disease initiatives at the **LIVE WELL** event is hosted by New Brunswick Tomorrow, a not-for-profit agency in the city of New Brunswick.
- November 13** Commissioner O'Dowd delivered a **presentation** on improving birth outcomes and reducing chronic disease at the Visiting Nurse Association Health Group Board Retreat held in Middletown.
- November 18** Director of Policy and Strategic Planning Cathy Bennett, presented at the New Jersey League of Municipalities Conference on Vital Records.
- November 19** Commissioner O'Dowd delivered a **State of Public Health speech** before local health officers at a session at the New Jersey League of Municipalities Conference in Atlantic City.
- December 1** Deputy Commissioner Dr. Arturo Brito delivered opening remarks at Trenton's 2014 World AIDS Day commemoration.
- December 2** Dr. Brito delivered the keynote address at the Chamber of Commerce Southern New Jersey's Health Issues Committee meeting, Voorhees.
- December 9** Dr. Brito attended the Facing Addiction Task Force Meeting in Trenton.
- December 12** As part of the Cabinet's Season of Service initiative, Commissioner O'Dowd visited a nonprofit health facility in Neptune to announce a \$100,000 grant for Opioid overdose prevention.

NJDOH Wins Biomonitoring Grant

The Department's Public Health and Environmental Laboratories (PHEL) was recently awarded a \$4 million, five-year CDC grant for Public Health Biomonitoring. New Jersey is one of six states that received the award. Biomonitoring is the direct measurement of chemicals that enter the body from environmental sources. It provides data on human exposure to chemicals that can assist in making important public health decisions. Under this grant, PHEL's Environmental and Chemical Laboratory Services (ECLS) will increase its capability and capacity to conduct chemical analyses related to biomonitoring. Grant funds will be used to purchase analytical instrumentation to conduct analyses for perfluorinated compounds (PFCs), toxic metals, and perchlorinated biphenyls (PCBs) in blood and urine specimens. Funds will also be used to hire and train staff to perform these complex analyses, and to conduct a few small-scale demonstration projects. The Department will be working in collaboration with the Department of Environmental Protection and Rutgers University on implementation.



Robert Wood Johnson University Hospital staff practices using Personal Protective Equipment (PPE).

Ebola Call Center

Health care workers and the public with questions about Ebola can call the

**24/7 Toll free DOH Ebola hotline
1-800-962-1253**

run by NJ Poison Information and Education System (NJPIES)

Ebola Fast Facts

Ebola Cases Worldwide	18,500
Ebola Deaths Worldwide	6,800
DOH Lab Certified by CDC to test for Ebola	11/12/14
West Africa Travelers Under Active Monitoring by NJ Local Health Departments since Oct. 16, 2014	205
West Africa Travelers Currently Under Active Monitoring	63
Health Care Workers trained by Rutgers School of Public Health in use of Personal Protective Equipment	270
NJ Conference Calls DOH hosted for hospitals, EMS and local health officials	4

Health Care Partners Continue to Strengthen Preparedness for Ebola

Nearly 18,500 cases of Ebola have been reported in West Africa and more than 6,800 people have died.

Here in New Jersey, health care system preparedness has been and continues to be a priority. The Department hosted a hospital industry conference call on December 10th to continue preparedness activities. More than 700 New Jersey health care workers have been trained in donning and doffing Personal Protective Equipment (PPE) and more hospital workers are training and practicing every day.

Commissioner O'Dowd emphasized, all hospitals in New Jersey and satellite Emergency Departments must be prepared to screen, isolate and provide primary treatment to an individual until confirmatory test results are available.

There are an infinite number of details involved in preparing to identify, isolate and treat a suspect Ebola patient. As a guest on the call, William Hicks, the chief operating officer of Bellevue Hospital Center, outlined some of those details and lessons learned. Bellevue successfully treated Dr. Craig Spencer, the first person to be treated in New York City with Ebola.

"Nothing can be overlooked," Mr. Hicks told hospital officials.

Every step the patient walks on arrival at the Emergency Department has to be drilled in advance. Different teams of health care workers with different expertise may be needed depending on the severity of the patient's illness. The "Class A" Ebola waste that is generated has to be disposed of by an authorized hauler. There are guidelines to follow for drawing blood, packaging and transporting the specimens. The hospital workers who ship the specimens have to be specially trained.

35 U.S. Hospitals Designated as Ebola Treatment Centers

CDC trains and assesses Ebola hospital readiness in collaborative effort

An increasing number of U.S. hospitals are now equipped to treat patients with Ebola, giving nationwide health system Ebola readiness efforts a boost. According to the Centers for Disease Control and Prevention (CDC), state health officials have identified and designated 35 hospitals as Ebola treatment centers, with more expected in the coming weeks.

Hospitals with Ebola treatment centers have been designated by state health officials to serve as treatment facilities for Ebola patients based on a collaborative decision with local health authorities and the hospital administration.

Ebola treatment centers are staffed, equipped and have been assessed to have current capabilities, training and resources to provide the complex treatment necessary to care for a person with Ebola while minimizing risk to health care workers.

The additional facilities supplement the three national bio containment facilities at Emory University Hospital, Nebraska Medical Center, and the National Institutes of Health (NIH), which will continue to play a major role in our overall national treatment strategy, particularly for patients who are medically evacuated from overseas. Facilities will continue to be added in the next several weeks to further broaden geographic reach.

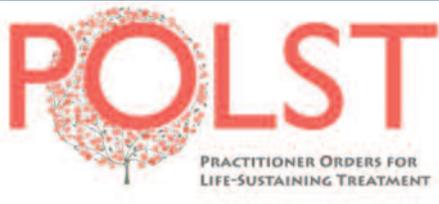
Read More

<http://www.hhs.gov/news/press/2014pres/12/20141202b.html>

Find a Flu Shot



At the Middlesex County Office of Health Services Child Health Conference Erin Geant brings her daughter, Brynn, to receive her flu vaccine. Pictured from the left: Jennifer Smith, DOH Health Educator; Erin Geant; Brynn Pulanco; Middlesex Cty. Health Services Medical Director Dr. Ngoc Tran-Hoppe, and Middlesex Cty. Public Safety & Health Director/Health Officer Lester Jones.



Governor Christie signed legislation that enables patients to indicate their preferences regarding life-sustaining treatment through the Practitioner Orders for Life Sustaining Treatment (POLST) form.

DOH Encourages Residents to Get A Flu Vaccine

As part of National Influenza Vaccination Week (NIVW), December 7-13, the Department reminded residents that it is not too late to get a flu vaccine. Flu activity usually peaks between December and February, but it can last as late as May. On December 8, Department Immunization staff had a table with education information at the Middlesex County Health Department Flu Clinic in New Brunswick and provided free "Flu and You" books for the first 150 children vaccinated.

New Jersey is seeing moderate flu activity which is normal for this time of the year, but Influenza A (H3N2) viruses are dominating this early part of the flu season. Typically, the Type A strain known as H3N2 is more severe with higher numbers of hospitalizations and deaths.

CDC **recently** announced that roughly half of the H3N2 viruses analyzed are viruses with antigenic or genetic changes that make them different from that season's vaccine virus. This means the vaccine's ability to protect against those viruses may be reduced, but there are other strains of the flu circulating that the vaccine will protect against. If vaccinated people do get the flu, they may have a milder case.

Vaccination is still the best way to protect against the flu. Patients with flu symptoms should talk to their health care providers about antivirals which shorten the length of illness.

Breakwater Alternative Treatment Center Issued Permit to Cultivate Medicinal Marijuana

On November 21, the Department issued a permit to Breakwater Alternative Treatment Center (ATC) in Cranbury Township, Middlesex County to begin growing medicinal marijuana.

The permit was issued after a comprehensive review including several site inspections, background checks of its corporate officers and a review of its security operations and cultivation facility. This is the fourth ATC given a permit to cultivate medicinal marijuana. Read more:

<http://www.nj.gov/health/news/2014/approved/20141121a.html>

The Department Commemorates National Hospice and Palliative Care Month

In observance of National Hospice and Palliative Care Month in November and to mark the 40th anniversary of the opening of the first hospice in the United States, New Jersey Health Commissioner Mary E. O'Dowd commended the work of palliative care and hospice services providers throughout the Garden State and encouraged New Jerseyans to plan ahead for the treatment and care they would prefer near the end of life.

Today New Jersey is home to 76 licensed hospice providers serving all 21 counties. They deliver compassionate, supportive care recognizing that the vast majority of Americans want to be able to die in their own homes, as comfortable and pain free as possible. Read More:

<http://www.nj.gov/health/news/2014/approved/20141118a.html>



The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments.

DOH Works Toward National Accreditation

The Department is pursuing national public health accreditation, which is focused on advancing the quality and performance of the agency. Accreditation is provided by the Public Health Accreditation Board (PHAB), which evaluates health departments based on a dozen essential health service categories including population health assessment and health improvement planning, community engagement, public health laws, investigation of public health hazards and quality improvement.

The Department will submit documentation to PHAB in early 2015. As of September 2014, 54 public health agencies including six states – Washington, Oklahoma, Vermont, Florida, Minnesota and New York - have received accreditation.

Preparing for accreditation has been essential to building a culture of continuous quality improvement within the Department over the past several years. The accreditation process requires an exhaustive review of virtually every DOH program and service. This journey confirms we are meeting many of the best practices outlined by the standards, as well as identifying performance gaps that need addressing.

The DOH has invested years of talent and resources in preparation to achieve accreditation. We are close to submitting documentation that demonstrates compliance with national public health best practice standards. This goal will validate the critical work the Department is doing to improve the public's health. Seeking accreditation is a worthwhile investment which will ensure that the Department is continuously advancing the quality and performance of all public health programs statewide.



Public Health Infrastructure supports the 10 Essential Public Health Services

DOH Releases Modified Cultural and Linguistic Appropriate Services CLAS Standards Blueprint

The Department's Office of Minority and Multicultural Health (OMMH) recently released [a condensed version](#) of the US Department of Health and Human Services' National Cultural and Linguistic Appropriate Services (CLAS) in Health and Health Care Blueprint for Advancing and Sustaining CLAS policy and practice. The CLAS Standards Blueprint is a roadmap for advancing health equity and improving health care quality using a framework designed specifically for organizations serving culturally diverse communities.

The Blueprint offers strategies that can be implemented from the highest level of governance, followed through within the organization, and sustained as continuous community engagement. Reproducing the CLAS Standards Blueprint in this condensed version is intended to make the document more accessible and to inspire our community partners to develop culturally and linguistically appropriate services.

Given New Jersey's broad diversity, DOH is encouraging its partners to consider the importance of culture and language as key influences in the delivery of care and the way in which people approach and understand health. DOH also recommends the adoption of cultural competency standards as a best practice to achieve better health and health care.

To learn more, please contact OMMH at 609-292-6962.

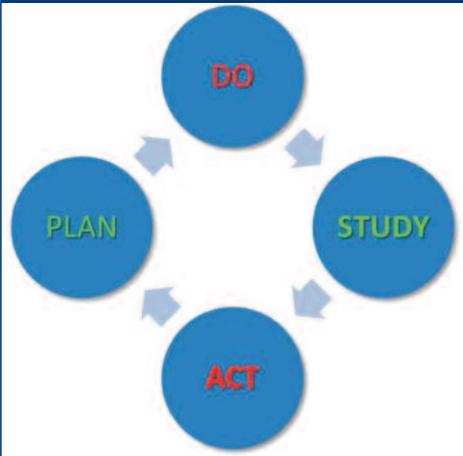


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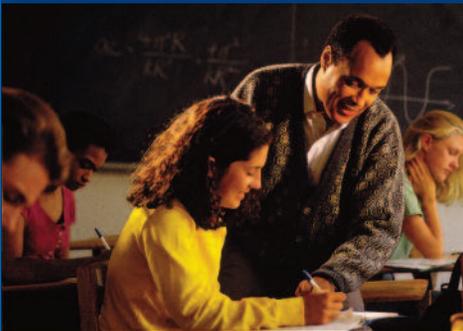
Public Health Infrastructure, Laboratories and Emergency Preparedness



PHILEP QI Team members pictured from left: Karen Erstfeld, Meena Rathee, Corynna Limerick, Andy Snyder, Ross Ninger. Other team members include John Liqua and Terry Clancy.



The 'Plan, Do, Study, Act' (PDSA) cycle



Building a QI Culture within PHILEP

One of the goals of the NJDOH Strategic Plan is to strengthen organization effectiveness and adaptability in order to drive measurable improvement in the health of the people of New Jersey. One of the ways in which the Division of Public Health Infrastructure, Laboratories and Emergency Preparedness (PHILEP) is addressing this challenge is by focusing on employee development and leadership training in unison with a DOH Quality Improvement (QI) initiative. By giving staff the QI tools and plenty of opportunities to practice the use of these tools we build capacity. By focusing on working smarter, streamlining work flow and partnering with other state agencies to optimize resources, our ultimate aim is to create a culture of Continuous Quality Improvement (CQI) that will eventually become an invisible part of the fabric woven into our daily work.

In PHILEP, we are building a Quality Improvement culture. In FY2015, our goal is to establish a PHILEP QI Plan to provide a context and framework for QI activities within the Division. The foundational elements of the QI Plan include the creation of a Quality Improvement Council, selection of QI teams and training in QI tools. Our first year goal is to implement three QI projects that will target Division-wide, as well as program- or project-level activities. Currently, a cross-functional QI team is working on a survey instrument to assess staff QI Readiness that will be launched in the near future. The QI team will study the results and will adjust plans accordingly. Using the 'Plan, Do, Study, Act' (PDSA) cycle, QI methods should become a routine part of the way work gets done. Our next step will be to ensure that projects are tied to strategic goals and emphasize the need for tangible results.

Viewing Quality Improvement from a holistic perspective, as a culture change rather than just a quality technique, has the power to change performance and the potential to create a cascading impact on staff motivation and morale, and to transform organizational culture.

Quality Improvement: Tuition Aid Reimbursement Program

As part of the Department's Continuous Quality Improvement initiatives the office of Human Resource Services (HRS) has worked to streamline the Department of Health's Tuition Aid Reimbursement Program to expedite approvals and payments.

HRS worked with Fiscal Division staff to revise the Tuition Aid circular to clarify criteria and deadlines, which will be available this month. A significant change in the process will include acceptance of electronic submission requests for reimbursement, which will allow for immediate coordination with the Fiscal Division. To track the length of the approval process HRS updated an existing database of requests and will share that data with the Fiscal Division. Additionally, HRS and the Fiscal Division worked on establishing an accepted timeline for submission of approvals for payment processing. These efforts should shorten the review process and allow for prompt payment of a tuition aid reimbursement request. Overall the process should reduce variability and increase consistency, so that Department employees are reimbursed in fifteen days or less from the date of their final request for tuition aid. This initiative ties to the Department's Strategic Plan objective to implement workforce planning and development in the agency.

'Cancer Matters'
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Cancer Institute
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Steps Toward Preventing Lung Cancer

By Sujani Ganga Surakanti, MD



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



November was Lung Cancer Awareness Month. So what do you need to know? Smoking accounts for nearly 90% 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, they are also at risk for cancer and many other types of medical problems.

Protect yourself and loved ones by quitting. In doing so, you'll even set a positive example to friends and family on how to treat their own bodies. Quitting smoking or smokeless tobacco is not easy for most, but there are resources available to help tobacco users make a change. Initiatives and resources like the Great American Smoke Out, telephone support groups (1-800-QUIT-NOW), and any number of tobacco cessation programs like the Tobacco Dependence Program supported by the Cancer Institute of New Jersey, Robert Wood Johnson Medical School and School of Public Health at Rutgers University. Specialists there can discuss a variety of treatment options, including the nicotine patch, gum, lozenge, nicotine nasal spray or nicotine inhaler – along with prescription medications and one-on-one or group support and counseling.

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 in reducing lung cancer deaths. We continue to offer this expertise with our lung cancer screening program. **For more information about the lung cancer screening program or to schedule an appointment, call 732-235-5947.**

Remember, prevention is always best – but even if you are a current tobacco user, there are resources available to help you quit.