



On May 26, Cathleen Bennett's nomination as Commissioner was unanimously approved by the Senate 38-0 and unanimously approved on May 23 by the Senate Judiciary Committee.



The Brooks Family was presented the first Community Innovation Award for their leadership and work at their family-run Cedar Lane Auction and Feed Store in Elmer. They are pictured above with Health Commissioner Cathleen Bennett, Jillian Hudspeth, President/CEO at the New Jersey Primary Care Association, and Roslyn Council, Coordinator of the Office of Rural Health.

New Jersey Holds First Statewide Rural Health Symposium

By Cathleen Bennett, Commissioner
New Jersey Department of Health



The health care needs of New Jersey's rural communities took center stage at the first statewide rural health symposium on April 21 in Plainsboro. The day-long event, "Quality through Collaboration: An Integrated Approach to Improving Health in New Jersey's Rural Communities," expanded the definition of what qualifies as rural in our state, addressed disparities rural communities face in health and access to care, and highlighted the collaborative opportunities for sharing resources and aligning new grants to improve health outcomes for rural populations.

The symposium was co-sponsored by the Department of Health, the New Jersey Primary Care Association and the New Jersey Rural Health Advisory Committee, which joined forces to launch a new rural health initiative to improve health care delivery in the state's sparsely populated areas. Program planners and presenters emphasized networking and information sharing as a means to achieve this goal. More than 175 rural health practitioners representing Federally Qualified Health Centers, clinics, private practices and hospitals, public health professionals, social workers, policy makers, advocates, and local health workers participated in the event and breakout workshops.

Speakers highlighted the significant agricultural, economic, and cultural attributes of New Jersey's rural areas, and emphasized the important role that rural residents play in the health and social fabric of their communities. According to the New Jersey Department of Labor, 9 percent of the state's population is rural and more than 68,500 migrant/seasonal farm workers and their families live here for part of the year. Based on a population density of less than 500 individuals per square mile, the state has 139 municipalities in 18 counties that classify as rural according to combined state and federal classifications. Farming accounts for about 16 percent of New Jersey land use (roughly 730,000 acres).

Speakers and panelists, including M. Carolyn Daniels, Executive Director of the Office of Minority and Multicultural Health, emphasized disparities in rural health as the overarching health challenges present in these areas. Keynote speaker Alan Morgan, Chief Executive Officer for the National Rural Health Association, pointed out that more than half of rural health patients nationally have to drive more than 60 miles to see a specialist. Compared to their urban counterparts, rural residents tend to report

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The New Jersey Public Health and Environmental Laboratories (PHEL) is located on the grounds of the State Police headquarters in West Trenton.



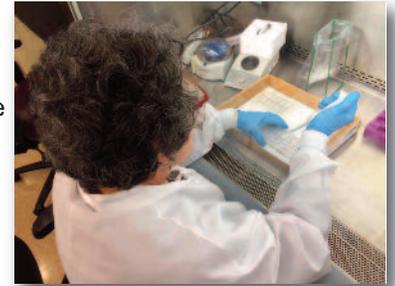
Department staff and local health partners traveled to Atlanta on April 1 to attend CDC's Zika Action Plan Summit with more than 300 local, state and federal officials, health experts and other partners.



On March 16, Deputy Commissioner Dr. Arturo Brito visited the North Hudson Community Action Corporation in West New York to share Zika information with pregnant women, patients and health care providers.

Zika Virus Testing Begins in New Jersey as Department's #ZapZika Campaign Continues

At the end of May, blood and urine testing for Zika, dengue and chikungunya viruses began at the New Jersey Public Health and Environmental Laboratories (PHEL) located on the grounds of the State Police headquarters in West Trenton. The lab is among a select group of state and local public health labs outside the Centers for Disease Control and Prevention (CDC) that is currently prepared to test for Zika. The ability to test samples for Zika and similar viruses will further enhance New Jersey's preparedness and response to this evolving health emergency unfolding in the Caribbean and Central and South Americas. The New Jersey PHEL can perform three diagnostic, CDC-developed Zika tests to detect the virus and differentiate it from similar illnesses. This testing takes place in the highest security area of the lab.



Research scientist Anna Napomich tests human samples for Zika virus in the New Jersey Public Health and Environmental Laboratories (PHEL).

Early on in this public health emergency, the Department of Health began collaborating with its partners and sharing information with the public to raise awareness. The Department continues to do so through its #ZapZika education campaign that features radio advertisements in English and Spanish, NJ Transit bus ads and targeted social media efforts.

To date, there have been no reports of Zika spread by mosquitoes in the continental United States, but nearly 600 cases have been reported in travelers, including [18 in New Jersey](#). As New Jersey enters into mosquito season, residents should be aware that the best way to prevent mosquito bites is by using EPA-registered mosquito repellent, wearing long-sleeved shirts and pants, and using air conditioning and window screens. If local Zika transmission occurs in the U.S., outbreaks would likely be small and limited in scope, based on experiences with chikungunya and dengue. New Jersey has a long history of robust mosquito control that helps limit the spread of mosquito-borne diseases. County mosquito control agencies partner with the Department of Environmental Protection to address concerns at the local level. Homeowners should remove standing water from their properties.

As part of the #ZapZika campaign, Department staff and local health partners traveled to Atlanta in April to attend CDC's Zika Action Plan Summit where more than 300 local, state and federal officials, health experts and other partners collaborated to ensure a coordinated Zika response. The Department's top doctors and epidemiologists have been meeting with pregnant women in health centers and hospitals, physician groups, college students, professional medical societies and public health officials. Deputy Commissioner Dr. Arturo Brito, a bilingual pediatrician, continues to meet with Brazilian and Hispanic populations to share information in English and Spanish and host conference calls with physicians to review CDC guidance.

The American Red Cross has recommended that asymptomatic blood donors who have traveled to Mexico, the Caribbean, or Central or South Americas postpone blood donations until 28 days after returning to the U.S. The [CDC maintains a list](#) of active transmission areas.

Physicians and local health officials should contact the Department's Communicable Disease Service at 609-826-5964 if they believe they have a patient who meets testing criteria. Physicians may contact the PHEL for laboratory questions related to Zika at zika.phel@doh.nj.gov. Members of the public should contact their physician or call 1-800-962-1253, the NJPIES Zika call line, for questions and more information.



New Jersey Commemorates 10th Anniversary of Smoke Free Air Act

Ten years ago, in April 2006, New Jersey passed the Smoke Free Air Act, landmark legislation that prohibits smoking in indoor public places and workplaces and protects workers and patrons from the harmful effects of secondhand smoke. This law significantly improved workplace air quality by eliminating the toxins and carcinogens found in tobacco smoke.

As a result of this law, New Jersey residents are breathing cleaner air. An average of 250,000 New Jersey workers employed in restaurants and bars across the state are protected from breathing in secondhand tobacco smoke every day. New Jerseyans with asthma or allergies, families with young children, or people seeking employment who previously stayed away from restaurants, bars and indoor recreational facilities are no longer limited by worries about the negative effects of secondhand smoke.

In 2010, New Jersey became the first in the nation to amend the Smoke Free Air Act to include a ban on the use of electronic smoking devices in indoor public places. The New Jersey Senate and Assembly both voted unanimously in favor of the law. In keeping with the state's age of sale restriction, the amendment also prohibited the sale of these electronic nicotine delivery systems to minors under the age of 19.

Smoking rates have also declined. Among adults, smoking has declined from 18 percent in 2006 to 15 percent in 2014. Among high school students, the rate has decreased from about 16 percent to 8 percent during this same time period.

These toxic substances are especially harmful to infants and young children. Children exposed to secondhand smoke are more likely to have severe asthma attacks, bronchitis, ear infections and pneumonia. Infants exposed to secondhand smoke are at greater risk of Sudden Infant Death Syndrome (SIDS).

The Smoke Free Air Act empowered tobacco control advocates to work with local governments to extend smoke free air initiatives to outdoor venues, including public parks and beaches. Today, there are 293 municipal and 14 county Outdoor Recreational Ordinances banning smoking in outdoor public spaces.

While the decline in youth tobacco use among high school students is encouraging, concern is increasing over the growing popularity and use of electronic nicotine delivery systems among youth. In 2014, 12 percent of high school students reported using these devices. Most contain nicotine, which causes addiction and, according to the Centers for Disease Control and Prevention (CDC), may harm brain development and could lead to continued tobacco use.

New Jersey Recognizes Dedicated Service of Nurses During National Nurses Week

Each and every day, nurses throughout New Jersey devote their time and attention to ensuring patients are cared for and safe. As a way to honor and thank nurses throughout the state for their tireless commitment to patient care, New Jersey joins the country in celebrating National Nurses Week each year, May 6-12.

"We recognize and appreciate the heroic work of nurses who care for patients and their families every day – 365 days a year, whatever the circumstance," Health Commissioner Cathleen Bennett said. "They are the backbone of our health care system."

As of 1998, May 8 was designated as National Student Nurses Day and celebrated annually. National School Nurse Day is celebrated on the Wednesday within National Nurses Week each year.

In honor of this year's national theme, "Culture of Safety — It starts with YOU," we asked three Department nurses how safety has played a key role in their careers.

Margaret Strina started working for the Department in October 2007 as a surveyor and is currently a supervising health care evaluator serving as a team leader.

"I became a Director of Nursing for a long term care facility in 1993 and was always concerned with resident safety. As a team, we looked at innovative ideas about how we could safeguard the residents from falls or other accidents," she said. "Many ideas were implemented, and the number of falls and accidents decreased."

Now as a surveyor, Margaret is able to use her experiences, as well as see how other facilities address resident safety, to share best practices with others.

"We do not work in a bubble. We must share the ideas that work and help residents be the best they can be while also keeping safety in mind," she said. "Safety of staff, particularly injection safety, is also important."

Christina Farkas, health care service evaluator nurse, evaluates licensed health care facilities to ensure they are within state and federal patient safety regulations. She has been with the Department for nearly two years. As a nurse evaluator, safety is the most important aspect of her job, she said.

"One of my roles is to evaluate nurses administering medications to residents/patients in a safe manner," Christina said. "Every aspect of my job incorporates safety. The major goal of my job is to ensure health care professionals are working towards keeping residents safe."

As a nurse for 20 years, Christina's most profound memory is when she was a bedside nurse at a long term care facility and a visitor collapsed in the lobby.

"My coworker and I initiated CPR. This was before the implementation of Automated External Defibrillators in healthcare facilities," Christina said. "The visitor spent a few weeks in critical care and made a full recovery."

Patient safety and education go hand-in-hand, she said. Nurses educate

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Margaret Strina



Christina Farkas



Terri D'Errico

National Nurses Week, *continued from page 4*

patients on many aspects of care and provide daily reminders to patients to ensure they know how to maintain a safe environment either at home or in a healthcare setting.

Terri D'Errico, a health systems specialist who coordinates the licensing process for all federally-qualified health care facilities in New Jersey, has been with the Department since January 1999.

"In my experience as a registered nurse and a certified gastroenterology registered nurse, universal care and infection control practices both played major roles in my practice," she said. "Universal care means respecting each patient and treating them equally, regardless of age, race, gender, social position or economic background, in order to safeguard good health and well-being."

As a health systems specialist and resource person for professional organizations, health care providers and the public, universal care and infection control practices continue to be incorporated in her everyday duties, which include reviewing certificate of need and license applications and schematic drawings, diagrams and plans for new health care facilities and projects that are submitted to the Department for approval.

Terri said there are many moments, events and especially patients that are memorable and have impacted her throughout the course of her career. "It is the sum of all moments, some sad like watching helplessly as someone's family member passes from this world, to happier times such as the patient who is cured, made better or pain free, or the most beautiful of miracles — a birth," Terri said.

DOH to Hold Healthcare Workplace Violence Webinar

On June 29, the Department will hold a violence prevention and patient safety webinar for hospital and nursing home staff. This is the second in a four-part series for licensed providers.

Health and safety are vital components of quality care workplaces. The Department is committed to ensuring workplaces are hazard-free and workers understand how to protect themselves and others on the job. The courses are designed to remind every health care organization what they need to know about licensing standards, including workplace violence.

The webinar series kicked off May 19 with a refresher course on patient safety requirements and reportable events. About 200 representatives from hospitals, nursing homes, assisted living communities and home health agencies participated.

To launch this series, the Department partnered with LeadingAge New Jersey, Health Research and Education Trust of New Jersey, and the Health Care Association of New Jersey.

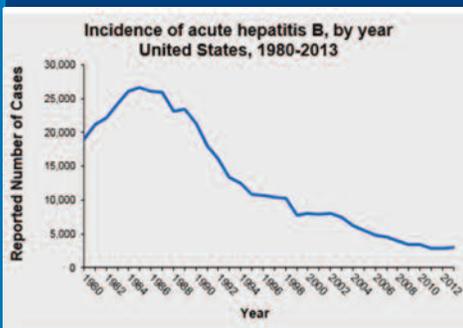
Upcoming webinars in September and October will center on pain management procedures, requirements related to needles, and survey and licensure policies.



DOH and New Jersey Hepatitis B Coalition Host First Forum in Princeton



The New Jersey Hepatitis B Coalition was formed in 2012 by the Department of Health's Office of Minority and Multicultural Health.



The New Jersey Hepatitis B Coalition held its first forum in December, attracting more than 60 public health professionals statewide that included representatives from DOH, local public health departments, hospitals, community and faith-based organizations, and students from various universities.

Stakeholders learned about current updates from experts in the field of hepatitis B and liver cancer, and effective ways to link patients to care, collaborate with partners, learn about multilingual resources, and adopt methods to help stamp out the infection in New Jersey.

The forum included a full day of activities, exhibits and presentations with two keynote addresses delivered by State Epidemiologist and Assistant Commissioner Dr. Tina Tan and Chari Cohen, Director of Public Health with the Hepatitis B Foundation.

Hepatitis B is the world's most common serious liver infection, caused by a virus that attacks the liver that can cause cirrhosis, liver cancer and liver failure. New Jersey's Asian population is one of the fastest growing immigrant populations in the state and the group hardest hit by hepatitis B. Most people who have the virus do not know it. The disease does not always cause symptoms and can stay hidden in the body. Many people can live with the virus for 20 years or more without feeling sick.

However, damage to the liver can take place during this time and, if untreated, can lead to chronic liver disease (cirrhosis of the liver). That is why it is important to be tested for hepatitis B. The vaccine is given to all children in the United States and is recommended for all high-risk adults. This includes people who have sexually transmitted diseases, inject drugs, or who have had multiple sex partners. The vaccine is given in three doses over six months and is very effective when a person receives all three doses. People who have HBV should be treated by a doctor.

Dr. Tan's presentation, "Hepatitis B: Why Does It Matter in New Jersey?" set the stage for the day as she highlighted the importance of addressing the infection through screening and testing, and stressed the importance of perinatal vaccinations for all children. Dr. Cohen followed with a talk, "The Importance of a Community Response to Eliminating Hepatitis B in the U.S." Both emphasized the virus as the most common and serious liver infection in the world, with more than 2 billion infections worldwide and at least 1 million new infections annually.

Improved hepatitis B surveillance, culturally-appropriate public health awareness campaigns, enhanced availability of testing and vaccination, and linkage to quality and comprehensive care are needed to see measurable declines in this disparity.

For more information, visit

http://www.nj.gov/health/cd/documents/faq/hepb_faq.pdf.



M. Carolyn Daniels, Executive Director of the Office of Minority and Multicultural Health, discusses health disparities in New Jersey during a break out session at the Rural Health Symposium.

Commissioner's Message, *continued from page 1*

generally poorer health, higher rates of obesity and chronic diseases such as diabetes, and have less access to primary care and specialty physicians.

Morgan called for health care planners and policy makers to unite to address these and other unique healthcare challenges facing rural communities.

Calling for a "rural surge" in community engagement, Darrin Anderson, State Deputy Director of New Jersey Partnership for Healthy Kids, opened the symposium by describing the elements of a "community-appropriate" model for rural health. He called for practice-based strategies that recognize and address unique factors that create rural health disparities. These include economics, cultural differences, social influences, education, isolated living conditions and chronic disease.

A highlight of the conference was the presentation of the first Community Innovation Award to Raymond and Joan Brooks for their leadership and work at their family-run Cedar Lane Auction and Feed Store in Elmer. With the Salem County Department of Health and Human Services, the Brooks family helps improve the lives of rural residents by hosting health and wellness events that provide free health screenings and information on health care services and disease prevention.

Last year, the Department commissioned Rutgers School of Social Work to conduct a New Jersey Rural Health Needs Assessment. Principal Investigator Donna Van Alst shared key findings that demonstrated specific geographic areas for health improvement, based on a range of health indicators such as mortality, maternal health, chronic disease, poverty, substance abuse and health access. Using statistics and focus groups, researchers identified barriers to health care access such as transportation and distance to services, effective provider practices such as mobile health services, and challenges for health care service delivery such as funding and low insurance rates. The study identified diabetes and cancer as the most common health conditions cited by providers.

Representatives from the United States Department of Agriculture (USDA) and the federal Health Resources and Services Administration (HRSA) stressed the funding opportunities their agencies provide to support rural health delivery. Howard Henderson, New Jersey State Director for USDA Rural Development, identified grants and loans for health facility construction, ambulance purchases, and telemedicine training. George Pourakis, Senior Public Health Analyst for HRSA's Region 2 Office of Regional Operations, detailed his agency's investments in New Jersey and described a broad range of grants for rural network development, health promotion, disease prevention, and oral and mental health services.

My top priority as Commissioner is improving population health, and the key to that goal is reducing health disparities among all of our residents. This first-of-its-kind symposium will help to inform our decisions moving forward and leverage existing partnerships to improve the health of not only rural residents with unique challenges but all New Jerseyans.





Commissioner Testifies Before Legislative Budget Committees

Commissioner Cathleen Bennett testified on the proposed state fiscal year 2017 budget before the Assembly and Senate Budget Committees on April 18 and 19. As part of her testimony, she highlighted that nearly \$735 million is dedicated to hospitals and federally qualified health centers to provide care for residents and further build the healthcare workforce.

She also discussed the Department's efforts to encourage regional planning and collaboration to address population health and the administration's commitment to addressing the opioid epidemic. Regional planning is the cornerstone of population health because it brings together healthcare providers, social service agencies, government, businesses, and nonprofit organizations to improve their community's health. These efforts are showing great progress in Camden, Trenton and Newark, where residents have received regular and preventive care resulting in reduced use of hospital emergency departments and reduced healthcare costs. Commissioner Bennett said the Department, through its Office of Population Health, is looking to expand this work in other cities around the state. The Office will coordinate efforts underway in hospitals, municipalities, community groups and others to broaden its impact and create opportunities for healthy communities.

She noted that one of the greatest public health challenges our state and nation are facing are behavioral health issues, and the Department has been working to better integrate primary and behavioral health so they can be addressed in the primary healthcare setting. Recognizing that drug addiction is a complex issue that requires a comprehensive and coordinated approach, Governor Chris Christie created the Facing Addiction Task Force which brings together cross-cutting sectors to address the challenges of addiction. As part of the taskforce, the Department has been working with sister agencies to share data and surveillance to direct prevention and treatment efforts. Additionally, the Department has granted waivers to EMTs, allowing them to administer Narcan when responding to an overdose.

Commissioner Bennett also spoke about the Department's #ZapZika awareness campaign and efforts to share updated information with the public and healthcare providers to increase awareness of this virus. She also highlighted the agency's increased use of social media such as Twitter and Facebook to educate the public about critical public health challenges such as Zika, STDs and smoking. In particular, the Department has increased its Twitter presence by 25 percent over the past six months as we spread key public health messages and our 2,650 followers share this information with a more expansive audience.



(From left to right) Deputy Commissioner Dr. Arturo Brito, Health Commissioner Cathleen Bennett, and Eric Anderson, Director of the Division of Management and Administration, attend Senate budget hearing on April 19.



Health Commissioner Cathleen Bennett testifies at Assembly budget hearing on April 18.



Anthony Welch, Director of Policy and Strategic Planning, Deputy Commissioner Dr. Arturo Brito, Health Commissioner Cathleen Bennett, and Eric Anderson, Director of the Division of Management and Administration, attend Senate budget hearing on April 19.



Collaborating to Reduce Sudden Infant Death Syndrome in NJ

The Department of Health makes state, county and municipal health data publicly available through its [NJ State Health Assessment Data \(NJSHAD\)](#) website as part of its ongoing initiatives supporting health surveillance, prevention and treatment.

NJSHAD is a collaboration of the Center for Health Statistics in the Office of Population Health and the NJ Environmental Public Health Tracking (NJEPHT) Project in Consumer, Environmental and Occupational Health Service.

One user of the NJSHAD website is the [Sudden Infant Death Syndrome Center of New Jersey \(SCNJ\)](#). SCNJ provides bereavement support for families, conducts research on the causes of sudden and unexpected infant death (SUID), promotes training of infant health providers and new parents on safe sleep practices, and works to prevent SUID.

“NJSHAD gives us a very clear picture of infant mortality drilled down to the regional and demographic level,” SCNJ Program Director Dr. Barbara Ostfeld said. “NJSHAD assists me in identifying many of the risk factors associated with a diagnosis related to sudden unexpected infant death in NJ for further study.”

SCNJ uses NJSHAD to:

- ❖ Conduct research on SUIDs by population group, maternal and infant characteristics, and other risk factors
- ❖ Identify NJ communities with high-risk populations so enhanced education outreach can be targeted to these populations
- ❖ Publicize and track rates of SUIDS and safe-sleeping practices in NJ and the U.S. by year and demographic group, and provide links to prevention resources.

More information on SCNJ’s successful use of NJSHAD can be found [here](#).

DOH Awarded 2015 Governor’s Award for NJ Employee Charitable Campaign

The Department of Health received the 2015 Governor’s Award for donating \$16,269 toward the New Jersey Employee Charitable Campaign, which gives state employees an opportunity to contribute to more than 1,100 charities through the convenience of payroll deduction.

With 48 pledges to charities ranging from local organizations to large and well-known national and international groups, the Department exceeded last year’s contributions by 24 percent.

This drive supports the work of approved charitable agencies and organizations that work to fight diseases, assist vulnerable populations, and help residents become economically self-sufficient.

The campaign kicked off on Sept. 17 and was extended through Dec. 31, 2015. Donors can give their contributions to any approved agency.

The Governor’s Award was given at the NJECC Recognition Event on April 11 at the State Police Auditorium in the NJ Forensic Science Technology Center. Regenia Grizzle, the Department’s coordinator, accepted the award on our behalf.

For more information, visit <http://njecc.net/>.





Leaders in maternal and child health services gathered at Virtua Memorial Hospital in Burlington County to launch the March of Dimes **Healthy Babies Are Worth the Wait®** initiative on March 11.



Commissioner Cathleen Bennett spoke at Virtua Memorial Hospital in Burlington about reducing preterm births in New Jersey.

Reducing Preterm Birth in Burlington County

About 10,000 infants delivered in New Jersey annually are born premature and often face lifelong health challenges such as respiratory problems, cerebral palsy, vision or hearing loss, learning disabilities or death.

Leaders in maternal and child health services gathered at Virtua Memorial Hospital in Burlington County to launch the March of Dimes **Healthy Babies Are Worth the Wait®** initiative on March 11. This national effort is focused on reducing preventable preterm births.

The program brings together a broad-based partnership of health care organizations and community leaders to increase awareness of risk factors of premature birth and influence behaviors of providers and patients. The program will incorporate prematurity prevention strategies such as prenatal education, Centering Pregnancy groups, and use of patient navigators.

“New Jersey has taken a leadership role in improving birth outcomes, but our success depends on strong collaborations,” Health Commissioner Cathleen Bennett said. “Working together, we can ensure more babies will be born healthy and full-term.”

The Department of Health is working to increase use of prenatal care as a pathway to decreasing premature birth. The Department has provided \$13.5 million in grants to agencies for community health workers to enroll women into care and link them to services that can improve outcomes. In Burlington County, community health workers and central intake professionals reached more than 7,500 women and families, and they have connected more than 2,000 individuals to services such as healthcare, counseling and housing assistance.

Congratulations to:

Dr. Antoinette Stroup, Director of the New Jersey State Cancer Registry (NJSCR), was recently named President-Elect of the North American Association of Central Cancer Registries (NAACCR).

Dr. Stroup oversees NJSCR activities, providing leadership and direction of the state’s cancer surveillance and research. She is also an associate professor and chief of the Cancer Epidemiology Division in the Department of Epidemiology, Rutgers School of Public Health, and a resident member of the Rutgers Cancer Institute of New Jersey, Cancer Prevention and Control Program.

NAACCR is a professional organization that develops and promotes uniform data standards for cancer registration, provides education and training, certifies population-based registries, aggregates and publishes data from central cancer registries, and promotes the use of cancer surveillance data and systems for cancer control and epidemiologic research, public health programs, and patient care to reduce the burden of cancer in North America.

Dr. Stroup’s goals as President-Elect are to form a more focused plan for registry informatics development that provides members important guidance on how to reach the association’s goal of “a system that is more timely and adaptable to change.”

Other objectives include developing high quality curricula to meet educational needs, forming new partnerships for cancer surveillance and research in national and international arenas, leveraging business and funding opportunities, and increasing the association’s presence in the global health and cancer initiatives.



Dr. Antoinette Stroup, Director of the New Jersey State Cancer Registry (NJSCR)

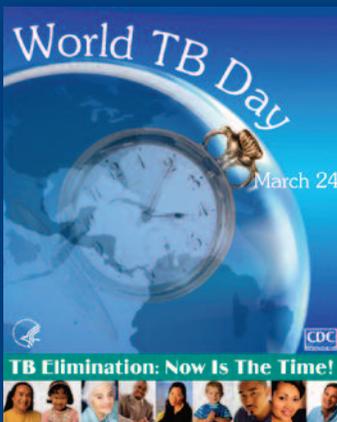
DOH Celebrates Minority Health Month with 2016 Theme: "Accelerating Health Equity for the Nation"



M. Carolyn Daniels, Executive Director of the Office of Minority and Multicultural Health (second from left), and Colette Lamothe- Galette, Director of the Office of Population Health, with South Asian Total Health Initiative staff at National Minority Health Month celebration on April 7.



Commissioner Bennett (second from left) received an award for improving the health of the greater Newark community from Dr. Diane Hill, Assistant Chancellor for University-Community Partnerships at RU-N (left), Dr. Mark Gluck, Professor of Neuroscience at the Center for Molecular and Behavioral Science, and Dr. Nabil Adam, Vice Chancellor for Research & Collaborations.



From blood pressure screenings to wellness fairs and health equity forums, dozens of community groups, faith-based organizations, hospitals, local health departments and nursing homes observed Minority Health Month with about 70 events throughout New Jersey in April.

The Department's Office of Minority and Multicultural Health (OMMH) sponsored several events around minority health. On April 7, an event at the Public Health and Environmental Laboratories featured grantees using the [Faithful Families Eating Smart and Moving More](#) curriculum, which promotes healthy eating and physical activity in faith-based communities. Another health equity forum, in partnership with the American Heart Association/American Stroke Association, took place on April 9 as part of the Camden County Women's Health Conference at Eastern Regional High School. This event featured nutritional food selections, meal planning and discussions about the importance of physical activity. On April 29, Health Commissioner Cathleen Bennett attended an African American Alzheimer's Awareness program for Newark residents and the community hosted by Rutgers University-Newark at the Paul Robeson Center.

Reducing barriers to health care for medically underserved residents is one of the Department's top priorities. The Department's [Office of Population Health](#) is in charge of coordinating our various population health-related activities including setting targets, measuring outcomes, awarding grants and nurturing collaborations with and among hospitals, clinicians, nonprofit groups, faith-based organizations and others.

For more information about the New Jersey Office of Minority and Multicultural Health, visit <http://www.nj.gov/health/omh/>. For more about National Minority Health Month, visit <http://www.minorityhealth.hhs.gov/nmhm/>.

Department Recognizes March 24 as World TB Day

The rate of active tuberculosis cases is beginning to level off nationally, but New Jersey will only be able to continue its progress against this serious public health threat with sustained public education and vigilance. Last year, 326 New Jersey residents were diagnosed with active TB. This represents a 67 percent decrease in cases since TB peaked in New Jersey in 1992, when there were 982 cases.

New Jersey has seen a significant reduction in cases of active TB since the early 1990s. However, while TB has been declining among residents born in the United States, the number of cases has been decreasing more slowly among foreign-born residents. In 2015, 82 percent of active TB cases were diagnosed in New Jersey's foreign-born residents. The higher incidence of disease in this group may reflect the fact that this population often originates from areas where TB is endemic.

In New Jersey, every person with TB is assigned a nurse case manager to supervise their care. Nearly all TB case-patients are placed on directly-observed therapy to ensure they take all medication. Nurse case managers also identify the person's close contacts and arrange for medical evaluation in order to eliminate or reduce the further spread of the disease.

Community Outreach & Events

Spring 2016



Commissioner Bennett attended the Central Jersey Family Health Consortium annual meeting in Edison. Pictured from the left Robyn D'Oria, Executive Director, Central Jersey Family Health Consortium, Commissioner Bennett and Fran Gallagher, Executive Director of NJ Academy of Pediatrics.



PHILEP Assistant Commissioner Christopher Rinn; Health Commissioner Cathleen Bennett; and John Grembowiec Sr., NJ EMS Task Force chairman and EMS Director of University Hospital.



Dr. Herman Morchel, emergency physician at Hackensack University Medical Center, and Health Commissioner Cathleen Bennett.

- March 11** Commissioner Bennett joined the **March of Dimes** at the launch of Healthy Babies Are Worth the Wait Burlington County at Virtua Memorial Hospital in Mount Holly.
- March 14** Commissioner Bennett joined the New Jersey Healthy Corner Store Task Force as it unveiled its **report** with policy recommendations to increase the distribution, promotion and sale of healthy products in local food stores.
- March 16** Commissioner Bennett provided an update on the Zika virus at the **Central Jersey Family Health Consortium** annual meeting in Edison.
- March 28** Commissioner Bennett attended **St. Joseph Regional Medical Center's** announcement of its Alternative to Opiates Program to reduce the use of opioids in the hospital in Paterson.
- April 4** Deputy Commissioner Dr. Arturo Brito spoke to pregnant women, patients and staff at **Complete Care Community Health Center** about Zika in Vineland.
- April 7** As part of National **Minority Health Month**, Colette Lamothe-Galette, Director, Office of Population Health, spoke at the Regional Health Equity Forum in Ewing.
- April 21** Commissioner Bennett spoke at the Department's first Rural Health Summit in Plainsboro.

New Jersey EMS Task Force Celebrates 12th Anniversary at Expo

More than 300 public safety and healthcare professionals helped the New Jersey Emergency Medical Services (EMS) Task Force celebrate its 12th anniversary at its annual expo on March 15 in Secaucus.

The day-long educational event featured a review of lessons learned during real events such as hospital and long-term care evacuations, and the response to the Amtrak train derailment in Philadelphia. Representatives from the U.S. Armed Services described how some of the life-saving medical protocols used in combat can be implemented in New Jersey.

The day began with opening remarks from Health Commissioner Cathleen Bennett, EMS Task Force leaders Mickey McCabe and John Grembowiec, PHILEP Assistant Commissioner Christopher Rinn and OEMS Director Nancy Kelly-Goodstein.

The final presentation of the day was on responses to active shooter scenarios, concluding with a rescue demonstration and refresher on key safety points related to air medical helicopter responses.

The NJ EMS Task Force is comprised of more than 200 EMS professionals representing more than 60 agencies. All have specialized education, equipment and experience in areas such as incident management, communications, mass care and rescue. The unit stands ready to assist local responders faced with large-scale, pre-planned events such as the World Meeting of Families and Papal visit last fall in New York City and Philadelphia, acts of terrorism, or significant weather events, such as Superstorm Sandy.

Christie Administration Recognizes April as National Autism Awareness Month

Drumthwacket, the Governor's official residence, was lit in blue to mark World Autism Day on April 2 to support the many individuals and families experiencing the impact of Autism Spectrum Disorder (ASD). In New Jersey, autism touches about one in 41 children. Our state has made significant strides in enriching our understanding of autism and supporting future innovations.

ASD represents a broad group of disorders varying widely from mild to severe and is characterized by difficulty with social interaction, communication, severely limited interests and repetitive behaviors. About one in 68 individuals have an ASD nationally, representing a 30 percent higher rate than in 2008, according to the Centers for Disease Control and Prevention.

New Jersey is considered to have one of the best systems in the nation for identifying, diagnosing and documenting children with ASD. Governor Chris Christie's fiscal year 2017 budget provides \$164 million for the Department of Health's Early Intervention System. Additionally, New Jersey is one of only eight 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. More than 21,000 are registered. In addition, the Governor's Council for Medical Research and Treatment of Autism has provided more than \$35 million in research grants since 2008 as well as with a Center for Excellence located at Montclair State University. In June 2015, \$4.4 million in grants were awarded to establish three Autism Medical Homes to improve health outcomes for children with ASD and advance research.



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Post-Superstorm Sandy, DOH Researchers and Data Specialists Revamp ED Classifications

In New Jersey, real-time emergency department data are received from a majority of emergency departments by Health Monitoring Systems' EpiCenter system, which collects, manages, and analyzes ED registration data for surveillance.

When Superstorm Sandy struck in October 2012, monitoring health outcomes for increased illness and injury was particularly important to measure the severity of conditions and the effectiveness of New Jersey's response. After Sandy, the Department of Health developed 19 surveillance classifications for extreme weather-related conditions in the EpiCenter system. Examples include carbon monoxide poisonings resulting from generator misuse, disrupted medical care where patients needed emergency visits for medicine refills after losing their medicines in the flood, and the need for oxygen or dialysis due to power outages at homes and procedure locations.

The Department has since used these classifiers in more recent events to monitor for weather-related visits to EDs in storm-affected areas. In June 2015, damaging thunderstorms caused downed wires and power outages in two southern New Jersey counties. In the aftermath, there was a spike in the rate of visits for disrupted medical care, in particular for oxygen needs. In January 2016, Winter Storm Jonas dropped more than a foot of snow over New Jersey. During and after that storm, carbon monoxide poisoning visits spiked, likely due to the misuse of generators, as did visits for medication refills. These revamped tools help New Jersey better monitor storm impacts at the state and local level.



DOH researchers and data specialists revamped emergency department classifications after Superstorm Sandy in 2012.

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National Cancer Research Month

By Bruce G. Haffty, MD

As we approach National Cancer Research Month in May, it is incredible to note the advances being made right here in the Garden State at Rutgers Cancer Institute of New Jersey. For instance, genomic analysis of cancer tumors is the latest cutting-edge strategy driving significant advances in cancer treatment. Instead of focusing on the origin of disease, specific mutations or genetic alterations in one's cancer can now be identified and targeted with therapies traditionally not offered for one's cancer type. At Rutgers Cancer Institute, we are exploring this mechanism for those with rare or poor prognosis cancers as part of our precision medicine program. Samples sent out for analysis yield an average of four to five mutations. That's four or five different potential targets for therapy we didn't have previously.

We're also making advances with immunotherapy, a mechanism by which the body uses its own defenses to fight disease. We are learning more about the PD-1/PD-L1 pathway used by cancer cells as a way to prevent the body's natural immune fighters – T cells – from recognizing and attacking cancer cells. Immunotherapy drugs known as "checkpoint inhibitors" are found to block this pathway, allowing T cells to get back to work. There has been success with a "checkpoint inhibitor" drug known as pembrolizumab, which is FDA-approved in the treatment of melanoma. At Rutgers Cancer Institute, investigators are finding pembrolizumab to have anti-tumor activity in the treatment of small-cell lung cancer. We are also testing the safety and tolerability of this drug in the treatment of metastatic triple-negative breast cancer as well as other malignancies.

Research leads to new treatments that allow us to advance even further. At Rutgers Cancer Institute, in conjunction with our flagship hospital Robert Wood Johnson University Hospital, we are one of the few facilities in the nation to offer proton therapy, which is a very individualized form of radiation treatment, for select candidates. Another unique form of care recently available on our campus is hyperthermic intraperitoneal chemotherapy, or HIPEC. This heated form of chemotherapy delivered in high doses during cytoreductive surgery offers another treatment option for select candidates with malignancies in the lining of the abdominal cavity. Studies on patient outcomes for these forms of therapy will shape future advances in cancer research.



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