



NJ Communi-CABLE

OCTOBER 2007

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Faye Sorhage to Become President of the National Association of State Public Health Veterinarians

The New Jersey Department of Health and Senior Services is proud to announce that Faye Sorhage, VMD, MPH State Public Health Veterinarian (SPHV) is the President-elect of the National Association of State and Public Health Veterinarians (NASPHV) and is set to take the office of President in 2008 for a two-year term. According to the NASPHV website, "state public health veterinarians are the local and state professionals who regularly consult with physicians, emergency rooms, legislators, local officials, schools, and health departments, and the general public on preventing exposures to and controlling diseases that humans can get from animals and animal products. Many SPHVs are on call 24 hours a day, 7 days a week, and have singular authority in the state on rabies exposures. No list of local or state officials can be considered complete without the SPHV and local public health veterinarians."



Dr. Sorhage, a Bucks County, PA native and graduate of the University of Pennsylvania School of Veterinary Medicine (receiving a VMD degree) and Johns Hopkins School of Hygiene and Public Health (receiving an MPH degree) has long been a leader in veterinary public health. Following her time at Johns Hopkins, Dr. Sorhage became an Epidemic Intelligence Service Officer with the Centers for Disease Control and Prevention (CDC), has received numerous awards and has been a member of NASPHV since 1985. She is very proud to have received the Partnerships in Health Award from the NJ Health Officer's Association in 1991.

Looking forward to her presidency, Dr. Sorhage plans to work toward expanding the growing role of NASPHV in working with other groups and organizations (ex, CDC, Council of State and Territorial Epidemiologists, Association of State and Territorial Health Officials, American Veterinary Medical Association, American Medical Association, and the American Public Health Association) to recognize the versatile role of the public health veterinarian, as well as to increase the number of veterinarians interested in pursuing careers in public health. Additionally, she plans to promote the concept of "One Health, One Medicine" to express the close inter-relationship between animal health, human health and environmental health.



nasphv.org

national association of state public health veterinarians

NJ Launches New “Keys to Prevention”

By: Jenish Sudhakaran, Public Health Representative



Health Awareness Months

October:

National Family Sexuality Education Month/Let's Talk

National Health Education Week (15—19)

December:

National Handwashing Awareness Week (2—8)

The New Jersey Department of Health and Senior Services Vaccine Preventable Disease Program (VPDP) has created the first-ever preventive screening and immunization schedule to assist providers. The schedule is part of the *On Time Every Time—Keys to Prevention* initiative whose goal is to improve the timeliness in administration of vaccines while maximizing all preventive health care screening opportunities.

Provider offices are highly encouraged to administer all vaccines at the earliest possible time within the Advisory Committee on Immunization Practices (ACIP) vaccination schedule. **Studies indicate a significant drop-off in office visits after the first year of life, resulting in missed opportunities. Implementation of this program supports vaccination and screenings.**

Benefits to Health Care Providers

The simplified schedule offers a way to administer all the needed vaccinations at 2, 4, 6 and 12 months. New Jersey's *On Time Every Time* schedule helps avoid missed opportunities by encouraging children to be vaccinated at the earliest possible age. By following this schedule, providers will ensure that their patients receive immunizations and preventive health screenings according to schedule.

New Jersey immunization rates are comparable to those nationwide as referenced in the National Immunization Survey, however, much needs to be done in order to meet the 2010 goal of 90% of age appropriate vaccination. Nationally, New Jersey ranks 33rd, 72.4 ± 6.4 compared to the national rate of 7.1 ± 1.1 in terms of immunization rates for the 4:3:1:3:3:1 series (4 DTaP, 3 IPV, 1 MMR, 3 Hib, 3 hepatitis B, 1

varicella). At the top of the list is Massachusetts with a rate of 91%. Using this simplified accelerated schedule is an effective means to catch kids up, especially those considered to be less likely to return after the first year of life.

With significant statewide increases in pertussis, it is critical to protect New Jersey's children at the earliest possible age and help improve coverage rates. According to ACIP, the American Academy of Pediatrics (AAP), and the American Academy of Family Practitioners (AAFP), the third DTaP may be administered at six months and the fourth DTaP at 12 months, provided a six-month interval has occurred between each dose. However, according to the CDC's 2005 National Immunization Survey for New Jersey, the third dose of DTaP is not routinely administered at six months (63%), and therefore, the fourth dose often occurs later than 18 months of age. The VPDP recommends that the third dose of DTaP be administered at six months and the fourth dose at 12 months.

To help promote the *On Time Every Time—Keys to Prevention Initiative*, the following colorful promotional materials are available at no cost:

- Laminated poster of the provider schedule (16"x20")
- Laminated provider schedule (8.5"x11")
- Parent immunization schedule in 50-sheet tear off pads (8.5"x14")
- Vaccine refrigerator magnets (4"x6")

Please contact: Susan Fuccello, 609-588-7512 or susan.fuccello@doh.state.nj.us to place an order.

OCTOBER
IS...

Health Literacy Month

Health Literacy Month, celebrated each October, is a time when health literacy advocates around the world promote the importance of understandable health information. Started by Helen Osborne in 1999, this month is a time for all health literacy advocates to let the world know why health literacy matters. As public health care partners of the New Jersey Department of Health and Senior Services, we encourage all organizations to take a close look at the written educational materials, forms, patient instructions, etc. that are routinely used with the public and see how well they meet the needs of the target audience. Too often as public health professionals, we write materials at a level that pleases *US*, rather than writing materials that the *PUBLIC* can best understand. We will be incorporating some articles and tips from renowned health literacy expert, Helen Osborne as a way to help increase your understanding of health literacy and to best meet the needs of your constituents.

To learn more:

- Osborne, H. *Health Literacy from A to Z: Practical Ways to Communicate Your Health Message*, Sudbury, MA; Jones and Bartlett Publishers, 2005.
- Osborne, H. "In Other Words...Listening to Your Audience...How to Get Reader Feedback." *On Call*, March/April, 2005.
- Osborne, H. "In Other Words...Make it Easy...Writing Healthcare Forms That Patients Can Understand and Complete." *On Call*, March, 2003.

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Hospital Infection Control Targeted by New Law

On August 2, 2007, (effective date September 2, 2007) Governor Jon S. Corzine signed a bill that requires all general acute care hospitals to implement "an infection prevention program in their intensive care unit or units, as applicable, and if the hospital has no intensive care unit, then in another high-risk unit such as a surgical unit, or other unit where there is significant risk of facility-acquired infections." Ultimately, hospitals shall expand the infection

prevention program to all areas of the hospital, with the exception of the inpatient psychiatric unit, if applicable. The law also requires hospitals to report cases of methicillin-resistant *Staphylococcus aureus* (MRSA) to the NJ Dept. of Health and Senior Services

The bill, sponsored by Senators Barbara Buono and Joseph Vitale, seeks to ensure that best practices in infection control are used by health care facilities in an effort to

protect their health and lives, as well as ensure the economic viability of New Jersey's health care institutions. Included in the law are requirements to identify and isolate patients colonized or infected with MRSA upon admission, implement contact precautions, culture patients for MRSA upon discharge, adhere to hygiene guidelines, have written infection control policies, and educate workers regarding the control of MRSA.

Health Literacy Tips!!!

Writing a Form? Four Ways to Reduce Confusion

By: Helen Osborne

Are you at that point in your career when someone asks you to write a form? And oh yes, make sure the form fits on one piece of paper.

I remember my days as a department manager when I was asked to write forms like these. At first I thought this task would be easy. But then I heard about health literacy and learned how very difficult it is to write forms that average readers can actually understand and use. This month's Health Literacy Consulting Tip looks at four ways you can make forms easier for everyone involved.

Use one format. Many forms ask people to do multiple tasks such as checking boxes, filling-in blanks, and rating satisfaction on scales from 1 to 10. While each format alone is difficult enough, multiple formats are even more challenging for users (people completing the form) to figure out. When writing forms, simplicity is best. This means using just one format whenever possible.

Ask only what you need to know. I've seen lots and lots of forms. Admittedly, some are better and more user-friendly than others. One characteristic of a good form is that it is short and succinct. I recently was asked to complete a form and tried my best to do so. But I finally gave up because there were just too many questions about a wide range of topics. So another tip for good form-writing is to only ask questions that you need answers to NOW.

Make sure answers match questions. Forms, as all documents, should be written clearly, simply and correctly. In my opinion, a form is no excuse for bad grammar. Here is a snippet from an actual employee survey: [question] "The person to whom you report frequently shares information about the mission of the organization." [Answer options]: "1-Poor, 2-Fair, 3-Good, 4-Very Good, 5-Excellent." In my opinion, none of these responses adequately answers the question. This item would make more sense if either the wording of the question or answer were changed. For instance, the question could read "How well does the person you report to share information about the organization's mission?" Or the options could simply be "Yes" and "No."

Test the form with intended readers. As the form writer, you are not the best one to determine if it is good. After all, you are too familiar with the content, maybe "married" to the format, and likely under tight timeframes to get the job done. This task is really not complete until you test the form with people who represent intended users. This includes getting feedback from those at varied literacy, language, and knowledge levels. Only when users confirm that your form is readable and useful can you check this task as done.

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The NJDHSS Communicable Disease Service
 Includes:

- Infectious and Zoonotic Disease Program (IZDP)
- Vaccine Preventable Disease Program (VPDP)
- Sexually Transmitted Disease Program (STDP)
- Tuberculosis Control Program (TBCP)



Past issues of the NJ Communi-CABLE are
 available online at

<http://www.nj.gov/health/cd/newsletter.htm>.

Communicable Disease Service Mission
Statement

**Our mission is to prevent communicable disease
 among all citizens of New Jersey, and to promote
 the knowledge and use of healthy lifestyles to
 maximize the health and well-being of New
 Jerseyans.**

**We will accomplish our mission through our
 leadership, collaborative partnerships, and
 advocacy for communicable disease surveillance,
 research, education, treatment, prevention and
 control.**

CDS Welcomes New Employees

Vaccine Preventable Disease Program

Jose Quann—Public Health Representative 3
 Nancy Webster - Public Health Representative 2



Infectious and Zoonotic Disease Program

Lindsay Lowe—Senior Clerk
 Rebecca Greeley—Council of State and Territorial
 Epidemiologists Fellow

CDS Employees Recognized

Congratulations are in order for Sandy Van Sant, NJDHSS Hepatitis C Coordinator and Deborah Wells, HIV/AIDS Prevention and Education, for their outstanding work and for the receipt of the 2007 State Public Service Award for the Teamwork/Partnership Achievement Award category. To offer protection against hepatitis A and B for high-risk adults, Ms. Van Sant and Ms. Wells collaborated to offer hepatitis A/B vaccine to several methadone clinics in NJ. This is gradually being implemented in three clinics thus far. Also, VPDP, Ms. Van Sant and the NJDHSS STD Program have worked together to encourage publicly-funded STD clinics to offer the vaccine as well.