



NJHA President Betsy Ryan and Commissioner O'Dowd meeting with hospital CEOs.

Changing Healthcare Landscape

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



This month I spoke with state hospital leaders about challenges and opportunities their organizations face, including infectious diseases, evolving healthcare finance and transformation in their industry. More than 40 healthcare leaders attended this discussion, which took place at the New Jersey Hospital Association's Board Retreat on September 19.

The global nature of public health requires hospitals to be prepared for diseases that may only be a plane ride away. Middle East Respiratory Syndrome and Ebola have caused epidemics in other parts of the world and Ebola cases continue to increase rapidly in West Africa. Here in the United States, we are now seeing an increase in enterovirus D-68 with more than 270 cases in 40 states. New Jersey has one confirmed case, and is awaiting additional test results from the Centers for Disease Control and Prevention (CDC). The Department is working closely with healthcare facilities to help them evaluate and manage these cases. Hospitals are on the frontlines— monitoring for infectious diseases and protecting residents from disease spread.

In addition to treating patients, hospitals are working to help build a healthier New Jersey. A new funding program in New Jersey, the Delivery System Reform Incentive Payment program (DSRIP), is rewarding hospitals for improving residents' health. DSRIP is designed to enhance care for individuals, better population health, and lower costs by transitioning hospital funding to a model where payment is contingent on achieving health improvement goals. Fifty-six hospitals are participating in the program and are focused on the areas of substance abuse, behavioral health, diabetes, cardiology, pneumonia and obesity. DSRIP, which is funded at \$166.6 million, is among the initial pay for achievement programs nationally, which represents a shift in how funding is being delivered to hospitals. The Centers for Medicare and Medicaid Services recently approved all of the state's hospital plans and while the work is challenging, the program offers an opportunity to nationally showcase New Jersey for launching a new and innovative program to improve community health.

With the implementation of Health Care Reform, we will also have to reexamine the \$650 million Charity Care subsidy program. Along with changes in the healthcare funding, we are also seeing increased demand for more information on how healthcare dollars are spent. This trend was reflected in the [Department's Transparency Report](#) which was

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Hospital Financial Transparency

Department of Health
Recommendation on Hospital Financial Transparency

State of New Jersey Department of Health

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Community Health Wellness

Partnering for a Healthy New Jersey



Department Hosts Cancer Prevention Summit

On September 18, the Department brought together key cancer treatment and prevention professionals to participate in the *New Jersey Cancer Prevention Summit*. It explored strategies for shifting the focus from disease treatment to disease prevention and health promotion to help New Jerseyans live healthier lives.

Approximately 250 physicians, nurses, local health officers, health educators, social workers and community leaders participated in the day-long conference, held at Pines Manor in Edison. The overarching goal is to increase the number of New Jerseyans who are healthy at every stage of life. Good health comes not only from quality medical care but from stopping disease before it starts.

According to the American Cancer Society (ACS), more than half of all cancer deaths could be prevented by making healthy choices that lower the risk of getting cancer. Choices include not smoking, eating right, keeping active, maintaining a healthy weight, and getting recommended screening tests.

The stakes are high. The ACS reports that nationally more than one million people get cancer every year. In New Jersey, more than 48,000 cancer cases were reported in 2010.

Deputy Health Commissioner Dr. Arturo Brito presented an overview of the Department's cancer research, screening and treatment efforts, funded at \$58 million in the current state budget.

"The Department is working with our partners to give residents tools to prevent and identify cancer," Dr. Brito said during the summit. "Working together, we can help New Jersey residents access treatment early to improve survival and enhance the quality of life for patients and their families."

Dr. Brito discussed the Department's New Jersey Cancer Education and Early Detection (NJCEED) Program, which provides cancer education, screening and follow-up services to uninsured, low-income residents. The program served more than 25,000 residents last year. He also spoke about the Department's skin cancer

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Rutgers Receives \$10 Million Pledge to Advance Treatment of Cancer Patients

A \$10 million anonymous pledge to the Rutgers University Foundation will help advance the treatment of patients with rare and virulent cancers that don't respond to standard therapies.

The gift will strengthen the university's research and clinical practice of identifying genetic abnormalities that make tumors cancerous and using those details to fine-tune treatment. This rapidly growing approach to research and care is known as precision medicine.

The gift, to be given over two years, will increase the number of patients that Rutgers Cancer Institute of New Jersey can serve in clinical trials of targeted therapies. It will enhance their care by quickly and more precisely identifying the genetic mutations that cause or accelerate the growth of their cancers.

"We will be able to analyze patients' tumors – their individual tumors – in a way we never could before," said Robert DiPaola, director of Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-designated comprehensive cancer center. "We will do that by bringing together expertise across many disciplines at Rutgers, from physicians who take care of patients to laboratories that do research on genetic abnormalities."



Shridar Ganesan, medical oncologist, Rutgers Cancer Institute of New Jersey; Andrew Brooks, chief operating officer, RUCDR Infinite Biologics; Robert DiPaola, director, Rutgers Cancer Institute of New Jersey; Jay Tischfield, chief executive officer, RUCDR Infinite Biologics; and Linda Brzustowicz, professor and chair, Department of Genetics, School of Arts and Sciences. Photo credit: Nick Romanenko, Rutgers University

Department of Health Presents Emergency Go-Kits to Medical Reserve Corps Coordinators

During National Emergency Preparedness Month



Eileen Allen, Public Health Nurse and Somerset County Medical Reserve Corp, Unit Coordinator, receives an emergency go-kit from Assistant Commissioner Christopher Rinn.

“Hopefully, you won’t need everything in this go-kit but if you do, we wanted you to have the necessary resources,” said Assistant Commissioner Rinn.



Video: MRC Overview by Capt. Robert J. Tossato

Being prepared is the hallmark of New Jersey’s Medical Reserve Corps – a nationally recognized volunteer group that provides help wherever it is needed during all types of public health emergencies.

In recognition of September as National Emergency Preparedness Month, the Department gave MRC members an extra resource in their preparedness toolkit.

The Department presented each of the Medical Reserve Corps coordinators an emergency “go-kit” at their September 11 quarterly meeting at the Mercer County Fire Academy, Lawrenceville. The Medical Reserve Corp is a statewide county-based program comprised of health care professionals and community health volunteers.

Department of Health Assistant Commissioner Christopher Rinn presented the 25 Medical Reserve Corps coordinators with their own emergency kit. The Department purchased 1,250 kits for Medical Reserve Corp volunteers, which will be distributed during September to members who regularly volunteer for emergencies. The go-kits will also be given to Department of Agriculture’s County Animal Response Team (CART) leaders.

Each go-kit contains an N-95 respirator, thermal blanket, flashlight, whistle, emergency poncho, first aid kit, light stick, food bar, drinking water, pad and pen, multi-function warmer, infectious waste disposal bags, AM/FM mini radio, and antiseptic towelettes.

With federal funding, Department of Health Medical Reserve Corps Coordinator Julie Petix purchased the emergency go bags with cooperation from the New Jersey Department of Human Services, Division of Disability Services (DDS). Joseph Amoroso, Director of DDS; Harry Pizutelli, DDS Fund Manager; and Susannah Combs, DDS program manager, played essential roles in the purchase of the go bags.

“My volunteers are thrilled to receive the emergency go bags,” said Ella Shaykevich, Public Health Nurse and Unit Coordinator for the Union County MRC.

“Hopefully, you won’t need everything in this go-kit but if you do, we wanted you to have the necessary resources,” said Assistant Commissioner Rinn. “During the response to Sandy, your work in staff shelters statewide was critical in being able to provide services to residents impacted by this historical storm.”

Hundreds of Medical Reserve Corp volunteers helped during Sandy with more than 300 individuals responding – some who were impacted themselves. Their work included assisting with pre-storm preparedness efforts, emergency shelter set-up, emergency communications, food and water distribution, daily hygiene needs, translation services, and care of the elderly and others with special needs. Their work continued into the recovery process.

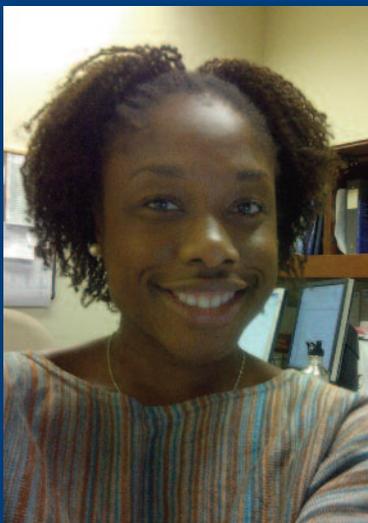
New Jersey’s Medical Reserve Corps comprises more than 5,200 individuals statewide. Units are located in all 21 counties as well as in several municipalities. The Medical Reserve Corps volunteers are healthcare professionals, who include doctors, nurses, social workers, emergency medical workers and health officers, or community members, who can provide clerical and support services. Healthcare professionals make up approximately 3,200 of the volunteers and more than 2,000 are community volunteers.

Any licensed or certified health care professional, practicing or retired, living or working in New Jersey can apply to be a healthcare member of the Medical Reserve Corps. Residents, who are 18 years of age and older, that have an interest in health care

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Prathit Kulkarni, M.D. has joined the Department as an officer with the Epidemic Intelligence Service, a postgraduate program within the Centers for Disease Control and Prevention.



Janice Okeke, MPH, has joined the Division of Family Health Services as part of a CDC/Council of State and Territorial Epidemiologists post graduate program.



Department of Health Welcomes Fellows

Prathit Kulkarni, M.D., has joined the Department as an officer with the Epidemic Intelligence Service, a postgraduate program within the Centers for Disease Control and Prevention (CDC) designed for MD's and PhD's who are interested in the fields of applied epidemiology and public health. Dr. Kulkarni is assisting with the state's Ebola preparedness efforts and is helping to provide clinical consultation for patients with symptoms suggestive of Ebola. Additionally, he will provide expertise and assistance to the Department in the event of a large-scale disease outbreak.

Dr. Kulkarni earned his medical degree at Baylor College of Medicine (BCM) in Houston, Texas. He stayed at BCM to complete a residency in combined Internal Medicine and Pediatrics and served for an additional year as a chief resident in the Department of Medicine. He is also a Lt. Commander in the U.S. Public Health Service.

Janice Okeke, MPH, has joined the Division of Family Health Services as part of a CDC/Council of State and Territorial Epidemiologists post graduate program. While at the Division she will, among other duties, analyze associations between chronic illnesses, birth defects and autism, determine associations between environmental factors and healthy behaviors in adults, and research potential correlations between obesity related hospitalizations and emergency department visits.

Ms. Okeke received her Master's in Public Health from Columbia University, Mailman School of Public Health, and holds a Bachelor of Science from Millsaps College, Jackson, MS. She most recently worked as a research assistant at The Sergievsky Center at Columbia Presbyterian Hospital, New York.

Ayesha N. Smith, JD, MPH, BS, has joined the Department's Community Health and Wellness Unit as part of Fellowship program administered by the Directors of Health Promotion and Education, a public policy organization based in Washington D.C. While at the Department she will support the implementation of the state's chronic disease plan, "Partnering for a Health New Jersey," and provide analysis of various issues including health disparities within chronic diseases.

Ms. Smith holds a BS from Howard University, an MPH from the Rollins School of Public Health at Emory University, and a JD from the Howard University School of Law. Ms. Smith is licensed to practice law in the State of New York. She most recently worked as a legal intern at the D.C. Appleseed for Law and Justice and as a Legal Fellow in the Office of General Counsel at University of Maryland Medical Center.

Go-Kits, *continued from page 3*

issues and are willing to serve in the event of a public health emergency are also encouraged to apply to become a community volunteer.

Individuals can submit an [application online](#) to volunteer for an MRC Unit where they reside or work. Once the application is submitted, an NJMRC Unit Coordinator will be in contact. Contact information for all NJMRC Unit Coordinators in New Jersey is available on the [NJMRC website](#).



VP of Health and Nutrition for South Jersey Nonprofit Named WIC Director

A clinical dietitian with 25 years of experience managing health and nutrition programs has joined the Department as director of the Special Supplemental Women, Infant and Children Program (WIC).

Electra Moses joined the Department on September 22 after 14 years at Tri-County Community Action Agency Inc. in Bridgeton, which serves more than 50,000 South Jersey residents through programs such as Alzheimer's Adult Day Care, Early Learning Centers, Emergency Assistance Food Pantry, Family Success Centers, the Greater Bridgeton Area Transit Program, Head Start, Housing Development, Literacy Volunteers, Mill Creek Urban Farm/Gleaning Program, Tooth Mobile, Weatherization and WIC.

For the past nine years as vice president of health and nutrition, Moses managed seven WIC agencies serving 23,000 clients in Camden, Cape May, Cumberland and Salem and supervised food and nutrition programs for child care centers and Head Start programs, the Cumberland County Office on Aging and Head Start programs in six counties. She also serves on the Dietetic Advisory Boards for Inspira Medical Center and Camden County College and served on the NJ WIC Dietetic Advisory Board.

"WIC is near and dear to my heart. It promotes good nutrition and gives children a healthy start," said Moses.

WIC provides nutritious foods to more than 170,000 pregnant and breastfeeding women, infants and children up to age five who meet the income guidelines for WIC. Families receive monthly vouchers that can be redeemed in more than 900 grocery stores statewide for healthy foods including milk, cheese, eggs, cereal, 100% juice, fruit and vegetables. WIC is federally funded but state operated.

The Departments of Health and Agriculture celebrated the 40th anniversary of WIC this summer with a public awareness campaign promoting WIC benefits such as vouchers for fresh produce at farmers' markets and nutrition and breastfeeding classes. As part of the campaign, advertisements were placed on NJ Transit buses and trains and Commissioner O'Dowd taped a video about WIC that was distributed to health care providers and other public agencies. The Commissioner also asked several Departments serving children and families to consider opportunities to cross-promote WIC among the grantees and clients they serve.

"The Department is fortunate to have a WIC director with Ms. Moses's management experience, expertise as a nutritionist and knowledge of New Jersey's WIC program," said Commissioner O'Dowd. "Her challenge is to work with all of the WIC agencies around the state to raise awareness of the program and hopefully enroll many of the 40,000 women and children who are eligible for WIC, but don't realize they qualify."

Ms. Moses received a bachelor of science with an emphasis in dietetics from Andrews University in Michigan and a Master's of Science in Clinical Nutrition from the former University of Medicine and Dentistry of New Jersey, now Rutgers University. She also received a certificate as a Community Action Professional and completed the Dale Carnegie Leadership Training for Managers. She is a native of Trinidad and Tobago and now resides in Williamstown.

Moses replaces the previous director Mary Mickels, who retired earlier this year.

For more information about the New Jersey WIC program, please visit http://www.state.nj.us/health/fhs/wic/wic_camp.shtml



Electra Moses, Director of the Special Supplemental Women, Infant and Children Program.



Video: WIC 40th Anniversary Video.

Community Outreach & Events

September 2014



Melita Jordan, CNM, MSM, APRN, Director of the Department's Community Health and Wellness Program, and Rutgers Professor Peter Gillies, Ph.D, Director of the NJ Institute for Food, Nutrition and Health, were the keynote speakers at the Princeton Regional Chamber of Commerce's 4th Annual Healthcare Symposium on Sept. 23.

- September 18** Assistant Commissioner Susan Dougherty joined Lt. Governor Kim Guadagno at the groundbreaking for the Memorial Sloan Kettering Cancer Center in Middletown.
- September 18** Dr. Arturo Brito, Deputy Commissioner delivered remarks on the Department's cancer prevention and screening efforts at the New Jersey Cancer Summit in Edison.
- September 19** Commissioner O'Dowd delivered remarks on state of healthcare in New Jersey to the New Jersey Hospital Association in Trenton.
- September 23** Melita Jordan CNM, MSM, APRN, Senior Executive Service Director, Community Health and Wellness provided remarks on New Jersey's changing health care environment at the Princeton Regional Chamber of Commerce's 4th Annual Healthcare Symposium.



Lt. Governor Kim Guadagno attended the Sept. 18 groundbreaking of the Memorial Sloan Kettering Cancer Center in Middletown.

Department of Health Staff Notes



- Dorothy Ngumezi, PhD**, Research Scientist, Family Health Services, attended the 22nd Annual Farmers' Market Conference that provided operational advice and financial guidance for vendors in the New Jersey Farmers' Market Nutrition Program and the Senior Farmers' Market Nutrition Program.
- Jessie Gleason**, Research Scientist with Epidemiology, Environmental and Occupational Health, attended the 26th Annual International Society for Environmental Epidemiology Conference that examined innovative methods to develop scientifically valid environmental epidemiology projects.
- Patricia Woods**, Public Health Consultant, Nursing, attended the TB Program Evaluation Network Conference that examined successful strategies to limit the spread of tuberculosis in vulnerable populations.
- Garlina Finn**, Health Care Services Evaluator-Nurse, Certificate of Need & Licensing took part in Train-the-Trainer courses offered by the End-of-Life Nursing Education Consortium. The courses are designed to develop the knowledge and skill required to deliver quality palliative care to patients and residents of healthcare facilities.
- Vincent T. Arrisi**, State Registrar, attended The National Association for Public Health Statistics and Information Systems Regional Meeting to discuss how to improve data quality, timeliness of reporting data, and enhanced security to protect personal information.



Dennis Micai, Executive Director, Trenton Area Soup Kitchen (TASK), John Herman, Building Service Coordinator, NJDOH and India Harden, Head Clerk, NJDOH, at TASK on September 16. Department employees donated more than 500 food items as part of the "Summer of Service" food drive.

Congratulations to:

The New Jersey State Cancer Registry on being recognized by the National Program of Cancer Registries for providing critical and high-quality data that are included in the official federal statistics on cancer incidence and mortality. The data are used to assess the cancer burden and to inform and evaluate prevention efforts and address disparities.

The Department worked to balance the need to assure the public that taxpayer dollars supporting health care are used in an appropriate and cost-effective manner, while ensuring that we continue to promote the financial health of hospitals so they continue to thrive and provide access to quality services in their communities.

Commissioner's Message, *continued from page 1*

released during the summer and included a total of 10 new or enhanced reporting requirements. The Department worked to balance the need to assure the public that taxpayer dollars supporting health care are used in an appropriate and cost-effective manner—while ensuring that we promote the financial health of hospitals—so they continue to thrive and provide access to quality services in their communities.

The report's recommendations, which will be proposed as new and amended rules, address topics such as increased board accountability, contracts with related parties, and providing financial reports. For many of the recommendations, we will be working with the hospital industry to develop the best way to implement initiatives. During my discussion with hospital leaders, I encouraged them to embrace the recommendations and communicate their efforts to increase transparency to their community.

As we continue to see the healthcare landscape evolving, the Department will work with hospitals to help them manage through this time of great transition.

Enterovirus-D68 Frequently Asked Questions

What are enteroviruses?

Enteroviruses (EV) are common viruses; there are more than 100 types. It is estimated that 10-15 million EV infections occur in the US each year. Most people infected with EV have no symptoms or only mild symptoms, but some infections can be serious. The spread of EV is unpredictable and different types of EV can be common in different years with no pattern. People are more likely to get infected with EV infections in the summer and fall.

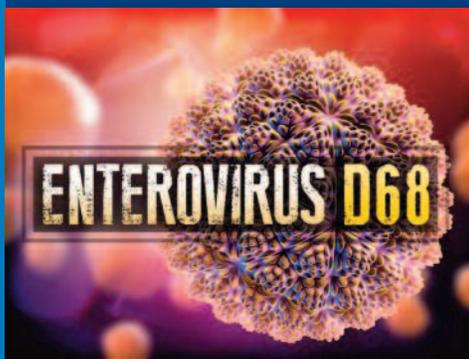
What is Enterovirus-D68 (EV-D68)?

Enterovirus-D68 (EV-D68) is a type of EV first detected in 1962 in California. EV-D68 is thought to occur less often than other types of EV.

What is the current situation in the U.S. and EV-D68?

In August, severely ill children with EV were reported in Missouri and Illinois. The EV strain (type) was identified as D68 by the Centers for Disease Control and Prevention (CDC). Among the EV-D68 cases in Missouri and Illinois, children with asthma seemed to have a higher risk for severe respiratory illness. The CDC is currently working with state health departments to determine the exact risk factors for EV-D68. From mid-August to September 26, 2014, a total of 40 states have confirmed respiratory illness caused by EV-D68. No deaths due to EV-D68 infection have been confirmed. The New Jersey Department of Health (NJDOH) confirmed that EV-D68 was present in the state on September 17, 2014. For up-to-date listing of states with confirmed EV-D68 cases, go to the CDC's website: <http://www.cdc.gov/non-polio-enterovirus/about/EV-D68-states.html>

Read more: http://www.nj.gov/health/cd/documents/faq/ev_faq.pdf





Autism Registry and NJ Early Intervention System Data Confirms Children with ASD Receive Services Early

A child with Autism may be diagnosed as early as two years of age, with the average diagnosis taking place at age four. With Autism rates in children increasing both nationally and in New Jersey, staff from the state's Autism Registry and New Jersey's Early Intervention System, (NJEIS) shared age-related data to determine if children diagnosed with Autism were receiving needed services.

NJEIS serves children from birth to age three and conducts developmental evaluations in motor skills, communication, social emotional, adaptive skills and other areas to determine if a child is experiencing developmental delays that meet the eligibility criteria for the system. Children who are at risk for ASD typically demonstrate delays and concerns earlier than they are formally diagnosed and can enter into NJEIS services based on these delays. As many children may not be getting a formal ASD diagnosis until after three years of age, it is important to determine if, in fact, these children are receiving NJEIS services.



Working together, NJEIS and Autism Registry staff analyzed data from 6521 children born between 2001 and 2008 whose information was provided to the Autism Registry. Of these children, 3712 or 57.2% were found to have participated in the NJEIS system. In fact, data showed that since the Autism Registry was created in 2009 (the registry includes data on children up to 21 years of age), the rate of children diagnosed with ASD and receiving services through the NJEIS is steadily increasing.

Reasons for why all children diagnosed with ASD do not receive services through the NJEIS include: Children with mild symptoms may not be identified until they are older and some families may choose to find support services outside of NJEIS.

To view the analysis, please visit:

http://www.nj.gov/health/fhs/sch/ar_for_res.shtml

*Working together,
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Cancer Summit, *continued from page 2*

screening program, "Choose Your Cover," which offered free skin cancer screenings at beaches, parks and public swimming pools for 1,400 residents this summer.

The Deputy Commissioner also covered the Department's effort to shift from disease treatment to disease prevention and health promotion to help New Jerseyans live healthier lives through Partnering for A Healthy New Jersey, the Department's Chronic Disease Plan.

Keynote speaker Otis W. Brawley, M.D., F.A.C.P., ACS chief medical officer, spoke on *Cancer Control: Past, Present and Future*. Other topics included cancer in New Jersey, e-cigarettes, and putting prevention into practice. Workshops covered increasing cancer screening among vulnerable populations, healthy eating and active living, tobacco prevention, patient centered medical homes and partnerships to promote prevention practices.



HQSI Project to Increase Depression Screening for Sandy Impacted Residents

Superstorm Sandy displaced thousands of New Jersey residents and affected more than 822,000 Medicare beneficiaries residing in the ten hardest hit counties. Studies from prior disasters found that victims, especially older adults and those with chronic health conditions are often at an elevated risk for behavioral health issues after a disaster.

Therefore, Healthcare Quality Strategies, Inc. (HQSI), the quality improvement organization for the state of New Jersey, developed a project to increase Medicare-covered depression screenings and provide data profiles to support communities working to connect available resources with the areas or populations in greatest need.

Using a data-driven approach, HQSI developed profiles for the ten FEMA-declared disaster counties in New Jersey and a subset of ten selected communities using Medicare Fee-for-Service (FFS) claims data. The county and community data profiles summarize the use of medical and behavioral health services as well as the prevalence of eight behavioral health conditions including a combination measure called, depression or proxy disorders.

This measure was developed for a more accurate measurement of the number of beneficiaries with depression. Since claims data can underestimate the real prevalence and incidence of depression, the subject matter experts consulted for this project suggested a combination measure which would include beneficiaries also diagnosed with anxiety or adjustment disorders.

"We want to encourage counties and communities to work together to strengthen behavioral health services for those currently suffering and for those who may suffer during disasters," said HQSI Program Manager, Suzanne Dalton, RN, BS, EdM. "Our team engaged stakeholders in discussing these profiles and encouraged them to use the data to improve cross-provider collaboration and to increase the awareness and use of the Medicare-covered, annual depression screening."

When sharing the data profiles HQSI noted the following observations:

- The highest relative increases among behavioral health conditions after the storm were in PTSD (12.2%), alcohol or substance abuse (10.6%), anxiety disorders (7.8%), and depression or proxy disorders (2.4%)
- Hispanics had the highest rate of depression or proxy disorders followed by whites and blacks both before and after Superstorm Sandy
- The youngest Medicare FFS beneficiaries (below age 65) had the highest rate of depression or proxy disorders both before and after Superstorm Sandy

"Even though there was an increase in these disorders and there are populations at higher risk, the rate of depression screening only increased from 4.81 per 1,000 Medicare FFS beneficiaries in calendar year 2012 to 12.03 per 1,000 after Sandy," said Dalton. "This translates to a mere 1.2% of those beneficiaries receiving a screening."

HQSI's goal was to use these data profiles to enhance collaboration among providers and help inform providers as they develop, pilot, and implement better care continuity and services for beneficiaries with chronic behavioral health issues and those at risk for depression. Already providers are recognizing that these profiles can assist in the development of strategic plans in behavioral health services or in applying for grants. The data may also help bring more behavioral health providers to the table when planning for future disasters.

Please visit www.HQSI.org for more information and to download the profiles.



FEMA





\$3.3 Million in Federal Grants Awarded to Reduce Infant Mortality

Four New Jersey health care organizations will receive \$3.3 million in federal Healthy Start grants to reduce infant mortality and other health problems related to pregnancy and mothers' health.

The largest New Jersey grant was awarded to the Southern New Jersey Perinatal Cooperative in Pennsauken, which will receive \$1.4 million annually over the next five years to reduce the infant mortality rate in Camden City. Camden Healthy Start will also serve as a resource site for state, regional, and national action in support of other grantees and organizations working to improve perinatal outcomes," said Executive Director Judy Donlen.

Other awardees are the Children's Futures, Inc. of Trenton, which will receive \$852,412; the Partnership for Maternal and Child Health of Northern New Jersey, which will be awarded \$532,933; and the Newark Community Health Center, which is getting \$532,700.

The grantees will collaborate with the Department of Health's initiative on Improving Pregnancy Outcomes. As part of that initiative, the Department funds a Central Intake Hub, which provides a single point of entry for access, assessment and referral to needed services. Referrals come from primary care providers, community health workers, social service agencies and Home Visiting programs. Community health workers work collaboratively with Central Intake to improve health and pregnancy outcomes through community outreach and education.

NATIONAL HEALTHY START ASSOCIATION



Celebrate Day 366...
every baby deserves a chance

Department Welcomes New Director of Women's Health

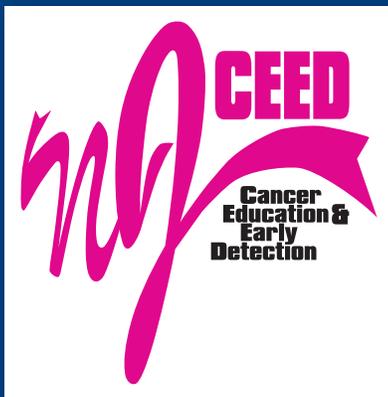
This spring, Monique Howard, EdD, MPH joined the agency as the new Executive Director of the Office on Women's Health in the Department's Community Health and Wellness Unit. Monique came to the Department with over 20 years of experience in HIV/AIDS prevention, women's health, chronic illness prevention and the reduction of health disparities.

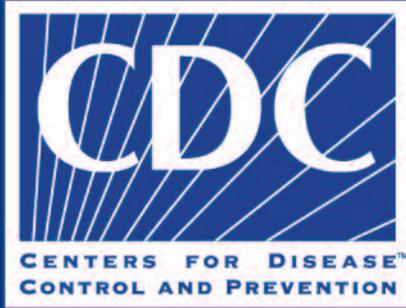


Born and raised in the Bronx, New York, Monique has always had an interest in women's health and the issues that impacted the quality of life for women. "My mother worked in the social work department of Jacobi Hospital in the Bronx where she shared stories about the lives of women in need. She also volunteered as a rape crisis counselor for many years. My father worked at the Federal Reserve Bank of New York and from him I learned the importance of hard work and resiliency."

In addition to leading the Office on Women's Health, Monique will also oversee the Office of Cancer Control and Prevention, the New Jersey Cancer Education and Early Detection Program and the New Jersey Commission on Cancer Research. Her goals include ensuring that women's health issues are addressed throughout the overall work of the Community Health and Wellness Unit. Additionally, she will focus on developing effective programs and policies in chronic disease prevention.

Prior to coming to the Department, Monique worked for the Maternal and Child Health Consortium of Chester County and the New Jersey Women and AIDS Network. She earned Bachelor of Science at Wagner College in New York. Monique went on to receive a master's degree in Public Health at East Stroudsburg in Pennsylvania and a doctorate of Education at the University of Pennsylvania.





CDC Prevention Checklist

**Get Preventive
Health Care
Resources**
FOR YOU OR SOMEONE
YOU CARE ABOUT

I WANT
INFORMATION FOR
 Me, My Child,
Someone Else

 My Patient

NEXT



Share | Info | Privacy

Click above for the interactive CDC Preventive Checklist.

Millions of Children Not Getting Recommended Preventive Care

Millions of infants, children and adolescents in the United States did not receive key clinical preventive services, according to a report published by the Centers for Disease Control and Prevention (CDC) in Morbidity and Mortality Weekly Report (MMWR) Supplement.

Clinical preventive services are various forms of important medical or dental care that support healthy development. They are delivered by doctors, dentists, nurses and allied health providers in clinical settings. These services prevent and detect conditions and diseases in their earlier, more treatable stages, significantly reducing the risk of illness, disability, early death, and expensive medical care.

The CDC report focuses on 11 clinical preventive services: prenatal breastfeeding counseling, newborn hearing screening and follow-up, developmental screening, lead screening, vision screening, hypertension screening, use of dental care and preventive dental services, human papillomavirus vaccination, tobacco use screening and cessation assistance, chlamydia screening and reproductive health services.

The findings offer a baseline assessment of the use of selected services prior to 2012, before or shortly after implementation of the Affordable Care Act. Sample findings include:

- In 2007, parents of almost eight in ten (79 percent) children aged 10-47 months reported that they were not asked by healthcare providers to complete a formal screen for developmental delays in the past year.
- In 2009, more than half (56 percent) of children and adolescents did not visit the dentist in the past year and nearly nine of ten (86 percent) children and adolescents did not receive a dental sealant or a topical fluoride application in the past year.
- Nearly half (47 percent) of females aged 13-17 years had not received their recommended first dose of HPV vaccine in 2011.
- Approximately one in three (31 percent) outpatient clinic visits made by 11-21 year-olds during 2004-2010 had no documentation of tobacco use status; eight of ten (80 percent) of those who screened positive for tobacco use did not receive any cessation assistance.
- Approximately one in four (24 percent) outpatient clinic visits for preventive care made by 3-17 year olds during 2009-2010 had no documentation of blood pressure measurement.

"We must protect the health of all children and ensure that they receive recommended screenings and services. Together, parents and the public health and healthcare communities can work to ensure that children have health insurance and receive vital preventive services," said Stuart K. Shapira, M.D., Ph.D., chief medical officer and associate director for science in CDC's National Center on Birth Defects and Developmental Disabilities. Increased use of clinical preventive services could improve the health of infants, children and teens and promote healthy lifestyles that will enable them to achieve their full potential.

Read more: <http://goo.gl/1s6hDi>

'Cancer Matters'
Brought To You By:

RUTGERS
Cancer Institute
of New Jersey

A Reminder During this National Childhood Cancer Awareness Month

By Richard Drachtman, MD

As fall kicks in and it's back to regular routines with school, sports and clubs for the kids, don't forget to schedule your child for a routine check-up with their pediatrician. Along with monitoring overall health and wellness, this routine visit can serve as a preventative tool in helping to combat conditions such as obesity, heart disease and even cancer.

While it is rare, pediatric cancer is the leading cause of disease-related death in children aged one to 19 in the United States, according to the National Cancer Institute (NCI). Nearly 16,000 children nationwide will be diagnosed with cancer this year.

With advanced diagnostic testing, one might wonder why the need for an annual exam. Keep in mind that when cancer symptoms (such as swelling, pain, headaches) do present themselves, they often can be dismissed as less serious ailments since cancer is of low suspicion in this population – especially in teens. This in itself presents a challenge, as members of this age group typically no longer go to a family physician for an annual visit and may not be covered under their parent's insurance for a yearly exam past a certain age.

For those youngsters who do face cancer, it should be noted that the prognosis is not as poor as it used to be. The five-year survival rate for children with cancer is 83 percent, which is up from more than 50 percent in the mid-1970s, according to the NCI. Much of this can be attributed to access to cutting-edge treatments. As an NCI-designated Comprehensive Cancer Center (the only such center in New Jersey and one of only 41 in the country), Rutgers Cancer Institute of New Jersey, for instance, offers an array of investigational treatments to pediatric cancer patients. The Cancer Institute works collaboratively with industry and national cooperative groups to make innovative therapies available to this population. More than 70 percent of our pediatric cancer patients are enrolled in a clinical trial. This includes genomic analysis, where abnormalities in one's tumor are identified and then targeted with specific therapies – thus matching the medicine to the tumor itself, instead of treating the site where the cancer originated. Opportunities now exist for pediatric patients with rare and resistant cancers whose disease previously did not respond favorably to standard treatments.

And because more children are surviving their cancer, there is a need to focus on these youngsters as they head into adulthood. At the Cancer Institute, the Long-term, Information, Treatment effects and Evaluation (LITE) Program addresses treatment late effects and provides these teens and young adults with support, education, and intervention. But because the risk of a second cancer is high in this age group, this population too needs to continue with a regular check-up with their health professional throughout their life – a good habit to establish no matter your age or health status.



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