



Keeping New Jersey Healthy



Acting Commissioner Bennett speaks to Gerard Costa, Ph.D., Director of NJACE and Willard Gingerich, Ph.D., Provost and VP, Montclair State University.



Commissioner speaks at the Autism Summit on September 18.

You Are the First Responders in Autism Spectrum Disorder

By Cathleen Bennett, Acting Commissioner
New Jersey Department of Health



As I was driving to this year’s Statewide Autism Summit at Montclair State University, I saw a car accident. Police officers, firefighters, and emergency medical technicians responded as others avoided the scene. It hit me that September morning: researchers and care providers are a family’s first responders when their child is diagnosed with autism spectrum disorder (ASD).

When a parent first learns of a child’s diagnosis, their first responder is the person sharing the diagnosis, what it means and how it may impact their family. I recently met a mother who said she wasn’t sure what to do after her child was diagnosed with ASD. A pediatrician told her, “The first year is the hardest, but it will get better. You’re going to find a therapist, and you’re going to find a school. You’re going to find your way.” They did.

Those promises may have been impossible to keep if it wasn’t for the collaboration of researchers, providers, educators, policymakers and families throughout New Jersey over the past 25 years. That pediatrician was able to make those commitments because advancements in the field have energized our thinking about and enriched our knowledge of ASD.

Hosted by the New Jersey Center of Excellence (NJ ACE) Coordinating Center at Montclair State University, the September 18 conference illustrated how all of us can help those affected by autism achieve a better quality of life. The summit, “The Unfolding Story of Autism Research in NJ from Cells to Society,” included two panels of talented researchers who discussed projects that are transforming our understanding of ASD and offering glimpses of how we can improve identification and care in the future. This broad array of ASD research looked at all aspects of life from genetics and perinatal risk factors to education, technology, and transportation.

Autism is not rare. The Centers for Disease Control and Prevention (CDC) estimate an average of one in 68 children nationwide has ASD. In New Jersey, the prevalence rate is about one in 45 children. Funding clinical research has allowed New Jersey to explore how it can best serve this population. The Governor’s Council for Medical Research and Treatment of Autism has provided more than \$35 million in research grants since 2008. The Council awards about \$4 million annually from revenue generated by motor vehicle violations.

“We are lucky to have a government that had the foresight to create the Autism Council and its funding, and to have a dedicated staff of volunteers that

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Commissioner's Hospital Tours Strengthen Partnerships

One of the best ways to strengthen partnerships and address specific health needs is engaging in thoughtful dialogue with health leaders centered on common goals. Since Cathleen Bennett became New Jersey's Acting Health Commissioner in August, she has met with officials from ten hospitals throughout the state and toured their facilities to learn more about the populations they serve and how they serve them.

"These visits represent valuable opportunities to hear from CEOs, executive teams, and hospital staff about their initiatives, needs and objectives moving forward," Acting Commissioner Bennett said. For example, the Commissioner learned about Kennedy University Hospital's successful sepsis reduction project and while at Hackensack University Medical Center she toured the John Theurer Cancer Center.

"Speaking with hospitals about their efforts helps ensure that the Department is better informed in its decision making as it strives to support public health initiatives, such as the state's health improvement plan Healthy NJ 2020." As part of her visits the Commissioner is asking hospitals if the Department is including the right targets into Health NJ 2020.

The [Healthy New Jersey 2020](#) interactive website, which contains the state's health promotion and disease prevention agenda, helps the Department identify critical research, evaluation, and data collection needs. By working with our partners to achieve health equity, eliminate disparities, and improve the health of all people, together everyone achieves more.

To date the Acting Commissioner has visited AtlantiCare Regional Medical Center, Inspira Medical Center, Holy Name Medical Center, St. Joseph's Regional Medical Center, Hunterdon Medical Center, Capital Health Regional Medical Center, Hackensack University Medical Center, Kennedy University Hospital, Trinitas Regional Medical Center and Virtua Voorhees. She plans to meet with more hospitals throughout the fall.



Acting Commissioner Bennett meets with Inspira Network President and CEO John DiAngelo.



Commissioner tours the John Theurer Cancer Center at HackensackUMC with Dr. Andre Goy, chairman and director, Lymphoma Division chief and Mark Sparta, executive vice president and chief population health officer, Hackensack University Health Network.



On September 23, Commissioner toured Hunterdon Medical Center with Dr. Glen Tonnessen, interventional cardiologist and Dr. Robert Cody, Hunterdon Healthcare Board of Trustees member.



Acting Commissioner Bennett (third from right) poses with Kennedy University Hospital clinical and leadership staff during a tour of the Washington Twp. campus ED on Oct. 16.



Assistant Commissioner Gloria Rodriguez pictured in her office.



Assistant Commissioner Rodriguez with Division of Family Health staff.

Assistant Commissioner Gloria Rodriguez Retires After 30 Years at the Department

Assistant Commissioner Gloria Rodriguez, DSW, retired from public service on September 30th after 41 years in public health and three decades at the Department of Health (DOH). As head of the Division of Family Health Services (FHS) for five years, she managed 185 professional staff with responsibility for cancer education and early detection; maternal and child health; supplemental food for women, infants and children (WIC); early intervention services for developmentally disabled infants; chronic disease prevention and treatment; tobacco control and primary care.

Dr. Rodriguez came to DOH at the height of the AIDS epidemic in 1985. Her work with HIV positive IV drug users and their families at St. Michael's Medical Center in Newark led to her first job with DOH as a social worker in the Division of Alcoholism, Drug Abuse and Addiction Services.

Recently, Dr. Rodriguez reflected on her public health career.

When you look back on the early years of the HIV/AIDS epidemic, what stands out?

Those were dark times. So many people died. It was also a challenging time that generated a tremendous need to create programs to help AIDS patients. In those days AIDS was associated with stigma and a pervasive public fear of contagion. Few places wanted responsibility for AIDS patients. The largest group of AIDS patients in New Jersey were IV drug users. Their feelings of isolation and stress were intense, so I started an after-hours support group for them and their partners. Those weekly meetings provided a safe place to share experiences, fears and coping skills. I was also privileged to work as an evaluator with Mexico's Ministry of Health on their first HIV/AIDS prevention media campaign.

What has been your biggest challenge as a public health professional?

Keeping up-to-date with research and developments in public health is a major challenge. Too often, we get caught up in day-to-day operations and fail to carve out time to delve into the latest information and analyze how to apply it. In practice, we were successful when we utilized the life course perspective to improve pregnancy outcomes in New Jersey. Applied research is absolutely essential to planning ahead, forecasting change and devising contingency plans.

What will you miss after leaving the Department of Health?

I've worked with amazing people. I've learned from many dedicated colleagues at every level of government and the private sector across the country and abroad whose passion for their work was infectious. I'll miss the team I worked with at DOH. Most of all, I'll miss the talented staff at FHS for their commitment, resourcefulness and "can-do" attitude.

How many Health Commissioners have you worked for?

I've worked for 11 commissioners, from Dr. Richard Goldstein under Governor Thomas Kean to Mary E. O'Dowd and, most recently, Acting Commissioner Cathleen Bennett under Governor Chris Christie. In fact, I've served under 10 governors. It's been an extraordinary career.



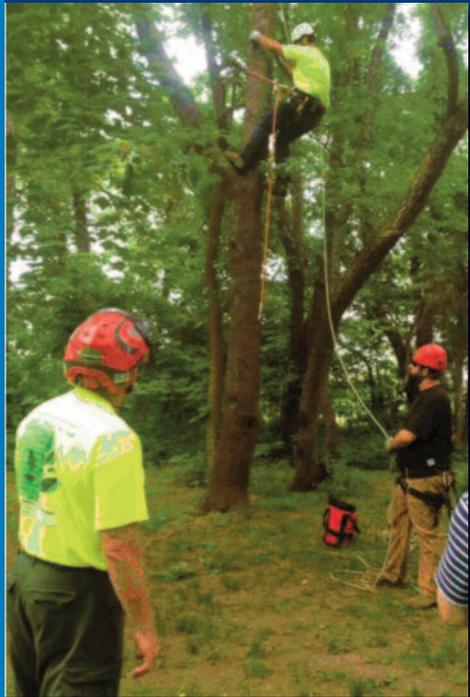
A proclamation from Governor Chris Christie was presented to Raymond and Joan Brooks by DOH Rural Health Coordinator Roslyn Council, for their support of a health screening sponsored by the Salem County Department of Health.

2015 Rural Health Week Fosters Access to Health Services For Rural New Jerseyans

New Jersey celebrated Rural Health Week over eleven days, September 20 – 30, 2015, as small towns and farming communities across the state partnered with local health departments, Federally Qualified Health Centers (FQHCs), hospitals, schools and the media to provide health education, free screenings and flu shots, and information on access to healthcare to residents living in rural communities.

Clinicians provided screenings for glucose; cholesterol; blood pressure; body mass index and weight; and breast, cervical, colorectal and prostate cancers. Nutritional experts offered counseling and workshops on healthy eating within a budget.

Staff from the Department’s Office of Primary Care participated in events and presented a proclamation from Governor Christie in support of Rural Health Week, which highlighted the state’s 123 rural municipalities, 730,000 acres of farmland and the estimated 12,000 – 14,000 migrant farm laborers who work in New Jersey during the growing season.



Committee for the Advancement of Arboriculture conduct a tree safety training

DOH Collaborates with Rutgers School of Public Health on Investigation & Prevention of Injuries Among Tree Service Workers

During Superstorm Sandy, 20 of the 72 deaths directly caused by the hurricane were attributed to trees, according to the National Hurricane Center. In addition, downed trees and branches caused road closures and widespread power outages.

To fully restore power, an estimated 48,000 trees had to be removed or trimmed. Tree care workers were an important part of the response and recovery efforts, working to clear trees and branches from roadways, homes, and power lines. Tree care work is hazardous; between 1992 and 2007, 1,285 tree care workers died on the job.

With federal grant funding, Margaret Lumia, PhD, project leader of the Department’s Occupational Health Surveillance program, Mitchel Rosen, PhD and Elizabeth Marshall, PhD, both of the Rutgers School of Public Health, are working on a project to better understand tree-related injuries.

The project focuses on further understanding occupational hazards, tree care infrastructure, and strategies to prevent injuries among workers, volunteers, and residents. An advisory group has been formed to engage stakeholders in the industry, including large and small employers, insurers, immigrant worker centers, non-profits, and volunteer organizations. Conference calls with the advisory group and interviews of stakeholders will provide a broad understanding of the industry. New sources of data on tree-related injuries will be included such as syndromic surveillance data from emergency departments. Focus groups among workers, in both English and Spanish, will help evaluate existing training and prevention efforts.

Ultimately the project team will develop recommendations for future training, educational outreach, and possible policy changes.



Committee for the Advancement of Arboriculture conduct a tree safety training



Dr. Christin Tan, MD, MPH, New Jersey State Epidemiologist/Assistant Commissioner, giving welcome and remarks at the opening session of the 2015 Northeast Epidemiology Conference.



Lindsay Hamilton, MPH, CSTE Fellow at DOH, Jason Mehr, MPH, DOH Healthcare Associated Infections Coordinator and Prathit Kulkarni, MD, CDC Epidemic Intelligence Officer assigned to New Jersey, presented at the 2015 Northeast Epidemiology Conference.

2015 Northeast Epidemiology Conference

At the end of September, the New Jersey Department of Health and the Rutgers University School of Public Health hosted the 2015 Northeast Epidemiology Conference in New Brunswick. More than 170 public health professionals from Maine to Pennsylvania attended the conference, which was held in collaboration with the New York City Department of Health and Mental Hygiene and with support from the Council of State and Territorial Epidemiologists (CSTE). The regional event featured more than 70 presentations from public health professionals from state, provincial and local epidemiologists from across the Northeast region. Plenary sessions in the morning featured two presentations “Emerging Infectious Disease in Theory and Practice” by Matthew Cartter, MD, MPH, Connecticut Department of Health State Epidemiologist and Director of Infectious Disease and Cristine Delveno, PhD, MPH, from the RU-SPH shared research concerning “The Changing Epidemiology of Youth Tobacco Use.”

Breakout sessions throughout the conference highlighted infectious disease, chronic disease, environmental and occupational concerns, informatics and surveillance activities and initiatives.

Christina Tan, MD, MPH, New Jersey State Epidemiologist/Assistant Commissioner opened the conference with welcoming remarks. Dr. Tan was instrumental in providing the leadership to bring the conference to New Jersey. Arturo Brito, MD, MPH, Deputy Commissioner and Jasjit Ahluwalia, MD, MPH, MS also welcomed conference participants to New Jersey. Many Department staff volunteered their time before and during the conference to ensure that the conference was a success. Staff scored abstracts, acted as moderators and assisted with conference planning.

Staff, fellows and assignees from the Department, Rutgers University School of Public Health, Rutgers Medical School, New Jersey State Cancer Registry presented on a range of topics including Lassa Fever, Ebola Virus Disease response, health impacts of Superstorm Sandy, Breast Cancer, environmental health issues, vaccine hesitancy, surveillance efforts and many others.

To view the conference abstracts visit:

http://ophp.sph.rutgers.edu/neepi2015/Selected_Abstracts_and_Slides.html

DOH Holds Regional Meetings on State Health Improvement Plan

The Department of Health (DOH) recently launched a series of regional meetings to bring our partners together to review our State Health Improvement Plan, Healthy NJ 2020. The goals of these regional meetings are to advance the Healthy NJ 2020 initiative by convening DOH grantees, local public health agencies and community stakeholders to assess the impact, value, and success of health improvement activities taking place statewide, and identify opportunities for acceleration or course correction. A diverse panel of presenters from local community agencies and organizations will highlight their initiatives for meeting major objectives under Healthy NJ 2020.

Please use the link below to register:

<http://events.constantcontact.com/register/event?llr=hgclcdfab&oeidk=a07ebc65cfxc62a484>

Home Visiting and Oral Health

For over 30 years, the Department's Children's Oral Health Program has provided oral health education for school age children. Recently, the program implemented a variety of initiatives developed to improve the oral health status of pregnant women and young families.

"Home Visiting and Oral Health: Perfect Together" is an interdisciplinary approach that integrates an oral health training component into New Jersey Home Visiting model programs. This training, entitled "Be a Smart Mouth," was implemented in 2014 and has trained over 240 home visiting staff to educate families about good oral hygiene practices and provide referral to dental care. Each family enrolled in the program receives the "Family Oral Health Care Bag" that contains child and adult toothbrushes, floss, two-minute brushing timer, sippy cup imprinted with the message, "For healthier smiles, sip water," infant tenders, sugar-free gum, a "Drink Pyramid" refrigerator magnet, and education materials in English and Spanish.

"Good oral hygiene is important for pregnant women, and women are encouraged to take their child for the first dental visit prior to age one," said Dr. Beverly Kupiec-Sce of the Children's Oral Health Program. "Good family oral health habits started early will lead to a lifetime of good oral health."

During the recent New Jersey Title V Maternal Child Health Block Grant review meeting held in New York, the "Be a Smart Mouth" Training Program was highlighted. Recognizing the importance of incorporating oral health into the various Maternal Child Health Programs, federal staff requested the New Jersey "Be a Smart Mouth" training and family materials to share with states that plan to incorporate oral health into their Home Visiting Model Programs.



Each family enrolled in the program receives the "Family Oral Health Care Bag."



Anthony Welch, Director of Policy and Strategic Planning.

Department of Health Welcomes New Policy and Strategic Planning Director

Anthony Welch recently joined the Department as Director of Policy and Strategic Planning, bringing a wealth of experience in the non-profit and governmental fields. In his new role, he will oversee policy development, regional planning, and strategic initiatives, as well as the Department's key efforts with vital statistics, information technology, and autism, brain injury, and spinal cord research. Mr. Welch most recently served as a senior policy advisor in the Office of the Governor, where he worked closely with the Department of Health—providing guidance on key policies for the agency.

His prior experience includes serving as Vice President and Chief Operating Officer for Newark Now, a community organization co-founded by Senator Cory Booker. In addition, Mr. Welch worked as a program officer at The Nicholson Foundation, a project coordinator at the Rutgers University School of Engineering, and as President of the national youth leadership organization Do Something, Inc. Mr. Welch received his undergraduate degree in Biochemistry from Rutgers University - New Brunswick, and a MBA from Rutgers University - Newark.

"Public service is very important to me," said Welch. "My grandfather was a pediatrician for more than 25 years, my father served 27 years in the United States Army, and my mother served nearly 20 years in the Social Security Administration. Their examples have inspired me to dedicate myself to serving others, which I've tried to do in my career in a variety of capacities. I'm very thankful for the opportunity to work with such wonderful colleagues at the Department of Health, and I look forward to helping, in some small way, to further the Department's worthy and essential mission."



On October 20, Commissioner and Newborn Screening Program director, Dr. Scott Shone led Assemblyman David Ribble on a tour of the screening program at the DOH lab. Ribble, accompanied by Cheryl Daniels, sponsored of Emma's Law that added testing for Krabbe Disease, a rare genetic disorder of the nervous system. Daniels' grandchild, Emma, succumbed to Krabbe Disease in 2012.



On September 17, Acting Commissioner Bennett toured Holy Name Medical Center in Teaneck.



Stephanie Mozgai

Community Outreach & Events

September-October 2015

- September 1** Acting Commissioner Bennett participated in the IT Solutions for Human Services Conference in Philadelphia.
- September 11** Acting Commissioner Bennett toured AtlantiCare Regional Medical Center in Galloway and Inspira Medical Center in Vineland.
- September 17** Acting Commissioner Bennett visited Holy Name Medical Center in Teaneck and St. Joseph's Medical Center in Paterson.
- September 18** Acting Commissioner Bennett spoke at New Jersey Center of Excellence Statewide Autism Summit at Montclair University.
- September 23** Acting Commissioner Bennett toured Hunterdon Medical Center in Flemington and Capital Health in Hopewell.
- September 25** Acting Commissioner Bennett delivered opening remarks at the Healthy Community Project Micro-grants meeting at the Robert Wood Johnson Foundation in Princeton.
- October 1** Deputy Commissioner Dr. Arturo Brito gave opening remarks to 150 regional epidemiologists at the Northeast Regional Epidemiology Conference in New Brunswick.
- October 7** Acting Commissioner Bennett spoke at the Road to Health IT Quality and Value Conference at the New Jersey Institute of Technology in Newark.
- October 8** Acting Commissioner Bennett spoke at the Camden County Public Health Summit in Pennsauken.

Congratulations to:

Stephanie Mozgai, the Department's Health Survey Director for being recognized by the Association of Healthy Facility Survey Agencies with the Promising Practices Award for Education at their annual conference. She received the award for developing a best practice entitled *Formalizing the Process for Referring Infection Control Breaches to Public Health Authorities* with the colleagues in the Division of Health Facilities Survey and Field Operations and the Department's Communicable Disease Service. An algorithm was created collaboratively and survey staff were educated and assessed on the implementation of the process which can be used for the more than 2,100 licensed healthcare facilities in the state.

October is SIDS Awareness Month

Governor Chris Christie signed a proclamation declaring October as Sudden Infant Death Syndrome (SIDS) Awareness Month. SIDS is the sudden, unexplained death of an infant younger than one year old. It is the leading cause of death in children between one month and one year of age. The Department works with the [SIDS Center of New Jersey](#) to provide education for parents, grandparents and other caregivers.

To view the Governor's Proclamation please visit:

http://www.nj.gov/health/documents/sids_awareness_month_proclamation.pdf



Montclair Councilwoman Dr. Renee Baskerville, Acting Commissioner Bennett and Dr. Eve Robinson, Montclair Board of Education member and Autism Consultant meet at the Autism Summit.



More than 200 researchers, providers, families, teachers and policymakers attended the summit.



Willard Gingerich, Ph.D., Provost and VP, Montclair State University addresses the crowd at the summit.

Commissioner's Message, *continued from page 1*

bring their expertise to the Council," said Dr. Caroline Eggerding, chair of the Council. "Investing in autism research and treatment can lead to a broader understanding of who we are, how we use our brain, and how we can be more accepting and welcoming of diversity."

In June, First Lady Mary Pat Christie and former New Jersey Health Commissioner Mary E. O'Dowd announced \$4.4 million in grants to establish Autism Medical Homes and advance research in the prevention, evaluation, and treatment of autism.

ASD is incredibly complex, and we continue to face challenges as younger populations become adults. To build on ongoing research, a new Request for Applications is [posted on our website](#) for \$6 million for two initiatives: Clinical and Translational Research Pilot Projects and Autism Health Needs Medical Homes Pilot Projects. The goals of these projects include improving the physical and behavioral health and wellbeing of individuals with ASD and focusing on adolescents and young adults.

Everyone in the autism community needs to become more aware of the context that guides scientific inquiry, said Dr. Gerard Costa, director of the NJ ACE Coordinating Center at Montclair State University.

"Science is not the sole domain of scientists but of us all," Dr. Costa said. "What happens at the research bench informs the downstream applications of research in the field and society."

Research is influencing our daily interactions. Together we're making progress, and although we have made prudent strides, there is still much to be done to assist those with autism and their families in leading more fulfilling, productive lives.

Two Additional Medicinal Marijuana Dispensaries Open in NJ

The Department of Health provided permits to operate to Breakwater Alternative Treatment Center (ATC) in Cranbury and Compassionate Sciences ATC in Bellmawr. There are also three other ATCs dispensing medicinal marijuana in New Jersey, Greenleaf Compassion Center of Montclair, Compassionate Care Foundation of Egg Harbor, and Garden State Dispensary of Woodbridge.

Patients and caregivers can visit the Medicinal Marijuana Program's [website](#) if they choose to change the ATC designated to serve them. The change can also be made by calling the Customer Service Unit of the Medicinal Marijuana Program at 609-292-0424 and does not require changing ID cards.

New Jersey residents interested in registering for the Medicinal Marijuana Program may do so by accessing www.state.nj.us/health/medicalmarijuana/pat_reg.shtml. Additional information about the program, including contact information for the ATCs, is available at www.state.nj.us/health/medicalmarijuana/find_atc.shtml

Read the Press Releases:

Breakwater ATC: <http://bit.ly/1PgCnym>

Compassionate Sciences ATC: <http://bit.ly/1V6q1Y4>



DOH PHAB Team leaders: Colette Lamothe-Galette, Maria Baron, Stephanie M. Forrest, Loretta Kelly and Lisa Asare.



Department staff prepare for interviews with the PHAB site visitors

Department Participates Public Health Accreditation Site Visit

The New Jersey Department of Health began its journey toward public health accreditation in November 2011. We submitted our Statement of Intent in October 2013 to the [Public Health Accreditation Board \(PHAB\)](#) and our application in June 2014. In the following months, DOH's accreditation team, led by Colette Lamothe-Galette, collected and reviewed more than ten thousand pages of documents, submitting evidence that the Department is achieving the 105 best practice PHAB standards. Among the submission for PHAB review were the Department's Strategic Plan, [State Health Assessment](#), and [State Health Improvement Plan](#). In total, nearly 200 DOH staff worked tirelessly for more than three years to prepare for the PHAB documentation review and site visit.

The two-day site visit occurred on September 21-22, 2015, and involved three site reviewers from other states, about 100 DOH staff members, and a diverse group of community partners. The partners spoke to the nature of collaborations with the Department, and priority health issues. Despite a power outage in downtown Trenton and subsequent evacuation of the Health & Agriculture Building on the first day, the visit went well. The agenda consisted of twenty interview sessions with Acting Commissioner Bennett, Department leadership and key staff, community partners, representatives from the Governor's Office, and members of each of the [12 PHAB domains](#).

The [goal of accreditation](#) is to improve and protect the health of the public by advancing the quality and performance of public health departments. We are a stronger Department today for having gone through this challenge. In a few weeks, the Department expects to receive a site visit report with comments and feedback.

As we wait, the Department remains committed to improving the health of New Jersey residents through leadership and innovation.

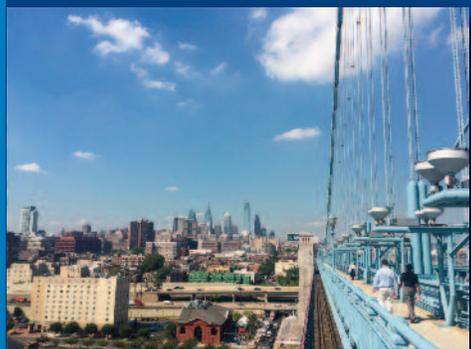
In preparing for Accreditation, the Department has strengthened and expanded key partnerships and collaborations, and made significant improvements in efficiency of operations.

Our continuous quality improvement culture is at the root of all current and future activities. The momentum gained through the accreditation process also resulted in the planning of five upcoming regional meetings with community partners across the state to develop the next round of the State Health Improvement Plan, which is based on the long-running [Healthy New Jersey](#) initiative.

We invite our partners to report on the health improvement strategies at work in their communities, and to provide input on future priorities as well as emerging health issues statewide. As we work to become a stronger Department and expand our collaborations with partners, we can further our efforts to build a healthier New Jersey.



NJ Department staff walked the Ben Franklin Bridge as part of papal visit preparedness.



Ben Franklin Bridge



Lt. Governor Kim Guadagno attended the Opening Ceremony for the World Meeting of Families – Philadelphia. The World Meeting of Families took place from September 22 – 27 at the Pennsylvania Convention Center in Philadelphia. The conference was followed by a visit from Pope Francis on September 26th and 27th.

New Jersey Was Ready for Pope Francis' Visits to New York, Philadelphia

By all accounts, Pope Francis' September Papal visit to the U. S. was a success. The weather was great, the traffic was manageable, there were no serious incidents and Pope Francis seemed to please the crowds.

Fortunately, there were no incidents that required a public health response by the Department, the Pope's first visit to the US. was preceded by months of planning and coordination by the Department and its many local, county and state partners. Nearly 75 Department staff members participated in the planning and implementation stages, which included staffing the State Emergency Operations Center at the Regional Operations Intelligence Center (ROIC) in West Trenton, the State Incident Command Center at Campbell's Soup Headquarters in Camden, and the Department's Southern regional Medical Coordination Center at Cooper University Medical Center, Camden. Acting Commissioner Cathleen D. Bennett visited the state Incident Command Center over the weekend.

"The Department is used to preparing for big events that draw large numbers of people, like Super Bowl 48 in 2014," said Christopher Rinn, Assistant Commissioner for Public Health Infrastructure, Laboratories and Emergency Preparedness at the Department. "What made this event different is that there were events being held in New York City and Philadelphia during a five-day period. There was a lot of coordination involved. We were ready to address any health issues that went along with crowds that were predicted to be several million."

Once DOH made its plan, department staff held five webinars with its partners both in New Jersey and in Philadelphia to ensure that everyone was on the same page in preparedness activities.

Among the preparedness activities:

- ❖ More than 300 EMS personnel representing 35 agencies were deployed to Camden as part of the New Jersey EMS Task Force to prepare for the Philadelphia event.
- ❖ Local and county health departments statewide worked with the Office of Local Public Health and the Communicable Disease Service to increase disease surveillance during the visit. NJ DOH food inspectors provided assistance to local health agencies for food vendors.
- ❖ Three were 42 Medical Reserve Corps members from Camden deployed to work in medical tents or as "goodwill ambassadors." Nearly 200 more were on standby.
- ❖ The Department surveyed all acute care hospitals to assess available beds in key categories, in case of an event. Also, hospitals were reminded of regulation waivers that were already in place in case of a disaster.
- ❖ Medical Coordination Centers at University Hospital and at Cooper were activated and were the hubs for situational awareness during both events.
- ❖ The Department sent out dozens of messages over Twitter and Facebook on how to keep safe and healthy during events.
- ❖ The Health Command Center increased its operational level to "standby" with three operational teams ready to activate if needed.

Fortunately, there were no incidents that needed a response, but as always, New Jersey was ready.

New Jersey State Cancer Registry Research Symposium



Nan Strou, PhD, Director, NJSCR delivering opening remarks.

The Department hosted its very first New Jersey State Cancer Registry (NJSCR) Research Symposium to provide attendees with practical information about research that can be conducted with cancer registry data and showcase highly successful and diverse types of research studies that have been done using resources and data provided by the State Cancer Registry.

The symposium objectives included: explaining the role of cancer registry data in population-based cancer research, discussing the different types of epidemiological studies that can be conducted using cancer registry data, citing the resources currently available to researchers for cancer statistics and data, discussing the process for gaining access to cancer registry data for research and developing strategies for advancing a research study idea.

Dr. Kathy Cronin, Deputy Associate Director at the National Cancer Institute Surveillance Research Program, provided the keynote address, setting the stage for the day by describing the breadth and depth of Surveillance, Epidemiology, and End Results (SEER) Program data, which publishes cancer incidence and survival data from population-based cancer registries, current research opportunities and future directions for cancer surveillance research.

Dr. Cronin was followed by Betsy Kohler and Dr. Frank Boscoe who provided information about national surveillance data available through North American Association of Central Cancer Registries, and a series of talks from NJSCR collaborators who have used the registry's data for studies on colorectal (Dr. Rebecca Moss, Rutgers Cancer Institute of NJ), breast and ovarian (Dr. Elisa Bandera and Dr. Bonnie Qin) cancer, and exemplary uses of cancer surveillance data for geospatial applications (Dr. Kevin Henry) and post-marketing surveillance (David Harris). Closing remarks were provided by Dr. Christina Tan, Assistant Commissioner of Epidemiology, Environmental and Occupational Health at the NJ Department of Health and Dr. Robert DiPaola, Director of the Rutgers Cancer Institute of New Jersey.



New Jersey State Cancer Registry Staff.

After lunch and a physical activity break, registry staff gave a series of "lightning talks" (8 minutes each) focusing on key data issues and research process including:

- ❖ *Staging Data* presented by **Stephanie Hill, MPH, CTR**, Program Manager of Cancer Surveillance Operations;
- ❖ *Biomarkers & Treatment Data* presented by **Lisa Paddock, PhD, MPH**, Research Scientist, Cancer Research Program;
- ❖ *Geocoding for Cancer Surveillance and Research: A User's Perspective* presented by **Pamela Agovino, MPH**, Research Scientist, Cancer Research Program & Health Surveillance;
- ❖ *Conducting Survey Research with the New Jersey State Cancer Registry* presented by **Natalia Herman, MPH** Research Teaching Specialist, Cancer Research Program; and,
- ❖ *Data Request and Case Ascertainment Procedures* presented by **Nan Strou, PhD**, Director, New Jersey State Cancer Registry

The NJSCR also invited Ms. Janna Harrell, formerly of the Utah Cancer Registry, to provide the audience with a sneak-peak at NJSCR's new tracking database for research studies, the "*New Jersey Research Management System (NJRMS)*."



Dr. Robert DiPaola, Director, Rutgers Cancer Institute of New Jersey delivering closing remarks.

Fatal Occupational Injuries Among Hispanics

From 1990-2013

442
HISPANICS
DIED ON THE JOB in New Jersey*

Many more were severely injured, maimed, or disabled for life.

*Source: NJDOH Fatal Occupational Injuries Project

That's 18 fatalities per year!

Male 97%

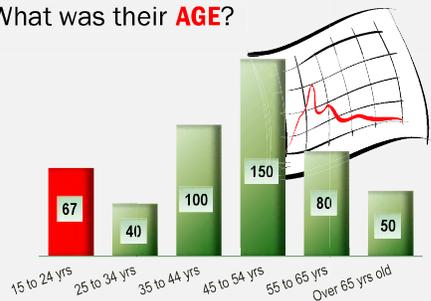


HOW did they die?

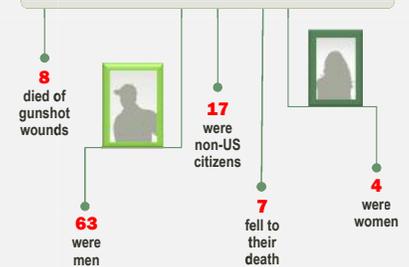


**Other includes: 10 caught by or between, 9 drownings, 7 heat-related, 6 drug overdose, 4 toxic exposure, 4 confined space, and 1 farm animal

What was their AGE?



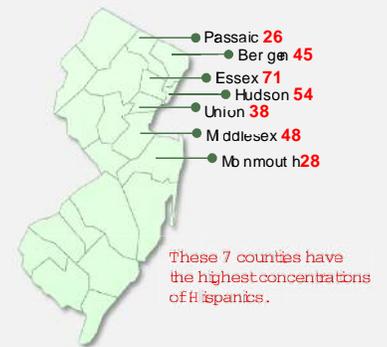
16% were under 25 years old when they died



What was their NATIONALITY?

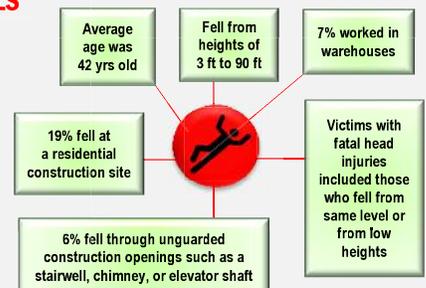
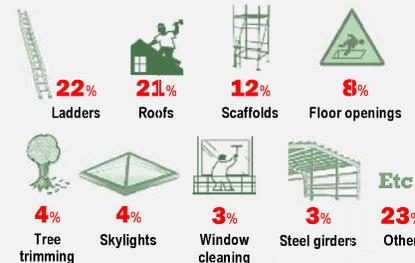


Which NJ counties had the HIGHEST NUMBERS of fatalities?



The leading cause of deaths was FALLS

Total=108



The DOH Consumer, Environmental and Occupational Health Service developed this infographic to illustrate the characteristics of 442 Hispanics who died on the job in NJ 1990-2013. Ongoing surveillance helps the Department characterize and address preventable injuries at work. Resources for workers and employers are available at <http://nj.gov/health/sur/face>.

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Minimally Invasive Cancer Surgery

By Todd Demmy, MD, FACS, FCCP

Most medical treatments benefit patients; however, these benefits often come at the cost of pain or other potential side effects. Occasionally these side effects are severe enough to limit patient benefit. Accordingly, doctors are working on less invasive or less toxic treatments to eliminate these adverse events. For example, radiation doctors have more focused treatments with less damage to healthy tissue and chemotherapy physicians now have drugs (often in pill form) that target tumors primarily.

Similarly, surgeons perform operations with smaller incisions that allow faster recovery. To do this, the doctor creates a working space by inflating a body cavity with gas or deflating an organ like the lung. Then an illuminated sterile camera scope is placed into this space through a small incision, usually containing a special tube or "port" that keeps the gas from escaping.

Improved tools (undergoing frequent redesign) pass through other ports allowing surgeons to perform operations that once required large incisions. For example, it is now common for surgeons like myself to remove an organ like the esophagus or entire lung through incisions two inches or smaller. For smaller procedures, like biopsies, some tools can be used through natural body passages to avoid incisions altogether. Computer aided surgical systems where the surgeon moves "robotic" tools may be useful for operations in tight spaces.

Depending on the operation, less-invasive approaches generally translate to fewer complications, less pain, and faster recovery. Some physician-scientists have shown improved long-term survival with minimally-invasive operations especially in frail populations.

Because of the rapid emergence of competing surgical technologies and the marketing related to them, patients and physicians can be confused regarding what minimally-invasive options (laparoscopic, VATS, robotic, etc.) may be the best. At Rutgers Cancer Institute of New Jersey, for instance, our Center for Minimally Invasive Surgery features a comprehensive team of experts, who are committed to making sure patients fully understand their surgical options, the differences between each and potential risks and benefits. It is also important to remember that healthcare delivery is a complex art practiced by professionals who choose tools fitting best with patient needs as well as their training and individual styles. Likewise athletes, laborers, writers and others perform superbly with various tools and don't define themselves by the technology they employ. For instance, we enjoy music without worrying about the instrument brand our favorite artist uses to make it. Accordingly, rather than seeking a specific technology, patients should seek surgeons who work as part of safe, high-quality teams and ask them how the tools that they use achieve minimally-invasive reliability.

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