Changes to NJ Adoption Law
Coming in January

By Cathleen Bennett, Commissioner
New Jersey Department of Health

Filed one next to another, more than 170,000 sealed envelopes lay inside 30 filing cabinets behind a locked door at Department of Health headquarters in Trenton. The contents of these envelopes — some discolored and fragile with age — contain the personal stories of thousands of children placed for adoption as early as 1940. Some birth certificates date back to World War II and the Vietnam War when children were born in countries like Germany, Belgium, Vietnam, Korea and the Philippines.

After accumulating for decades, birth records will become available to adoptees in January, when they may begin to learn more about their biological history and genetic makeup.

Adoption records were sealed in November 1940; after that, adoptees had to obtain a court order to access them. In August 2015, the Department began implementing a new adoption law signed by Gov. Chris Christie granting adoptees access to their birth records without obtaining a court order.

Considering the emotional decisions behind placing a child or multiple children for adoption, some birth parents who made this choice 50, 60 or even 75 years ago may wish to remain anonymous. Under the new law, birth parents can choose to have their personal identifying information removed from their biological child’s birth certificate if the adoption was finalized before August 1, 2015. This request must be submitted to the Office of Vital Statistics and Registry no later than December 31, 2016.

The law is a compromise that balances the rights of adoptees to learn more about their genetic histories with the rights of birth parents to remain anonymous. We want to help manage the expectations of adoptees and birth parents who are both affected by these changes. The redaction process for birth parents is voluntary, but an adoptee will receive a copy of their birth certificate with all of the information recorded at the time of their birth if a birth parent has not selected a contact preference or has not requested any information be redacted. Birth parents who choose to remove their names can reverse that decision at any time to make their identities known.

Envelopes on file could contain documentation for more than one child, so there could be approximately 300,000 paper-based birth records that must be reviewed to match requests for original birth records with the correct sealed record. A complex, multi-step process is involved in searching the documents and pairing them with adoption decrees and redaction requests.

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Integrating Primary & Behavioral Health Care for Veterans

A unique, Department-funded care model at Rutgers University Behavioral Health Care in Piscataway is connecting veterans who call a hotline to veteran peer counselors and health coordinators who then refer them to primary and behavioral health care, housing and other support services.

“We’re trying to link health from a physical and behavioral perspective for our veterans,” Health Commissioner Cathleen Bennett explained. “For many veterans, the transition back to civilian life is daunting and overwhelming. It’s really important we fill those gaps and connect our vets to services. They are more likely to take advice from someone who served.”

In honor of Veteran’s Day, Commissioner Bennett and Anthony Welch, the Department’s Director of Policy and Strategic Planning, toured the Rutgers University Behavioral Health National Call Center on Nov. 15 and participated in a panel discussion with veterans, peer educators, clinicians and administrators from Rutgers’ New Jersey Medical School in Newark and Robert Wood Johnson Medical School in Piscataway.

The National Call Center includes the Vets4Warriors peer support hotline, which operates 24/7 with 45 trained vets who counsel other vets in need and link them to services. Peer counselors handle between 900 and 1,000 calls and follow-up contacts weekly from veterans and their families. About 75 percent of the hotline callers are Vietnam-era or post-9/11 veterans. The top five reasons vets call are loneliness, anxiety, depression, relationship issues and housing needs.

U.S. Army veteran Fatima Aguilar, a peer counselor who served in Iraq and Afghanistan, said she understands veterans’ stress. While Commissioner Bennett toured the call center, Aguilar was helping a woman veteran with four young children who was facing eviction. “We have to find a place for her,” said Aguilar, who recently re-enlisted in the NJ National Guard.

The peer counselors work with health coordinators to link the vets to housing, health care, employment, substance abuse and other support services.

The Department has provided $6.5 million over the past two years for this initiative. Last year, Rutgers University Behavioral Health Care received $4 million in two grants for the Vets4Warriors hotline and the Total Care Initiative, which provides health care and other support services for veterans. In the current budget, Rutgers University Behavioral Health Care received another $2.5 million for Vets4Warriors.

During the panel discussion with veterans, Commissioner Bennett announced that the Department is seeking proposals for a $290,000 grant to add a telemedicine component to help veterans who may have medical needs but face mobility issues or transportation challenges.

Transitioning back to civilian life was a struggle for a woman named Renee, one of the veterans who participated in the panel discussion. She said she was living in a shelter when someone told her she didn’t belong there because she’s a veteran. Since linking with the Rutgers program, she now has affordable housing and health care. “The program has helped me a lot,” Renee told the Commissioner. The Veterans Administration “treated me like a number” but with the Rutgers program, “no matter the time of day or the time of year, you have a real live person answering the call.” The Vets4Warriors peer support hotline number is 1-855-838-8255.
To ensure accurate records are provided and birth parents’ privacies are honored, the Department will mail adoptees their records after a careful search is conducted.

A birth parent can opt to not be contacted, or to be contacted directly by an adoptee or through an intermediary. Intermediaries could include an adoption agency, a lawyer, minister or relative. In order for contact preference forms to be accepted, birth parents must also submit completed Family History Information forms, which include medical, cultural and social history information. Contact preference, family history and redaction forms can be found here.

Birth parents who placed children for adoption in New Jersey may currently live anywhere in the United States. The Department is casting a wide net and has contacted state health and human service departments, dioceses, adoption agencies and community-based groups in a total of 20 states to spread the word about the new adoption law. Throughout December, the Department is using social media to remind those who wish to redact personal information to submit their requests by the end of the month.

Those who may request copies of birth certificates are adult adoptees; direct descendants, siblings or spouses of adopted persons; adoptive parents, legal guardians or other legal representatives of adopted persons; or state or federal government agencies for official purposes. Individuals can apply for birth records by filling out this form. The fee is $25 and then $2 for each additional copy.

Applicants will receive uncertified copies of birth certificates on file with the Office of Vital Statistics and Registry. Copies are for informational purposes only and cannot be used for legal proof of identity or citizenship, or as a substitute for an official birth certificate.

For more information on the new adoption law, call 609-292-4087 or visit the Department’s Frequently Asked Questions.

**FAQs**

**Do birth parents have to complete a Redaction Form?**

**No.** Birth parents should complete the redaction form only if the adoption was finalized before August 1, 2015. If the birth parent has not requested any information to be redacted and if the adoptee requests a copy of their original birth certificate, the adoptee will receive it with all information that was recorded at the time of birth.

**If birth parents want the adoptee to contact them, do they still have to fill out the family history form?**

**Yes.** The law requires the Family History Form to be completed when a Contact Preference Form is completed.

**Will the State Registrar accept redaction request forms that are submitted after December 31, 2016?**

**No.** For a redaction request form to be accepted and processed, it must be submitted to the State Registrar by December 31, 2016.
Commissioner Visits Saint Peter’s Healthcare System on World Diabetes Day

Health Commissioner Cathleen Bennett visited and toured Saint Peter’s Healthcare System on World Diabetes Day (Nov. 14) to highlight the importance of screenings and early intervention in managing the disease.

Nearly 627,000 adults in New Jersey have diabetes. That’s an estimated 9 percent of the population. About 2,050 New Jersey residents died from diabetes in 2014, and nearly all were adults.

“From mobile screenings and self-management classes to care delivered in FQHCs, Saint Peter’s is pairing patients with diabetes prevention and treatment services that will better help them live with the disease and avoid complications,” Commissioner Bennett said.

Saint Peter’s offered free screenings for blood pressure, blood sugar, cholesterol, hemoglobin A1c, body mass index measurement (BMI) and nutrition counseling. Commissioner Bennett lead the event, followed by Saint Peter’s program leaders who highlighted the organization’s collaborative approach to diabetes management and four patients who shared their stories about living with the disease.

“Diabetes is a silent scourge,” said Ronald Rak, CEO of Saint Peter’s Healthcare System.

In addition to education and screenings offered, a diabetes self-management education class was also held at the hospital.

The Department of Health’s Diabetes Prevention and Control Program works to reduce the impact of diabetes by increasing awareness of the disease and its complications, improving quality of care and access to care, and developing partnerships that increase community involvement to address diabetes issues. In fiscal year 2017, the Department of Health’s Family Health Services Division awarded three grants totaling nearly $500,000 to:

- Three professional trade organizations to serve as Diabetes Resources Coordination Centers and help providers refer patients to community-based programs ($235,553)
- Six Federally Qualified Health Centers to enhance electronic health records and information technology ($81,688)
- NJ 2-1-1 (the statewide non-emergency, information call center and website) to promote diabetes self-management education and lifestyle change workshops ($148,500)

In addition, the Commission for the Blind and Visually Impaired - Diabetic Eye Disease Detection Program (DEDD) within the Department of Human Services was awarded $125,000 to increase access to free dilated eye examinations for uninsured or underinsured residents with diabetes.
Healthcare Providers Should be on Alert for Acute Flaccid Myelitis Illness

The Department of Health is encouraging providers to be alert for individuals with an illness clinically compatible with Acute Flaccid Myelitis (AFM) and to report suspect cases.

The CDC received an increase in reports of people across the US with AFM for which no cause could be found starting in August 2014. The CDC has been actively investigating the illness and despite extensive testing, does not yet know the cause of the AFM cases. From January 1 to October 31, 2016, 108 people in 36 states were confirmed to have AFM. Five of the cases have been identified as New Jersey residents.

AFM affects the nervous system which can result from a variety of causes including viral infections. Patients with AFM will typically present with rapid onset of weakness or paralysis of one or more limbs and loss of muscle tone and reflexes. Some patients may have symptoms of facial weakness, paralysis of the eye muscles, and difficulty swallowing or speaking. Symptoms are like those caused by certain viruses, including poliovirus, non-polio enteroviruses, adenoviruses, and West Nile virus. MRIs can be very helpful in diagnosing cases of AFM.

All healthcare providers should report suspect cases of AFM to the Department. Reporting of cases will help the Department and CDC monitor the occurrence of AFM and better understand factors possibly associated with this illness.

Additional information can be found on the NJDOH website: http://www.nj.gov/health/cd/afm/techinfo.shtml
#kNOwLEAD Campaign a Success

The Department launched its #kNOwLEAD public education campaign during the last week of October to coincide with National Lead Poisoning Prevention week. The campaign aims to increase awareness of all lead hazards in homes, schools and on the job, and also educate residents about what they can do to prevent exposure and safeguard their child’s health. We encouraged our state, county and local partners to help spread awareness that there is no safe level of lead in children by taking photos with our posters and sharing them on social media. To see more photos, search #kNOwLEAD on Twitter and Facebook.
‘You are the Boots on the Ground Protecting Your Communities’

Local and county health departments are the public health infrastructure in New Jersey, from the immunizations and care provided in clinics to vaccines for pets and inspections of body art facilities. The Department values this work in promoting wellness and protecting population health, resulting in a better place for residents to live.

Health Commissioner Cathleen Bennett delivered her “State of Health” update to a room of local and county public health officials on Nov. 16 at the New Jersey League of Municipalities conference in Atlantic City. While each year brings new health issues, the Department’s broad array of partnerships with local, county and community-based organizations help manage those challenges in a coordinated way.

“We have created a strong public health system throughout our state,” Commissioner Bennett said. “Whether it’s working to identify close contacts of meningitis cases at Rutgers University, addressing an infection control breach at an employee vaccine clinic in West Windsor or investigating possible zoonotic disease in pets in Cumberland County, you are prepared to handle whatever comes your way.”

The Department’s Office of Population Health coordinates various wellness, prevention and disease management activities, including setting targets, measuring outcomes, awarding grants and nurturing collaborations among hospitals, clinicians, nonprofit groups, faith-based agencies and others. Public awareness initiatives such as the Department’s #ZapZika, #kNOwLEAD and “Get #TeSTD” campaigns are most successful when our partners are involved in spreading these critical health messages. Collaboration with our public health peers helps drive meaningful improvements and promote a culture of health in New Jersey.

“You are the boots on the ground protecting your communities,” Commissioner Bennett told the audience. “There will continue to be challenges ahead of us, but by working together, we can protect our communities and safeguard their health.”

NJ Health By the Numbers:

- 251,000 immunizations provided
- 178,000 health screenings conducted
- 152,000 high-risk individuals received medical care at a local health department, clinic or at home
- 72,000 pets vaccinated for rabies
- 57,000 retail food establishments inspected
- 38,000 health-related investigations in response to community contacts were conducted
- 4,400 recreational bathing facilities inspected
- 2,000 new drinking water wells inspected for safety and proper installation
- 1,200 existing drinking water wells investigated for public health hazards (500 hazardous wells identified/mitigated)
- 650 pet shop, kennel, shelter inspections conducted
- 350 body art facilities inspected.
National Safety Magazine Highlights Department’s Efforts to Prevent Fatal Occupational Injuries

A recently published Department of Health workplace fatality investigation report was featured in the November 2016 issue of the National Safety Council’s monthly magazine Safety + Health. The report describes an incident in which a 34-year-old Hispanic day laborer was killed on his first day on the job. The victim was working near a backhoe loader when the operator, not realizing the victim was there, rotated the boom and hit him with the bucket. Backhoe loaders are used in a wide array of industries for different tasks. The victim suffered blunt force head injuries and was pronounced dead at the scene.

These incidents are largely preventable. The Department has a program aimed at preventing work-related fatalities. The Fatal Occupational Injuries Surveillance project tracks fatality statistics, investigates certain types of incidents and writes in-depth reports to provide practical recommendations to employers and industry leaders for preventing similar incidents.

In the backhoe case, the Department recommended the development of a safety and health plan based on specific hazards workers may encounter, training of all employees on site and use of personal protective equipment, including hard hats and high-visibility vests, when working with backhoe loaders.

All The Fatal Occupational Injuries Surveillance project reports can be found here http://bit.ly/2gop971.

North Jersey Health Collaborative Receives National Recognition

The Practical Playbook – a collaborative between the Centers for Disease Control and Prevention, Duke University and the deBeaumont Foundation — recognized the North Jersey Health Collaborative as a “success story” in sharing data and health improvement planning.

Formed in 2013, the agency started with nine organizations. Just three years later, the collaborative has more than 100 members and 24 funding partners, working with its partners to prioritize health issues. In October 2014, the group officially launched the NJHealthMatters web portal as a “one-stop shop” for shared conversation around population health improvement.

The collaborative recently completed its first shared community health needs assessment. After analyzing 150 data indicators, surveying 74 community leaders and hosting an arts-based competition to collect health perspectives from 40 community members, the organization developed and prioritized a list of health objectives. Workgroups were established for each priority issue and are in the process of developing objectives, outcomes, strategies and action steps.

The collaborative will also participate in the Association of Academic Medical Colleges Health Equity Snapshot series. Look for a feature video on their website debuting in early 2017.

For more information, visit the North Jersey Health Collaborative’s website at http://bit.ly/2h9FPR3.
Community Outreach & Events

November-December 2016

November 14  Commissioner Bennett delivered remarks at a World Diabetes Day Event St. Peter’s University Hospital.

November 15  Commissioner toured the veterans call center and participated in a roundtable at Rutgers University Behavioral Health Care in Piscataway.

November 16  Commissioner Bennett delivered the annual State of Health Address at the League of Municipalities Conference in Atlantic City.

November 17  Commissioner Bennett delivered remarks at the Cancer Research Symposium at Rider University.

November 18  Commissioner Bennett spoke at the Annual EMS Statewide Conference in Atlantic City.

November 30  Commissioner Bennett and DOH staff spoke at the New Jersey Immunization Conference in Iselin.

November 30  Commissioner Bennett delivered remarks at the Department’s Building a Culture of Health conference in Edison.

November 30  Commissioner Bennett attended the Samaritan Center of Voorhees dedication.

December 2  Deputy Commissioner Dr. Brito spoke at an opioid epidemic and pain management symposium hosted by Princeton University’s Woodrow Wilson School.

December 9  Commissioner Bennett was honored at March of Dimes “Celebration of the New Beginnings” in Edison.

$3.2 Million Announced for Autism Medical Homes & Expanded Research

In November, Commissioner Cathleen Bennett announced $3.2 million in grants for Autism Health Needs Medical Homes and advanced research in the understanding, evaluation and treatment of autism. The funding goes to medical schools, universities and hospitals.

These grants enhance the state’s commitment to find new and innovative ways to help New Jersey families affected by autism. They will help us better understand Autism Spectrum Disorder and allow families with special needs children to benefit from the best research and services New Jersey has to offer. Click here for more information.

$799,751 to Rutgers Biomedical and Health Sciences
$400,000 to Hackensack University Medical Center
$400,000 to Children's Specialized Hospital in Mountainside
$400,000 to Children's Hospital of Philadelphia
$400,000 to Saint Peter’s University Hospital
$399,875 to the New Jersey Institute of Technology
$392,304 to Rutgers, the State University
Season of Service

As part of the 6th annual “Season of Service,” Department staff sorted and packed food donations at The FoodBank of Monmouth and Ocean Counties in Neptune on Dec. 4 and volunteered for Habitat for Humanity in Monmouth County on Dec. 7 in Freehold at a new construction site. This giving season, members of the Christie administration volunteered their time, served New Jersey’s most vulnerable residents and highlighted service opportunities around the state.
Department Focuses on Upcoming Years

The Department has been thinking critically about its key priority areas as we move forward over the next several years. To help guide our initiatives and decision-making, a Strategic Map has been developed to provide a roadmap for the Department’s work to help us better serve the people of New Jersey. Our central aim is to improve population health by strengthening New Jersey’s health system.

The map was developed with the help of our senior management team and then shared with approximately 40 staff across the Department to garner feedback. We then created workgroups, each focused on developing implementation steps associated with the Map Objectives.


Here’s a brief summary of the progress made in 2016 regarding the implementation of the 2016-2018 Strategic Map and Plan:

• An easily understandable population health definition has been completed, along with a video.

• This past summer, members of the Governor’s Cabinet, led by Commissioner Bennett, formed the Population Health Action Team (PHAT) to improve health outcomes through inter-departmental collaborations.

• In September, the Department convened the state’s first Population Health Summit along with seven other state Departments to discuss and strategize on how to improve health in all policies.

• The development of the Health Information Network (HIN) pilot project is an ongoing partnership between the New Jersey Department of Health and the New Jersey Institute of Technology to create an infrastructure to appropriately share health information among key stakeholders, in support of population health goals.

• Three major health disparities are being examined: Infant Mortality, Cancer and Obesity. Currently, an inventory of infant mortality programs is being developed, and an analysis of possible service gaps in infant mortality programs will be undertaken.

• The Department has undertaken several important initiatives in response to health threats and emergencies, including Zika, Lead, and Sexually Transmitted Diseases.

• A variety of workforce development activities are being developed, including a survey that will help identify overall staff training needs.

• More than 200 Department internal data sources and applications are being assessed, to determine which sources might be most useful to the Department’s ongoing population health efforts.

The Department will continue to provide updates on our Strategic Map and Plan, and highlight continuing progress of their implementation in upcoming newsletters.
Commissioner Marks World AIDS Day with Jersey City Walk, Commemoration

One in two sexually active people will get an STD by age 25. Most won’t know it.

Health Commissioner Cathleen Bennett joined Jersey City leaders for a World AIDS Day walk and commemoration on Dec. 1 to support individuals living with HIV infection, remember those who have died from the disease and encourage everyone to seek HIV testing to determine if they are infected.

The walk kicked off at Jersey City Medical Center and concluded at City Hall, where the commemoration took place. Participants wore red to signify HIV/AIDS awareness. This year’s World AIDS Day theme was “Leadership. Commitment. Impact.” More than a dozen events, which included HIV testing and health fairs, were held across New Jersey.

As of June 30, 2016, more than 37,336 people were living with HIV or AIDS in New Jersey. It is estimated that about one in eight people living with HIV do not know they are infected.

HIV is a treatable infection, and early intervention is key. People with HIV can live long, healthy lives if they seek HIV testing, are linked to medical treatment and follow their prescribed medical treatment plans. The Department launched an STD campaign to encourage everyone to “Get #TeSTD.” Click here to download our poster.

In New Jersey, thanks to the progress in linking new HIV-infections to medical treatment, the number of new HIV diagnoses went from 1,898 cases in 2005 to 1,196 in 2014. That represents a 37 percent decline.

Healthcare professionals should include HIV testing as part of routine patient care. A complete list of New Jersey HIV testing sites can be found here. More than 6,634 HIV patients received medications through the NJ AIDS Drug Distribution Program between April 2015 and March 2016. People who participated in unprotected sex or shared needles should seek HIV rapid testing that produces a result in about 20 minutes. During 2015, nearly 87,000 free, confidential rapid HIV tests were administered at more than 150 locations in New Jersey. A list of rapid testing sites is available here.

In August, Governor Chris Christie signed legislation allowing any municipality to operate a Syringe Access Program and directed the state Health Department to invest $200,000 for syringes and supplies at the five existing pilot programs in Atlantic City, Camden, Jersey City, Newark and Paterson.

New Jersey facts:

• Over the past three decades, medical advances have led to a decline in the transmission of HIV from mothers to babies: the number of new cases of pediatric HIV diagnoses dropped from 12 in 2001 to one in 2015 (88 percent).
• Nearly 80 percent of those living with HIV/AIDS are 40 years old or older.
• Minorities account for 77 percent of adult/adolescent HIV/AIDS cases ever reported to the state, and 79 percent of all persons living with HIV.
• Thirty-six percent of new HIV infections between July 1, 2015 and June 30, 2016 occurred among gay/bisexual men and 3 percent among injecting drug users.
• About 75 percent of those living with HIV/AIDS are black or Hispanic.
• Women account for 33 percent of those living with HIV/AIDS.

For more information, visit http://bit.ly/2ghtKIX.
Registration for Women in Data Science Conference 2017 Now Open

Registration for the Women in Data Science Conference (WiDS) 2017 hosted at Rutgers University-Newark is now open. This one-day conference on Feb. 3, 2017 is designed to inspire and educate data scientists – regardless of gender – and support women in the field. It will provide a platform to present cutting-edge research and strengthen academia-industry ties.

This year’s theme is “Data Science Applications to Healthcare.” Among the speakers is Antoinette Stroup, director of the New Jersey State Cancer Registry.

“The event is a clear testament to the creative and exceptional research contributions being made in one of the most important national priority areas – healthcare,” said Nabil R. Adam, Vice Chancellor for Research & Collaborations at Rutgers University-Newark.

Rutgers is hosting this global event in collaboration with Stanford, Harvard, MIT and 25 other institutions around the globe. The conference will also be live streamed from Stanford University and broadcasted to more than 25 locations worldwide.

2015 Conference Highlights:
- 400 attendees from 30 universities and 80 companies and other organizations
- 23 speakers, moderators and panelists
- 6,000 additional participants via live stream.


Don’t Let Foodborne Illness Ruin Your Holiday

With the holiday season in full swing, it is important to recognize food safety tips that can keep you and your family healthy. Don’t let harmful foodborne bacteria such as E. coli and Salmonella ruin your holiday celebrations!

When preparing food, measure internal temperatures with a food thermometer inserted into the thickest part of food. If you are transporting food, take steps to maintain proper temperatures and protect food from contamination. Pack cold foods in coolers and keep hot foods in a crock pot or an oven-safe dish.

Fresh apple cider and eggnog are holiday traditions for many families. E. coli can grow in unpasteurized cider and is especially dangerous to children. Buy pasteurized cider to avoid bacterial growth. Unpasteurized eggnog can also contain Salmonella, which can make people very ill, especially senior citizens or those with a serious illness.

Leftover food should be placed in the refrigerator immediately after the meal and before serving dessert. Any food that was left out for too long or not cooled properly should be discarded.

To download the Department’s Food Safety factsheet or to learn more about food safety, [click here](#). For further questions, please contact the Food and Drug Safety Program at (609) 826-4935.
The Forecast for 2017 from Rutgers Tobacco Dependence Program

By Donna L. Richardson, LCSW, LCADC, CTTS

The good
New data sets from the Population Assessment of Tobacco and Health Study confirm that about 16 percent of adults in our region smoke cigarettes. Fewer teens and young people in our communities are starting to smoke. The Affordable Care Act promotes treatment for tobacco use in both medical and behavioral health care settings. New diagnostic tools such as lung CT scans are finding nodules and tumors early in the disease process, saving lives which previously could not be saved. As a trainer of tobacco treatment specialists, I see interest in this work from dental professionals, respiratory therapists, nurses, physicians, addiction counselors, family therapists, wellness trainers and others continue to grow. Helping people quit is becoming everybody’s responsibility.

The bad
People continue to experience premature death from years of tobacco use. Smoking affects quality of life in very basic ways such as difficulty in climbing stairs and costing money, especially impacting those on fixed incomes. Quit rates for certain groups such as those with chronic mental illness and addiction are not keeping pace. In my work as a tobacco treatment specialist, I often hear patients say that they wish they had never started smoking.

The uncertain
Electronic cigarettes and vaping devices are popular with young people and with those desperate to quit smoking. For instance, hookah smoking has become a rite of passage on many college campuses. As evidenced by an increase in cases by certain populations who seek assistance through the Rutgers Tobacco Dependence Program, use of smokeless tobacco products in specific groups such as those of South Asian background or young male athletes requires more attention. Compared to smoking, consumers, parents, and providers ask: Are electronic cigarettes and vaping devices safe? Will it help smokers to quit? Should I worry? What about exposure to others? What should I tell my patients?

We see people quit every day
Rutgers Tobacco Dependence Program continues to partner with Rutgers Cancer Institute of New Jersey to provide free, specialized, individualized, supportive treatment to patients and to promote tobacco cessation treatment, research, and education in the interest of cancer prevention. Truly multi-disciplinary, we collaborate with a range of researchers, students and educators at the Rutgers School of Public Health and Robert Wood Johnson Medical School. It’s never too late to quit.