



# September-October 2017

## Reflecting on Our Shared Progress & Success

By Cathleen Bennett  
Commissioner, New Jersey Department of Health

Every new beginning brings an opportunity for reflection. As I look back on my seven years at the New Jersey Department of Health, I can proudly say we have achieved public health accreditation, opened access to adoption records and better positioned our residents to achieve greater health outcomes because of our efforts to improve population health. The heart of our population health model is strong community partnerships. A deep network of stakeholders has worked with us to improve and enhance prevention, wellness and health equity across New Jersey.



*Commissioner Cathleen Bennett, right, seated here with Governor Chris Christie at an addiction recovery roundtable discussion in Newark in January, has led the Department of Health since August 2015.*

I joined the Department as Director of Policy and Strategic Planning in August 2010. As the head of this Office, I directed strategic public health and healthcare delivery initiatives including healthcare quality assessment, health statistics and informatics, health equity, regional health planning, and health information technology. On Aug. 3, 2015, I became the Department’s Acting Commissioner and was sworn in as the state’s 20th Health Commissioner on June 6, 2016.

As I prepare to take on my new role as President and CEO of the New Jersey Hospital Association (NJHA) on Nov. 9, I think about how the successes and challenges we shared over the years have shaped the health care landscape in New Jersey. When I first became Commissioner, we were still learning how the Zika virus affected pregnant women and their babies and through investments in epidemiology, awareness and prevention efforts, New Jersey has not seen any local transmission. Productive collaborations have resulted

in significant progress being made in public health, particularly in childhood lead testing. Over the past 20 years, screening for lead exposure has increased 20-fold while the number of children found with elevated lead levels has plummeted. The recent investment of an additional \$10 million will support more evidence-based lead prevention, testing and treatment opportunities statewide.

Perhaps the most significant change during my tenure has been the recent integration of the Division of Mental Health and Addiction Services (DMHAS) into the Department from the Department of Human Services. The full benefit of this reorganization will be seen further in the future as a system of patient-centered integrated care is created to better align services for patients and consumers who will have their health needs addressed in the same hospital, clinic or community health center. This transfer is vital to improving health care and effectively addressing mental health and substance use disorders as chronic conditions.

We have seen the benefits of treating the whole person with our grants that created Autism Pediatric Medical Homes, Autism Medical Homes for Older Adolescents and Young Adults, and Integrated Health Services for Veterans. The success of these pilots has been driven by the health and wrap-around services working collaboratively to support the needs of patients and their families. This alignment has more effectively met the needs of patients and improved their outcomes.

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# Legal Age to Purchase Smoking Products is Now 21

Beginning November 1, 2017, smokers must be at least 21 to buy tobacco products and electronic smoking devices in New Jersey. Raising the minimum age from 19 to 21 helps protect New Jersey youth from the deadly effects of tobacco use.

Earlier this year, Governor Christie signed legislation raising the minimum age to purchase tobacco products to give young people more time to develop a maturity and better understanding of how dangerous smoking can be.

In advance of the age to purchase tobacco products and electronic smoking devices increasing to 21, the Department of Health mailed nearly 10,000 tobacco vendors and vape shop operators information about the law and signs for retailers to post. These bright yellow signs highlight the new age requirement and help store owners and clerks explain the law to the public. These materials have also been distributed to 95 county and local health officers in New Jersey. School districts, colleges and universities, and health advocates also received hundreds of educational materials about the law change.

New Jersey is the third state to raise the smoking-purchase age to 21 following Hawaii and California. Approximately 13.5% of New Jersey adults between ages 18 and 24 smoke, according to the Centers for Disease Control and Prevention (CDC). About 11,800 adults die annually in this state from smoking-related illnesses.

For more information about the new law and New Jersey's Tobacco Control Program, visit the Department of Health website at <http://nj.gov/health/fhs/tobacco/>. Other helpful resources include *Tobacco-Free for a Healthy New Jersey* at <http://www.tobaccofreenj.com/>, and the CDC website at <https://www.cdc.gov/tobacco/index.htm>.



# \$10 million in Lead Funding Available to Reduce Childhood Exposure

County and local health agencies can apply for up to \$10 million in funding to test more children for lead exposure and intervene earlier with education, environmental home inspections and nurse case management. The Department's childhood lead prevention rules were revised last month, strengthening New Jersey's standard for intervening in cases of childhood lead exposure. The new rules require earlier intervention when lower levels of lead are detected in a child — from 10 micrograms per deciliter of blood to 5 micrograms. This change will enable public health officials and medical providers to intervene with education, case management, home visits, and other steps at the earliest possible time.

There is no safe level of lead in children. It can disrupt the normal growth and development of a child's brain and central nervous system and can result in hyperactivity, attention deficits, developmental delays and decreased hearing.

Oct. 22 through 28 was National Lead Poisoning Prevention Week, and the Department reminded parents that there are many potential sources of lead exposure. Peeling paint in homes built before 1978 is the most common pathway of exposure, but other sources include water from leaded pipes, soil contamination, imported candy, toys, jewelry and spices, ceramic pottery glazes and some herbal remedies.

In State Fiscal Year 2016, 214,741 children were tested for lead exposure in New Jersey, a 4 percent increase over the 206,221 tested during 2015.

"On behalf of the New Jersey Association of County and City Health Officials (NJACCHO), we are very grateful to Governor Christie, Commissioner Bennett and the Legislature for approving \$10 million in support of addressing lead in our communities," NJACCHO President Lisa A. Gulla said. "We look forward to this funding that will provide much needed support to local health departments across the State for environmental lead investigations, nursing case management, testing, and education."

The Department's ongoing public education campaign "#kNOwLEAD" launched last year to increase awareness of all lead hazards in homes, schools and on the job, educate residents about what they can do to prevent exposure and encourage parents to have their children tested.

Local health agencies can apply individually or county and local health departments can enter into shared services agreements to handle a minimum of 20 cases. Applications are due Nov. 13, and successful applicants will be announced by mid-December, with funding starting in January 2018. The funding can be used for equipment, training, supplies and staff. Local health departments would be eligible for funding for three years, depending on availability of funds.

In addition to the grant funding, the Department provides \$3.9 million for training, certification of inspectors, abatement and grants to more than a dozen local health departments with the highest incidence of children with elevated blood lead levels.

Click [here](#) for more information about childhood lead.

A vertical poster with a blue and white color scheme. At the top is a blue banner with the text "#kNOwLEAD" in white and red. Below the banner, the text reads "Protect your child from lead exposure. Know the sources of lead contamination:". There are five icons with corresponding text: 1. A paintbrush icon with "Lead based paint" and "If your house was built before 1978". 2. A ship icon with "Imported goods" and "Some imported goods such as toys, cosmetics, candy, and spices". 3. A green leaf icon with "Herbal remedies" and "Some herbal remedies and folk medicines". 4. A blue pipe icon with "Leaded pipes" and "Old water pipes with lead". 5. A blue vase icon with "Ceramic pottery" and "Lead has long been used in ceramic ware in glazes". At the bottom, it says "Get your child tested at ages 1 & 2, and get the facts at [nj.gov/health/childhoodlead](http://nj.gov/health/childhoodlead) or follow #kNOwLEAD". There is an illustration of a family and the NJ Health logo at the bottom right.

## CEOHS Official Recognized for Contributions to Clean Air in New Jersey

Congratulations to Dr. Richard Opiekun, data coordinator for the NJ Environmental Public Health Tracking Program within the Consumer, Environmental and Occupational Health Service Division, who was presented a Certificate of Appreciation for outstanding and lasting contribution from the New Jersey Clean Air Council.

Dr. Opiekun has been a member of the Council since 2010, serving as vice-chairman between 2014 and 2015 and as chairman from 2015 to 2017. He serves as an ex-officio member of the Council, representing the Department of Health in matters related to human exposure to ambient air pollutants and their adverse impact on human health.

He has been with the Department since 2004.

The New Jersey Clean Air Council, since its creation in 1954, serves in an advisory capacity to make recommendations to the New Jersey Department of Environmental Protection Commissioner regarding air matters. It consists of 18 members, 14 of which are appointed by the Governor. Members serve four-year terms and include or represent the Commissioner of Health, Commissioner of Community Affairs, Secretary of Agriculture, and Secretary of Board of Directors, NJ Commerce Commission, ex-officio.

## Reflecting on Our Shared Progress & Success

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### Population Health

Understanding that where we live, work, go to school and enjoy leisure activities impacts population health, one of my first acts as Commissioner was creation of the Office of Population Health to shift the focus of the healthcare system from episodic care to wellness, prevention and collaboration and to building healthier communities. This approach promotes stronger partnerships among hospitals, local health departments, community-based organizations and health care providers and focuses on keeping healthy New Jerseyans well, preventing those at risk from getting sick, and keeping those with chronic conditions from getting sicker.

At the state level, creating healthy communities goes far beyond the reach of the Health Department. Given the diversity of issues that influence health, I convened a Population Health Action Team (PHAT) of cabinet officers from Agriculture, Children and Families, Community Affairs, Education, Environmental Protection, Human Services and Transportation in the summer of 2016 to improve health in all policies. We identified childhood lead exposure and nutrition and fitness as two key improvement areas. Working together, we have examined programs and worked collaboratively across agencies on strategies to improve health, producing [two infographics](#) that capture the PHAT's collaborative efforts. The Department hosted two successful Population Health Summits attended by hundreds of partners in nutrition, health and wellness, social services, education, housing, business, transportation and the environment. At our second summit in June 2017, the PHAT honored Population Health Heroes whose innovative community projects and initiatives are making system, policy and environmental changes.

### Integration of Mental Health & Addiction Services

As part of Governor Christie's comprehensive plan to stem New Jersey's opioid public health crisis, the Department issued a Certificate of Need (CN) call earlier this year for more than 800 new adult inpatient acute psychiatric beds and is on track to award 811 of these beds this year. In addition, in September, Governor Christie committed \$200 million in additional funds to implement 25 initiatives that will create or enhance opportunities for addiction prevention, treatment and recovery. These include the creation of an Incentive-Based Opioid Recovery Pilot Program, expansion of the Recovery Coach program, creation of residential treatment for pregnant women and new mothers, expansion of supportive housing and on-campus recovery programs and several other initiatives.

Since DMHAS officially became part of the Department on Aug. 28, 2017, the Department has worked very closely with DMHAS Assistant Commissioner Valerie Mielke and her team on multiple outreach efforts to ensure a seamless transition for stakeholders, vendors, consumers, patients and staff. We have engaged more than 1,000 members of the public through conference calls, town hall discussions in 21 counties and social media. The Department also hosted separate meetings at Trenton Psychiatric Hospital, Ancora Psychiatric Hospital and Greystone Psychiatric Hospitals to address questions from staff, patients and patients' families and produced a Health Matters issue devoted entirely to DMHAS.

As the state's public health agency, the Department is in the best position to identify risk factors, increase awareness about prevention and the effectiveness of treatment, reduce health disparities, and reduce the stigma that prevents people from seeking and receiving the care they need.

### Adoption

The same day I became Acting Health Commissioner, the Department's Office of Vital Statistics and Registry began implementing a law signed by Governor Christie that balances the rights of adoptees to learn more about their genetic histories with the rights of birth parents to remain anonymous. Birth parents had until Dec. 31, 2016, to submit their contact preferences to the Department, along with medical, cultural and social history forms. About 560 birth parents chose to redact their information before adult adoptees gained access to the records on Jan. 1, 2017. To date, the Department has mailed about 4,000 birth records. Thanks to the leadership of the Governor and Legislature, there have been several emotional family reunions.



*Commissioner Cathleen Bennett of the New Jersey Department of Health will become President and CEO of the New Jersey Hospital Association (NJHA) on November 9, 2017. She is pictured here at the state's Population Health Summit in July.*

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# New Jersey Department of Health Creates Integrated Health Services Branch

Effective November 1, 2017, the Department of Health will include a new branch known as Integrated Health Services (DMHAS) which will include the Division of Mental Health and Addiction Services. The DMHAS was relocated from the Department of Human Services on August 28, 2017.

The new Integrated Health Services branch is designed to increase efficiency, coordination and integration of the state's mental health and addiction prevention and treatment programs with the delivery of primary healthcare, including chronic disease prevention, treatment and management.

The new Integrated Health Services branch will be headed by a Deputy Commissioner. Carolyn Daniels, Executive Director of the Office of Minority and Multicultural Health since 2011, will serve as Acting Deputy Commissioner, effective November 1, 2017. Prior to joining the Department, Daniels spent 20 years as an executive in the private sector of HMO/Medicaid Managed Care where she expanded business and growth in the Medicaid Managed Care market, led teams in complex matrixed environments and was responsible for physical/behavioral health systems integration. Valerie Mielke will continue as Assistant Commissioner for the DMHAS.

An Executive Directive outlining two phases of the reorganization was presented to the Public Health Council Thursday. The Public Health Council supported the plan.

In the second phase of the Department's reorganization, which will take place by January 1, 2018, there will be some additional changes to further support the goals of the Reorganization Plan. Those changes include a newly created Community Health Division within the Integrated Health Services Branch. The Division will be overseen by an Assistant Commissioner and include some units that are currently in the Department's Public Health Services Branch, Family Health Services. Those units are the Office of Primary Care & Rural Health (consisting of Federally Qualified Health Centers; Children's Oral Health, Rural Health) and the Office of Community Health & Wellness (consisting of Nutrition and Fitness; Chronic Disease Programs; Tobacco Control). In addition, the Office of Minority and Multicultural Health will be transferred from the Office of Population Health and located in the Community Health Division.

This reorganization will support the Department's population health goals and better position us to ensure our residents benefit from improved health outcomes. As these changes move forward, we will continue to update you on progress made. Thank you for your continued support.



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### **Accreditation**

After undergoing a rigorous three-year process, the Department received national accreditation from the Public Health Accreditation Board (PHAB) in June for achieving high standards providing public health services, leadership and accountability. To receive national accreditation through the PHAB, the Department underwent a multi-faceted, peer-reviewed assessment process to ensure it met a set of 105 public health quality standards and measures.

Accreditation has become the national standard for public health, and we are honored to be recognized for achieving the PHAB quality and performance standards. This process allowed us to improve the quality of our services to ensure we are effectively meeting the public health needs of residents.

### **Award-winning Website & Social Media Campaigns**

To make our website more consumer-friendly and easier to navigate, the Department this spring completed a comprehensive redesign, earning an award for its visually appealing design and layout. Our innovative web tools enable us to be more transparent in the way we make data accessible through the Healthy NJ 2020 dashboard, the NJ State Health Assessment Data System, and the Hospital Quality Compare interface.

Over the past two years, we launched several public health awareness campaigns to inform the public about priority health issues. We expanded our daily use of Facebook, Twitter, Instagram and Snapchat to better reach underserved populations such as youth who get their news and information through mobile platforms. Our social media platforms now reach about 6,000 stakeholders. Our social media campaigns have included #kNOwLEAD, Get #TeSTD, Get #teSTD4baby, #Never2old and #ZapZika — which won an award this summer from the National Public Health Information Coalition (NPHIC). We also used social media to inform birth parents and adoptees of changes in the law, and to disseminate public health information about the dangers of vaping and addiction; mosquito control; cancer screenings; and much more. A strong social media presence makes us better equipped to inform the public in real time about hurricanes, floods, power outages and other public health emergencies.

These accomplishments would not have been possible without the Department's dedicated staff who have spent their careers identifying ways to improve the health and wellbeing of New Jersey's residents. I know the Department is in good hands, and I look forward to working with all of you in the future.

# NJ Launches ‘Protect Your Baby from Syphilis’ Campaign

Congenital syphilis is on the rise nationally and in New Jersey. After three years of no confirmed cases in our state, a dozen infants were born with congenital syphilis last year. That is 12 too many.

To reduce Sexually Transmitted Diseases (STDs) and prevent pregnant women from passing syphilis on to their newborns, the Department and key partners launched a “Protect Your Baby from Syphilis” awareness campaign at the end of September to educate pregnant women, their partners and doctors about the importance of getting tested and treated for syphilis.

Early treatment is essential. If not treated early, congenital syphilis can cause miscarriage, stillbirth, prematurity, low birth weight, blindness, meningitis or even death after birth. Penicillin G is the only effective medication for syphilis in pregnant women. If treatment is initiated at least 30 days prior to delivery, congenital syphilis will likely be prevented.

The campaign, developed with input from a community health workers focus group and an internal Department task force that met over the summer, includes a [new prevention webpage](#), downloadable prevention posters in English, Spanish, Haitian Creole, Portuguese, Bengali and Arabic, social media using #teSTD4baby, targeted bus and corner store advertising and journal publications. Campaign materials have been shared with county and local health departments, hospitals, community health centers, WIC offices, college campuses, Family Success Centers, county welfare offices and boards of social services, public housing authorities, child care centers, the New Jersey Poison Information and Education System (NJPIES), faith-based groups and community health workers, who attended a training in September focused on STDs and congenital syphilis.

Eight medical and family health groups joined Health Commissioner Cathleen Bennett in co-signing a [letter to health care providers](#) promoting the campaign. Providers were asked to post a link to the new webpage, share the prevention message and display posters in clinics, medical offices, health care facility lobbies, client waiting rooms and other high traffic areas.

This public awareness campaign is the third STD public awareness campaign the Department launched this year. “Get #TeSTD” pointed out that one in two sexually active young people will get an STD by age 25. Posters were shared with colleges and universities, local health departments, and on social media. In addition, an STD awareness campaign called #Never2old targeted seniors and was shared with senior centers.

All STD campaign posters are available to download on our [website](#). A list of STD testing sites can be found [here](#). 2016 state data on STDs can be found [here](#).

# CDC Deactivates Emergency Operations Center for Zika Response

The Centers for Disease Control and Prevention (CDC) deactivated its emergency response for Zika virus to transition efforts to regular program operations on Sept. 29. A team of experts from across the agency – known as the Zika Coordination and Operations Transition Team – is leading the transition to routine, long-term activities.

On Jan. 22, 2016, CDC activated its Emergency Operations Center in response to the devastating effects of Zika virus infection during pregnancy. The center is the agency's command center for monitoring and coordinating emergency responses to public health threats and has been activated previously for natural disasters, the 2009 H1N1 influenza pandemic and the 2014 Ebola outbreak, among other events. CDC will continue working to protect **pregnant women, their partners, fetuses and infants** by providing support to healthcare providers as they counsel pregnant women affected by Zika and provide follow-up care to their infants.

Zika continues to be a public health threat in the United States and internationally. Zika is still a risk for pregnant women, and the continental United States and Hawaii will continue to see some travel-related cases as travelers visit countries and territories with risk of Zika transmission. Though low, the possibility of local transmission in the continental United States and Hawaii still exists.



CDC recommends travelers to [areas with a risk of Zika](#) take steps to prevent Zika by [preventing mosquito bites](#) and [sexual transmission](#) of Zika during and after travel. CDC continues to recommend that pregnant women avoid travel to areas with risk of Zika.

Zika posters in English, Spanish, Creole and Portuguese are available to [download to our website](#), which also includes Frequently Asked Questions, brochures and other education materials. For more information, search #ZapZika on social media.

## NJ Seeks to Fight Flu, Improve Vaccination Rates

For this flu season, the Department initiated an [Influenza Honor Roll](#) to recognize institutions that are striving to promote influenza prevention. The Influenza Honor Roll identified three categories of honorees: higher education institutions, businesses and organizations/community partners. Institutions from these three categories are encouraged to submit applications detailing all implemented influenza-related activities by March 31, 2018. All institutions named to the Influenza Honor Roll will be highlighted on our website and receive a certificate of recognition.

In addition, our ongoing New Jersey College & University Flu Challenge is enabling colleges and universities in the state to team up with us to improve flu vaccination rates among students. The goal is to encourage friendly competition between institutions while promoting flu vaccination and awareness. So far, we have received about 900 survey responses from students. The challenge will continue through December. It is up to each participating institution to develop and implement a unique influenza campaign that fits the needs of the student body. The Department will monitor vaccination coverage rates through the short, student self-reported electronic survey, supply technical updates and provide a resource manual to assist in developing ideas. The list of participating institutions includes Centenary University, County College of Morris, Kean University, Monmouth University, Rider University, Rowan University, Rutgers University-Camden and Seton Hall University. For more information, search #NJFluChallenge on social media.



### DOH Recognizes Work of New Jersey Action Coalition

As part of the nationwide Future of Nursing: Campaign for Action, the New Jersey Action Coalition (NJAC) is one of 51 coalitions bringing together diverse health care providers, policy-makers and business, academic and philanthropic leaders to transform health care through nursing.

NJAC was one of the first five Action Coalitions in the country, although all 50 states now have action coalitions, including the District of Columbia.

Partnering with key organizations like the Department of Health (DOH), New Jersey Hospital Association, New Jersey YMCA and others, the NJAC has developed coach and volunteer programs to engage nurses across the state in promoting a "Culture of Health."

Through this initiative, NJAC helps to align and include nurses in existing projects with multisector partners to help guide, support and participate in the delivery of healthcare and address social determinants of health in the community.

Thirty nurses have been selected as coaches for each of the 21 counties in New Jersey, including school nurses and nurses from other specialties, to help coordinate and match nurses with short-term initiatives or to serve on committees or task forces.

During 2017, NJAC has engaged organizations by developing an advisory board that is comprised of organizations that share in their vision including DOH, who is represented by Colette Lamothe-Galette, Director of the Office of Population Health.

# Take A Minute—Save A Life

On September 12, the Division of Mental Health and Addiction Services (DMHAS), and the Department of Children and Families (DCF), Division of Family and Community Partnerships (DFCP), sponsored a day-long event in recognition of National Suicide Prevention Week 2017. The event planning committee started off conservatively planning for a venue to hold 150 people. As plans were made public, interest in this event was overwhelming, and, as a result, the location was changed to the War Memorial in Trenton to accommodate the number of attendees, which ended up to be nearly 300 people from all different facets of life - consumers, providers, policy makers, clinicians, survivors of loss, individuals with suicidal histories, loved ones and others.

The enthusiastic audience was oriented to the event by Maria Kirchner, PhD, in her role as co-chair of the DMHAS Adult Suicide Prevention Committee and the Adult Suicide Prevention Advisory Council. Acting Department of Human Services Commissioner Elizabeth Connolly delivered opening remarks by reminding the audience that NJ has the second lowest suicide rate in the country. She further reminded us that last year, when we gathered in honor of Suicide Prevention week we committed to continue to push forward with suicide prevention efforts. She proudly listed significant actions that have taken place geared towards helping NJ citizens who were struggling in their efforts to reclaim their lives.

Consistent with the theme, “Take a Minute – Safe a Life,” DMHAS Assistant Commissioner Valerie Mielke pointed out that one way of connecting is through the NJ Suicide Prevention Hopeline. In partnership with Rutgers University Behavioral Health Care, the Hopeline received over 3,100 phone calls in August, a significant increase over the last couple of years. Other NJ operated helplines, including Vet2Vet, Cop2Cop, and 2ND-FLOOR Youth Helpline, also responded to people in need.

Assistant Commissioner Mielke stressed the fact that when it comes to suicide, the answers do not lie exclusively with health care professionals, politicians or researchers. Every one of us has a role to play in giving shape to a community that cares for all its citizens. Preventing suicide can only be done if we stand together and take every opportunity – in our homes, workplaces, and community – to support each other and be there for those who need our help.

Colette Lamothe-Galette, Director of the Office of Population Health at DOH, joined the DMHAS leadership to deliver a warm welcome on behalf of DOH Commissioner Cathleen Bennett.

Representatives of different entities mentioned in the proclamation read Governor Chris Christie’s Proclamation recognizing September 10-17, 2017, as Suicide Prevention Week in NJ.

The keynote was delivered by Jerry Reed, PhD, a nationally renowned expert on Zero Suicide from the Suicide Prevention Resource Center Director. The event also included an overview and analysis of NJ suicide rates and its comparison to national data and a presentation that spoke to identification and treatment issues in suicide risk. Several panel discussions were offered, including a group focusing on “Safe Messaging and Social Media,” covering “Suicide Across the Lifespan,” and representing High Risk Groups, (LGBTQ, Mental Health, Substance Use, Veterans and Law Enforcement), all of them courageously sharing their per-

## Community Outreach September-October 2017

**Sept. 6** Assistant Commissioner Lisa Asare spoke at the Tobacco Free Recovery Summit in West Windsor.

**Sept. 12** Director of Population Health Colette Lamothe-Galette spoke at the state’s Suicide Prevention event in Trenton.

**Sept. 19** Director of Minority and Multicultural Health Carolyn Daniels spoke at the Good Care Collaborative Conference in Trenton.

**Sept. 21** Commissioner Bennett delivered remarks at Healthy Community Grantees’ Meeting in Princeton.

**Sept. 25** Assistant Commissioner Lisa Asare spoke at the Community Health Worker Conference in New Brunswick.

**Oct. 12** Commissioner Bennett spoke at the Camden County Local Boards of Health meeting in Pennsauken.

**Oct. 20** Commissioner Bennett met with leaders of CarePoint Health at Christ Hospital in Jersey City.

**Oct. 23** Commissioner Bennett received the President’s Award at the New Jersey Public Health Association’s (NJPHA) 2017 Annual Conference in New Brunswick. NJPHA President Kevin McNally presented the award.

**Oct. 24** Assistant Commissioner Val Mielke and Director of Population Health Colette Lamothe-Galette spoke at the federal Health and Human Services Region 2 Opioid Summit in New York

**Oct. 26** Commissioner Bennett toured Integrity House in Newark.



sonal experiences.

Another activity of the day featured the Mayhem Poets, who presented spoken words in a blend of hip hop, theater, improvisation and stand-up comedy.

Additional presentations included “The Implementation of Zero Suicide” and “Engaging the Reentering Population after Incarceration.” Allison Blake, PhD, Commissioner DCF, provided closing remarks, summarizing the day’s event.

Parts of the event were videotaped and can be [viewed on YouTube at https://www.youtube.com/watch?v=COCykPoCckE](https://www.youtube.com/watch?v=COCykPoCckE)



# Five Years Post-Sandy A Stronger New Jersey

## Health Care Volunteers Strengthen NJ's Response & Recovery

October 29 marked the fifth anniversary of the day Superstorm Sandy devastated New Jersey, leveling homes, eroding beaches and wiping out power to many businesses. Our state and health system is stronger five years later after learning from the experience and enhancing our operations, planning and preparedness, response and recovery strategies. The dedication of New Jersey's medical professionals was clearly evident as many put aside their own needs to care for residents in shelters, hospitals and in our communities.



"The value of volunteerism was clearly demonstrated in the aftermath of Sandy as residents came together and donated time to rebuild our state and help one another in their time of need," said Assistant Commissioner Christopher Rinn of the DOH Division of Public Health Infrastructure, Laboratories and Emergency Preparedness.

This commitment was illustrated through the incredible efforts of the Department of Health's [Medical Reserve Corp](#) (MRC), a statewide, county-based program comprised of health care professionals and community health volunteers. As part of the Superstorm Sandy response, New Jersey MRC volunteers worked nearly 14,000 hours, supplementing existing emergency and public health resources, particularly at shelters and health care facilities. This effort 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.

"Sixty of the dedicated Monmouth County Health Department MRC volunteers donated 999 hours of their time between the two county shelters during the Sandy event," said Beth Hessek, Monmouth County Health Department MRC Volunteer Coordinator.

MRC volunteers were critical to the response and recovery, particularly in the hardest hit counties that sheltered thousands of displaced residents.

"Having a robust volunteer Medical Reserve Corp helps ensure we meet the next challenge our state faces," said Shereen Semple, Director of the Office of Local Public Health, which oversees the MRC Program. "The Department encourages healthcare professionals to join the MRC and help us strengthen New Jersey's public health response."

Click [here](#) to find out more about the MRC.

### Recovery and Rebuilding Initiative (RRI)

The RRI, which provides detox and short-term residential services, had an original allocation of \$7 million through Sept. 30, 2015, which was extended to Sept. 30, 2017 with an additional \$3 million. From the inception of the Recovery and Rebuilding Initiative until today, about \$9.4 million has been claimed for treatment services. All treatment authorizations closed on Feb. 8, 2016.

**State Fiscal Year 2014:** 784 unduplicated consumers were served through RRI in SFY14. This generated 1,839 total level-of-care authorizations including: assessment (363), detoxification (674) and short-term residential (802) authorizations

**SFY15:** 1,588 unduplicated consumers were served in SFY15. This generated 3,614 total level-of-care authorizations including: assessment (1,033), detoxification (969) and short-term residential (1,612) authorizations

**SFY16:** From July 1, 2015 to Feb. 8, 2016, an additional 1,192 unduplicated consumers were served. This generated 2,541 level-of-care authorizations, including: assessment (684), detoxification (864) and short-term residential (993) authorizations

The Supportive Housing Initiative provides housing to 236 consumers of mental health and/or substance abuse treatment. There are 11 contracts with seven providers: Cape Counseling Services (CCS), Career Opportunity Development, Inc. (CODI), Collaborative Support Programs of New Jersey (CSP), Integrity House, Jewish Family Service of Atlantic and Cape May Counties (JFS), Triple C Housing, Inc. and Preferred Behavioral Health of NJ. Housing Services have been extended with a total allocation of \$15.9 million.

## Hope and Healing

With their neon vests shining, the 200 crisis counselors that were part of Hope and Healing canvassed severely affected neighborhoods in the days immediately after the storm and continued for months to help Sandy survivors cope with damage.

On Dec. 6, 2012, New Jersey received nearly \$2 million in Federal Emergency Management Agency (FEMA) grant money for New Jersey Hope and Healing, an extended crisis counseling program for survivors of Superstorm Sandy. In addition to the grant, Hope and Healing also operated a mental health crisis helpline which was advertised on a fleet of more than 200 NJ Transit buses.

On May 13, 2013, New Jersey received an \$11.5 million grant from FEMA, which allowed the Disaster and Terrorism Branch (DTB), now housed within the Department of Health, to expand the New Jersey Hope and Healing program to provide counseling and outreach services.

The outreach initiative, which ended in February 2014, served more than 500,000 people during and after Sandy. Some survivors were rescued from their homes, others were in living in shelters and some on their friends' couches. Some had no flood insurance and no means to rebuild. Even those who were not evacuated suffered the emotional aftermath.

In addition to the Hope and Healing counselors, the DTB - through a special certification system - trained more than 600 volunteers, known as disaster response crisis counselors, across the state to provide emotional support. The counselors, many of whom left their own storm-damaged homes to help, met survivors at Disaster Recovery Resource Centers, in their neighborhoods, town halls, churches, libraries, hospitals, at support groups, daycare centers, restaurants, stores, civic centers and anywhere else people needed help.

DTB Director Adriene Fessler-Belli noted that the counselors were prepared to be deployed because Governor Chris Christie made sure DTB was involved directly with the state Office of Emergency Management in planning for the storm.

"The extensive physical damage from the rare Superstorm was immediately evident, with storm-beaten homes, buildings and scattered debris featured extensively in national and international media," she said. "Less evident, but no less significant, was the emotional impact and distress that such a traumatic event can create."

Research shows that the emotional impact of a disaster can linger long after the physical damage is repaired. Outreach and support efforts promote resilience using strong support systems and coping techniques, including sharing your feelings, maintaining your routine and seeking professional advice if necessary.

The FEMA grant allowed DMHAS and its New Jersey Hope and Healing partners – the Mental Health Association in New Jersey (MHANJ), Barnabas Health Institute for Prevention, Family Service Association in Atlantic, and Family Service Bureau of Newark – to continue providing community outreach, emotional support, crisis counseling and referral services. The grant also funded The New Jersey Disaster Mental Health Hope and Healing Helpline, which was available seven days a week.

In addition to supporting adults faced with financial, emotional and sheltering challenges, the storm also affected the stability of children who were displaced or anxious from the upheaval. Hope and Healing launched a Sandy Wave Riders Children's support program in Seaside Heights. Sandy Wave Riders was a six-session, special psycho-educational curriculum developed by MHANJ with professionally trained counselors. It allowed families to learn life lessons and skills such as facing fears, celebrating successes, the importance of support systems, and lessons of hope. The program was divided into different age groups: 5-6 years, 7-9 years, 10-13 years and adult (for parents and guardians).

Another program launched by Hope and Healing was Sunnyside Up, which put counselors in 16 Ocean County diners and restaurants to offer support, referrals and resources.



*Suzanne Miltenberger continued to serve her special needs clients even as her own family — including two special needs children of her own — were evacuated from their Ventnor home.*

## Supporting Vulnerable Families During Recovery

Superstorm Sandy greatly impacted the professional and personal life of Suzanne Miltenberger, Atlantic County's case management unit coordinator, who serves families with special needs children. As Sandy approached, Suzanne – a mother of three children, two of whom are developmentally disabled – and her family, including her medically fragile son who was recently discharged from the Intensive Care Unit, evacuated their Ventnor home to stay with family. Shortly after moving in, they then lost power. Due to the nature of her children's disabilities, it was critical that the family have power for medical supplies and equipment. Suzanne and her husband called nearly every hotel in the area and finally found one able to accommodate them. They remained at the hotel for nearly a week after evacuating until they could return home. As Suzanne worked to ensure all three of her children were protected, she did not forget the vulnerable families she served every day and returned to work while she was displaced.

"Despite everything we had gone through with our son and our family being uprooted due to the storm, I knew we were safe and there was nothing else to do for my family while awaiting to return home. I felt an immense responsibility to go back to work just to be available to my families if they were to call during this stressful time," Suzanne said. "I would at least be a familiar voice to talk them through what we all were going through. I did not want my families to say they were not able to reach me when they did not know where else to turn since phone lines throughout the entire state had been damaged due to the storm."

Sharing similar circumstances to her clients, she understood the storm had likely created new and unique demands on top of the help these families already needed. To ensure her clients were getting appropriate resources, she created a survey to assess the storm's impact on these families and assist and refer them to needed help. Sandy recovery funding boosted her office's efforts, as Atlantic County was one of 10 grantees that received a total of \$5 million to coordinate services for special needs children. This funding assisted more than 2,500 families like Suzanne's.

## DOH Researchers Honored for Innovative Data Use

Caitlin Murano and Mehnaz Mustafa, Research and Evaluation Analysts in Maternal and Child Health (MCH), Division of Family Health Services, received the 2017 Innovative Use of Data Award at the 2017 CityMatCH MCH Leadership Conference held in September. Their research, selected for the award from more than 200 entries, was entitled Employment, Workplace Leave and Return to Work Among New Jersey Mothers: A Cross-Sectional Analysis.

The study examined the role that paid and unpaid maternity leave play in maternal and infant health. Data indicate that maternal employment, ability to take maternal leave, ability to return to work, and choosing not to return to work influence not only the health of the mother but that of her entire family. Moreover, the study found that barriers to a mother's ability to take leave and difficulties faced by some in returning to work highlight disparities based on race/ethnicity, income and education. The inability to get maternity leave results in many mothers not returning to the workforce, while those who could not take paid leave report more adverse health outcomes.

CityMatCH is a national membership organization of city and county health departments' maternal and child health programs and leaders representing urban communities in the United States. The annual conference is an opportunity to share ideas and expertise to promote the health of urban women, children and families.

For additional research and information on maternal health issues before, during and after pregnancy, visit the [Department of Health's Maternal and Child Healthy Epidemiology website](#).



*Mehnaz Mustafa, left, and Caitlin Murano of the Maternal and Child Health program in the Division of Family Health Services conducted award-winning research into how maternity leave practices impact the health of the affected mothers and infants. At right is Chad Abresch, Executive Director of CityMatCH.*

## Helping Hands in U.S. Virgin Islands

After deploying earlier this month to the U.S. Virgin Islands to provide emergency medical services to areas hardest hit by recent hurricanes, about 30 members of New Jersey's EMS Task Force



returned home the weekend of Oct. 21. The response missions included nearly 200 emergency calls for assistance on St. Thomas and St. John, ranging from cardiac care and motor vehicle accidents to cuts, broken bones and more. Crews were

supported by 25 New Jersey State Police troopers, while four Disaster Response Crisis Counselors worked with first responders, schools and faith-based groups to provide emotional support and psycho-educational presentations. More than 200 individual crisis counseling contacts were made as well as several presentations, reaching more than 1,250 community members. Teams also participated in humanitarian aid missions and provided logistical support.

Officials in the U.S. Virgin Islands requested assistance through the Emergency Management Assistant Compact (EMAC), a mutual aid agreement allowing states and territories to share resources in response to natural and manmade disasters. Using all-terrain ambulances, logistics equipment, portable care tents and emergency response vehicles to operate on the island, crews made it possible for local first responders to rest and return to their fami-

lies, many of whom are still dealing with the devastation left behind. On St. Thomas, the crews answered calls for service as part of the local EMS operation and participated in joint training and logistics work with on-duty Virgin Islands EMS staff. On St. John, the crews answered calls for EMS service and participated in wellness checks with on-duty Virgin Islands EMS staff.

Both the NJ EMS Task Force and the Disaster and Terrorism Branch, located in the Division of Mental Health and Addiction Services, were formed after the terrorist attacks of 9/11. The NJ EMS Task Force consists of more than 200 career



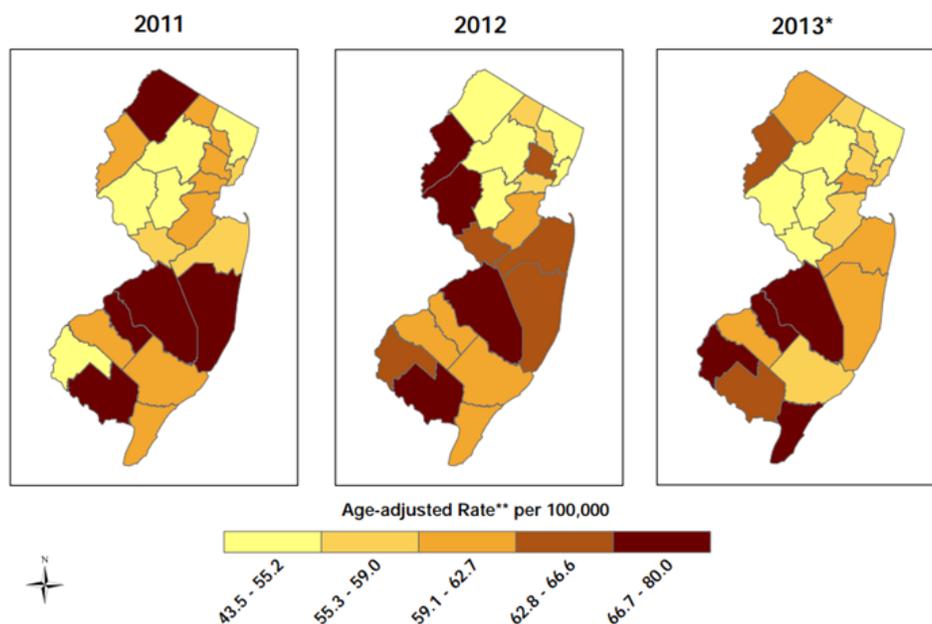
and volunteer EMS professionals that respond to naturally-occurring and human-caused disasters. The Disaster and Terrorism Branch looks at the psychological and behavioral responses to disaster and terrorism and developed the Disaster Response Crisis Counselor program following 9/11.



## CDC Recognizes NJ Colorectal Cancer Incidence Maps

Great news! New Jersey colorectal cancer incidence maps created by Jie Li, a research scientist in the Cancer Epidemiology Services branch of the Department, were recently selected to appear in a [CDC Highlights Report](#). Li was selected to attend a CDC training on mapping using Geographical Information Systems (GIS) and used her skills to build a series of high quality maps. This CDC initiative was developed to build capacity within state and local health departments for the surveillance and prevention of chronic diseases. In 2016, New Jersey was among five state health departments selected to participate in the training project, along with Alaska, Arizona, North Dakota and West Virginia.

Colorectal Cancer Incidence Rates 2011-2013, Ages 20+, by County, New Jersey



## State Cancer Registry Hosts Registrars

By Harrine Katz, CTR & Stephanie Hill, MPH, CTR

On Oct. 18, 2017 the New Jersey State Cancer Registry (NJSCR) invited hospital cancer registrars throughout New Jersey to "Spend the Day at the Registry." It was the first in a series of such events aimed at building a stronger relationship with cancer reporting facilities with the goal of improving the completeness, timeliness and accuracy of cancer data reported to the New Jersey Department of Health.

Participants were introduced to the inner workings of the NJSCR and saw firsthand how the cancer data they submit is processed, consolidated, edited and prepared for use in publications, cancer control activities and research into the causes and treatments of cancer. Attendees worked one-on-one with NJSCR staff to review data submitted by their facility.

The NJSCR is a population-based registry jointly managed by the Department's Cancer Epidemiology Services and the Rutgers Cancer Institute of New Jersey and collects data on all cancers diagnosed and/or treated in New Jersey since Oct. 1, 1978.

Feedback, communication and training components of the workshop are important aspects of a comprehensive program to ensure the highest level of quality data on cancer in the state. The workshop has been awarded continuing education hours by the National Cancer Registrars Association and is open to cancer registry personnel and hospital administrators throughout the state.

For more information and to register for future "Spend the Day at the Registry" workshops, visit [www.nj.gov/health/ces](http://www.nj.gov/health/ces) or e-mail [ops.njscr@doh.nj.gov](mailto:ops.njscr@doh.nj.gov).



From left to right: Fran Krol, CTR; Jamal D. Johnson, BS, CTR; Maureen Romero, RHIA, CTR; Mireille Lemieux, MSc, CTR; Donna Horn, BA, CTR; Stephanie M. Hill, MPH, CTR; Katie Roman, BS, CTR; Suzanne Schwartz, MS, CTR. Inset: Harrine Katz, BS, CTR. Not pictured: Yvette Humphries; Heather Stabinsky, MS.Ed, CTR; Hannah Stanko, BS, CTR; Lisa E. Paddock, MPH, PhD.

# Awareness of Cognitive Impairments from Breast Cancer Treatment

**By Coral Omene, MD, PhD**

Up to 75 percent of women experience deficits in their intellectual capacity (cognitive impairment) during or after breast cancer treatment. Patients typically complain that they are “forgetful” and have “trouble concentrating or remembering” details like names, dates and important events. They have difficulty multi-tasking, and it takes them longer to complete a task. Unfortunately for some women, these symptoms can persist for many months or years. These mental deficits are variable; they may be subtle or striking and temporary or permanent. Given that we continue to make strides in medicine to improve survival rates in breast cancer, there will be many more women living with cognitive impairment, and it is important to not only be aware of but to address these issues so the quality of life for these women is maintained.

These cognitive difficulties were previously attributed to chemotherapy, such that the term “chemo brain” was coined. However, we now know that it is multifactorial. The menopausal status of the woman and endocrine (hormonal) therapy she receives for treatment can also influence cognitive function. Studies show that breast cancer patients who received chemotherapy and the anti-estrogen therapy tamoxifen have greater difficulty than those who received chemotherapy alone. Typical risk factors that can impact cognitive impairment from breast cancer treatment include being of elderly age and the intensity or number of chemotherapy doses received. There are also psychosocial risk factors like fatigue, anxiety and depression. Other factors that can worsen symptoms include drugs like pain killers, sleep disturbances, anemia and poor nutrition.

Currently, there is no known way to prevent the cognitive difficulties caused by treatment. Medications like psychostimulants which can be prescribed by a doctor may help, but there are non-medicinal options that patients can explore. They

include mind training exercises like puzzles,

as well as games that use memory or learning a new language. Exercise, stress management and antioxidant-containing foods such as fruits and vegetables have also been recommended. Organization can be very helpful. Patients should set up and follow structured routines and use a detailed daily planner to keep track of appointments and schedules. Patients may sometimes feel embarrassed and not reach out for help. It is important to remember that these mental difficulties are a side effect that can be managed. Patients should ask for help from friends and loved ones and inform their doctors for additional support.

*Coral Omene MD, PhD, is a medical oncologist in the Stacy Goldstein Breast Cancer Center at Rutgers Cancer Institute of New Jersey and an assistant professor of medicine at Rutgers Robert Wood Johnson Medical School.*



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## River of Life

Assistant Commissioner Lisa Asare, Family Health Services, and Antoinette M. Stroup, Director of the NJ State Cancer Registry, met breast cancer survivor Carolyn Choate during her "River of Life" kayak journey in August to help raise awareness for breast cancer research and highlight the New Jersey State Cancer Registry.



Top: Lisa Asare, Carolyn Choate, Antoinette Stroup (left to right)

Bottom: Choate and Stroup

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