



Governor’s Budget Plan for Health Maintains Funding for Charity Care, GME, Family Planning

By Dr. Shereef Elnahal, Commissioner, New Jersey Department of Health

The budget proposal Governor Phil Murphy announced for FY2020 continues his commitment to key Department of Health priorities including women’s health and family planning, efforts to reduce disparities in maternal and infant mortality and financial support for our hospitals and public health agencies.

As I told hospital CEOs and their association leaders during a teleconference the morning after the Governor’s Budget Address to the Legislature, funding levels for Charity Care will remain at \$262 million, consistent with the current funding level. Likewise, Graduate Medical Education (GME) funding will remain at \$218 million and funding for the new GME Supplemental program will be at \$24 million in FY2020.

This funding will continue to be based primarily on the amount of documented charity care provided by hospitals, with the largest percentage going to those hospitals that have the highest relative charity care percentage. GME and GME Supplemental will also continue to be based on formulas that have been used in previous years.

However, to continue to encourage improvements in health care access and quality for all of New Jersey residents, including those who are only able to access care through the Charity Care program, the State will be implementing some new requirements of hospitals that are eligible for charity care subsidies.

Continued on Page 3

Inside this issue

- Medicinal Marijuana update 3
- “My Baby and Me” 3
- Infection Control conference 4
- Fighting the Opioid Epidemic 4
- Black HIV Awareness 5
- Tackling HPV 5
- Congratulations to 6,10
- E-cigarette Awareness 7
- Rutgers Ribbon-Cutting 8
- Safe Haven for Newborns 8
- Comings and Goings 9
- National Nutrition Month 10
- Cancer Matters 10

Making Strides to Improve Maternal, Infant Mortality through ‘Nurture NJ’

Imagine a mother passing away five days after delivering her second child because of a rare bacterial infection that did not receive proper attention. It seems unimaginable—like every family’s worst nightmare.

That was the reality of a 27-year-old New Jersey mother whose labor was induced at 41 weeks. When she first entered the hospital, her medical team did not note any problems. After four hours of active labor, she became exhausted, and her baby was delivered using forceps.

During the delivery, she suffered an extensive tear. Records show the mother’s pulse was elevated, but the only advice she received was to keep the area clean and take warm showers. On day two, she was still in pain with an elevated pulse, and blood tests showed signs of possible infection. Despite her symptoms, she was discharged.

On the third day, this mother continued to feel increasing pain at home. She called her doctor, who gave her an appointment for the next day. When she got to the obstetrician’s office the following day, her doctor told her husband to take her to the emergency room immediately. But by that time, it was too late. Her health continued deteriorating, and she passed away on day 5. Her cause of death was necrotizing fasciitis, a rare and very serious bacterial infection. She only spent five days — in pain — with the baby she carried for nine months.

Our thoughts are with these families as we seek to bring them justice through our work. You don’t have to be a doctor or health care worker to understand that there were many missed opportunities to help this mother. There are many lessons to learn from her story, but the most important one is that our systems of care are not strong enough to help clinicians prevent complications, or catch them early enough to prevent tragic outcomes like this. This is not the fault of individual doctors, nurses or hospitals. Until now, the state has yet to make this a priority for quality improvement. Under First Lady Tammy Murphy’s leadership, that is now changing.

Continued on Page 2



Top: Health Commissioner Elnahal speaks at the DOH celebration of Black History Month at the Department’s offices in Trenton on February 22.

Making Strides to Improve Maternal, Infant Mortality through ‘Nurture NJ’

Continued from Page 1

On Jan. 23—Maternal Health Awareness Day—Health Commissioner Dr. Shereef Elnahal convened a meeting at Cooper Hospital in Camden with hospital CEOs, healthcare and maternal health partners, and state legislative leaders along with First Lady Murphy and the Commissioners of the Departments of Human Services and Children and Families. Following that stakeholder meeting, First Lady Murphy announced her [“Nurture NJ” campaign](#) that represents a statewide effort to improve maternal and infant health and reach communities of color with services. As part of this effort, the Department has increased outreach, support and services to women of color to improve health and birth outcomes.

First Lady Murphy has made it her top priority to reduce infant mortality. She has traveled across the state over the past year meeting with stakeholders to better understand the depth of the crisis, and raise awareness that New Jersey’s black infants are three times more likely than white infants to die before their first birthday. On March 2, Commissioner Elnahal joined First Lady Murphy at her Family Festival held at the Octavius V. Catto Family School in Camden where New Jersey families had an opportunity to learn about state and local resources available to them.

In January, the Department partnered with the New Jersey Innovation Institute to host a maternal mortality Code-a-thon with student web developers and other stakeholders to develop an app to address the issue. First Lady Murphy was the event’s keynote speaker, and Commissioner Elnahal kicked off the weekend with opening remarks. There were two winners: one app syncs new moms’ Fitbit, blood pressure and entered symptoms to alert care teams. Another interprets what mothers are saying about symptoms in response to pushed questions, flagging care teams.

As part of the Department’s \$4.7 million investment in the “Healthy Women, Healthy Families” program, the Department has provided funding for partners to hire 77 outreach workers — 40 doulas, 29 Community Health Workers and eight Community Health Worker supervisors — to improve the health of black women. More than 11,000 women have been screened since July 2018, and 8,500 were connected to programs like Home Visiting and Healthy Start. Most of these women were pregnant and nearly 40 percent reside in communities with high rates of black infant mortality.

Sixty-three women are participating in the doula pilots. To date, 19 have delivered their child with the support of a doula. Community Health Workers and Doulas provide support and connections to resources that can greatly improve a women’s health and likelihood she will have an optimal birth. Thanks to the First Lady’s leadership, underserved minority women are receiving services in their own backyards.

In addition, 600 women have been provided long-term, reversible contraception (LARC) thanks to Gov. Phil Murphy’s restoration of family planning funds.

Seven partners have agreed to administer 17-alpha hydroxyprogesterone (17P) through CDC funding. 17P is proven to prevent preterm births in certain women. To ensure maternal care providers understand how this intervention can be used to improve birth outcomes, the Department, with perinatologists and obstetric experts, will offer Grand Rounds at hospitals and medical societies to areas of the state with high infant mortality rates.

Under Nurture NJ, the Department’s “Healthy Women, Healthy Families” initiative and doula pilot targets high-risk populations, which includes those who are low-income and/or uninsured, women with chronic health conditions and multiple social or economic stressors, victims of domestic violence, those impacted by mental health issues, alcoholism and substance abuse, women with minimal social supports and women with unintended pregnancies. These women on average attend fewer prenatal visits and are more likely to experience adverse pregnancy outcomes. Their families are less likely to access consistent, comprehensive preventive and primary care services, and are less likely receive quality care.

One of the measures to prevent preterm births, a contributor to infant mortality, is to increase access to family planning options. When women are able to plan and space their pregnancies, based on many factors including a woman’s health prior to conception, infant mortality decreases.

To reduce unintended pregnancies in the state, the Department is increasing access to long-term, reversible contraception (LARC) as a contraception option for women. Thanks to the \$7.5 million in state family planning funding that Gov. Murphy restored and has continued to fund, the New Jersey Family Planning League has seen an increase in more than 600 women taking advantage of this conception option, which includes intrauterine devices (IUDs) and hormonal implants. This increase of six percent puts the Department on target to surpass its goal of increasing uptake of LARC use by 15 percent over 5 years.

Infant mortality is a key measure of population health that reflects the underlying wellbeing of mothers and families. Given the impact social determinants of health play in women’s health, the Department partnered with the National Association of Chronic Disease Directors to hold a health equity training for 120 key partners and stakeholders, which included representatives from grantees, community organizations and sister agencies.

The Department is encouraged by the statewide commitment made to address this problem with First Lady Murphy’s leadership and the support of our partners. We are all part of the solution to reverse these trends and ensure all moms are given an equal opportunity to thrive and live a healthy life with their children. Every mother, every baby and every family deserves nothing less.



Commissioner Elnahal and his son joined First Lady Tammy Murphy at the Family Festival held on March 2 at the Octavius V. Catto Family School in Camden.

Murphy Administration Adds More Than 25,000 Patients, 400 Doctors to Medicinal Marijuana Program

Governor Phil Murphy announced that New Jersey's Medicinal Marijuana Program (MMP) has reached another milestone, adding more than 25,000 new patients, nearly 1,000 caregivers and 400 doctors since Governor Murphy took office.

A total of 42,000 patients, 1,700 caregivers and 900 doctors are now participating in the program. In the past 13 months, an additional 400 physicians have been added to the MMP, a 40 percent increase. The growing number of physicians participating in the program is attributable to a series of 10 Grand Rounds lectures that Dr. Shereef Elnahal, Commissioner of Health, has given to 3,000 doctors and other health professionals to discuss the MMP. Those lectures have focused on evidence that supports marijuana as an appropriate treatment for patients with certain debilitating conditions.

"I am proud that New Jersey now has a medical marijuana program that is compassionate and is meeting the needs of more and more patients," said Governor Murphy. "Today, thousands of residents living with anxiety, migraines, Tourette's Syndrome, and chronic pain, among other conditions, have better access to medical marijuana who just one year ago felt shut out."

Continued on Page 6

Governor's Budget Plan for Health Maintains Funding for Charity Care, GME, Family Planning

Continued from Page 1

In FY 2020, one-twelfth of each participating hospital's Charity Care subsidy will be contingent on the reporting of certain key indicators, such as the number of charity care patients who are seen by each hospital and who are connected to preventive and primary care upon discharge. This is payment for reporting, not performance. Guidelines on how this data collection will be implemented will be distributed after the budget is enacted.

Additionally, to strengthen the electronic exchange of information between all health care providers in the State, all hospitals that receive a Charity Care subsidy will also be required to connect with the New Jersey Health Information Network, the NJHIN, to improve interoperability.

One of my top priorities since I became Commissioner has been to encourage our health care facilities to connect and share information on a single system that can be accessed by all providers. The NJHIN will facilitate data exchange, coordination of patient care and interoperability among all providers—which will improve health outcomes for residents.

In addition, connection to the NJHIN is consistent with new federal proposed rules, from both CMS and the Office of the National Coordinator for Information Technology, that require hospitals to establish open application interfaces that allow patients to access their own health information electronically.

All of this will prove key to improving coordination of care throughout the State, the quality of health care delivery, and the innovation ecosystem around health care more generally—all to patients' benefit.

Another key proposal in Governor Murphy's budget is \$7.5 million in continued funding for women's health and family planning services. Since this funding was restored last year, more than 10,000 women have regained access to vital health care, including life-saving cancer screening at health clinics statewide.

County, regional and municipal health departments will also be able to compete for \$2.5 million in additional funding to strengthen the public health response to infectious disease outbreaks.

These grants will allow health offices to develop or strengthen capacity to respond to disease outbreaks through infection control initiatives. Grants will be awarded based on need, to local health departments demonstrating eligibility through compliance with local health statutes and Public Health Practice Standards. Further details about these grants and the competitive grant process will be forthcoming.

As you know, we are seeing the resurgence of vaccine preventable diseases like measles, and we must at every opportunity reinforce the importance of vaccination in preventing measles and other infectious diseases.

In addition, our experience with the devastating outbreak in the Wanaque facility has reinforced the importance of a robust, local public health infrastructure that can respond to facility outbreaks swiftly and effectively, conducting disease surveillance closer to the scene of events.

Healthcare associated infections are all too common, and we see hundreds of respiratory and gastrointestinal illness outbreaks each year, in nursing homes, schools and other facility settings. We recognize that surveillance for these diseases, response to outbreaks and prevention of further spread requires greater local health department resources.

With the support of Governor Murphy and First Lady Tammy Murphy, we look forward to continuing and expanding our work with you in FY2020.

Natassia Rozario, the Department's Director of Opioid Response and Policy, joined First Lady Tammy Murphy and staff from the New Jersey Departments of Human Services and Children and Families on Feb. 20 at HomeFront in Ewing to learn about Capital Health's "For My Baby and Me" program. One aspect of the #NurtureNJ campaign is to ensure healthy outcomes for moms and their babies, and the "For My Baby and Me" initiative addresses the opioid epidemic by offering support services for pregnant women and new mothers struggling with substance use disorder.

The program's community partnerships include HomeFront, the Rescue Mission of Trenton, Catholic Charities and the Trenton Health Team who offer a range of services including safe housing for women and their children, food, clothing and immediate entry into a drug treatment program that includes medicine to treat withdrawal, educational support, employment readiness, child care and legal assistance.

Four courageous women shared their struggles with addiction and how the "For My Baby and Me" program helped turn their life around by offering a healthy start for their children.

"The streets don't love us but they do here," one mother said.



New Jersey Department of Health Hosts Inaugural Infection Control Conference

The New Jersey Department of Health, in collaboration with the New Jersey Association of Ambulatory Surgical Centers (NJAASC), hosted the first annual Infection Control conference on Tuesday, February 26 in Kenilworth. More than 200 health care professionals attended the sold-out conference, which featured speakers presenting on a wide variety of infection control topics.

Assistant Commissioner Stefanie Mozgai, Health Facility Survey and Field Operations, and members of the Department's Infection Control Assessment and Response (ICAR) team provided information on infection control deficiencies, reporting of breaches, handling outbreaks, patient notification and proactive approaches to infection prevention.

The Department of Health formed the ICAR team, comprised of epidemiologists and infection preventionists, to assist healthcare facilities in reducing the number of healthcare-associated infections by assessing their infection prevention programs, providing educational resources and sharing best practices. Last year, the team conducted training and assessments of infection control procedures at all of New Jersey's pediatric long-term care facilities and University Hospital, following deadly outbreaks at the Wanaque Center for Nursing and Rehabilitation and in the neonatal intensive care unit (NICU) of University Hospital in Newark.

The NJAASC is a non-profit organization helping to advance the efforts of the state's ambulatory surgery centers in the delivery of optimum patient care. They have provided several educational resources focused on healthcare-associated infection prevention.

"For the people who are employed in this industry, infection control is something they think about every working minute of the day, and pride themselves on always maintaining a safe, infection free environment for their patients," said NJAASC President Jeff Shanton. "We are proud to partner with NJDOH for this event and expand education for the state's health care workers."

Governor Murphy Announces New Initiatives to Combat the Opioid Epidemic

Governor Phil Murphy has unveiled several new initiatives to strengthen New Jersey's fight against the opioid epidemic. In 2018, more than 3,000 individuals in New Jersey died due to overdoses.

"The opioid epidemic continues to devastate families and communities across our state," said Governor Murphy. "As we combat this crisis, it is critical that we use data-driven, evidence-based strategies to support individuals suffering from addiction and help them get on the path to recovery."

At Cooper University Medical Center in Camden, the Governor outlined his Administration's key strategies for combatting the epidemic:

- Increasing access to evidence-based prevention and treatment programs in our communities;
- Supporting individuals on their path to and maintenance of recovery;
- Building sound data systems and strengthen system-wide infrastructure for the addictions community; and
- Delivering robust law enforcement to stem the supply of illicit drugs, while also supporting diversion programs.



To advance these strategies, Governor Murphy announced that Medicaid has removed the requirement for prior authorization for Medication Assisted Treatment (MAT). Prior authorizations have shown to be a timely administrative barrier to life saving treatment for patients. Additionally, Medicaid is launching a suite of initiatives to advance accessibility to MAT. Medicaid is launching the Office Based Addiction Treatment (OBAT) program, which will create new Medicaid reimbursement incentives for primary care providers to provide MAT for opioid addiction. Further, Medicaid will be building Centers of Excellence for opioid treatment at Rutgers New Jersey Medical School and Cooper Medical School of Rowan University.

The Governor also announced the addition of opioid addiction to the Medicinal Marijuana Program (MMP) as an eligible condition. The MMP now allows for the use of medical cannabis as an adjunct to MAT for all patients that suffer from opioid addiction, not only those with chronic pain.

"We are pleased to announce that, as of today, opioid use disorder is a condition for which physicians can recommend medical marijuana to patients," said Health Commissioner Dr. Shereef Elnahal. "We are also taking steps to ensure that these patients will be on MAT for their addiction, in addition to marijuana. Finally, DOH is doubling down on syringe access programs and initiatives to reduce opioid prescribing, proven methods for reducing the impact of opioid addiction."

Governor Murphy advanced \$100 million from his Fiscal Year 2019 budget to tackle New Jersey's opioid crisis. Through this, the Administration has implemented an aggressive, multifaceted approach to combat the epidemic by making outpatient treatment more accessible, enhancing real-time data collection to focus on risk factors, and expanding access to social services.

"We cannot defeat the opioid epidemic and we cannot win the fight against addiction, if we do not work together – and that's exactly what we have been doing," said Attorney General Gurbir S. Grewal. "While prescription opioid use is down, in the first few weeks of 2019 we have already had over 100 suspected overdose deaths. To save lives – we are coordinating an all-hands-on-deck response – across government and within the Department of Law and Public Safety. We are bringing all of our resources to bear to unleash a full attack on drug addiction. We are in this fight together."

DOH Marks National Black HIV Awareness Day

The Department marked the 19th annual National Black HIV Awareness Day on February 7 by urging African American residents to take proactive steps to protect themselves from HIV/AIDS and encouraging all New Jersey residents to play a role in reducing stigma about HIV. There are more than 37,000 people living with HIV in New Jersey. African Americans represent more than half of those currently living with HIV/AIDS in the state.

“HIV stigma stops many individuals from taking the first step of getting tested, that is why it is important for providers to make routine testing for HIV/AIDS a priority for all patients,” said Health Commissioner Shereef Elnahal. “Increased testing will increase detection rates and reduce stigmas, especially within minority communities.”

On February 5, Assistant Commissioner Christopher Menschner, HIV, STD, TB Services, joined Rev. Dr. Stanley Justice, New Jersey Human Development Corporation CEO, and Shakirah Abdul Ali, Trenton Health and Human Services Director, at the NJDHC annual National HIV/AIDS Awareness Day observance to discuss the Department’s efforts in ending the HIV/AIDS epidemic in New Jersey. This event was held at the War Memorial in Trenton. The NJDHC is a non-profit organization of the African Methodist Episcopal Church that provides communities with knowledge, skills and services to help prevent and control HIV.

“While there is still work to be done, New Jersey has made significant progress in reducing the incidence of HIV because of success in getting people tested for HIV and linked to treatment,” said Elnahal. “The number of new HIV/AIDS cases among African American residents decreased 36 percent from 2007 to 2016.”

The Department distributed nearly \$46 million last year to support HIV prevention and care services including a statewide network of 31 Pre-exposure prophylaxis (PrEP) Counselor Programs, nurses in syringe access programs who provide access to reproductive care and HIV Services, and Awareness campaigns encouraging New Jerseyans to regularly test for Sexually Transmitted Infections (STI). Individuals in the PrEP program prevent infection by taking a pill every day. New Jersey PrEP counselors who work in HIV clinics, federally qualified health centers (FQHC), community-based organizations that serve gay and bisexual men, and other sites around the state. On January 31, Governor Murphy announced that PrEP counseling will begin this year at New Jersey’s family planning clinics.

The funding also supported testing and services for those living with HIV or at risk for the disease. More than 79,000 free, confidential rapid HIV tests were administered at more than 170 locations. Approximately 4,586 patients received HIV-related medications through the New Jersey AIDS Drug Distribution Program in 2018.

CDC recommends everyone between the ages of 13 and 64 be tested at least once, and those at higher risk should be tested at least once annually. Healthcare professionals should offer an HIV test as part of routine care.

In December, New Jersey signed on as the ninth U.S state to declare Undetectable = Untransmittable. U=U is a global campaign led by the Prevention Access Campaign to spread awareness about how effective HIV medications are in preventing the sexual transmission of HIV.

The Department’s Pre-exposure prophylaxis (PrEP) program was established in 2016 to provide biomedical prevention services to individuals who are at substantial risk of acquiring HIV. For information on PrEP Counseling or HIV testing sites, visit <https://nj.gov/health/hivstdtb/hiv-aids/getting-tested/> or call 1- 800-624-2377.

Partnering for a Healthy New Jersey Prepares to Tackle HPV

The New Jersey Department of Health held a Human Papillomavirus (HPV) meeting as part of its Partnering for a Healthy New Jersey initiative on January 31 at Cooper University Health Care in Camden. The meeting brought together stakeholders who are committed to reducing the incidence of and mortality from HPV-associated cancers in New Jersey. Speakers discussed the epidemiology of HPV infections, current immunization coverage rates, and key steps toward prevention.

In her opening remarks, DOH Deputy Commissioner of Integrated Health Deborah Hartel emphasized the success that Partnering for a Healthy New Jersey has had in its efforts to reduce chronic disease in New Jersey. Since the initiative was launched in 2014, Partnering for a Healthy New Jersey has supported an increase in breastfeeding rates, was recognized by the CDC for its efforts to improve access to fresh produce, and improved access to diabetes screening and early cancer detection.

The partnership has now set its sights on reducing HPV, a group of common viruses that can affect both males and females. HPV, which has been linked to reproductive and oral cancers, can be spread by skin-to-skin contact during any type of sexual activity with an infected person, even when no symptoms are present.

According to the 2017 National Immunization Survey (NIS), 53.8 percent of females and 45.5 percent of males ages 13-17 years in New Jersey are considered up-to-date with HPV vaccination, which is similar to the national average of (49 percent) of adolescents.

HPV vaccine is important because it protects against cancers caused by human papillomavirus (HPV) infection. HPV is a very common virus; nearly 80 million people are currently infected in the United States. Every year in the United States, 33,700 women and men are diagnosed with a cancer caused by HPV infection. HPV vaccination could prevent more than 90% of these cancers—about 31,000—from occurring.

Between 2011-2015, about 1,900 new cases of HPV-associated cancer occurred each year among New Jersey residents. Compared to other states, New Jersey has one of the lowest incidence rates of HPV-associated cancers with an age-adjusted rate of 11.29 per 100,000 for all HPV-associated cancers combined. The most common HPV-associated cancer for women was cervical cancer. The most common HPV-associated cancer for men was oral and pharyngeal cancer.

The Department recognized the Pediatric Primary Care Clinic at the DePaul Center, which was named the HPV Vaccine is Cancer Prevention Champion Award for outstanding efforts to protect adolescents from cancers caused by HPV. The clinic is part of St. Joseph’s Children’s Hospital in Paterson, New Jersey. The Pediatric Primary Care Clinic uses a team-based approach to provide coordinated, patient-centered care. The clinic emphasizes that the HPV vaccine is a vital tool in the prevention of HPV-associated cancers. Additionally, the staff have implemented reminder/recall systems, repeated recommendations, and patient rewards to facilitate completion of the vaccine series. These efforts have led to vaccine series completion rates of 81 percent among 13-15-year-old male and female patients in the past two years.



Deputy Commissioner Deborah Hartel, second from left, was joined by Adrienne Kirby, CEO Cooper University Health Care, Dr. Generosa Grana of Cooper University Health Care, and Dr. Lisa Richardson, Director of the Division of Cancer Prevention and Control at the CDC, at the Partnering for a Healthy NJ HPV Kickoff Meeting on January 31.

Murphy Administration Adds 25,000 Patients, 400 Doctors to Medicinal Marijuana Program

Continued from page 3

Top 5 Medical Conditions Among Patients Who Qualified for Medicinal Marijuana Program:

1. Musculoskeletal Disorders (25.4%)
2. Anxiety (20.2%)
3. Intractable Skeletal Spasticity (19.9%)
4. PTSD (8.8%)
5. Severe or chronic pain due to cancer or HIV (6.85%)

The top five medical conditions among patients who have qualified for the program are: Chronic pain due to musculoskeletal disorders (25.4%), anxiety (20.2%) intractable skeletal spasticity (19.9%), PTSD (8.8%), and severe or chronic pain due to cancer or HIV (6.85%).

“In recognition of the 3,000 New Jersey lives lost to the opioid epidemic in 2016, we have added opioid use disorder as a condition for which patients can get treatment with medical marijuana,” said Commissioner Elnahal. “Importantly, we are also taking steps to ensure that these patients will be on Medication Assisted Treatment for their addiction, in addition to marijuana.”

Previously, only individuals with opioid use disorder related to chronic pain qualified for the program.

Other reforms made in the past 13 months include:

Alternative Treatment Centers:

- Six businesses were selected to apply for permits to open new medical marijuana dispensaries (December 2018)

Mobile Access:

- Patients, caregivers & physicians can access registries, upload documents & make payments on Smart phones & tablets (April 2018)

Physician Friendly:

- Doctors no longer required to be listed on public website (optional)

Expanding Product:

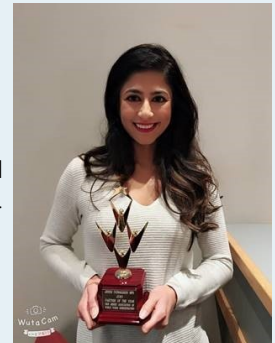
- Oil – oils that contain extracted THC and CBD that can be vaporized
- Pre-filled vape cartridges authorized (September 2018)

Search the hashtag #MedMarijuanaTalk on social media or visit the Department of Health’s Medicinal Marijuana webpage to learn more.

Congratulations to...

It’s been an award-winning winter for the Vaccine Preventable Disease Program.

Jeni Sudhakaran, Population Assessment Coordinator, right, received the 2018 Partner of the Year Award from the New Jersey Association of Public Health Nurse Administrators.



Jennifer Smith, Public Health Educator, below, received the 2018 Louise Chut Award for Program Excellence from the New Jersey Society for Public Health Education, for the NJ Hot Shots for Tots Immunization Campaign. Kudos to Jennifer, Jeni, Erika Lobe and everyone who contributed to this well-received campaign! Thank you for all your hard work and for representing the Department of Health so well.



New Jersey Department of Health

Follow Us On:



facebook/NJDeptofHealth



@NJDeptofHealth



@NJDeptofHealth
@ShereefElnahal



@njdoh

Nearly \$7 Million to Fund E-Cigarette Public Awareness Campaign, Student Education, Cessation Counseling

The Department of Health is investing nearly \$7 million in new projects to fight smoking and e-cigarette “vaping” among youth. These efforts include an education campaign to warn teens and young adults about the dangers of e-cigarettes and other electronic “vaping” devices that allow users to inhale highly addictive flavored nicotine vapor. The new projects will include the formation of “Youth Action Teams” to reduce smoking and vaping among their peers in school.

“Every year, smoking kills more Americans than alcohol, AIDS, car crashes, illegal drugs, homicides and suicides combined. These deaths are preventable,” Health Commissioner Dr. Shereef Elnahal said. This initiative offers individuals a first step toward a healthier lifestyle by reducing the risk of cancer, heart disease, diabetes and a host of other illnesses associated with smoking, he said.

The funds are dedicated to these projects through 2017 legislation mandating that 1-percent of the combined revenues from taxes on cigarettes, e-cigarettes and wholesale tobacco products be automatically dedicated to the Department of Health to fund anti-smoking and cessation programs.

“Engaging our youth and young adults in this education campaign is crucial,” said Commissioner Elnahal, noting that electronic smoking devices pose a major health risk because of nicotine addiction and are increasingly popular among the young.

The New Jersey Prevention Network (NJPN) was awarded \$2 million to launch a new e-cigarette public awareness campaign and engage youth in all 21 counties to educate their peers and communities about the risks of tobacco and electronic smoking devices. NJPN will establish county and regional Youth Action Teams to create and support school or community initiatives to reduce tobacco use among teens. They will work to expand health messaging and revise school policies.

NJPN will use \$400,000 to promote smoking and vaping prevention and cessation policies in workplaces that employ a large number of young adults. Another \$300,000 will be used to enhance smoke-free policies on college and university campuses.

The projects include \$1,980,000 in funding for 11 regional “quit centers” to implement individual and group counseling, provide nicotine replacement therapies and support people who want to recover from their nicotine addiction. These centers will target their efforts in counties with the highest incidence of lung and bronchial cancers, chronic obstructive pulmonary diseases and heart disease. These quit centers will be operated by RWJ Barnabas Institute for Prevention & Recovery in Essex, Mercer, Middlesex, Monmouth, Ocean and Union counties; Hackensack Meridian Health in Passaic and Hudson counties; Inspira Health Network serving Cumberland and Salem counties; Atlantic Prevention Resources in Atlantic County, and Cape Assist in Cape May County.

As part of the funding, NJ Quitline (1-866-657-8677), a telephone-counseling service, will implement electronic referrals for smokers who want to quit.

While New Jersey thankfully has seen a drop in cigarette smoking rates over the past decade, e-cigarette use has increased significantly. In October 2018, tobacco giant Altria announced it will stop selling e-cigarette pods and pull most of its flavored products from the market in an effort to curb teen vaping. The federal Food and Drug Administration (FDA) has been stepping up enforcement on e-cigarette manufacturers.

“With 99 percent of smokers reporting they began before age 26, our schools, colleges and universities play a critical role in addressing this growing public health issue,” Commissioner Elnahal said.

Smoking kills more than 480,000 Americans a year, 11,800 of them in New Jersey, according to the Centers for Disease Control and Prevention (CDC). In 2016, there were about 38 million smokers in the U.S., about 16 percent of the adult population. Of those, three of every four adults smoked every day.

According to 2016 Behavioral Risk Factor Surveillance System data, New Jersey is below the national trend with an adult smoking rate of 14 percent.

A “Youth Tobacco Survey” of New Jersey public high school students in the 2016-17 school year found e-cigarettes had become the most common nicotine or tobacco product in use among this group.

About 21 percent said they had tried e-cigarettes, compared with 17.4 percent for cigarettes, 17.2 percent for cigars and 15.9 percent for hookah pipe tobacco. Overall, 39 percent said they had tried a tobacco product and 16.8 percent said they were regular users.

New Jersey has taken strong steps to protect the public from the harmful effects of tobacco. In July 2018, Gov. Phil Murphy signed a law banning smoking at public beaches and parks. That same month, new steps were announced to help New Jersey Medicaid recipients quit by making it easier to receive tobacco cessation medications and counseling. Medicaid will remove the requirement that individuals need prior approval from their health plan before they obtain tobacco cessation medications. In January, Medicaid added group counseling for tobacco cessation to services it covers.

In November 2017, New Jersey raised the minimum age to buy tobacco products from 19 to 21. This covered the sale of all tobacco products, including e-cigarettes and other electronic smoking products. In 2006, New Jersey became the 11th state to pass the Smoke Free Air Act prohibiting smoking in public buildings. In 2010, it became the first state to add electronic tobacco products to that law.

The Department also implements the Tobacco Age of Sale Enforcement program, a federally mandated inspection program administered by the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Prevention. Every year from July 1 through Sept. 30, tobacco inspectors conduct random, unannounced checks of licensed retail tobacco vendors to ensure they are not selling tobacco to people under 21. There is also an additional statewide inspection program, through the FDA, that conducts 5,000 random, unannounced inspections throughout the year.



Principal Deputy Commissioner Jackie Cornell attending a ribbon-cutting at the Rutgers School of Public Health in Newark. Pictured (left to right): Brian Strom (chancellor of RBHS), Perry N. Halkitis (dean, Rutgers School of Public Health), Cornell, Chelsea Gray (student & SGA rep.), and Mark Wade (director, Newark Dept. of Health).

Safe Haven Promises “No Shame, No Blame, No Names”

Deputy Commissioner Marcela Maziarz on Feb. 13 joined First Lady Tammy Murphy, New Jersey Department of Children and Families (DCF) Commissioner Christine Norbut-Beyer and hospital leadership at Capital Health – Hopewell to bring awareness to DCF’s “Safe Haven” program that allows an individual to surrender an infant safely, legally and anonymously.

Since 2000, 71 babies have been safely surrendered at police stations, fire departments, hospitals and rescue squads. Many surrenders involve middle and high school youth.

Parents can leave an unharmed baby younger than 30 days old with staff at any designated Safe Haven site. DCF ensures the infant is placed in a foster or pre-adoptive home.

New Jersey was the 5th state to pass Safe Haven legislation, modeled after Texas’ law. Today, all states have a Safe Haven law. In the 12 months before Safe Haven was passed, 8 babies were abandoned in public places. In the first 12 months of Safe Haven, there were only 2.

Resources

www.njsafehaven.org

Press release: https://www.nj.gov/dcf/news/press/2019/approved/190213_safehavenpc.html

Find drop off locations <http://www.njsafehaven.org/njsafehaven/home/locations.html>

PSA <https://youtu.be/cMuDps-ApUg>

FAQs <http://www.njsafehaven.org/njsafehaven/faqs/index.html>

**don't abandon
your baby**

New Jersey has a safe haven
for unwanted infants.

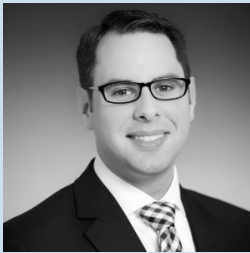
Surrender an unwanted baby safely,
legally, and confidentially.

njsafehaven.org
1-877-839-2339

no shame. no blame. no names.

Comings and Goings

After 14 years of distinguished service at the Department, **Colette Lamothe-Galette** has moved on to the Nicholson Foundation as a Senior Program Officer. In her most recent role as Director of Population Health, Colette directed two Population Health Summits, oversaw the maintenance of numerous surveillance systems and data registries and oversaw the collection, analysis, and reporting of health information to improve population health outcomes statewide. Colette led the multiple-year effort that resulted in the Department achieving public health accreditation in 2017. She was previously the Chief Operating Officer for the Office of Policy and Strategic Planning, Executive Director of the Office of Minority and Multicultural Health, and Research Scientist within the Center for Health Statistics. The Department of Health thanks Colette for her service and looks forward to working with her in her new role with one of its preeminent partners.



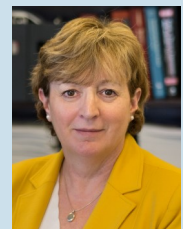
Christopher Neuwirth has joined the Department of Health as Assistant Commissioner, Public Health Infrastructure, Laboratories & Emergency Preparedness (PHILEP). He returns to the Department of Health from NYU Langone Health, a top academic medical institution, where he was responsible for emergency management, business continuity, and enterprise resilience for five hospitals, including a level one trauma center, the NYU School of Medicine, and a research community of more than 1,000 laboratories. Prior to joining NYU Langone Health, Chris oversaw the public health recovery following Superstorm Sandy, served in the State Emergency Operations Center, where he represented the New Jersey Office of Homeland Security and Preparedness, and managed the Central West Medical Coordination Center for Somerset Medical Center. He holds a Bachelor's degree in neurobiology from Rutgers University, a Master's degree in Emergency and Disaster Management from American Military University and completed an executive education program in crisis leadership at the Harvard Kennedy School.

Natassia Rozario serves as the Director of Opioid Response and Policy at the New Jersey Department of Health. Prior to joining the Department, she served as Senior Director of External Affairs at the Camden Coalition of Healthcare Providers, an organization committed to advancing the health and well-being of individuals with complex health and social needs. She has over a decade of experience working in the US and abroad on issues involving health equity, human rights, public health and social justice. Natassia was a Public Interest Public Service Scholar at the Washington College of Law at American University, where she received her JD. She received her MPH at Johns Hopkins School of Public Health and her BA from Columbia University.



DOH welcomes **Thalia Sirjue**, who was appointed in November 2018 as Deputy Chief of Staff of the Department. Thalia previously served as a Senior Manager at Atlas Research, LLC, serving the US Department of Veterans Affairs. She received her bachelor's degree in Sociology from Boston University. "I come from a family of nurses, and I wanted to go to med school until I encountered organic chemistry. A professor introduced me to public health and I've been in love with it ever since," said Sirjue. She is currently completing the thesis for her master's degree in public health at George Washington University.

Alison Gibson, Assistant Commissioner of the Division of Certificate of Need and Health Facility Licensing, will retire at the end of March following a 16-year career with the Department of Health. "My plan to stay at the Department for three years was thwarted by the wonderful people I met and the work that had to be done, and I ended up staying for sixteen. This has been an amazing experience, one that I would not have missed for anything, and I have learned so much from you, and enjoyed working alongside you. I will be off to spend time with our 'new' grandchildren, make theatrical costumes for teenagers, read, travel a little and walk our Henry, the dog," Alison said. DOH congratulates Alison on her retirement and thanks her for her service!



Captain **Dana Thomas**, previously Medical Director for PHILEP, has moved on from the Department of Health to become Chief Medical Officer for the United States Coast Guard. Dr. Thomas had been assigned to the Department of Health since June 2017 as a Career Epidemiology Field Officer with the Centers for Disease Control and Prevention (CDC). Collaborating with county and local health departments, she utilized CDC methodology to establish emergency responder health monitoring and surveillance (ERHMS) and community assessment for public health emergency response (CASPER) capabilities. DOH thanks Dr. Thomas for her service and congratulates her on her appointment to her "dream job!"

ScreenNJ Helps Catch Treatable Cancers Early

By Anita Y. Kinney, PhD, RN and Emily Carey Perez de Alejo

We often avoid thinking about things that are scary or unpleasant, especially when we feel like we do not have any control over them or do not understand them. When it comes to cancer, the numbers can be frightening. More than 16,000 New Jerseyans die each year of cancer, with lung and colorectal cancers as two of the leading causes of cancer-related deaths in our state. But we know a lot more about these cancers than just how deadly they are – we know how to detect them early, how to treat them, and in some cases how to prevent them from ever occurring in the first place.

Colorectal and lung cancers usually do not cause any symptoms until they have grown for a long time and start to spread through the body, typically being diagnosed at a later stage of disease making them much harder to treat and cure.

The good news is that colorectal and lung cancers usually form over a long period of time, and there are effective treatments for cancers detected at early stages of development. Undergoing screening is the best way to detect the cancer as early as possible and get treatment started when it can be most effective. The cost of colorectal cancer screening is often covered through Medicare, Medicaid, and most private insurance plans, as is lung cancer screening, for those at the highest risk of developing these cancers.

To aid in increasing the awareness of the importance of screening, ScreenNJ was recently developed under the leadership of Rutgers Cancer Institute of New Jersey in partnership with the New Jersey Department of Health. The initiative is a collaboration of organizations across the state committed to reducing cancer incidence and mortality through outcomes-oriented, evidence-based cancer prevention and screening programs. ScreenNJ serves as a resource for the general public to find local colorectal and lung screening programs, and to educate them about the types of testing and benefits.

For colorectal cancer, age is a major risk factor, as is having at least one family member with colorectal cancer. – Those aged 45 to 75 years old should speak to their doctor about the screening option that is best for them. One such option is a colonoscopy, a procedure that can not only check for existing cancers but can also find and remove precancerous polyps before they turn into cancer. Another option is a fecal immunochemical test (FIT), a simple take-home test that doesn't require any special preparation or time off from work. Other screening tests are also available.

For lung cancer, both age and smoking history influence one's risk of developing cancer. Current smokers or those who quit smoking within the last 15 years, who are between the ages of 55 and 80 may be at higher risk of lung cancer. Those at risk should speak with their healthcare professional about getting screened every year with a low-dose computed tomography (CT) scan. Current smokers can reduce their risk of developing lung cancer by quitting smoking now. Other benefits of smoking cessation include reduced risk for heart disease and stroke. The Rutgers Tobacco Dependence Program is a great resource for tobacco cessation, although other programs and tools are also available.

To learn more about colorectal and lung cancer screening options, and to find screening providers in your area, visit the ScreenNJ website (www.screennj.org).

Anita Y. Kinney, PhD, RN, is the Associate Director for Cancer Health Equity at Rutgers Cancer Institute of New Jersey and Director of the Center for Cancer Health Disparities at Rutgers School of Public Health.

Emily Carey Perez de Alejo is the ScreenNJ Program Administrator.



RUTGERS
Cancer Institute
of New Jersey
RUTGERS HEALTH



Congratulations to...



Congratulations to Dr. Deelip Mhaske, a Program Director in the Division of Community Health and Wellness, who recently completed rigorous Senior Executive Fellows program at Harvard Kennedy School. The program is designed for leaders from state and local governments, corporate and nonprofit sectors to who want to sharpen their leadership and managerial skills.



The New Jersey Department of Health, Division of Community Health Services recognizes the importance of promoting good nutrition for overall health, wellness and oral health. National Nutrition Month® is an annual nutrition education campaign created by the Academy of Nutrition and Dietetics and celebrated each year during March. It focuses on the importance of making healthful food choices — such as eating more fruits and vegetables while avoiding sugary beverages — and leading an active lifestyle.

Poor nutrition and inactivity contribute to diseases and conditions including weight gain, obesity, Type 2 Diabetes, heart disease, kidney diseases, non-alcoholic liver disease, certain cancers, tooth decay and cavities. In March, please join the efforts of the New Jersey Department of Health, nutritionists, and health and dental professionals in promoting healthful food habits and lifestyles for New Jersey residents.

eat right. Academy of Nutrition and Dietetics

NATIONAL NUTRITION MONTH®

MARCH 2019

www.eatright.org

#NationalNutritionMonth