

November-December 2017

DOH made many strides during Christie Administration

By Christopher Rinn, Acting Commissioner, NJ Department of Health

Looking back on the last eight years of the Christie Administration, we at the Health Department and our partners have accomplished a great deal. We achieved National Public Health Accreditation. More than 4,000 adults received copies of birth certificates that in some cases were sealed for decades. We created a Medicinal Marijuana Program that now serves 16,000 patients and developed a protocol for testing to ensure the product is free of contaminants.

Last week marked the successful completion of the transfer of the Division of Mental Health and Addiction Services (DMHAS) into the Department from the Department of Human Services. We relocated more than 500 staff and engaged 1,500 stakeholders in a series of county forums, teleconferences and meeting at the psychiatric hospitals.

We created a new Integrated Health Services branch, which includes the DMHAS, and is headed by Deputy Commissioner Carolyn Daniels. A new Division of Community Health Services is also being established.

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New Jersey celebrates EMS professionals

From hands-on demonstrations and simulation activities to exhibits showcasing the latest emergency medical technology, the 2017 New Jersey EMS Conference from Nov. 8-11 offered nearly 1,000 EMS professionals, physicians, nurses, educators and administrators a chance to better prepare for the next emergency.

The conference held at Harrah's Resort in Atlantic City included more than 100 sessions presented by an array of subject matter experts and kicked off with a one-day symposium on large-scale incidents that included representatives from the Department's Health Facility Survey and Field Operations Division and the Division of Mental Health and Addiction Services' Disaster and Terrorism unit; the New Jersey Department of Environmental Protection; the New Jersey EMS Task Force; the New Jersey State Police; and former New Jersey Health Commissioner Dr. Clifton Lacy.

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Acting Commissioner Christopher Rinn began leading the Department of Health on November 9, 2017.

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Acting Commissioner Christopher Rinn, a former paramedic, left, and NJ Lieutenant Governor Kim Guadagno congratulated EMS Awards recipients at the 2017 New Jersey EMS Conference in Atlantic City in November.



On Dec. 11, Acting Commissioner Christopher Rinn and senior Department staff delivered more than 100 toys and set up Santa's workshop at Robins' Nest of Glassboro for families in need as part of the Christie administration's "Season of Service" initiative. Christie administration officials volunteered their time this month and highlighted service opportunities around the state as part of the seventh annual "Season of Service" to serve New Jersey's most vulnerable residents. Robins' Nest, a community-based organization, has more than 70 programs that impact children, adults, families, veterans, caregivers and the larger community. The organization hosts an annual Santa's workshop, where they give away donated toys to 1,400 kids. Families in need line up and walk through a simulated Santa's workshop selecting unwrapped toys for their children.



DOH made many strides during Christie Administration

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We expanded the scope of practice of EMTs so they can administer Narcan to potential overdose patients. And, last month the Governor announced that 811 new adult inpatient psychiatric beds are being built, the first such expansion in 20 years. And we are working to create a new system of care that treats the whole person and provides primary care and behavioral health care in the same setting.

Our hospitals, EMS and public health agencies rose to the challenge of Superstorm Sandy five years ago. We helped thousands of residents get screened for elevated lead levels and referred for treatment for behavioral health problems associated with displacement and recovery. Our emergency preparedness efforts helped to ensure the safety of residents and visitors during Superbowl 48, the Pope's Philadelphia visit, hurricanes, blizzards, and public health challenges including Ebola and Zika.

Former Commissioner Cathleen Bennett brought a new focus on using data to drive performance and created a new Office of Population Health, which hosted two statewide and honored dozens of community organizations as Population Health Heroes. She also forged a new collaboration among seven Cabinet departments through a Public Health Action Team, which focused on reducing childhood obesity and lead exposure in children.

Childhood lead rules were revised this fall, strengthening the standard for intervening in cases of 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. In addition, county and local health agencies have applied for \$10 million in state funding to assist with additional tests.

In 2011, Governor Christie made New Jersey the first state in the nation to implement a law requiring all newborns to be tested for congenital heart defects. In a simple test to measure oxygen in the blood, the pulse oximetry test can detect several hidden heart defects, making a significant difference in the lives of newborns and their families. More than 25 New Jersey infants were saved from potentially life-threatening heart defects since the law took effect in September 2011.

A study of 27 million US births between 2007 and 2013 found state adoption of mandatory screening policy was associated with a 33 percent decline in the death rate due to critical congenital heart disease compared with states without such policies. The study was published this month in the *Journal of the American Medical Association*.

Former Commissioner O'Dowd raised awareness of the need for conversations about end-of-life issues and worked with the New Jersey Hospital Association to create a new electronic healthcare planning tool called POLST. The Practitioner Orders for Life-Sustaining Treatment empowers individuals to work with their medical team to detail their personal goals and medical preferences when facing a serious illness. She also encouraged breastfeeding and helped hospitals achieve Baby Friendly status from the World Health Organization and UNICEF. Ten New Jersey maternity hospitals have earned Baby Friendly status since 2011.

The move into the new Public Health and Environmental Laboratories lab was completed in 2012. The lab conducts 5 million tests a year on everything from our state's drinking water to microbial and metabolic diseases and chemical contaminants.

As 2017 draws to a close, I want to thank all of our partners for their hard work. You have all played a vital role in our achievements. I'd like to extend my warm wishes for Happy Holidays and good health and happiness in the New Year.

We will continue to face challenges but, working together, I'm confident we can build on our success.

Community Outreach November-December 2017

November 10 Acting Commissioner Christopher Rinn spoke at the Department's EMS Conference in Atlantic City.

November 15 Acting Commissioner Rinn delivered the State of Public Health address to health officers at the NJ League of Municipalities Convention in Atlantic City.

November 28 Carolyn Daniels, Deputy Commissioner for Integrated Health Services, spoke at an Open House for a new outpatient detox clinic launched by Catholic Charities in Trenton.

November 29 Acting Commissioner Rinn spoke at the *Building a Culture of Health Summit in NJ* conference held in Edison.

December 1 Acting Commissioner Rinn attended the African American Office of Gay Concerns' silent vigil to recognize World AIDS Day in Newark.

December 1 Deputy Commissioner Carolyn Daniels and Assistant Commissioner Connie Calisti-Meyers participated in the World AIDS Day event hosted by the New Jersey Human Development Corporation in Trenton.

December 5 Acting Commissioner Rinn spoke at the National Meeting for State Biomonitoring Programs in West Trenton.

December 6 Acting Commissioner Rinn, Deputy Commissioner Carolyn Daniels and Assistant Commissioner Valerie Mielke attended the Governor's Candlelight Vigil in Trenton.

December 7 Steve Saunders, Director of HIV Prevention and Education, presented at the Rutgers Schools of Public Health and Nursing' World AIDS Day community forum in Newark.

December 11 As part of the Christie Administration's Season of Service, DOH Senior Staff volunteered at Robins' Nest in Glassboro.

New Jersey celebrates EMS professionals

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The conference also featured an EMS Awards ceremony led by Acting Health Commissioner Christopher Rinn, who was joined by Lt. Gov. Kim Guadagno and Department of Health staff in honoring more than 20 EMS professionals for their service. A full gallery of photos is available [here](#). Click [here](#) for a complete list of winners.

"I know and respect how incredibly difficult your work is, and I know how rewarding the work can be," said Rinn, who has more than 28 years of experience in public health, healthcare, and emergency services. "Calls that make a difference in someone's life are those that remind you EMS is not just a job, but a calling."

Hands-on demonstrations and simulation activities like the NJ Simulation Games gave teams of EMS professionals the chance to test their ability to triage and treat simulated patients, competing against other EMS agencies in both Advanced Life Support (ALS) and Basic Life Support (BLS) categories. Click [here](#) for a complete list of winners.

New Deputy Commissioner Daniels leading DOH integration of behavioral health and primary care

The new Integrated Health Services branch of the Department of Health is being led by a familiar face. Dr. Carolyn Daniels, who since 2011 had been the Executive Director of the Office of Minority and Multicultural Health (OMMH), has assumed the role of Deputy Commissioner of the new branch.

In her previous role, Daniels reformed the OMMH grant program to include strategies designed to achieve health equity, address barriers to care and promote culturally and linguistically appropriate services. Prior to joining the Department, she spent 20 years in the private sector as an executive in HMO/Medicaid Managed Care, where she expanded the market and integrated physical/behavioral health systems.

Daniels earned a Bachelor of Science from Central State University in Ohio, a Masters of Education from Kutztown University, a Management Development Certification from Harvard Business School, and a Doctor of Health Science from Nova Southeastern University in Florida.

We asked Dr. Daniels about the transition from leading OMMH to becoming the Deputy Commissioner of the newest branch of the Department.

How has your role as OMMH Executive Director helped prepare you for your new position?

Being OMMH Executive Director involved forging many partnerships in the community, not just those facing health issues but from multiple sectors and including those from the faith community. The Deputy Commissioner will be responsible for ensuring the integration of behavioral health with primary care, which is also about forging new partnerships.

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Department of Health observes World AIDS Day

Department of Health staff participated in events across the state in observance of World AIDS Day.

Acting Commissioner Christopher Rinn joined the African-American Office of Gay Concerns at Newark City Hall as the group stood in silence for its annual World AIDS Day silent vigil on Dec. 1 to support individuals living with HIV infection, remember those who have died from the disease and encourage everyone to seek HIV testing to determine if they are infected. Participants wore red ribbons to signify HIV/AIDS awareness.

This year's World AIDS Day theme was "Increasing Impact through Transparency, Accountability and Partnerships."

Deputy Commissioner Carolyn Daniels and Assistant Commissioner Connie Calisti-Meyers participated in the World AIDS Day event hosted by the New Jersey Human Development Corporation, a nonprofit organization of the African Methodist Episcopal Church in Trenton.

Steve Saunders, Director of HIV Prevention and Education, presented at the Rutgers School of Public Health and Nursing's "Prepping for PrEP - A World AIDS Day Commemoration" community forum focused on HIV/AIDS prevention and medical advances that combat the HIV epidemic.

As of June 30, 2017, more than 37,255 people were living with HIV or AIDS in New Jersey. It is estimated that about one in nine people living with HIV do not know they are infected. While HIV remains a serious health problem in the U.S., the estimated number of annual HIV infections fell nearly 20 percent between 2008-2014 (from 45,700 to 37,600).

In New Jersey, the rate of new HIV cases has declined 34 percent in less than a decade because of success in linking people to treatment.

Earlier this year, the Department launched its first sexually transmitted disease (STD) awareness campaign called "Get #TeSTD" to encourage testing and call attention to the fact that half of sexually active people will contract an STD by age 25. An additional campaign, "Protect Your Baby from Syphilis," focuses on educating pregnant women, their partners and doctors about the importance of getting tested and treated for syphilis.

Healthcare professionals should include HIV testing as part of routine patient care. HIV rapid testing produces a result in about 20 minutes. During 2016, more than 80,000 free, confidential rapid HIV tests were administered at more than 150 locations in New Jersey. A complete list of New Jersey HIV testing sites can be found [here](#).

New Jersey facts:

- Over the past three decades, medical advances have led to a decline in the transmission of HIV from mothers to babies: the number of new cases of pediatric HIV diagnoses dropped from 12 in 2001 to two in 2015 (83 percent).
- Nearly 80 percent of those living with HIV/AIDS are 40 years old or older.
- Minorities account for 77 percent of adult/adolescent HIV/AIDS cases ever reported to the state and 79 percent of all persons living with HIV.
- Thirty-eight percent of new HIV infections between July 1, 2016 and June 30, 2017 occurred among gay/bisexual men and 3 percent among injecting drug users.
- About 79 percent of those living with HIV/AIDS are black or Hispanic.
- Women account for 33 percent of those living with HIV/AIDS.



Assistant Commissioner Connie Calisti-Meyers, Rev. J. Stanley Justice and Deputy Commissioner Carolyn Daniels participated in a World AIDS Day event hosted by the New Jersey Human Development Corporation, a nonprofit organization of the African Methodist Episcopal Church in Trenton.

Army, Coast Guard vet takes helm of Public Health Services



Dr. Dana Thomas, Captain, United States Public Health Service, became the Department's interim Acting Deputy Commissioner for Public Health Services in early December. Prior to this appointment, she had been serving as Medical Director of the Department's Division of Public Health Infrastructure, Laboratories and Emergency Preparedness (PHILEP).

Dr. Thomas is a medical epidemiologist assigned through the Centers for Disease Control and Prevention's (CDC) Division of State and Local Readiness.

Prior to joining the CDC in 2012, she served in the US Coast Guard and in the US Army. With a variety of headquarters and field assignments during her 20-year career, Dr. Thomas prefers the leadership challenges experienced at the state and local level. She has led investigations and managed incident responses in Puerto Rico, US Virgin Islands, Tanzania, Texas and Sierra Leone.

Dr. Thomas earned her Medical Degree and Masters of Public Health Degree at George Washington University in Washington, D.C. and is board certified in Occupational Medicine as well as Aerospace Medicine by the American Board of Preventive Medicine and in Disaster Medicine by the American Board of Physician Specialties.

What led you to a career in public health?

As I was applying to medical school, I opted to do a Master's degree in public health concurrently. It offered a perspective on health beyond the individual patient's complaint. I did an internship in general surgery at Tripler Army Medical Center in Hawaii. I quickly realized that, as a surgeon, my time would be spent in the business of disease care versus wellness and prevention and desired to work at the other end of the continuum.

While completing my first tour as a medical officer in the US Army, I began to focus on the health of the entire battalion. This required me to be an avid safety officer preventing vector-borne, waterborne and foodborne illnesses. Even on the battlefield, Disease Non-Battle

Injuries (DNBI) cost more days of missed work than the trauma of war.

How has your career in public health prepared you for this new Departmental position?

Five years ago I transitioned from executive medicine leadership roles within the military to working with CDC and the Puerto Rico Department of Health. Puerto Rico experienced dengue, chikungunya and Zika outbreaks, each one posing unique risks. I also had the privilege of serving as Team Lead for Infection Prevention and Control in Sierra Leone during the height of the Ebola epidemic. Additionally, I led TB control efforts in Puerto Rico and the US Virgin Islands. Throughout these roles, I have worked with respected community leaders to deliver relevant messages to at-risk populations. Public health taught me to identify allies and ensure they carried a clear message into their communities.

I used this experience to inform the New Jersey EMS Task Force's deployment to the U.S. Virgin Islands this year, which marked the first time the group deployed outside the continental US to provide disaster response services. I ensured the Task Force, along with the Department's Disaster Mental Health Counselors who joined them, were fit to deploy into difficult conditions (no functioning hospital, excessive heat). Prior to their departure, we also reviewed West Indian culture and preventive measures for addressing environmental hazards (UV radiation, mosquitos and pot holes).

What are you most looking forward to in your new role?

Working during this exciting time as we've transitioned the DMHAS into our Department. New opportunities are identified to integrate health and community wellness every week. Synergies must be created across Divisions and programs to ensure complimentary efforts meet the needs of residents.

I am also very excited to be a part of the evidence-based assessment of New Jersey's EMS capabilities. During our lifetimes, we, or someone we love, will need emergency medical service. From the grandparent having a stroke, to the 16-year-old in a car accident, to the premature birth that doesn't make it to a hospital in time—each of these could be a family member. No matter where they reside, they deserve access to timely and effective pre-hospital care. EMS is the nexus where public health and health care meet. New Jersey leads the way nationally in conducting a statewide assessment of service attributes and needs.

New Deputy Commissioner Daniels leading DOH integration of behavioral health and primary care

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What drew you to this career field?

I have always worked with the underserved, marginalized, underrepresented populations throughout my career. Very early on, I worked in an alternative school designed specifically for adolescents on the verge of being expelled from the school system. These were children from highly dysfunctional families living at or below the poverty level. Although a large chunk of my professional career was spent in the private sector, specifically in the Medicaid Managed Care arena, my jobs and responsibilities have always been squarely rooted in the public sector where I continued to work on the behalf of service improvement for underserved, marginalized and underrepresented populations.

What is your greatest accomplishment so far at the Department?

I would like to think my greatest accomplishment has been lifting the OMMH's visibility in the community through the strong partnerships that we have developed over the last six years. The OMMH is recognized as a leader in addressing health disparities by the United States Department of Health and Human Services. Of course, when I came into the position, my predecessor had laid a strong foundation for the Office that allowed me to continue on that pathway.

Emergency Response Crews Gain Valuable Experience in U.S. Virgin Islands

The New Jersey EMS Task Force's missions to the U.S. Virgin Islands this fall marked the first time the group deployed outside the continental United States to provide disaster response services. While emergencies such as Superstorm Sandy, Hurricane Irene, blizzards, wildfires, floods and fires, and planned events such as Super Bowl XLVIII, the Pope's visit, marathons, concerts and festivals have prepared the task force for unique challenges, every response is different.

At the request of Virgin Islands leadership, Governor Chris Christie in early October authorized a response mission to regions hardest



The NJ EMS Task Force was dispatched to the Royal Caribbean Grandeur of the Sea Cruise Terminal on St. Thomas Island where a 90-year-old man was experiencing a medical emergency. Mr. Carl Heinaman and his wife were celebrating their 20th wedding anniversary on the ship later in the evening. Members of the NJEMSTF were able to facilitate the treatment and release of the patient at Schneider Regional Medical Center in less than 90 minutes so the couple could return to the ship and celebrate their anniversary that night. Pictured in the photo is Dennis Boos, Incident Commander of NJEMSTF EMAC 2 response, who assisted in the transportation from the Medical Center back to the cruise ship.

hit by Hurricanes Irma and Maria. The mission was led by the NJ EMS Task Force, with support from Disaster Mental Health Counselors within the Division of Mental Health and Addiction Services and New Jersey State Police troopers. The first deployment began in October, with a second in November.

"These missions to hurricane-ravaged areas were the culmination of many years of training and practice that resulted in the task force providing life-saving care to communities in distress," Acting Health Commissioner Christopher Rinn said. "Along with supplies and equipment, the crews provided a much-needed break to local EMS while maneuvering around rough terrain and impassable roadways to rescue residents."

The teams returned to New Jersey more experienced and better prepared for the next emergency.

"We recognize and appreciate the personal sacrifice of the crews and especially their families — some of whom spent time apart over the Thanksgiving holiday as their loved ones provided services in the Virgin Islands," Rinn said.

In November, the Department also partnered with the New Jersey Hospital Association to recruit volunteer nurses for two, 15-day missions. They deployed to the U.S. Virgin Islands to support Schneider Regional Medical Center on St. Thomas. The Department is currently in the process of recruiting more nurses to assist in missions this month. Click [here](#) for more information.

The deployment experience is extremely valuable. Crews not only learn how to work in severe conditions, adapt to their environment, overcome obstacles and bring hope to devastated populations, but are personally touched through their

"Volunteering in The U.S. Virgin Islands has been a very unique and rewarding experience. It was humbling as a nurse to be able to help both a desperate community and our nurse colleagues who have suffered near complete devastation. Despite it all, their genuine appreciation and gratitude made it a worthwhile experience and one that I would highly recommend." - Ralph Gumbert, RN CEN NE-BC, Trenton, NJ

interactions with locals who are relying on them for support.

"The real take-aways are the success stories of crews climbing a mountain to rescue a man with a broken leg and another team who convinced a reclusive man with psychological post-storm stress to go to the hospital," Rinn said. "The rubber really meets the road when you make a difference in someone's life."

"This experience has been even more than I had ever hoped for. This community is so appreciative, stoic and gracious. They have really shown us how strong and resilient humans can be under the most stressful of times. Any nurse that volunteers here will gain such an appreciation for this community and make lifelong and strong friendships." - Lorrie Koonz, RN, EMT (Hackettstown, NJ)



Task force members rescued a blind patient who was located in a difficult-to-reach mountaintop home that was severely damaged and had no potable water, electricity and/or means of communication. The patient's left foot was later amputated.



Crisis Counselors Neal Stephens and Megan Sullivan conducted a group counseling session at the City Adventist Youth Society in Charlotte Amalie, St. Thomas. Survivors discussed their experience with the storm, coping skills that are sustaining them and their hope of a "new normal." Most in attendance are still without power, living with other family and saying that "coming home in the dark and cold showers are the most annoying." The St. Thomas residents are a resilient group of people who were grateful to share their experience, strength and hope with the DRCC team from New Jersey.

Holidays challenge people with substance abuse disorders

As another holiday season unfolds, the Department is helping to support people who are battling substance use disorders during an especially challenging period by suggesting holiday coping strategies.

While the weeks ahead are typically marked with celebration and good cheer for many people, the expectations, festivities and general pressures of the season – as well as the increased presence of alcohol – can create more anxiety and difficulties for many people.

There are proven methods that help people cope so they can enjoy themselves while sustaining recovery. The Division of Mental Health and Addiction Services urges people with alcoholism or substance abuse disorders to plan for the holiday party season so they can apply strategies that keep them from engaging in harmful behavior.

Helpful hints and coping strategies include:

- Staying in contact with close friends and family. Having positive, supportive people in your life can evoke a sense of hope.
- Setting limits. If you are feeling vulnerable (overwhelmed, angry, tired, sad, etc.), go to an event late and leave early.
- Setting boundaries. Stay away from people, places and things that bring you harm. Just because everyone else is drinking doesn't mean you have to.
- Being conscious of media messages that depict alcohol as relaxing and fun. Be aware that alcohol is a depressant drug.
- Avoiding mixing alcohol with prescription medication. Medicine can increase the effect of alcohol. Instead of having one drink, your body may react like it has had twice as many.

If you or someone you know needs addiction services, please contact 1-844-ReachNJ (1-844-732-2465) or the Interim Managing Entity hotline at 1-844-276-2777.



DOH Launches 'Stomp Out Youth Tobacco Use' Campaign

On November 16, the Department of Health, in concert with the American Cancer Society's Great American Smokeout, launched STOMP, a statewide tobacco merchant education campaign. The goal is to bring tobacco control advocates and tobacco retailers together to reduce tobacco use among teens and young adults.

Tobacco retailers play a key role in reducing youth tobacco use by complying with the New Jersey law, enacted on November 1, that prohibits sale of tobacco products and electronic smoking devices to anyone under 21 years of age. New Jersey raised the minimum age of sale from 19 to 21 recognizing the potential for lasting harm to the health of young users.

Through the New Jersey Prevention Network, a grantee of NJDOH, volunteers from Regional Tobacco Collaboratives across the state visit tobacco retail stores and talk to merchants, especially those in low-income areas with high tobacco prevalence, about the tobacco age of sale law. As part of the *STOMP Out Youth Tobacco Use* campaign, the merchants are encouraged to sign a pledge to protect youth by observing the law.

The younger someone starts to smoke, the more addicted they are likely to become and the more difficult it can be to quit. Moreover, teens and young adults are at particular risk for nicotine addiction, which can harm brain development. Both electronic devices and tobacco products deliver nicotine and other toxic substances.

New Jersey is the third state to raise the smoking-purchase age to 21 following Hawaii and California. To learn more about New Jersey's tobacco control program, visit <http://nj.gov/health/fhs/tobacco/>.

State Labs Host National Conference

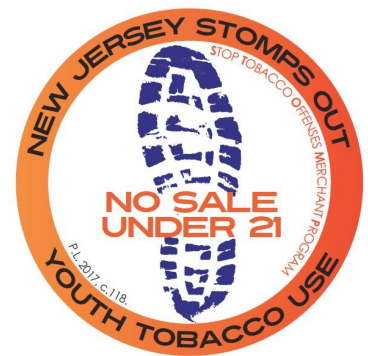


The Public Health and Environmental Laboratories (PHL) at the Department of Health hosted the National Meeting for State Biomonitoring Programs from December 5-7. More than 100 participants from state biomonitoring programs connected and shared knowledge about biomonitoring sciences, program planning, and evaluation.

Acting Commissioner Rinn delivered opening remarks and the program included lab tours and updates from the six states, including New Jersey, that were awarded State Biomonitoring Cooperative Agreement grants by the Centers for Disease Control and Prevention (CDC).

Pictured is the organizing committee for the meeting, comprising representatives of the Department of Health, the CDC and the Association for Public Health Laboratories (APHL).

From left to right are Lovisa Romanoff (CDC), Doug Haltmeier (DOH), Dave Riker (DOH), Kristin Dortch (CDC), Eric Bind (DOH), Bahman Parsa (DOH), Tina Fan (DOH), Julie Nassif (APHL), Jennifer Liebrerich (APHL), Whitney Neal (CDC) and Amy Mowbray (CDC).



Interagency survey assesses care of substance-exposed infants and their mothers

In 2014, New Jersey received technical assistance to address prescription drug abuse through the Substance Abuse and Mental Health Services Administration's (SAMHSA) Prescription Drug Abuse Policy Academy. Issues of substance-exposed infants (SEIs) and neonatal abstinence syndrome (NAS) impacts pregnant and parenting women across multiple state agencies, so an interagency collaboration with the New Jersey Department of Health, New Jersey birthing hospitals, the New Jersey Departments of Human Services and Children and Families, and the New York/New Jersey High Intensity Drug Trafficking Areas developed a survey to assess protocols and practices used in the care of SEIs and their mothers.

The survey consisted of three components: obstetric and pediatric leadership, and outpatient providers. The New Jersey Hospital Association and the New Jersey Chapter of the American Academy of Pediatrics sent out the online survey on behalf of the Department to obstetric and pediatric leadership at the 50 birthing hospitals and 200 outpatient pediatric providers.

Key findings included:

Obstetric Leadership Component – Maternal Unit (15 out of 50 birthing hospitals responded)

- About 47 percent of the responding hospitals implement universal screening.
- 47 percent of the responding hospitals provide a direct person-to-person link with a service provider.
- If the mother/caregiver has not engaged in services, 20 percent attempt to re-engage or refer them to a different program, and 20 percent reassess the need for child welfare involvement and/or report child neglect or abuse.

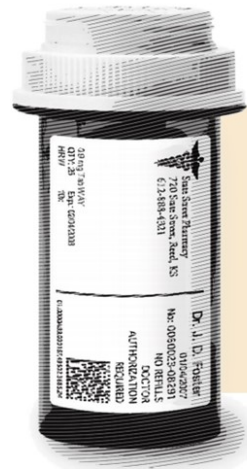
Pediatric Leadership Component – Newborn Unit (18 out of 50 birthing hospitals responded)

- 72 percent of the responding hospitals developed a plan of safe care for infants with NAS in all cases.
- 39 percent of the responding hospitals provided a direct person-to-person link with a service provider.

- If the mother/caregiver had not engaged in services, 22 percent attempt to re-engage or refer them to a different program, and 39 percent reassess the need for child welfare involvement and/or reported child neglect or abuse.

Outpatient Pediatric Provider Component – Providers with admitting privileges (42 out of 200 providers responded)

- Additional resources including parenting support (48 percent), child psychology (48 percent), social workers (45 percent), developmental specialists (36 percent) and home visitation services (36 percent) are



Talk to your provider before starting or stopping any medications to help you understand all of the risks and make the safest choice for you and your pregnancy.

needed within their practice.

While the number of responding facilities was somewhat low, this study demonstrates important variations in protocols and practices used by New Jersey birthing hospitals and providers in the care of SEIs and their mothers. As maternal opiate use and incidence of NAS continues to rise, more expansive research can help identify additional resources needed at these facilities.

Don't let food-related illness spoil the holidays

With the holidays around the corner, remember simple preventive measures can keep you, your family and guests safe from food-related illness. Cooking, serving and storing food at safe temperatures and using pasteurized products are important ways to avoid illness from bacteria such as E. coli or Salmonella, two of the more common but serious food-related illnesses.

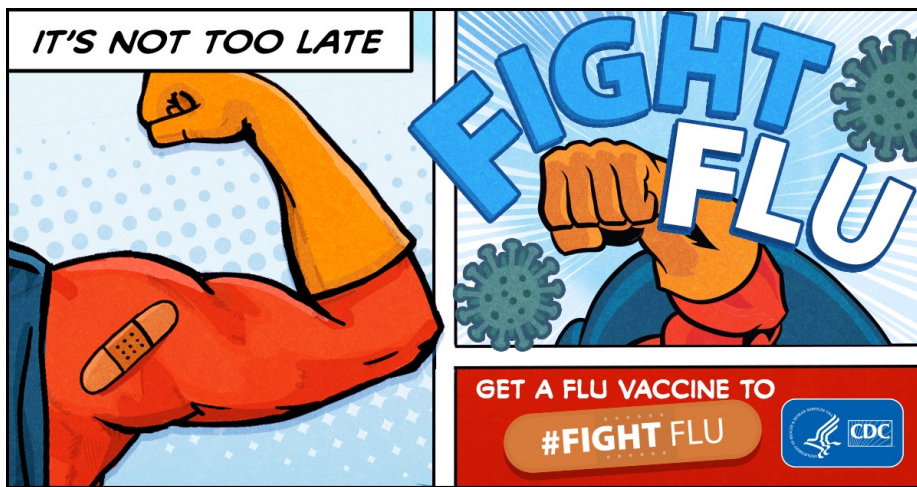
Be sure to follow proper guidelines for preparing and serving food, and ensure that holiday dishes are cooked at the correct temperature and leftovers are always thoroughly reheated. When cooking meat, use a food thermometer to make sure it is cooked properly. Food thermometers usually cost less than \$10 and are widely available at supermarkets and convenience stores. The temperature of the thickest part of the breast or thigh should be at least 165° F (74 C). Stuffing should also be cooked separately in its own dish or on the stove top to avoid cross-contamination. Here are some other helpful tips to avoid food-related illness this season:

- When making cookies, cakes or other baked goods, always make sure baked goods are cooked thoroughly. Never eat raw cookie dough or batter made from raw eggs.
- Purchase pasteurized eggnog to reduce the risk of dangerous bacteria. If you are making homemade eggnog, always use pasteurized eggs and milk.



- Check labels to ensure you are buying only pasteurized fruit juices and cider. Unpasteurized juice and cider can contain dangerous bacteria like E.coli or Salmonella that can cause serious illness, especially in children, the elderly and people with weakened immune systems.
- Raw or undercooked shellfish may contain bacteria, parasites or viruses, so these foods require special care. Keep raw oysters and clams refrigerated, and serve them on ice to ensure they remain cold at holiday buffets. Older adults, pregnant women, young children, and people with weakened immune systems should never eat raw or undercooked shellfish because these individuals are more vulnerable to foodborne illness risks.
- When serving food on a buffet, always use holding trays, chafing dishes and crock pots to keep foods hot. Never use holding trays to warm food up. They should only be used to hold food that is already warmed. Put serving trays on crushed ice to chill cold food. Don't let food stay at room temperature for more than two hours.

It's not too late to get a flu shot



Get an annual flu vaccine before flu activity begins increasing in New Jersey. While seasonal flu outbreaks can happen as early as October, flu activity is usually highest between December and February.

“Now that flu season has arrived, the best way to protect yourself, your family and your co-workers is to get a flu shot,” said Acting Health Commissioner Christopher R. Rinn. “Flu vaccination can reduce flu illnesses, doctor visits, missed work and school as well as prevent flu-related hospitalizations.”

The Department currently has two new initiatives to help promote flu prevention. Educational institutions, businesses, organizations and community partners are encouraged to participate in the [New Jersey Influenza Honor Roll](#). Institutions from these categories are invited to participate in flu prevention campaigns, flu vaccination clinics and partnerships with local stakeholders to promote flu awareness and prevention. Click [here](#) for more information.

In addition, students at eight participating colleges and universities are engaged in a friendly competition to improve flu vaccination coverage on their campuses through the Department’s first annual [New Jersey College & University Flu Challenge](#).

The Centers for Disease Control and Prevention (CDC) recommends a yearly flu vaccine for everyone 6 months of age and older. Certain people are at greater risk for serious complications from the flu. Those at high risk include:

- Children younger than 5, but especially children younger than 2 years old
- People 65 years of age and older

- Pregnant women and women up to 2 weeks after end of pregnancy
- American Indians and Alaskan Natives
- People who have medical conditions such as asthma, heart disease and diabetes

Flu vaccination should also be a priority for those persons who live with or care for individuals at higher risk for influenza-related complications. This includes healthcare personnel and household contacts of children less than six months of age, since these children are too young to receive the flu vaccine.

For the 2017-18 season, the CDC is recommending only injectable flu shots be used. The nasal spray flu vaccine (live attenuated influenza vaccine or LAIV) should not be used based on concerns about its effectiveness.

As long as flu viruses are circulating, it’s not too late to get vaccinated, even in January or later. Flu vaccines are safe and effective and are offered in many locations including doctor’s offices, clinics, local health departments, urgent care centers and pharmacies. For general flu information and to find a location near you, visit the Department’s [website](#).

The Department collects information on flu-like illness weekly from a sampling of healthcare providers to assess flu activity in the state. Find weekly surveillance reports [here](#).

NJ State Cancer Registry official honored for ‘distinguished’ service

Maureen Romero, RHIA, CTR, Public Health Representative for the New Jersey State Cancer Registry (NJSCR), was recognized on November 17th by the Oncology Registrars Association of New Jersey (ORANJ) with its 2017 Distinguished Service Award for her dedication and commitment to the organization. Maureen was nominated by her peers for her work this year as chairperson of the ORANJ Web and Publications Committee, where she worked to transform the organization’s multimedia communications systems and secure resources for fostering greater collaboration within the organization. For more information about ORANJ and the NJSCR, visit www.oranjonline.com or www.nj.gov/health/ces/.



Maureen Romero (right) accepts the 2017 Distinguished Service Award from ORANJ President Donna McNally.

Learning more about pancreatic cancer

By Kristen Spencer, DO, MPH



The Problem

According to the Surveillance, Epidemiology, and End Results (SEER) Program database, there will be an estimated 53,670 new pancreatic cancer cases this year in the U.S.

Unfortunately, the rate of new pancreatic cancer cases has been on the rise over the last decade. However, while many patients still die from their disease, this proportion of patients has been stable for the last ten years, suggesting we are making progress in battling a very tough disease.

What We Know

Generally speaking, pancreatic cancer patients are placed in one of four clinical stages: localized disease that is resectable (removable) with surgery, localized disease that is borderline resectable (the tumor is too large or in a difficult spot to remove immediately), localized disease that is not resectable, and advanced disease. Advanced disease is treated with what we call systemic therapy, or therapy given by mouth or through an IV that treats the whole body. Localized disease that is resectable is surgically removed, while that which is borderline resectable is often given chemotherapy before and after surgical removal to help shrink the tumor for an easier and more successful surgery. Localized disease that is unresectable is treated with various combinations of systemic therapy and radiation therapy.

What We Don't Know

Many questions remain for those of us treating pancreatic cancer patients. We continue to learn more about the best chemotherapy to give before and after surgery to borderline resectable patients. Similarly, while many would argue to remove a resectable tumor immediately, we are exploring if the addition of chemotherapy would improve outcomes for these patients. We also are studying the best way to incorporate radiation therapy. Finally, we are always looking for the next best therapy for patients with advanced disease. While in recent years immunotherapy has brought many successes for difficult-to-treat cancers, pancreatic cancer patients have not seen the same benefit, and it is still unclear to us why that is, or how to change it.

The Solution

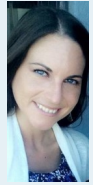
Research is key. At Rutgers Cancer Institute of New Jersey we are developing and conducting several clinical trials to address some of these questions. These include a study to test radiation and chemotherapy before surgery in borderline resectable patients, a study comparing chemotherapies in borderline resectable patients, and basic science research using vaccines and immunotherapies in pancreas cancer tumors. Along with the science, the participation of our patients in clinical trials is vital to our current successes and ongoing progress. Together, we will continue to offer hope where it may not have been before.

Kristen Spencer, DO, MPH, is a medical oncologist in the Gastrointestinal/Hepatobiliary Program at Rutgers Cancer Institute of New Jersey and an assistant professor of medicine at Rutgers Robert Wood Johnson Medical School.

Cancer Matters is brought to you by Rutgers Cancer Institute of New Jersey.

DOH educator awarded for 'Tickborne Disease Basics'

The Department is proud to congratulate Krista Reale, a health educator with the Communicable Disease Service, on winning the 2017 Outstanding Health Materials award from the NJ Society for Public Health Education (NJSOPHE).



Krista presented her winning submission, a "Tickborne Disease Basics" toolkit, to more than 140 participants from local health departments and other partners during a live webinar in August 2017. The webinar taught participants how to use the toolkit in their community presentations on common and emerging tickborne diseases in the state.

After completing the webinar training, participants received the toolkit materials, including a copy of the slide set, the accompanying script, a pre- and post-test with answer key, a program evaluation form and a program report form.

The webinar is freely available to the public via a registration form at: <https://attendee.gotowebinar.com/recording/3267472965096400899>.



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