



DOH Population Health Summit: Opioid Epidemic Strategy Must Include Social Determinants of Health

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



Tackling New Jersey’s opioid epidemic—a public health crisis in our communities—is a top priority of Governor Murphy.

That’s why he has proposed \$100 million for the state fiscal year beginning July 1 to develop a coordinated and comprehensive approach across state government to prevention, treatment and recovery; data infrastructure, and investment in social risk factors like supportive housing, and employment training.

The role that social issues like poverty, unemployment and housing play in the state’s opioid epidemic was a key focus of the Department of Health’s third annual Population Health Summit, “Better Together: An Integrated Approach to Address the Opioid Epidemic,” held June 5 at the Bridgewater Marriott.

Opioids also were the topic of a conference sponsored by media outlet NJ Spotlight on June 22 at Douglass College.

I hosted the DOH summit, which featured more than 350 national experts, Murphy Administration Cabinet officers, legislators, policy makers, advocates, health care professionals, public health officials and people in recovery who shared best practices that can be duplicated throughout the state.

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DOH Continues Work on Single License, Improvements to Psychiatric Hospitals with DMHAS Reorg

Governor Murphy filed a Reorganization Plan with the Legislature June 21 to return the Division of Mental Health and Addiction Services (DMHAS) to the Department of Human Services (DHS).

The state’s four psychiatric hospitals, which joined the Department of Health (DOH) last fall as part of a Reorganization under the previous administration, will remain at DOH as we continue to modernize the facilities and improve the quality of care. Deputy Commissioner Deborah Hartel will continue to oversee the state psychiatric hospital system.

The Department of Health will also continue working toward a single, integrated licensing system so facilities—if they choose—can provide mental, physical and substance use disorder treatment in the same setting.

The Murphy Administration, the DOH and the DHS are committed to continuing progress to create an integrated licensing system for behavioral and physical health care.

The Legislature has 60 days to review the Reorganization Plan. During that time, DHS and DOH will work together to ensure a smooth reorganization during the DMHAS transition, which would be effective August 20, 2018.

DMHAS Assistant Commissioner Valerie Mielke, who joined the Department of Health as part of the transition last fall, will be returning to DHS with her Division, which manages community-based mental health and addiction services. The vast majority of DMHAS staff are expected to remain in their current location.

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Top: Health Commissioner Elnahal joined with neighbors, interfaith leaders, community members, elected officials, members of law enforcement and others at the Grand Opening Ceremony of the Muslim Center of Greater Princeton on June 20.

Medicinal Marijuana Program Grows by 10,000 Patients in Murphy Administration, 6th Dispensary Opens

Since the Murphy Administration began, 10,000 patients have joined the Department's Medicinal Marijuana Program—with the program total enrollment reaching nearly 25,000 patients—and Health Commissioner Dr. Shereef Elnahal is giving lectures to encourage physicians to consider marijuana to treat certain medical conditions like chronic pain.

"We want to demystify medicinal marijuana and encourage the medical community to embrace it as yet another therapeutic tool—not an independent or alternative therapy," Commissioner Elnahal said.

About 130 physicians have joined the program since January, but only 640 of the 28,000 physicians in New Jersey participate. So, Dr. Elnahal is traveling around the state to medical schools and teaching hospitals this summer, giving special Grand Rounds lectures to medical students, faculty, physicians and clinicians to explain the Administration's expansion of the program, as well as research on the use of marijuana to treat certain medical conditions.

Although research is limited, studies have shown the marijuana has benefited patients with chronic pain, cancer, HIV, Epilepsy, Multiple Sclerosis, IBD and Rheumatoid Arthritis, among many other conditions.

"More physicians should look to medicinal marijuana as a safe, effective treatment – and one that can help not only improve patients' well-being but also combat the opioid crisis," Commissioner Elnahal said.

That's why Commissioner Elnahal is exploring adding opioid use disorder—in concert with Medication Assisted Treatment—to the list of conditions that would allow patients to participate in the program.

The opioid epidemic is the most critical public health challenge facing our state. Opioids are highly toxic, addictive and caused 2,200 overdose deaths in our state in 2016.

Studies have demonstrated a strong correlation between the availability of medicinal marijuana and the reduction of opioid prescriptions.

Medicinal marijuana can help reduce reliance on opioid prescriptions, saving many from a lifetime of addiction and possible overdose death. Two studies in the Journal of the American Medical Association showed a 6-percent decrease in opioid prescriptions in states with strong medicinal marijuana laws. Another study showed that access to medicinal marijuana reduced opioid-related deaths by 24 percent compared to states without medicinal marijuana laws.

The first grand rounds lecture was held May 29 at Rutgers New Jersey Medical School, and July 11 the series will continue at St. Joseph's University Medical Center in Paterson and Hackensack Meridian Health Hackensack University Medical Center. Then in mid-September, lectures are scheduled at Cooper Medical School of Rowan University, Jersey City Medical Center, Virtua Health and the New Jersey Medical School in Newark.

A sixth dispensary has also opened in Secaucus and satellite locations will also be allowed for the Alternative Treatment Centers. A number of other important changes have been made, including the addition of five new medical conditions, cutting registration fees in half and allowing mobile phone access for patients to register. The new medical conditions are anxiety, migraines, Tourette's syndrome, chronic pain related to musculoskeletal disorders, and chronic visceral pain.



Health Commissioner Elnahal delivered a Grand Rounds lecture about the expansion of the state's medicinal marijuana program at Rutgers Robert Wood Johnson Medical School in New Brunswick.

Crisis Counselors Discuss Emotional Impact of Trenton Mass Shooting

Emotional wounds can linger long after physical wounds heal, especially in a major crisis or disaster.

To provide emotional support in the aftermath of the Father's Day mass shooting at an art event in Trenton, crisis counselors from the Disaster and Terrorism Branch (DTB) of the Division of Mental Health and Addiction Services (DMHAS) shared coping skills to community members attending a June 25 program entitled "Hope and Healing in the Aftermath of Mass Violence."

Sponsored by Mercer County in collaboration with DMHAS, four hour-long community forums were held at the New Jersey State Museum, two on June 25 and two on June 28.

The mass shooting on June 17 at Art All Night, held in the former Roebling Wire Factory off of Clinton Avenue, left one suspect dead, 22 people shot, and many of the 1,000 people in attendance traumatized.

Commissioner Shereef Elnahal thanked the emergency responders and hospitals that tended to the victims and reminded the attendees at the community forum that they can't assume they were unharmed just because they were not shot.

Incidents of mass violence can be especially devastating to those that experience them. But survivors of and witnesses to an incident, loved ones of victims and survivors, and first responders, as well as neighbors and community members from the surrounding area can be emotionally shaken by violent events.

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Dr. David Nash, founding dean of the Jefferson University College of Population Health and an expert on integrated and population health, stressed during his keynote address that public health officials must address social determinants of health in order to turn the tide of this epidemic, which is on pace to cause 3,000 overdose deaths across our state this year.

“This is a disease of despair. It’s also a disease of racism,” Nash told the crowd, noting that someone’s zip code and socioeconomic pressures can often affect their likelihood of addiction.

Nationally, 50 percent of those with substance abuse disorders are unemployed, 25 percent are permanently disabled and 60 percent are people living at or below the poverty level, Nash said. Those who are unemployed represent half of all admissions to treatment.



Dr. David Nash, founding dean of the Jefferson University College of Population Health, was the keynote speaker at the 2018 Population Health Summit.



Marcus Hicks, Acting Commissioner of the Department of Corrections, Christine Norbut Beyer, Commissioner of the Department of Children and Families, Carole Johnson, Commissioner of the Department of Human Services and Health Commissioner Elnahal discussed the opioid crisis during a panel of the Governor’s cabinet members at the 2018 Population Health Summit in Bridgewater on June 5.

ers in the addiction treatment community, also focused on many opioid-related issues, including prevention, medication-assisted treatment, and alternatives to opioids for pain treatment.

What has been done until today to stem the opioid epidemic today is not working. But with laser focus, I’m confident we can figure out a trajectory for a concrete, coordinated plan. Summit attendees provided valuable input on best practices statewide in prevention, treatment, and recovery pathways at play and planned, adding their ideas on a journey map throughout the course of the day. Together with our partners in combating this epidemic, we will continue building on this map to achieve the best outcomes for NJ residents.

DOH Continues Work on Single License, Improvements to Psychiatric Hospitals with DMHAS Reorg

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“The Department benefited from the expertise of Valerie and her team at DMHAS. As our recent Population Health summit demonstrated, we have integrated mental health and substance abuse prevention, treatment and recovery into all that we do,” said Health Commissioner Dr. Shereef Elnahal. “We will continue to work hand in hand with DHS and other agencies across the state to combat the opioid and mental health challenges in New Jersey.”

DHS Commissioner Carole Johnson said she is “delighted that the Division of Mental Health and Addiction Services will be returning home to the Department of Human Services where it will once again be in the same place as Medicaid and the social services programs that are critical to supporting individuals in need and their families. I also look forward to continuing to work with the Department of Health to make it easier for residents to receive the services they need and modernize our system of care in our state. Exceptional mental health and substance abuse disorder treatment for New Jersey is our priority.”

The Reorganization Plan is part of Governor Murphy’s commitment to advance integrated care in New Jersey. That commitment includes the Governor’s proposal to add \$100 million budget investment to combat the opioid epidemic by focusing on key tools such as data, improved treatment options, and addressing social risk factors such as poverty, housing and unemployment.

Solving the problem also requires better data. Creating an outcomes-based system that provides quality care at a high value is essential to tackling the epidemic. Having metrics to measure performance is a focus of the Department.

Having former Gov. Jim McGreevey, Senator Joseph Vitale, the Attorney General and the Commissioners of Children and Families, Human Services, and the Acting Commissioner of Corrections join us in a roundtable discussion on state initiatives demonstrates how serious the Murphy Administration is about making progress in eradicating this epidemic.

Breakout sessions and panel discussions throughout the day featured details about best practices – such as medication-assisted treatment, trauma-informed care, and alternatives to opioids for pain relief.

I am confident participants left with new ideas and renewed energy to carry out the important work.

The NJ Spotlight conference, attended by about 125 stakehold-

Health, Human Services Commissioners Tour Suicide Hotline Call Center

Department of Health Commissioner Dr. Shereef Elnahal and Department of Human Services Commissioner Carole Johnson on June 12 toured Rutgers Health University Behavioral Health Care (UBHC) National Call Center, which includes the state's suicide prevention hotline and veterans helpline, and observed counselors assisting callers reaching out for help for themselves or loved ones.

"Help is available. People need to know they can pick up the phone and that immediate support is on the other end," Commissioner Elnahal said. "Many people's lives have been saved because of the quick response, compassion and professional training of the people at the NJ Hopeline (855-654-6735)."

After a tour and press conference, the commissioners participated in a roundtable in which call-takers from several crisis hotlines shared their experiences. In addition to the suicide hotline, roundtable participants included counselors and call takers from other counseling services at UBHC's hotline hub, which also houses the state's Addictions Access Center, the Interim Management Entity, as well as the peer-based hotlines Vets4Warriors, NJ Vet2Vet, Cop2Cop and Mom2Mom.

The state suicide hotline is staffed with trained counselors from New Jersey who are familiar with available services. The suicide hotline — which received 26,619 total incoming calls in 2016, 35,614 incoming calls in 2017 and 18,193 total incoming calls to date in 2018 — was launched in 2013.

Statistics released last week by the federal Centers for Disease Control showed a 25-percent increase nationwide from 1999 to 2016 in the number of people who die by suicide.

That release followed the death by suicide of designer Kate Spade and immediately preceded that of chef and food writer Anthony Bourdain. The hotline experienced a significant increase in calls the morning after Bourdain's death.

Although New Jersey statistics tracked similarly to the nation's during much of the CDC's study from 1999-2016, the state ranked significantly better last year and has had the second lowest suicide rate in the nation — second to the District of Columbia — from 2014 to 2016. For the first time since 2011, New Jersey's suicide rate dropped 13 percent in 2016.

Commissioner Elnahal also noted that he is concerned about the 23-percent increase in the number of veterans and members from the military who died by suicide in New Jersey between 2010 and 2014.

"The high rate that remains for veterans is particularly alarming," said Commissioner Elnahal, who was a top administrator at the Veterans Administration (VA) under former President Barack Obama. "Twenty veterans a day take their lives. We need to work with the VA, the Division of Military and Veterans Affairs and any other willing partner to improve these tragic rates."

As a physician, Commissioner Elnahal said he is particularly concerned that the CDC report indicated that up to 45 percent of individuals who die by suicide have visited their primary care physician within a month of their death.

"Given these statistics, primary care has enormous potential to prevent suicides and connect people to needed specialty care — especially when they collaborate or formally partner with behavioral healthcare providers," the commissioner said.

Another alarming statistic in New Jersey, according to Commissioner Elnahal, is that 26 percent of the people who died by suicide had disclosed their intention to someone else.

"This is a reminder to take it very seriously when someone tells you they want to kill themselves," Commissioner Elnahal said. "Get them help and follow up. Not all suicides are preventable, but many are."

The Commissioner urged that anyone whose life or whose loved one's life is in immediate danger call 911.

Commissioner Elnahal also will host a suicide prevention summit on September 13 at the War Memorial in Trenton.



New Jersey Department of Health

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Community Outreach and Events, May-June 2018

May

May 5 Commissioner Elnahal spoke at the Medical Society of NJ's annual conference in Long Branch.

May 16 Commissioner Elnahal joined First Lady Tammy Murphy at the Newark Community Health Center's 3rd Annual Women's Health Symposium.

May 17 Commissioner Elnahal spoke at the Commerce and Industry Association's breakfast in Newark.

May 17 Deputy Commissioner Deborah Hartel spoke at the NJ Primary Care Association's Women's Health Luncheon in Trenton.

May 21 Commissioner Elnahal spoke at the New Jersey Immunization Conference in Piscataway.

May 22 Commissioner Elnahal delivered remarks at the Health Care Association of NJ annual conference in Eatontown.

May 24 Commissioner Elnahal and Deputy Commissioner Marcela Maziarz toured University Hospital in Newark.

May 31 Commissioner Elnahal attended the 7th Annual Interfaith Ramadan Iftar Dinner in Edison.

June

June 3 Commissioner Elnahal was the keynote speaker at the Islamic Education Foundation's high school graduation in Wayne.

June 5 Principal Deputy Commissioner Jackie Cornell attended the Governor's Advisory Council on HIV/AIDS in Woodbridge.

June 6 Commissioner Elnahal addressed college and university leaders about the importance of smoke-free policies on college campuses at The College of New Jersey (TCNJ) in Ewing.

June 6 Deputy Commissioner Hartel spoke at the "Focusing on Fathers" conference at William Paterson University in Wayne.

June 7 Commissioner Elnahal attended the Ribbon Cutting at Coral Harbor Rehabilitation and Healthcare Center in Neptune.

June 12 Commissioner Elnahal spoke at the NJ Health Care Quality Institute's Breakfast in Monroe.

June 13 Commissioner Elnahal delivered remarks at the NJ Integrated Population Health Data Project Research Priority Meeting in Princeton.

June 18 Commissioner Elnahal was guest speaker at the Shore Medical Center's Executive Leadership Forum in Somers Point.

June 19 Commissioner Elnahal delivered the Commencement Speech at the Noor-UI-Iman's 2018 High School Graduation Ceremony in Ewing.

June 20 Commissioner Elnahal attended at the Grand Opening of the Muslim Center for Greater Princeton.

June 20 Commissioner Elnahal attended the New Jersey Hospital Association's Annual Board Meeting in Princeton.

June 22 Commissioner Elnahal participated in the NJ Spotlight Roundtable Discussion "The Opioid Epidemic in NJ: 'Are we at a Turning Point'" in New Brunswick.

June 25 Principal Deputy Commissioner Jackie Cornell participated in the AARP Day at the Capital Health Panel alongside NJDHS Commissioner Carole Johnson and New Jersey Health Care Quality Institute President Linda Schwimmer in Trenton, NJ.



Commissioner Elnahal, accompanied by the Department's three deputy commissioners, testified before the Senate Budget Committee on May 15.



Principal Deputy Commissioner Cornell spoke at the grand opening of the Planned Parenthood of Northern, Central, and Southern NJ's new Elizabeth Health Center on June 20.

Lyme Disease on the Rise, Nationally and in New Jersey

Morris and Hunterdon Counties among Lyme disease 'hot spots' in the state

With Lyme disease on the rise nationally, the New Jersey Department of Health is encouraging residents to take steps to protect themselves from Lyme and other vector-borne diseases this summer.

Lyme disease is the most commonly reported vector-borne disease in New Jersey and nationwide. It is caused by bacteria called *Borrelia burgdorferi*, which is transmitted to humans through the bite of infected deer ticks (*Ixodes scapularis*). Deer ticks are active in New Jersey for the majority of the year, throughout spring, summer and fall. May, June and July are the peak months for tickborne disease, because that is when immature ticks—which are smaller and less likely to be detected—are in wooded and high grass areas.

Commissioner Dr. Shereef Elnahal joined U.S. Senator Bob Menendez in May for a press conference to acknowledge Lyme Disease Awareness Month. He addressed the increase in Lyme disease cases and provided prevention recommendations.

“There were more than 5,000 cases of Lyme disease diagnosed in New Jersey last year, the highest total since 2000. Morris and Hunterdon counties topped the list with the most cases,” Elnahal said. “It’s increasingly important that everyone—especially children—reduce exposure to ticks because that is the best way to protect yourself and your family against Lyme and other tickborne diseases.”

Nationally, tickborne diseases have doubled between 2004 and 2016, according to the Centers for Disease Control and Prevention (CDC). Similar to national trends, diseases from ticks and mosquitoes have also increased in New Jersey.

As part of the observance of Lyme Disease Awareness Month, Acting Assistant Commissioner Shereen Semple joined the Hunterdon County Health Department to talk with children about how to protect themselves from tick and mosquito-borne illnesses.

Overall, the number of [reported human vector-borne diseases](#) in the state in 2018 is lower compared to the same period last year. The first positive West Nile virus mosquito pool was confirmed in Warren County in mid-June.

Elnahal advised residents to use EPA-registered insect repellents, wear protective clothing and stay in air-conditioned places with window screens to help reduce the risk of becoming infected.

“As New Jersey moves through mosquito season, it is important to remember that reducing exposure to mosquitoes is the best defense against mosquito borne viruses like West Nile virus and travel-associated viruses like Zika and dengue,” said Elnahal.

Additional guidance on [mosquito-borne diseases](#) and [avoiding mosquitoes](#) is available from the Department website.

Actions to help prevent tick bites include avoiding wooded or grassy areas where ticks live, maintaining a debris-free yard and mowed lawn, applying EPA-registered insect repellent with DEET, wearing long-sleeved shirts, and tucking pants into socks. It is recommended to shower within two hours after being outside to help find and wash away unattached ticks, and perform a full-body tick check using a hand-held or full-length mirror to view hard-to-see areas.

Protect your pets by checking for ticks daily and use tick control products as recommended by a veterinarian.

Early symptoms of Lyme disease may include flu-like symptoms that resemble other illnesses. Symptoms appear three to 30 days following the bite of an infected tick.

More information on Lyme disease is [available from the Department of Health website](#).



Health Commissioner Elnahal, left, and U.S. Senator Bob Menendez spoke at Mountain Way Park in Parsippany about the increasing number of Lyme disease cases in the state.



Acting Assistant Commissioner Shereen Semple, left of center, educates children at the Hunterdon County Fairgrounds about how to protect themselves from deer ticks and Lyme disease at a Lyme Disease Awareness Month event in May.



*CDC photo shows a deer tick (*Ixodes scapularis*) on a blade of grass, its front legs extended to grab onto any passing animals or humans as it searches for a blood meal.*

Health Care Providers, Community Members, Researchers Discuss Disparities and Ways to Improve Screening for Colorectal and Lung Cancers

Challenges, data, education and research discussed at conference

Health care providers, community members and researchers from across the state came together in May at the “Conference for Change” event, hosted by the New Jersey Primary Care Association and sponsored by ScreenNJ to address screening among two of the most common cancers - colorectal and lung.

At the conference, participants discussed strategies to increase screening rates as well as promising practices. Data gathered at the conference will be developed into recommendations for the [ScreenNJ program](#) led by [Rutgers Cancer Institute of New Jersey](#) and funded in part by the Department of Health.

The New Jersey Primary Care Association moderated a panel during the conference on how Federally Qualified Health Centers (FQHCs) are transforming colorectal and lung screening rates in the communities they serve.

“New Jersey is ranked fifth in the U.S. for cancer incidence, and lung and colorectal cancers are among the most common and deadly in our state. With that, it is important for us to get the word out that effective screening programs are available,” notes Rutgers Cancer Institute Director Steven K. Libutti, MD, FACS. “Patients with these types of cancers have better outcomes if detected early through proven screening methods.”

“Unfortunately, many of these cancers are found at a later stage and screening rates are low, especially in several New Jersey counties, which is why we helped initiate ScreenNJ with the state Department of Health. I’m pleased to say that our inaugural year has been spent developing important partnerships, as well as identifying strategic research needs to help reduce cancer disparities and save lives,” added Dr. Libutti, who is also the senior vice president of oncology services at RWJBarnabas Health.

Education and training on tobacco mitigation, and screening for lung and colorectal cancers geared toward clinicians across the state has also been a focus of ScreenNJ – along with the development of clinical decision support tools and practice strategies. In addition, many of our community-based primary care provider partners have been supported by ScreenNJ to enhance their cancer screening and patient navigation programs specifically designed to reach diverse and under-



From left: Panel moderator Mary O’Dowd, former Health Commissioner and now executive director of Health Systems and Population Health Integration for Rutgers Biomedical and Health Sciences; Dr. Antoinette Stroup, director of the NJ State Cancer Registry; Dr. Jennifer Tsui, Rutgers Cancer Institute population scientist; and Dr. Michael Steinberg, director of the Rutgers Tobacco Dependence Program, discuss strategies to increase cancer screening.

served populations. FQHCs conduct colorectal cancer screening, smoking cessation programs and assist patients with lung cancer screening referrals, among other services.

Through its partner organizations, ScreenNJ is committed to reducing cancer incidence and mortality through an effective cancer prevention and screening program. To learn more about ScreenNJ, visit www.screennj.org.

“In New Jersey, Federally Qualified Health Centers are leading the effort to screen for colorectal cancer among our patients. What we are doing is making an impact because colorectal cancer is the second leading cause of cancer deaths in the United States among men and women combined. In New Jersey, screening is above the national average compared to FQHCs across the country. We even have two Health Centers, Zufall Health Center and North Hudson Community Action Corporation, who have paved the way with high screening rates and shared best practices at the conference,” said NJPCA President and CEO Jillian Hudspeth.

Primary care physicians, including those who work in FQHCs, play an important role in cancer detection. While often the first to detect health abnormalities that may later be confirmed as cancer, they play an equally important role in the prevention of cancer. FQHCs provide prevention services as well as management of acute and chronic medical conditions.

Fathers' Conference Highlights Men's Perinatal Mental Health

Women are almost always the focal point when discussing depression related to the birth of a new child, but many people don't know that men can also be affected.

The National Institute of Mental Health defines postpartum depression as a mood disorder that can affect *women* after childbirth.

Nationally, about 1 in 9 women experience symptoms of postpartum depression, according to data from the Pregnancy Risk Assessment Monitoring System. State-specific data on postpartum symptoms in women can also be found [online](#).

This month's Focusing on Fathers' Perinatal Mental Health Conference highlighted a lesser known, but critically important health issue – postpartum depression in men.

The conference, sponsored by the Partnership for Maternal and Child Health of Northern New Jersey (MCHNJ) in collaboration with the New Jersey chapter of Postpartum Support International, brought together over 100 stakeholders from New Jersey, New York, Pennsylvania and California.

In opening remarks, NJDOH Deputy Commissioner Deborah Hartel emphasized the importance of addressing the mental health of expectant and new fathers as well as mothers.

"Because society has told us that men need to be strong, stoic and supportive, the stigma for men reaching out for mental health services is much greater than that for women," she said.

Research shows that 10 percent of new dads experience paternal postpartum depression- 50 percent when mom is depressed. However, many dads are unwilling to talk and display their feelings openly, making their depression hard to spot.

Dr. David Levine shared his own experience with paternal postpartum mental health during his keynote speech at the conference.

"I was happy to be a dad upon the birth of my first child, but soon that happiness turned to anger and anxiety," said Levine. "As a pediatrician I was used to babies crying, but with my son I became angry, I felt like I hated him."

Levine said he had done research on paternal postpartum but still didn't seek help, and it wasn't until he had an emotional breakdown that he went for care.

Deputy Commissioner Hartel stressed the importance of parental mental health and involvement in a family's overall wellbeing.

"The Department is extremely focused on improving birth outcomes in our state and to do that we need fathers to be engaged and healthy," she said. "When you look at the root causes driving maternal and infant health disparities, one of the key factors is lack of social supports, which include lack of parental support."

The DOH is putting \$4.3 million into community-based programs to reduce health disparities includes funding for fatherhood initiatives during and after pregnancy to reduce the Black infant mortality rate.

The daylong conference also featured presentations from other mental health experts and psychologists.



Carol Pletnick, left, Senior Rehabilitation Counselor at Ann Klein Forensic Center, and Chaplain Ali Van Kuiken are shown with 1,000 origami 'peace cranes' folded by patients and staff. Each bore a wish for peace and was displayed at Ann Klein Forensic Center during March 2018. The cranes were then sent to Hiroshima, Japan, where they were offered to and displayed at the Children's Peace Monument (right).



Opioids, Vector-borne Diseases Among Hot Topics at 2018 Local Public Health Forum

To prevent drug-related deaths and intervene before an overdose occurs, Ocean and Monmouth counties are tackling the opioid epidemic from a population health perspective. A mix of health, law enforcement and social service partners have teamed up to create Overdose Fatality Review Teams in both counties with a mission of helping those struggling with addiction before it's too late.

"Public health and law enforcement don't always play in the same sandbox," said Monmouth County Health Officer Chris Merkel. "No single strategy will solve the opioid crisis. A team approach is necessary."

Merkel and Kimberly Reilly, chief of administrative services at the Ocean County Health Department, shared their counties' experiences at the 2018 Local Public Health Forum co-hosted by the Department of Health and the New Jersey Association of County and City Health Officials (NJACCHO) on June 18. They were among two



(left to right) Tim Seplaki, data coordinator in the Office of Emergency Medical Services; Kimberly Reilly, chief of administrative services at the Ocean County Health Department; Monmouth County Health Officer Chris Merkel speak at the 2018 Local Public Health Forum.



Shereen Semple, Director of the Office of Local Public Health and Acting Assistant Commissioner for Public Health Infrastructure, Laboratories and Emergency Preparedness

dozen speakers at the collaborative forum that drew about 100 county and municipal public health representatives to the conference center at the RWJ Hamilton Center for Health and Wellness. Topics ranged from STDs, vectorborne disease prevention, emergency preparedness and food safety to black infant and maternal mortality reduction and medicinal marijuana program updates—a little something for everyone.

NJACCHO President Lisa Gulla kicked off the gathering by underscoring the importance of collaboration among stakeholders in achieving successful public health practice. Commissioner Dr. Shereef Elnahal said local health departments have an enormous responsibility as stewards of their communities.

"We value your commitment to our residents," said Commissioner Elnahal, who plans to visit every county health department this summer and is inviting the local agencies in their jurisdictions to join. "Studies have shown that where we live matters and influences how well and how long we live, so enhancing health locally is vital to advancing population health."



NJACCHO President Lisa Gulla

Commissioner Elnahal was joined by senior Department leadership including Shereen Semple, Director of the Office of Local Public Health and Acting Assistant Commissioner for Public Health Infrastructure, Laboratories and Emergency Preparedness; Principal Deputy Commissioner of Public Health Services Jackie Cornell; Deputy

Commissioner of Health Systems Marcela Maziarz and Deputy Commissioner of Integrated Health Deborah Hartel. All participated in a Q&A session with attendees after sharing how population health and local partnerships enrich their everyday work.



Presenters at the 2018 Local Public Health Forum

In 2016, the most recent year for which data is available, opioid overdoses killed an average of six New Jersey residents every day, and thousands more are suffering from addiction. Ocean and Monmouth counties have been particularly hard hit by the opioid crisis, prompting the Overdose Fatality Review Teams' work in analyzing overdose deaths, identifying factors that put individuals at risk of drug overdoses and improving coordination as well as pooling resources among county health, criminal justice and social service partners.

"We want to stop losing our residents," Reilly said.

A data use agreement between the Department and the New Jersey State Police allows for real-time monitoring of suspected opioid and other illicit drug overdoses, as well as identifying surg-

es through "hot spot" geo-mapping.

"This creates a full picture of where overdoses are occurring by tracking where and how often Narcan is deployed across the state," said Tim Seplaki, data coordinator in the Office of Emergency Medical Services. Narcan was administered about 4,000 times between Jan. 1 and April 15, 2018.

Attendees learned from their peers' challenges in public health—from Hunterdon County's identification of an invasive tick never before seen in U.S. to Camden County's accreditation journey—and came away with a variety of best practices to consider, feedback showed.

"Achieving our health goals requires the power of partnership, and I am excited to collaborate with all of you to build a healthier New Jersey," Commissioner Elnahal said.

For more on the Local Public Health Forum, search #2018publichealthforumNJ on Twitter for an archive of tweets and photos shared throughout the day.

Department of Health Celebrates LGBT Pride Month

To commemorate state and National LGBT Pride Month, Department of Health Commissioner Dr. Shereef Elnahal earlier this month urged all physicians and healthcare providers to undergo cultural competency training to help them better understand and serve the Lesbian, Gay, Bisexual and Transgender (LGBT) population.

Also as part of LGBT Pride Month, DOH featured healthcare facilities that are excelling at providing inclusive and equitable care on [its new Public Health Innovators page](#).

Governor Murphy issued a [proclamation](#) recognizing June as LGBT Pride Month. “We must remain vigilant against the bigotry that continues to vilify lesbians, gays, bisexuals and transgender individuals and encourages violence against them,” the Governor’s proclamation reads. “It is incumbent upon all of us to work together to achieve a safe and tolerant society for generations to come.”

Commissioner Elnahal spoke about the need for training and integrated healthcare during a roundtable discussion June 4 with patients, doctors, staff, and family members at the PROUD Family Health Center at Robert Wood Johnson Somerset – the state’s first and only clinic designed specifically for the LGBT community.

“As a doctor, I know that there are people in the medical community who are either uncomfortable or unskilled in treating the LGBT community,” said Elnahal. “This has got to change. People in the LGBT community deserve to be treated with dignity and professionalism so they can openly discuss their health issues without fear of being judged or mistreated.”

“I didn’t learn enough in my residency or training about the unique health issues facing the LGBT population,” said Commissioner Elnahal, a graduate of Harvard Medical School. “It should be an essential part of clinical training.”

Elnahal toured the year-old RWJ clinic, which announced an upcoming expansion, and then discussed the challenges the community faces in the healthcare system during the roundtable.

The clinics clients expressed how grateful they are to have the integrated services provided at the PROUD center in a setting that is accepting and welcoming. Many told the Commissioner that the culturally competent care provided at the center is a contrast to previous healthcare experiences.

“It’s nice to be accepted by everybody here. This is a one-stop shop, I can see a doctor for any condition,” another shared.

A transgender client said she is grateful for the welcoming care she gets at PROUD, even down to the fact that all of the people who work there know and remember her from visit to visit. She noted that “the proper pronouns are used,” referring to some doctors’ insistence on using the pronoun associated with the person’s gender at birth.

Joe Wilson, a gay New Brunswick man who grew up in Cape May and returned to New Jersey after living in San Francisco, said the thing he appreciates most about PROUD is, “You can talk openly with your doctors and not be judged.”

Some of the participants and program staff told Commissioner Elnahal that insurance companies and Medicaid policies on insurance claims often make it hard for a transgender person to get the hormones and services they need.

Commissioner Elnahal said the Murphy Administration is committed to increasing access to medical care to all residents, “no matter who they love or how they identify.”

“This is a civil rights issue and I want to serve as a megaphone,” Commissioner Elnahal said, also asking the participants to notify him of any changes in state policy that could help them. “We need to focus on what policies we can change to make sure more institutions follow Robert Wood Johnson’s lead.”

The Commissioner has asked the PROUD center to share their best practices so the Department can promote them among hospitals across the state.



Health Commissioner Elnahal, right, and Marcela Maziarz, Deputy Commissioner of Health Systems, second from right, participate in a LGBT roundtable discussion at the PROUD Family Health Center in Somerset.

Crisis Counselors Discuss Emotional Impact of Trenton Mass Shooting

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Commissioner Elnahal, who spoke to affected hospitals soon after the shooting, assured the people at the program that Governor Murphy is committed to reducing gun violence and addressing the societal issues that produces it.

He also told them that anxiety and fear are normal in the aftermath of an event that shatters one’s sense of safety.

“It seems no place is safe. Not the schools. Not the houses of worship. Not government buildings. Not concerts. Not night clubs. Not art events,” Commissioner Elnahal said. “But we in New Jersey are not surrendering. We are arming ourselves, not with guns, but with laws, with education, with interventions, and with determination and hope.

Untreated, trauma can become Post Traumatic Stress Disorder and cause a variety of ailments, Commissioner Elnahal noted. “But, with immediate emotional support and the resiliency one can get from it, the psychological damage can be limited and temporary. That support can come from family, clergy, friends, or professionals. “Please don’t go through this alone.”

Sun Safety: Planning is Your Best Protection

By Jacqueline T. Norrell, DNP RN APN FNP-BC NP-C

As we spend greater time outdoors throughout the year, we place ourselves at risk for over-exposure and cumulative, toxic effects of the sun that can eventually lead to skin cancer, one of the most common cancers in the United States. One in every three cancers diagnosed is a skin cancer, and one in every five Americans will develop skin cancer in their lifetime, according to the American Academy of Dermatology.

Common risk factors for developing skin cancer include blue, green or hazel eyes, many moles, a history of severe sunburns and a family history of skin cancer. People of color can get sunburned, and the effects of ultraviolet (UV) radiation can damage their skin, leading to the development of skin cancer. Adopting a common-sense approach to prevention through lifestyle choices that include sun-protective measures and limiting time outdoors will reduce your risk of developing skin cancer. Strategies to reduce the risk of skin cancer include:

Using Broad-Spectrum UVA and UVB Sun-Protector. UVA and UVB rays penetrate the deep and outer layers of the skin and cause wrinkles, leath-ering and other aspects of photo-aging. Using a sun protection factor (SPF) of at least 15 will block 93 percent of UVB; SPF 30, 97 percent; and SPF 50, 98 percent.

Avoiding Sunburns. Sunburns cause long-lasting damage from UV rays. Set a timer on your phone to avoid losing track of the time you spend in the sun. If you do get sunburn, cool your skin with water or cool compresses, cover up, moisturize and replenish with fluids.

Avoiding Tanning Beds. Tanning lamps emit UVA and UVB rays, which can damage the skin and increase the risk of skin cancer. The risk for skin cancer increases 75 percent for people who use a tanning bed before age 35.

Performing Self-Skin Exams. Self-skin exams will help with early recognition of skin cancer, but it is also important to schedule regu-lar dermatologic exams. When performing self-exams, use the ABCDE method of mole/spot skin: A=asymmetry, B=border irregular-ity, C=nonuniform color, D=diameter greater than 6mm and E=evolving and changing in size, shape or elevation.

Preparing for Outdoor Activities. For road trips, gardening and walking/hiking, consider a travel kit that contains a small bottle of sunscreen, wrap-around sunglasses (ANSI UV), and a hat (3-inch brim or greater all around). Avoid exposure to the sun when UV rays are strongest, between 10 a.m. and 4 p.m. Stay in the shade. UV-protective clothing is also a great sun-protective option.

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Hunger doesn't take a summer vacation. The U.S. Department of Agriculture's summer meals program provides a solution to summertime hunger for kids. The program ensures children who rely on free- and reduced-price school meals during the school year continue to receive healthy food during the summer. Communities across New Jersey are increasingly offering free meals to children in the summer at schools, parks, libraries and other places. Not only can kids get healthy meals, they can also connect with friends, engage in fun, healthy activities and get some exercise. Meals are available to children and teens up to age 18. Learn more at njsummermeals.org.