

March-April 2017

Proposed Budget Reflects Continued Commitment to Population Health

By Cathleen Bennett, Commissioner, NJ Department of Health

Understanding where residents live, work, go to school and enjoy leisure activities greatly impacts population health. To create healthy, sustainable communities, the New Jersey Department of Health understands the need to harness the efforts of our partners—from our local health departments, nonprofit community agencies, businesses and faith-based organizations to our medical, nursing and pharmacy schools and urban planners.

Testifying before the Senate Budget Committee on April 20, I presented the Department’s proposed \$1.6 billion budget for State Fiscal Year 2018, which underscores our mission to ensure the health of our communities. Not only does the budget include an increase of \$30 million to support our teaching hospitals through Graduate Medical Education (GME), it reflects investments through the lifespan—from our youngest residents with Newborn Screening and Early Intervention services to reforms that lead to better chronic disease management and end-of-life planning advances with our new electronic Practitioner Orders for Life-Sustaining Treatment (POLST) form.

In addition to the Department’s investment, I highlighted our collaboration among sister agencies, recognizing that creating healthy communities goes far beyond the reach of the Department of Health. That’s why I convened a Population Health Action Team (PHAT) of cabinet officers from Agriculture, Children and Families, Community Affairs, Education, Environmental Protection, Human Services and Transportation to improve health in all policies. We focused this year on nutrition and fitness and childhood lead exposure.

Continued on Page 3

Electronic Access to End-of-Life Care Now Online

In advance of the celebration of [National Healthcare Decisions Day](#), Commissioner Bennett and NJ Hospital Association President and CEO Betsy Ryan visited [Villa Marie Claire](#) Hospice in Saddle River to announce a new electronic version of the Practitioner Orders for Life-Sustaining Treatment (POLST). Electronic POLST enables access to an online form—via a secure website and mobile devices—so a patient and physician or advance practice nurse can detail the individual’s goals of care and medical preferences when facing a life-limiting illness.

Continued on Page 2



Commissioner Bennett testifies before the Senate Budget Committee on April 20.

Inside this issue

- Community Outreach 2
- Population Health Summit 2
- New Leader at CEOHS 2
- Healthy Communities Work 3
- DOH Assists “Gotham Shield” 4
- WIC Nutritionist Honored 4
- Ocean County Tackles Opioids 5
- Minority Health Month 5
- PrEP is Here 6
- Colorectal Cancer Awareness 6
- NJ Radon Efforts Recognized 7
- Skin Cancer Awareness Month ... 7
- Cancer Matters 7



Commissioner Cathleen Bennett, foreground left, and Holy Name Medical Center CEO Michael Maron visit a hospice patient on March 31. Also visible at left is NJ Hospital Association President and CEO Betsy Ryan.

Electronic Access to End-of-Life Care Now Online

Continued from Page 1

During a tour of the Villa Marie Claire hospice, which is part of Holy Name Medical Center, the Commissioner and other attendees saw the emphasis that was placed on making sure that patients who are near the end-of-life continue to live in way that makes them most comfortable. Holy Name CEO Michael Maron talked about how the hospice is making patients feel at home, like having communal settings where they can dine with family and friends, allowing them to keep pets with them, and having rooms available for loved ones to stay the night. At the event, the Commissioner talked about how documenting healthcare preferences allow individuals to live their lives fully until they take their last breath.

Planning for care is important at any age, and residents don't need to wait until they are faced with an illness. The Department's [palliative and end-of-life care](#) website provides residents with forms, toolkits, and guidance to help guide them in talking about and planning for end-of-life care.

National Healthcare Decisions Day, a weeklong celebration from April 16 to 22, highlighted the importance of documenting healthcare preferences.

Join us for our 2nd Population Health Summit

Join the New Jersey Department of Health for its second Population Health Summit on June 7 at Rider University. Don't forget to [register](#) for this exciting event! At the summit, winners of our Population Health Hero Awards will be announced. The goal of these awards is to discover and showcase the work of an individual, group, business, municipality, county, faith-based or other community organization that has successfully implemented a program or intervention that has made a measurable difference in health outcomes for our residents. Throughout the month of May, the Department is asking you and your partners to show how you contribute to Population Health in New Jersey by uploading "Population Health in Motion" photos to Twitter, Facebook and Instagram and using hashtag #PopHealthNJ to tag them. The Department will then collect these photos and display them in a slideshow at the summit. For more information, visit www.nj.gov/health/populationhealth.

Community Outreach March-April 2017

March 9 DOH senior staff spoke at the Department's Local Public Health Forum for health officers, Hamilton.

March 24 Commissioner Bennett served as the keynote speaker at the NJ Nursing Initiative Meeting, Princeton.

March 31 Commissioner Bennett joined New Jersey Hospital Association (NJHA) President and CEO Betsy Ryan to unveil New Jersey's new electronic POLST form at Villa Marie Claire Hospice in Saddle River.

April 7 Assistant Commissioner and State Epidemiologist Dr. Christina Tan attended the Rutgers School of Public Health Symposium at Rutgers Medical School, Piscataway.

April 12 As a part of National Minority Health Month, Commissioner Bennett and Office of Minority and Multicultural Health Director Carolyn Daniels attended the Department's Minority & Multicultural Health Forum at Cumberland County College, Vineland.

April 19 Director of Policy and Strategic Planning Anthony Welch spoke at the Department's 2017 Autism Summit in Princeton.

April 20 Commissioner Bennett delivered testimony before the Senate Budget Committee at the State House in Trenton.



Centifonti Takes Helm at CEOHS

Gary Centifonti has been appointed as the new Director for the Consumer, Environmental and Occupational Health Service (CEOHS). Gary has worked for the Department of Health for nearly 30 years and managed many different environmental and occupational health programs throughout his career, including the asbestos and lead-based paint training and certification, mold and indoor environmental health projects. He has also been the principal investigator on federal grants and cooperative agreements with the U.S. Environmental Protection Agency and the U.S. Department of Housing and Urban Development.

For the past five years, Gary has served as the Acting Program Manager for CEOHS's Environmental and Occupational Health Assessment Program where he has managed the Public Employee Occupational Safety and Health, Worker Right to Know and Indoor Environmental Health units.

Gary holds a Master's Degree in Environmental Science from Drexel University and is a Certified Industrial Hygienist (CIH) who is board-certified in the comprehensive practice of industrial hygiene by the American Board of Industrial Hygiene.

Please welcome Gary in his new role with the Department!



Gary Centifonti
Director, CEOHS

Proposed Budget Reflects Continued Commitment to Population Health

Continued from Page 1

In June, the PHAT and about 300 stakeholders will convene at Rider University at our second Population Health Summit to share best practices and announce the winners of our “Population Health Heroes” awards that will recognize innovative leaders who are making system, policy and environmental changes that improve health.

Governor Chris Christie’s proposed budget includes an additional \$10 million to assist local health departments in reducing potential exposures for children with elevated blood lead levels. There is no safe level of lead. The Department’s regulations lower the threshold for action when lead is detected in a child — from 10 to 5 micrograms per deciliter. This change and the additional funding will enable public health officials and medical providers to intervene earlier with education, retesting, case management and home visits.

One of the largest areas of funding in our budget is Early Intervention Services, which help parents minimize the effects of developmental delays and learning disabilities by identifying support services for children from birth to age 3. The Governor recognized how critical these therapies are and has increased funding over several years from \$48 million to \$176 million in fiscal year 2018. More than 26,000 infants and toddlers received services in the last year.

This proposed budget also dedicates nearly \$665 million to our hospitals and federally qualified health centers to care for patients, improve quality of care and further build the healthcare workforce. Our proposed budget includes \$252 million for charity care and recognizes that documented charity care to the uninsured declined by 53 percent over a two-year period. Hospital funding also includes \$166.6 million for the hospital incentive program known as the Delivery System Reform Incentive Payment (DSRIP), \$218 million for Graduate Medical Education (GME) and \$28 million to reimburse community health centers for care of uninsured.

We continue to invest in our healthcare system by expanding health information exchange and increasing quality, access and safety. Our Hospital Performance Report Card and other quality reports show that this investment is paying off. We are transparent; we provide data in accessible ways through the NJ State Health Assessment Data System, Healthy NJ 2020 and Hospital Quality Compare web tools.

The Department has been working to better integrate primary and behavioral health care. We issued a waiver so patients in need of behavioral health can receive this care in the same setting where they go for primary care. Recognizing that many residents struggle with addiction and co-occurring behavioral health problems, the Department asked for applications to expand inpatient acute psychiatric care by up to 864 beds. This represents a nearly 40 percent increase in the adult psychiatric beds currently licensed by the Department. The beds can be added to existing acute care or psychiatric hospitals, or any health care provider can apply to open a new inpatient psychiatric facility or create an inpatient psychiatric wing in an existing health care facility.

Along with the New Jersey Hospital Association, we’ve also made it easier for people to document end-of-life decisions through our new electronic POLST form. It empowers residents facing serious illnesses to detail their healthcare choices. It was a paper form, but now the electronic version allows residents to access an online form via a secure website and mobile devices. We announced this effort in March at Holy Name Medical Center’s Villa Marie Claire hospice. We are pilot-testing POLST in four hospitals.

The Department recognizes that the work we do directly impacts the lives of state residents, and we continue to strive to better serve them. I look forward to highlighting the Department proposed budget again before the Assembly Budget Committee on May 10.



Commissioner Bennett testifies before the Senate Budget Committee on April 20.

NJ Healthy Communities Network Continues to Make Progress in Promoting Healthy Environments

The [New Jersey Healthy Communities Network \(NJHCN\)](#), a funding collaborative created by DOH and the New Jersey Partnership for Healthy Kids (New Jersey YMCA State Alliance), brings together local, regional and statewide leaders to support communities in developing healthy school, work, and local environments across the state. Since its inception in 2013, the network has expanded from providing funding to 30 grantees in 2013 to funding 43 organizations in 2016. As a part of the network, DOH funds 19 of the 43 grantees, making it the largest funder.

Last year, NJHCN awarded \$860,000 to several organizations including health departments, non-profits, parks and recreation departments, school boards, and more, bringing the total investment in healthier communities to \$1.86 million since 2013.

In 2016, the network helped to support 44 community improvement projects around healthy nutrition, and 49 around active living including new school breakfast programs, healthy corner store initiatives, Safe Routes to School activities, community/school gardens, farmer’s markets, and more.

Through NJHCN, 9,000 students received new breakfast school programs; 18 new stores started participating in the Healthy Corner Store initiatives; 280 children were reached in childcare centers implementing healthy eating related policies, and 848 were reached implementing physical activity related policies in 2016.

DOH Participates in “Gotham Shield”

The Department’s Emergency Preparedness branch participated on April 26 in a FEMA exercise known as “Gotham Shield 2017” that tested New Jersey’s preparedness if a nuclear attack occurred in the northern part of the state. The purpose of the drill was to collaborate with neighboring states, sister agencies and our local partners on steps required to plan and prepare for a rapid and effective response.

Gotham Shield was part of a statewide drill and international exercise which included the Department’s regional Medical Coordination Centers (MCC) and the state’s health care coalitions. The Department of Health’s Health Command Center was activated as part of the functional exercise, coordinated by Brendan McCluskey, Director of the Department’s Emergency Preparedness and Operations unit. Health Commissioner Cathleen Bennett stopped by the command center prior to the exercise’s shift change to thank the participants for testing the Department’s emergency preparedness to ensure the health and safety of residents.

To fulfill the exercise objectives, the drill was broken down to test the emergency support roles of Public Health & Medical Services, Operational Coordination, Critical Transportation, Mass Care Services and Intelligence and Information Sharing. The exercise was an opportunity to examine the operational coordination of the New Jersey Office of Emergency Management’s State Emergency Operations Center (SEOC), the Department’s Health Command Center and regional MCCs in collaborating in response to a fake nuclear detonation incident. The drill also allowed the Department to review and test the request process for federal assistance, including the National Ambulance Contract, the Strategic National Stockpile (SNS), radiological countermeasures, Disaster Medical Assistance Teams (DMAT) and other medical support, Disaster Mortuary Operation Response Teams (DMORT), and military medical resources.

Gotham Shield 2017 also prompted a series of collateral drills that were held throughout the week of April 24-28, using the FEMA scenario to expand exercise play for other partners. Led by the NJ EMS Task Force, first responders from several states gathered at MetLife Stadium on April 25 to test equipment used for large-scale disasters and communications during a large-scale event. Local public health agencies in the Urban Area Security Initiative (UASI) region also conducted communication and notification drills on April 24. Several hospitals in the UASI region also worked with local fire departments to stage patient decontamination exercises throughout the week. In addition, Middlesex County opened and tested their public health Radiological Community Reception Center on April 25 and 26.

Special congratulations to the hard work of the Department’s exercise development team led by Andy Snyder and members Susan Johnson, Jordan Henry and Meena Rathee who led a well-structured and thorough test of the Department’s capabilities. Many thanks go out to the exercise “players,” including participants from the Emergency Preparedness and Operations unit and staff from the Office of Local Public Health, Public Health Environmental Laboratory, Office of Emergency Medical Services and Epidemiology, Environmental and Occupational Health, as well as our federal and local partners.



Brendan McCluskey, Director of Emergency Preparedness and Operations at the Department of Health, oversees Health Command Center operations in Trenton during the “Gotham Shield” exercise on April 26.

WIC Nutritionist Honored

Mary Ann Ellsworth, the Department of Health’s fruit and vegetable nutrition coordinator within the WIC program, was recognized on April 18 by the New Jersey Academy of Nutrition and Dietetics (NJAND) as the registered dietician nutritionist of the day.

Mary Ann has been a member of the Division of Family Health Services for more than 15 years. She encourages increased access, desire and consumption of fruits and vegetables in New Jersey and works with the state’s WIC program on outreach and child retention. She currently works on two collaborative projects: Partnering with the New Jersey Academy of Pediatrics to address food insecurity with a WIC toolkit for pediatricians and professional education training, and working with early child educators to promote responsive feeding.

As a member of WIC’s nutrition and breastfeeding team, Mary Ann seeks to contribute to “mom-friendly” nutrition education topics and delivery methods, including online education. Some of her proudest moments include receiving the Recognized Young Dietician of the Year Award and serving in various positions on the NJAND board. She is also proud of the support she received from NJAND as a sponsor of a school salad bar in Perth Amboy. She has also represented New Jersey as the state designee to the Association of State Public Health Nutritionists and serves as their liaison on the National Fruit and Vegetable Alliance.

“When asked about my proudest moments, I feel especially humbled for the opportunity to recall the many projects that could only be accomplished through the collaboration and teamwork of peers,” she said.



*Mary Ann Ellsworth,
New Jersey WIC*

Ocean County Health Department Kicks Off Overdose Fatality Review Taskforce

Health Commissioner Cathleen Bennett joined the Ocean County Health Department on April 24 to kick off the county's Overdose Fatality Review Taskforce meeting. Aligning with the goal of population health, which focuses on prevention and wellness, the taskforce's overall mission is to intervene before a drug problem begins and prevent future deaths and non-fatal repeat overdoses. This can be done by identifying missed opportunities and gaps, building relationships with stakeholders, recommending policies, programs and legislation and informing local overdose and opioid misuse strategies.

"In 2015, there were nearly 1,600 drug-related deaths in New Jersey, which is three times greater than the number of people killed in car accidents in the same year," said Commissioner Bennett.

Ocean and Monmouth counties have been particularly hard hit by the epidemic. Recognizing how urgent this challenge is to New Jersey, earlier this year, Governor Chris Christie declared that the abuse of and addiction to opioid drugs is a public health crisis. Under his leadership, the Department is focused on identifying barriers, reducing obstacles and developing and executing a comprehensive strategy to combat opioid addiction.

To ensure all residents are connected to care, Governor Christie launched a "Help is Within Reach" public awareness campaign and a 24/7 helpline at 1-844-ReachNJ for instant drug addiction-related help. As part of the Governor's comprehensive plan to stem New Jersey's opioid public health crisis, the Department issued a Certificate of Need (CN) call earlier this year for 864 new adult inpatient acute psychiatric beds.

For more information on ReachNJ, visit <http://reachnj.gov/>.



Assistant Commissioner Christopher Rinn, Commissioner Bennett, Ocean County Health Officer Daniel Regenye and Shereen Semple, director of the Department's Office of Local Public Health.

New Jersey Observes National Minority Health Month

The Department celebrated National Minority Health Month with a series of health equity forums with the theme "Bridging Health Equity Across Communities." Health Commissioner Cathleen Bennett and senior department leaders highlighted New Jersey's efforts to promote and build healthier communities, hospitals, local and county health departments and community groups by supporting the more than 70 collaborative events hosted throughout the state.

New Jersey's successes are owed in large part to our public health partners and with more than 20 percent of our population foreign-born, April offered a chance to work even closer with our partners to help ensure residents are given every opportunity to lead healthy lifestyles, especially underserved populations.

Eliminating health disparities, addressing health equity and improving population health is a key priority in keeping healthy New Jerseyans well, preventing those at risk from getting sick and keeping those with chronic conditions from getting sicker.

For the sixth year, the Department's [Office of Minority and Multi-cultural Health](#) partnered with the American Heart Association and American Stroke Association and county health departments to host regional health equity forums to encourage health and wellness, and disease prevention:

- Passaic County Health Department, April 7
- Cumberland County Health Department, April 12
- Monmouth County Health Department, April 25



Dr. M. Carolyn Daniels delivers opening remarks at Cumberland County health equity forum on April 12.

Health Commissioner Bennett participated in the Cumberland County event in on April 12. She was accompanied by Dr. M. Carolyn Daniels, executive director of the OMMH.

"We are grateful that the American Heart Association and American Stroke Association have graciously joined in our efforts to raise awareness of the environmental, social and economic factors that disproportionately affect underserved communities throughout the years," Dr. Daniels said. "The fight against health inequalities is an ongoing initiative and we commend the hard work our local partners provide as we strive to continually advance each agency's County Community Health Improvement plan."

DOH Expands Access to HIV Protection

The number of HIV diagnoses in the U.S. declined 19 percent over the past ten years. However, trends have varied among gay and bisexual men, with increases among some races and ethnicities. Last year, the Department's [Division of HIV, STD and TB Services \(DHSTS\)](#) expanded its effort to help protect against HIV infection among individuals most at risk by integrating HIV Pre-Exposure Prophylaxis (PrEP) into its HIV prevention initiatives.

PrEP is the latest addition to the list of high impact HIV prevention strategies, and is among one of the most effective ways to reduce HIV transmission. PrEP involves HIV-negative individuals taking Truvada, the same pill used to treat HIV infection, daily, to achieve maximum effectiveness. Patients see their physician every three months for HIV and STD testing.

Daily PrEP can reduce the risk of getting HIV from male to male sex by as much as 92 percent, and can reduce the risk of getting HIV among people who inject drugs by more than 70 percent.

The CDC estimates that about 25 percent of sexually active gay and bisexual adult men, nearly 20 percent of adults who inject drugs, and less than 1 percent of heterosexually active adults were at substantial risk of HIV and should be counseled about PrEP.

In early 2016, the Department funded seven PrEP projects, which have now expanded to [24 PrEP Counselors across the state](#). Nine are co-located at HIV prevention projects that target gay and bisexual men, 10 in HIV clinics, one in an Adolescent/Young Adult Medical

Clinic, one in an STD clinic and two in planned parenthoods that are pioneering women-focused PrEP projects.

In just one year, 563 new clients were seen by PrEP Counselors:

- 80 percent were male, 19 percent female and 1 percent transgender
- 46 percent were Black, 45 percent White, 1 percent Asian Pacific Islander, 8 percent other/not reported
- 29 percent were Latino
- 30 percent were 18-25 years old, 33 percent 26-35 years old
- 72 percent were Gay, Bisexual, Men Who Have Sex with Men
- 1 percent were Injection Drug Users

"These data mirror the demographics of the current HIV epidemic in New Jersey, and serve as evidence that the program is reaching those who need it the most," said Steven Saunders, M.S., Director of HIV Prevention and Education.

For the coming year, DHSTS will continue to provide PrEP Counselor Training and integrate PrEP into its existing HIV Test Counselor Training. Additionally, working with its 24 community partners, DHSTS will develop a list of PrEP Prescribers in New Jersey.

Colorectal Cancer Awareness Month Highlights Need for Education and Screening

This year, about 50,000 people will die from colorectal cancer, which is the third leading cause of cancer-related deaths in U.S. women and the second leading cause among men, according to the American Cancer Society. In New Jersey, it is the third most common type of cancer among men and women.

The Department marked March as National Colorectal Cancer Awareness Month by promoting public awareness and encouraging regular screenings for colorectal cancer. In New Jersey, there are 790 deaths reported annually due to colorectal cancer for both men and women. Although overall colorectal cancer rates have been steadily dropping for several decades, it is still important for residents to be aware of the risks associated with colorectal cancer, especially considering that [a recent analysis](#) published in the Journal of the National Cancer Institute found the incidence of colorectal cancer is rising in young adults. The report showed that adults born in 1990 are twice as likely to be diagnosed with colon cancer and four times as likely to be diagnosed with rectal cancer as people born in 1950.

New Jersey's colorectal cancer incidence rates showed the same trends. Amanda Crosbie, research scientist in the Department's [Division of Cancer Epidemiology Services](#), is currently working on a study analyzing New Jersey data. "The decline in colorectal cancer is occurring in the adults, but there is a small but persistent increase in incidences among individuals under 50 years old," she said.

Risk factors for colorectal cancer include obesity, physical inactivity and a diet high in red or processed meat, or meat cooked at very high temperatures. Other risk factors include smoking, personal or family history of colorectal polyps or inflammatory bowel disease, or other hereditary conditions.

Colorectal cancer is preventable and treatable. When found at an early stage before it has spread, the 5-year relative survival rate is about 90 percent. Regular screenings are usually recommended beginning at age 50, unless you are at an increased or high risk of colorectal cancer.

The [NJ Cancer Education and Early Detection \(NJCEED\)](#) program provided 58,743 colorectal screenings between 2002 and 2016, 76 percent of them among women.

Dr. Antonitte Stroup, director of the New Jersey Cancer Registry, and Africa Candido, NJCEED's program data and clinical manager, served as panelists at the American Cancer Society's Colorectal Cancer stakeholder meeting to speak about increasing colorectal cancer screening in New Jersey. Several other organizations hosted screenings and educational events throughout the month of March.

CDC Highlights New Jersey's Environmental Health Tracking

The New Jersey Environmental Public Health Tracking (EPHT) Network was recognized in the April edition of the Centers for Disease Control and Prevention's monthly grantee newsletter for its work during National Radon Action Month in January.

As a part of the [CDC's National Public Health Tracking Network](#), the NJEPHT Network serves as an information resource for the public, government officials, health care providers, community organizations and researchers. CDC's National Public Health Tracking Program provides grants to 25 state health departments to help build and implement local tracking networks. These state and local data systems feed into the national tracking network.

The Department of Health partners with the New Jersey Department of Environmental Protection throughout the year on radon track-

ing workgroups and other environmental health initiatives. Together these Departments collect data on health, human exposures and environmental hazards that can be used to help understand patterns and trends.

During National Radon Action Month, radon outreach materials were mailed to more than 500 New Jersey municipalities. Outreach efforts also included a proclamation by Gov. Chris Christie, press release, podcast, radio interview with NJ101.5, feature article on NJDEP's main landing page, 21 Facebook posts and 30 tweets.

Additional information can be found on the Department of Health's website. NJDOH's online resources include an updated fact sheet on radon, smoking and lung cancer and information on radon screening in New Jersey.

Cancer Matters: Minority groups disproportionately affected

By Jennifer Tsui, PhD

Cancer is now the leading cause of death in 22 states and disproportionately impacts racial/ethnic minority groups. New Jersey in particular has the fifth highest cancer incidence rate in the United States and continues to experience marked disparities in cancer outcomes by race/ethnicity, income, and geography. Like other complex health conditions, low-income and racial/ethnic minority patients, particularly those with Medicaid coverage, are more likely to be diagnosed with cancer at later disease stages, less likely to undergo and complete treatment, and experience worse survival compared to other non-minority patients.

Access to care is an important factor for timely cancer screening and treatment. New Jersey has made positive strides in the overall reduction prevalence of smoking and obesity, risk factors for cancer, compared to other states. Our rates of routine doctor visits among at-risk adults with chronic conditions are also among the highest of any state.

These advancements, combined with the ongoing efforts to better integrate cancer care delivery throughout New Jersey, including here at the Rutgers Cancer Institute of New Jersey, are particularly encouraging for minority communi-

ties. More work can be done, however, to provide better, more affordable cancer care for all populations. At Rutgers Cancer Institute, investigators in the Cancer Prevention and Control Program are engaging in population-based research to reduce the cancer burden and improve quality of life for cancer patients and survivors and for those at risk for cancer in the community.

As we enter this new era of precision medicine and innovative therapies, it will be critically important to ensure minority populations have access to high quality screenings and treatments, adequate insurance coverage, and culturally and linguistically appropriate services to address their cancer care needs.

Jennifer Tsui, PhD, is a resident research member in the Cancer Prevention and Control Program at Rutgers Cancer Institute of New Jersey.

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



"Low-income and racial/ethnic minority patients [...] are more likely to be diagnosed with cancer at later disease stages, less likely to undergo and complete treatment, and experience worse survival compared to other non-minority patients."

May is Skin Cancer Awareness Month

Skin cancer is by far the most common form of cancer in the United States. As we look forward to summer vacations and sunny days on the beach, NJDOH reminds everyone to protect their skin and lower their skin cancer risk.

The American Cancer Society estimates that 87,110 cases of melanoma, the most serious form of skin cancer, will be diagnosed nationwide in 2017. An estimated 2,790 of those diagnoses will be in New Jersey.

Young children especially need protection from the sun's ultraviolet (UV) rays, and infants should not be exposed to the mid-day sun from 10 a.m. to 4 p.m. People of all ages and races are at risk from too much sun. Unprotected skin can be damaged by UV rays in as little as 15 minutes.

Sun smart precautions include using sunscreen with a SPF factor of at least 30, wearing protective clothing, a wide-brimmed hat and sunglasses. Seek shade during midday hours.

Another important reminder is that early skin cancer detection saves lives. For the 10th year, Choose Your Cover (CYC), a statewide campaign, will provide free skin cancer screening at venues across the state. In 2016, 2,072 people were screened at nearly 50 sites, and of those screened, more than 32 percent (667) were referred for further testing.

Scheduling is underway for the current year. One of the first CYC events will be held at Flemington Hunterdon Regional Cancer Center – May 8th and 10th, 5-7 p.m.