



Keeping New Jersey Healthy



Commissioner O’Dowd with Sunday Gustin, DCF Early Childhood Services Administrator, and Stuart Dubin, DHS, Div. of Medical Assistance & Health Services discuss improving birth outcomes at a NGA conference.

Striving for A Healthier New Jersey in 2014

By Mary E. O’Dowd, MPH, Commissioner
New Jersey Department of Health



Two important projects were the focus of the Department’s efforts this month—a new plan to reduce chronic disease and an expanded effort to improve maternal and child health. Both are designed to create a healthier New Jersey.

Efforts to improve maternal and child health and ensure that New Jersey newborns have the healthiest start in life was the focus of two important conferences the Department and the [National Governors Association](#) (NGA) participated in this month.

Last fall the NGA chose New Jersey and four other states—Alabama, Arizona, Nevada, and Virginia—to participate in the final round of a Learning Network on Improving Birth Outcomes. The goal of the learning network is to assist states in developing, aligning and implementing key policies and initiatives related to the improvement of birth outcomes. Last Thursday and Friday, I joined Federal leaders of those states as well as key members of our team for a two-day conference in Washington, D.C. We learned the best practices and quality improvement principles of other states so we can incorporate those strategies to reduce disparities, improve birth outcomes and reduce costs.

At this meeting, I gave an overview of a January 13 workshop the Department co-hosted with the NGA to explore the issue of improving birth outcomes and set the agenda for where we, as a state, need to focus efforts. More than 40 stakeholders attended the Jan. 13 workshop—including health care providers, maternal and child health advocates, insurers and several Departments.

Since improving birth outcomes is a complex and expansive topic, our Jan. 13 meeting focused on a few indicators: preterm births, ensuring the health of women before pregnancy and smoking during pregnancy. In addition to presentations from NGA and the Department of Health, the Departments of Children and Families, Education, and Human Services shared their efforts to improve birth outcomes on maternal and child health.

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Commissioner O’Dowd with Bill Lovett, Executive Director, YMCA State Alliance; Melita Jordan, DOH Director, Chronic Disease Prevention; Diane Litterer, Executive Director, NJ Prevention Network; Ruth Perry, Director, Trenton Health Team, and Kim Fortunato, Director, Childhood Obesity and Hunger Program, Campbell Soup, Inc. at Cooper University Hospital in Camden.

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Department Supporting Super Bowl Health & Safety Efforts

As Super Bowl Week activities play out over nearly a dozen venues, the Department and its partners in public health and emergency preparedness are ready to assist and help ensure that the 400,000 visitors taking part in the festivities have a safe and healthy experience.

In fact, the Department has been preparing with our partners over the past year to play a supportive role during Big Game week—positioning EMS vehicles to be on standby, inspecting various food service establishments, monitoring for flu and other possible disease outbreaks and working with our local partners on preparedness.

The NY/NJ Super Bowl Host Committee named Hackensack University Health Network, the Hospital for Special Surgery and New York-Presbyterian Hospital as official Super Bowl health service providers. Together, these three health systems will ensure that medical needs of spectators, volunteers and staff are met. The Department is working with Hackensack, as well as the New York Department of Health and Mental Hygiene and the New York State Department of Health to coordinate preparedness efforts.

Other North Jersey area hospitals have their emergency departments ready to handle any increase in volume that may occur, and are monitoring for any increases in communicable diseases such as flu or measles.

Food safety has been a key emphasis. We have been working with several North Jersey health departments to conduct inspections and ensure that area hotels, food establishments and providers are meeting health code requirements. The Department, in conjunction with the Food and Drug Administration and MetLife Stadium, has also held enhanced training courses on food safety for staff at venues that will be hosting Super Bowl activities.

We are also working with our health care partners to be alert for any health incidents that may be related to human trafficking, a crime that often accompanies major sporting events. The Department, along with the State Attorney General's Office, the State Police and the Federal Office of Homeland Security have provided training to nearly 200 EMS staff across New Jersey so they will be able to recognize an individual who may have been a victim of human trafficking and take appropriate action.

Beyond the planning and preparation for the Super Bowl, the Department has, over the last eight months, embarked on one of the largest blood drives in the State's history. The Super Community Blood Drive, which started last May, is a partnership among the Department, the New Jersey Workplace Blood Donor Coalition and the NY/NJ Super Bowl Host Committee, as well as blood centers in the New York metropolitan area. The Coalition is comprised of businesses, trade associations, government agencies and academic institutions.

On January 14, Commissioner O'Dowd and Lt. Governor Kim Guadagno attended the 4th and Goal Blood Drive, the last major blood drive of the campaign featuring a "Salute to the Troops" that took place at the Sun National Bank Center in Trenton. The drive not only helped improve New Jersey's blood supply, it honored New Jersey's Army and Air National Guard for their service to our nation and during Sandy recovery.

Thanks to everyone's combined efforts, more than 10,500 blood drives have been conducted as part of the Super Community Blood Drive.

New Jersey is proud to host the Super Bowl and we welcome everyone to the Garden State. *Enjoy the game!*



Service men and women from the New Jersey National Guard donate blood at the "Salute to the Troops," 4th and Goal Super Community Blood Drive at the Sun National Bank Center in Trenton on Jan. 14.



Commissioner Mary O'Dowd, Lt. Governor Kim Guadagno, and New Jersey's Brigadier General Michael Cuniff, at the 4th and Goal Super Community Blood Drive at the Sun National Bank Center in Trenton.



Commissioner O'Dowd Video: Super Bowl Health and Safety Tips



Stay Safe, Stay Warm at the Super Bowl

Super Bowl XLVIII is the first cold-weather, outdoor Super Bowl and whether you are at the game or attending an outdoor event related to the Super Bowl it's important to prepare for potentially cold, snowy and windy weather.

Perhaps most important is to wear clothing that protects you from cold weather. Be sure to wear a winter coat and hat, a scarf or knit mask to cover face and mouth, mittens (they are warmer than gloves) and water-resistant shoes. You should also dress in layers with the outer layer of your clothing tightly woven and preferably wind resistant, to reduce body-heat loss caused by wind. Wool, silk, or polypropylene inner layers of clothing will hold more body heat than cotton.

Stay dry—wet clothing chills the body rapidly. Excess perspiration will increase heat loss, so remove extra layers of clothing whenever you feel too warm.

Eating well-balanced meals will help also you stay warmer. Drink warm, sweet beverages such as hot chocolate to help maintain your body temperature. If you have any dietary restrictions, ask your doctor. Limit your alcohol. Alcohol consumption can dilate blood vessel near the skin, meaning more blood and heat flow to these vessels. While that may make a person feel warmer, it actually takes blood and heat from the core of the body.

We want all our residents and visitors to enjoy the game and outdoor activities but we also want you to remain healthy and safe. For more information on staying healthy in cold weather, visit the [Department's website](#).

Super Bowl Food Safety Tips

If you are hosting a party for your friends and family for the Super Bowl, be sure to take simple safety steps that will reduce the chance of foodborne illnesses. Each year, an estimated 76 million Americans get sick from food that is not prepared or cooked properly.

The following tips should be followed to reduce the risk of foodborne illness, including:

- Wash your hands thoroughly in warm, soapy water for at least 20 seconds before and after preparing all foods
- Be sure to separate raw foods (i.e. raw meat, poultry, and fish) from ready-to-eat foods that won't be cooked. For example, use two cutting boards – one for raw foods and the other for ready-to-eat foods such as vegetables, cheese, and cooked meats
- Clean all kitchen surfaces including counters, cutting boards and utensils that come in contact with raw food
- Use a food thermometer to ensure that raw food is cooked to the minimum proper temperatures to destroy harmful bacteria as follows: Poultry and stuffed meats should be cooked at 165° F; hamburgers at 155° F; and pork, fish and roasts at 145° F
- Keep cold foods refrigerated or on ice until serving

For more information about food safety, visit:

<http://nj.gov/health/foodanddrugsafety/index.shtml>.





Service men and women from the New Jersey National Guard donate blood at the "Salute to the Troops," 4th and Goal Super Community Blood Drive at the Sun National Bank Center in Trenton on Jan. 14.

One pint of blood from a single donor may save 3 lives.

DONATE NOW

Nearly 300 Donate Blood at "Salute to the Troops" 4th and Goal Blood Drive

Approximately 300 people including nearly 200 service men and women from the New Jersey National Guard donated blood at the 4th and Goal Blood Drive held on January 14, at the Sun National Bank Center in Trenton. The blood drive resulted in approximately 200 units of blood being collected for use at hospitals across New Jersey.

"Our troops help protect us each and every day of the year, and having them on hand to support New Jersey residents in need of blood is just another example of their selfless work on behalf of our state and our nation," said Lt. Governor Guadagno who addressed the troops during the blood drive.

Health Commissioner O'Dowd provided opening remarks at the press event noting, "January is National Blood Donor Month and we face a critical blood shortage because of the extreme cold temperatures earlier this month, flu activity and the fact that blood supply is always low after the holidays."

Brigadier General Michael Cunniff, the Adjutant General, Department of Military and Veterans Affairs addressed the troops under his command at the blood drive and commended them for their ongoing relief work and their community support. "More than 2,300 troops were activated during Super Storm Sandy for relief efforts. Their contribution to this blood drive is just one additional way they work to support the residents of the state."

The blood drive was the final event in an eight-month Super Community Blood Drive campaign leading up to Super Bowl XLVIII on Sunday, February 2. More than 160,000 units of blood were collected during the campaign. Increasing blood donations is one of the charitable causes selected by the 2014 NY/NJ Super Bowl Host Committee. The Committee teamed up with the Department of Health, the New Jersey Workplace Donor Coalition and Novartis Pharmaceutical Corporation that sponsored the drive.

Everyone who donated blood as part of the Super Community Blood Drive Campaign will be entered into a raffle to win two pairs of tickets to Super Bowl XLVIII. The tickets will be awarded on January 24 as part of the campaign.

Giving blood takes less than an hour, one pint of blood from a single donor can save three lives. Most people age 16 and older who are in good health and weigh at least 110 pound are eligible to donate. For more on blood donation and the Super Community Blood Drive, please visit: <http://www.state.nj.us/health/njsave3lives/>

Community Outreach & Events

January 2014



Commissioner Mary O' Dowd gave remarks on the importance of blood donation at the "Salute to the Troops," 4th and Goal Blood Drive at the Sun National Bank Center in Trenton on Jan. 14.

New Jersey State Stroke Conference

Hyatt Regency
New Brunswick

Thursday, April 3, 2014
8:00 am - 4:15 pm

For complete information:
<http://www.thenecc.org/images/2014NJBrochure.pdf>

- January 7 – Dr. Christina Tan, State Epidemiologist, spoke at a forum on Super Storm Sandy Response and Recovery at Columbia University Mailman School of Public Health
- January 13 – Commissioner O'Dowd, Deputy Commissioner, Dr. Arturo Brito, and Assistant Commissioner, Gloria Rodriguez gave presentations on improved birth outcomes in New Jersey at the National Governor's Associations forum on Building Partnerships Across the State to improve Birth Outcomes and Create Healthy Communities. The forum took place in Hamilton
- January 14 – Commissioner O'Dowd gave remarks to more than 200 service men and women from New Jersey's National Guard at the "4th and Goal," Super Community Blood Drive at the Sun National Bank Center arena in Trenton
- January 23 – Jennifer Smith, Public Health Educator, presented Ryan Zuzulock with the Grand Prize of the second annual, "Protect Me with 3," statewide adolescent vaccine education contest at West Deptford High School. Ryan won in the 11-14 age category
- January 23 – Commissioner O'Dowd, Assistant Commissioner Gloria Rodriguez and Dr. Lorraine Garg, Director of Maternal and Child Health, attended the National Governor's Associations Conference on Healthy Birth Outcomes in Washington, D.C.
- January 28 – Commissioner O'Dowd met with stakeholders to discuss *Partnering for a Healthy New Jersey: New Jersey Chronic Disease Prevention and Health Promotion Plan 2013 – 2018*, at Cooper University Hospital in Camden

Department of Health

Staff Notes



The Department Welcomes...

Kristin Innes, as the Department's new Zoonotic Disease Epidemiologist.

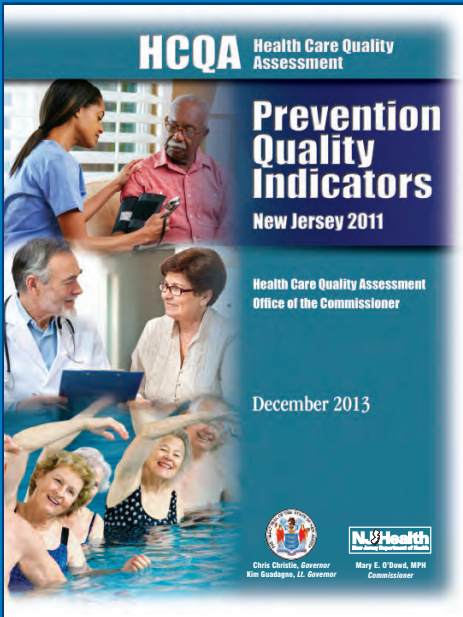
Teresa Hamby, Data Analyst, Epidemiology, Environmental and Occupational Health, presented a poster about alerts related emergency department visits for chemical exposures at two NJ high schools at the 2013 International Society for Disease Surveillance Conference. Ms. Hamby is a member of the team responsible for the analysis of surveillance data to detect public health events and outbreaks.

Steven Saunders, Service Director, Public Health Services attended the, "HIV Prevention in a Changing Landscape Meeting" that focused on the opportunities and challenges facing HIV prevention programs in a rapidly changing health care environment.

Lorraine F. Garg, MD, MPH, Director of Maternal and Child Health Services, presented at the, "Establishing Screening for Critical Congenital Heart Disease," conference in New York. Dr. Garg spoke about New Jersey's experience with implementing statewide Newborn Screening for critical congenital heart defects.



Jennifer Smith, Public Health Educator (left), and Vaccine Preventable Disease Program staff presented Ryan Zuzulock with the Grand Prize of the second annual, "Protect Me with 3," statewide adolescent vaccine education contest.



Department Examines Preventable Hospitalizations

This month, the Department released a report, *Prevention Quality Indicators: New Jersey*, examining the volume of admissions that could be prevented with good outpatient care. The Department measured preventable hospitalizations by applying a statistical tool, known as Prevention Quality Indicators (PQIs) to 2011 New Jersey inpatient hospital discharge data. Based on the Department’s assessment, New Jersey had approximately 109,000 potentially preventable hospitalizations for treatment of medical conditions in 2011.

Of these potentially preventable hospitalizations, the greatest numbers were in the areas of:

- Chronic Obstructive Pulmonary Disease - 21,809 preventable hospital admissions
- Congestive Heart Failure - 24,890 preventable hospital admissions
- Bacterial Pneumonia - 17,917 preventable admissions
- Urinary Tract Infection - 12,849 preventable hospital admissions

Potentially preventable hospitalizations can serve as useful indicators of possible unmet community needs. By using PQIs to measure the frequency of hospitalization, health care leaders can identify communities most in need of improvements in outpatient care, as well as the conditions for which care is most needed. Greater coordination of care among all providers has the power to reduce disparities in health outcomes and improve population health. Not every hospitalization can be prevented, however improvement in health care delivery, early detection, care, and education of individuals has the potential to reduce rates of hospitalization, save lives, reduce health care costs and improve the quality of life for New Jerseyans.

To view the report, visit <http://nj.gov/health/healthcarequality/pqi.shtml>



CMS Awards NJ More than \$22.4 Million for Improving Access to Children’s Health Coverage

The Centers for Medicare & Medicaid Services (CMS) has awarded over \$307 million in performance bonuses to 23 states for improving access to children’s health coverage and successfully enrolling eligible children in Medicaid, including \$22.4 million for New Jersey. The performance bonuses were authorized under the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA).

According to CMS, New Jersey:

“...is continually improving upon its presumptive eligibility process for children. Since last year, the state has been allowing primary care providers, as well as community health centers and hospitals, to make presumptive eligibility determinations, meaning they can enroll eligible children and provide benefits while the full application process is being completed. The state also has developed a web-based certification tool that enables providers to get training online.”

Information related to this year’s awards, as well as past awards, are posted here: <http://goo.gl/Zz0qAT>



Infant Death Rate

(per 1,000 births)

5.1 (2007)

4.8 (2020)

Prenatal Care in 1st Trimester

(% of births)

75.6% (2008)

79.4% (2020)

Low Birth Weight

(% of births)

8.1% (2008)

7.7% (2020)

Commissioner's Message, *continued from page 1*

The Department of Human Services spoke about Medicaid Performance Based Contracting, which is designed to motivate managed care organizations to demonstrate quality improvement in specific areas including preterm birth. Medicaid launched this project in July. Preterm births was chosen as an area for improvement because the pre-term birth rate among the Medicaid population has been increasing (from 11.6% in 2007 to 12.1% in 2010) while the rate for the non-Medicaid population has been falling (from 13.2% in 2007 to 11.3% in 2010).

The Southern New Jersey Perinatal Cooperative presented their work on the Perinatal Risk Assessment Form. The New Jersey Hospital Association presented on their work to end the practice of early elective deliveries through the Perinatal Collaborative which has shown some dramatic success in reducing early elective deliveries through its Hard Stop Campaign. The Department and the NJHA have encouraged hospitals to adopt a "hard stop" to the scheduling of elective deliveries prior to week 39 to reduce poor birth outcomes. In the first quarter of 2012 the rate of early elective deliveries was 4.78%--significantly above the national benchmark of 2%. By July of 2013 the rate had declined dramatically to .38%--well below that national measure.

Following the presentations, two breakout sessions focused on the indicators of preterm births, ensuring the health of women before pregnancy and smoking during pregnancy. During the sessions, participants discussed some promising programs and best practices that could be replicated and expanded.

As a result of the meeting, we were able to engage some new partners in looking at improving birth outcomes—specifically third party payers. In a time when grant funding is limited, involving payers in thinking about the sustainability of programs is critical. The participants were also able to identify opportunities for improvement and enhanced data sharing. More importantly, individuals volunteered to lead initiatives and identified other potential partners who should also be part of this effort. I look forward to the continued work in this critical area.

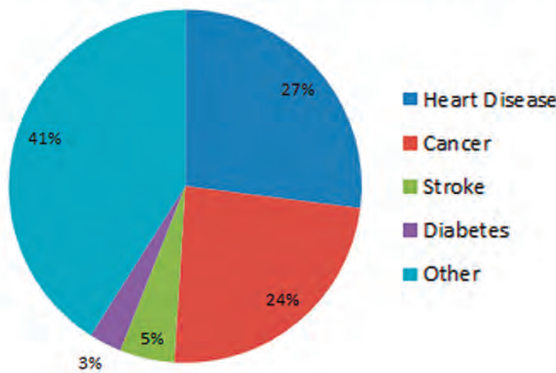
On Tuesday, I met with stakeholders to discuss *Partnering for a Healthy New Jersey: New Jersey Chronic Disease Prevention and Health Promotion Plan 2013 – 2018*, the state's framework for reducing the heavy burden of chronic disease.

At a conference at Cooper University Hospital in Camden, I outlined the Plan to more than 60 executives and public officials representing hospitals, academic institutions, businesses, non-profits, trade

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Four Chronic Diseases Caused 59% of New Jersey Deaths in 2009



Commissioner’s Message, continued from page 7

associations and state government. The plan recognizes that the greatest risk factors for chronic disease are often the same across diseases, so we have integrated our specific programs focused on asthma, tobacco control, obesity, heart disease and stroke, cancer control and prevention into an overall chronic disease program with four areas: clinical and community linkages, community-based prevention services, epidemiology/surveillance and evaluation, and external affairs and strategic initiatives.

I explained that reducing chronic disease is the public health challenge of the 21st century. I asked attendees to work on initiatives in their communities to reduce chronic disease and transition from a focus on chronic disease treatment to an emphasis on prevention and wellness.

Partnering for a Healthy New Jersey outlines evidence-based prevention programs and environmental strategies that support healthy lifestyles. The plan outlines six “winnable battles:”

- ❖ Improve environmental health
- ❖ Promote self-management
- ❖ Increase early detection
- ❖ Improve access to quality health care
- ❖ Eliminate tobacco use
- ❖ Improve nutrition

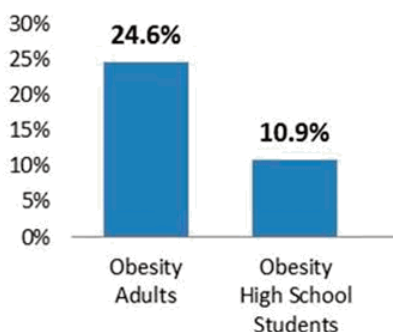
“New Jersey must shift the focus from illness to wellness.”

The Department is asking our partners in public health, business, academia and government to make a commitment to adopt and promote these strategies. We will establish a series of workgroups to report on the progress that is being made around the state. And we will convene a larger group so that we can share the data that we have collected and the best practices and strategies that have worked best around the state.

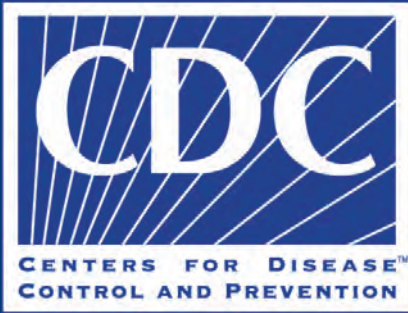
The stakes for success are high. Chronic diseases such as heart disease, stroke, cancer, diabetes, and arthritis are among the most common, costly and yet preventable of all health care problems in the nation. They account for about 70% of all deaths nationally and nearly 10% of disabilities among Americans. In New Jersey, seven of the leading causes of death are chronic diseases. Heart disease, cancer, stroke and diabetes caused an estimated 59% of deaths in the state in 2013. Chronic disease is a contributor to escalating healthcare costs. An estimated 83% of health care spending in the US is related to treatment of patients with chronic diseases.

Unless we substantially reduce the numbers of people affected by chronic disease, we will not see cost savings. To have an impact, New Jersey must shift the focus from illness to wellness.

Chronic Disease Risk Factor Prevalence Estimates, New Jersey Adults and High School Students



Data Source: 2011 & 2012 New Jersey Behavioral Risk Factor Survey



Tom Frieden, MD, MPH, Director, Centers for Disease Control and Prevention

Health Care Providers Not Talking About Alcohol with Patients

Only one in six adults say a health professional has ever discussed alcohol use with them even though drinking too much is harmful to health, according to a new [Vital Signs](#) report from the Centers for Disease Control and Prevention.

Even among adults who binge drink 10 or more times a month, only one in three have ever had a health professional talk with them about alcohol use. Binge drinking is defined as consuming four or more drinks for women and five or more drinks for men within 2-3 hours. Talking with a patient about their alcohol use is an important first step in screening and counseling, which has been proven effective in helping people who drink too much to drink less.

A drink is defined as five ounces of wine, 12 ounces of beer, or 1.5 ounces of 80-proof distilled spirits or liquor. At least 38 million adults in the United States drink too much. Most are not alcoholics. Drinking too much causes about 88,000 deaths in the United States each year, and was responsible for about \$224 billion in economic costs in 2006. It can also lead to many health and social problems, including heart disease, breast cancer, sexually transmitted diseases, fetal alcohol spectrum disorders, motor-vehicle crashes, and violence.

Alcohol screening and brief counseling can reduce the amount of alcohol consumed on an occasion by 25 percent among those who drink too much. It is recommended for all adults, including pregnant women. As with blood pressure, cholesterol and breast cancer screening, and flu vaccination, it has also been shown to improve health and save money.


“Drinking too much alcohol has many more health risks than most people realize,” said CDC Director Tom Frieden, M.D., M.P.H. “Alcohol screening and brief counseling can help people set realistic goals for themselves and achieve those goals. Health care workers can provide this service to more patients and involve communities to help people avoid dangerous levels of drinking.”

Health professionals who conduct alcohol screening and brief counseling use a set of questions to screen all patients to determine how much they drink and assess problems associated with drinking. This allows them to counsel those who drink too much about the health dangers, and to refer those who need specialized treatment for alcohol dependence. CDC used 2011 Behavioral Risk Factor Surveillance System data to analyze self-reports of ever being “talked with by a health provider” about alcohol use among U.S. adults aged 18 and older from 44 states and the District of Columbia.

No state or district had more than one in four adults report that a health professional talked with them about their drinking, and only 17 percent of pregnant women reported this. Drinking during pregnancy can seriously harm the developing fetus.

Read more: <http://www.cdc.gov/media/releases/2014/p0107-alcohol-screening.html>

38 Million
At least 38 million adults in the US drink too much.



'Cancer Matters'
Brought To You By:

RUTGERS
Cancer Institute
of New Jersey

Can Exercise Prevent Colorectal Cancer? Lessons from Clinical Research

By Rebecca Moss, MD



Rebecca Moss, MD, is a medical oncologist who evaluates patients with colorectal cancer at Rutgers Cancer Institute of New Jersey and an assistant professor of medicine at Rutgers Robert Wood Johnson Medical School.

**What is the CDC's
role in the prevention
of colorectal cancer?**



CDC Video: Colorectal Cancer Screening

According to the National Cancer Institute, the lifetime risk of developing colorectal cancer for both men and women is about five percent. There are several things you can do to reduce your risk of developing colorectal cancer or to detect it early.

Healthcare professionals generally recommend getting a colonoscopy beginning at age 50, however earlier testing may be suggested for some people who have a family history of the disease or other risk factors.

Research shows that physical exercise can reduce your risk of colorectal cancer. While we usually think of exercise as preventing heart disease, its role in preventing colorectal cancer is also well established.

One of the benefits of exercise may be in reducing obesity, and in particular what is sometimes called "inflammatory fat" or obesity that is concentrated on the central part of the body. A 2003 report published in the *New England Journal of Medicine* (E.E. Calle, et al.) demonstrated that the proportion of deaths from cancer in the United States attributable to obesity is as high as 14 percent for men and up to 20 percent for women. Individuals who exercise regularly and those with less central fat also are less likely to get diabetes, a disease strongly associated with the development of colorectal cancer.

So, what can you do? Diet alone will aid in weight loss. Adding exercise to the mix will result in the reduction of fat mass, including that aforementioned "inflammatory fat." Don't have time? As little as 20 minutes of daily exercise burning up to 1,500 calories a week can spur modest reductions (five to 10 percent) in intra-abdominal fat. Increasing daily exercise to 60 minutes with an average weekly burn of 4,000 calories can result in a reduction in intra-abdominal fat of up to 30 percent.

As beneficial as exercise may be for decreasing the risk of colorectal cancer, it is equally important for those who were diagnosed with colorectal cancer and have survived. In fact, a 2006 study in the *Journal of Clinical Oncology* (Meyerhardt, et al.) showed regular exercise may decrease the risk of death from cancer for these survivors.

In order to maximize the health and well-being of cancer survivors through exercise, Rutgers Cancer Institute of New Jersey has teamed up with cancer-certified exercise trainers at the Robert Wood Johnson Fitness and Wellness Center in New Brunswick to develop an exercise program for patients during their cancer treatment. A clinical trial will be conducted in the coming year to better understand when and how cancer survivors most benefit from exercise training.