
Committee Meeting

of

ASSEMBLY REGULATORY OVERSIGHT COMMITTEE

*"Follow-up on testimony given on previous subject matters including
childhood obesity, lead poisoning, and asthma"*

LOCATION: Committee Room 14
State House Annex
Trenton, New Jersey

DATE: December 6, 2007
11:00 a.m.

MEMBERS OF COMMITTEE PRESENT:

Assemblyman William D. Payne, Chair
Assemblyman Peter J. Barnes III
Assemblyman David R. Mayer



ALSO PRESENT:

Tracey F. Pino Murphy
Raysa J. Martinez Kruger
Office of Legislative Services
Committee Aides

Jennifer Taylor
Assembly Majority
Committee Aide

Natalie A. Collins
Assembly Republican
Committee Aide

Meeting Recorded and Transcribed by
The Office of Legislative Services, Public Information Office,
Hearing Unit, State House Annex, PO 068, Trenton, New Jersey

TABLE OF CONTENTS

	<u>Page</u>
Charles M. Kuperus Secretary New Jersey Department of Agriculture	5
Eddy A. Bresnitz, M.D. Deputy Commissioner/State Epidemiologist New Jersey Department of Health and Senior Services	13
Felicia D. Stoler Member New Jersey Council on Physical Fitness and Sports, and Past President New Jersey Dietetic Association, and Host <i>Honey We're Killing the Kids!</i>	34
Nancy J. Pinkin Government Relations MBI-GluckShaw	44
Pamela Banks-Johnson Program Specialist American Lung Association of New Jersey, and Representing Pediatric/Adult Asthma Coalition of New Jersey	49
Linda Holmes Executive Director Office of Minority and Multicultural Health New Jersey Department of Health and Senior Services	61
Jessica de Koninck Director Legislative Services New Jersey Department of Education	71
LaCoyya Weathington Coordinator Student Health Services New Jersey Department of Education	73

TABLE OF CONTENTS (continued)

	<u>Page</u>
APPENDIX:	
Testimony submitted by Eddy A. Bresnitz, M.D.	1x
Testimony submitted by Felicia D. Stoler	9x
Testimony submitted by Pamela Banks-Johnson	11x
Testimony submitted by Linda Holmes	17x
lmb: 1-89	

ASSEMBLYMAN WILLIAM D. PAYNE (Chair): Good morning. My name is Bill Payne. I'm the Chairman of the Assembly Regulatory Oversight Committee, and I welcome you here today to this hearing.

I would like to mention that, before we start, that we do have a number of people who will be testifying in this area of health disparities and also obesity. I think it's a most propitious time. And as we get into our testimony, we will be able to hear the status of the health of our society, really, and specifically in the areas of minority health disparities; and then later on about obesity as it's impacting upon our community and particularly with young people.

But before we do that, I'd like to have the roll call for our hearing, if you don't mind.

MS. TRACEY PINO MURPHY (Committee Aide): Chairman Payne.

ASSEMBLYMAN PAYNE: Here.

MS. PINO MURPHY: Assemblyman Barnes.

ASSEMBLYMAN BARNES: Here.

MS. PINO MURPHY: Assemblyman Carroll. (no response)

Assemblyman Thompson. (no response)

Assemblyman Mayer.

ASSEMBLYMAN MAYER: Here.

ASSEMBLYMAN PAYNE: And I'd like to read into the record that Assemblyman Mayer has been appointed to attend this meeting, to sit in as a representative for this meeting, by Speaker Joseph Roberts, pursuant

to Rule 4:6. Assemblyman David Mayer is being appointed to serve on this Committee for this, today.

Thank you.

As I say, this hearing -- one might not believe it -- but I have nothing to do with the scheduling of the topics for the NBC Today Show, nor for the *Star-Ledger*. However, earlier this morning I happened to be preparing to come here and I had on the Today Show, and the topic of the day was obesity -- childhood obesity. The topic of today in today's newspaper is obesity -- obese in our children. And as I say, it's-- Perhaps it's just propitious that -- or clairvoyant or whatever, but this topic obviously -- obviously -- is an extremely serious matter here in the United States of America. It's absolutely a-- As I said at the last hearing, just not too long -- in the Spring -- that obesity, that we're talking about, is something-- It's not just an epidemic, it's a pandemic. And there has been too much talk about things like this.

There's been a lot of talk about it, but we're at the point now where we must take action, that we have to take action on this matter. Because as it's pointed out here, that the number of obese children -- I'm sure that the Secretary will be able to -- the Commissioner will be able to talk about that -- is increasing; and that for the first time since the Civil War, life expectancy in the United States of America is decreasing because of the health problems that are related to obesity and others. It's decreasing. Now that's something that-- Really, if that doesn't get the attention of the American people, nothing will -- that our life expectancy is decreasing for the first time since the Civil War in this country.

We have, as I mentioned at an earlier hearing -- that this situation is so grave -- so grave -- that we need to begin to think far outside of the box, that we need to go back to the days when we talked about the need -- if you read your history during Truman's era, that there was something called the *Manhattan Project*. The Manhattan Project was a project that came together to bring scientists together to come up with a way to create, to develop the atom bomb -- all right? How to release the atom, because it was such a grave situation that all of the great minds had to be brought together to address this. We have a situation here, a health situation here in this country, unless we address it, unless we begin to really coordinate efforts to address this matter of obesity, particularly among our young people, then we are headed to a very catastrophic situation. As a matter of fact, we are headed to a situation where there would be more deaths related to obesity than for all the cancer deaths combined -- combined. Now, if that doesn't get the American people's attention, then I don't know what will. And we need to do more than setting up task forces.

And one reason I asked to hear a report on the Obesity Task Force is not only to have a task force to study the problem, but to come up with your recommendations and then to find out where we are with that. Because if we go through the archives, we will find the files are replete with task forces on various topics and subjects that have been brought up, and they're just -- they're gathering dust. But this matter is so serious -- this matter is so serious -- that we need to move forward on it. We need to move and have some very, very specific kinds of actions taken so that we can begin to develop empirical data.

We've heard about conditions that exist where our young people -- where they're not exercising any more, and that we're cutting back on playgrounds, and that phys ed is no longer required, etc. Well, I think that we're going to have to do something to reverse that. And my tenure in this body is going to expire in early January. But before I leave here, I'm going to introduce legislation that will require -- that will require -- the Department of Education to begin to require young people again to have physical education. Because this is directly related to the health of our young people. And I know that throughout the State of New Jersey the amount of physical activities and the requirement for physical education, I believe, is decreasing. So we certainly have to do something about it.

We have to do things that will, in fact, save the lives of our children in the future. We have to do things now to prevent this from becoming more of a catastrophe. Keep in mind that age expectancy, life expectancy is decreasing. Keep in mind that the number of deaths here related to obesity and poor health is greater than all of the deaths from cancer combined. That is astonishing. That's astonishing.

So we're having this hearing -- and not just to have another hearing -- but to come up with some very specifics on how to address this. And I'm pleased that we have with us people who have interest or have a responsibility in this area. And I hope that after this hearing is over we will be able to come up with some very, very specific -- not just another hearing, not just another discussion -- but some very specific ways that we can bring about a change in the direction which we're going.

And also, I'd like to mention, related to this of course, our concerns about lead poisoning -- lead paint poisoning. We've had hearings

along those lines as well. And you may know that I've introduced legislation that would include one- or two-family homes be inspected for the presence of lead paint in these homes. Up until now, the one- or two-family homes were excluded from the inspections. But that legislation now -- thank goodness -- has passed out of the Assembly, and it's my understanding -- I've been told -- that that bill will in fact be voted on by the Senate on Monday. So I'm glad to say that not only have our hearings-- Our hearings are leading to actual proactive measures. And I'm pleased to announce that our lead paint legislation will in fact be -- is scheduled to be voted on by the full State Senate on Monday. So that's the kind of direction we're going in.

Now I'd like to-- We have with us today a number of people, many of whom have time constraints. But I am going to ask the Secretary of Agriculture if he would come testify this morning for us on the issue of childhood obesity and where we're going there.

Thank you.

C H A R L E S M. K U P E R U S: Well, thank you, Mr. Chairman, for inviting the Department of Agriculture to come and speak about this very, very important topic. And for everybody here, the Department of Agriculture -- most certainly we promote New Jersey's agriculture and promote the consumption of fresh fruits and vegetables, but we also administer programs that feed the hungry and needy, as well as the school children of New Jersey. And that's the topic and that's the universe of issues that I really want to focus on here today. Because I think it's very important that we have a very public dialogue about what needs to be done in the future. But I think we have to recognize that we're not sitting still

today. Many things have changed in our state because of the obesity issue and, frankly, the health of our young people. And we know that we can do a better job.

So everything that we're doing in the Department of Agriculture is focusing on eating right, moving more. And four years ago, we started to analyze what's being offered in schools, whether it be in the vending machine, the a la carte lines, or anywhere else on school grounds. And what we saw was amazing in terms of high fat, high sugar snacks, and beverages that, frankly, didn't have any nutritional value. And so we implemented a regulation that we had the authority to do at the time, and we put it in place to allow schools over the next several years, two years to be exact -- by September of '06 they had to have a nutrition policy in every school in the State of New Jersey. And by September of this year, a couple of months ago, they had to have implemented a nutrition policy. And what we did is, we provided the model for what that policy should look like. And basically that policy eliminated foods of minimal nutritional value, high fat, high sugar snacks, and limited drink size; and most certainly, for example -- one example in elementary schools -- it's milk, water, or 100 percent fruit juice. That's the offerings for our young people that could be -- they can be gotten in vending machines and otherwhere on school grounds.

What you're referring to is the Danish study that was released, and a lot of news was reported on it today. And I heard the same NBC news report, and it was compelling. In many ways, the Health Commissioner -- you'll hear from the Department of Health and Senior Services in just a moment, but we know that there are several studies that are out there that are saying that our young people now lead shorter, sicker

lives than the generations before -- all the way back to the Civil War. And that has to change if we're in leadership roles.

But from our standpoint in the narrow universe of issues that we touch, especially with the school lunch and the feeding programs, let me tell you a little bit about what we've accomplished. Several years ago, we implemented the regulations -- enacted the regulations. By December of last year, December of '06, 57 percent of all the schools in the State of New Jersey complied with that model nutrition policy. And by September of this year, we had 97 percent. And by the end of October, we can now say that 100 percent of all the public schools in the State of New Jersey comply with that nutrition policy that we have out there.

And it was important to note that it was a regulation that prompted this action, but it was the Legislature that took that and made it law. And in February of 2007, Governor Corzine signed the law, and now all public schools need to comply with it, not only schools that are participating in Federal nutrition programs. So it's really important to understand that, yes, we have plenty of places to go, but at the same time we haven't been sitting still. And that's a cooperative education -- a cooperative effort, from our standpoint. When we started developing the regulations we knew that we didn't have the authority to do more than what we administer, of course. But the Department of Education now, through the Core Curriculum Standards, requires nutrition to be taught as part of the Core Curriculum.

We focus on what's offered in schools. And the Health Department -- most certainly the Commissioner -- and I have been on the road lately, over the past several months, talking about the threat of obesity

to our young people and to our overall population. And we know healthy, nutritious foods must be offered in schools, because it's not only dealing with the obesity issue and healthier lifestyle, but it's also helping our young people learn better. And that's one of the major goals for us in the Department of Agriculture and these other agencies that work with us in order to accomplish that goal.

But you need to know that we're not doing this by ourselves. The communications to our young people across the State of New Jersey needs to have everybody singing from the same song sheet. And I believe that the organizations that are going to be speaking here today probably will say nothing different than what you're hearing from me, because we're all focused on this issue and making sure that we assure that young people have access to healthy, nutritious products, and that we're teaching them healthy lifestyles.

We have a little cooperative agreement with the New York Jets. And just several weeks ago, we were in Woodbridge, in Port Reading in School No. 9, and they were the prize winners of a contest that we have, in this cooperative arrangement we have with the Jets, to really have schools actually submit what their menu offerings are and what they're doing to create healthier lifestyles for their young people. Sixty-six schools applied in this state. Six were winners. And we have Hunterdon Central -- the High School in Hunterdon is actually the winner. And they're actually going to see the Jets game, I think, early this -- well, I think the next Jets game they're going to. But we recognized six schools and what they did, and that's what it takes. It takes a very cooperative effort in order to make sure that we get the job done.

I know Governor Corzine is passionate about this. I know my fellow Cabinet members are passionate about getting this done. But at the same time, we need the collective efforts of everybody singing from the same song sheet in order to create the behavioral changes necessary so our young people can not only have healthy food offerings now and active lifestyles, but it leads to a healthy lifestyle and healthy adults. Because that's what going to change what you spoke about earlier this morning, Mr. Chairman, in your opening comments with respect to the Danish study, where it really documents the direct link between childhood obesity and the heart ailments and other diseases that come as a result of obesity at an early age.

Mr. Chairman, I'm here to answer questions, and that concludes my comments.

ASSEMBLYMAN PAYNE: Thank you very much, Mr. Secretary.

Hunterdon County. Is that an agricultural county? I mean, there's probably a lot of farms up that way, or what? I mean, there wouldn't be--

MR. KUPERUS: There is a lot of farms in Hunterdon County. There's 800,000 acres of farmland across the State of New Jersey, but this is focused -- this program is focused on every school district across the state. I was in Port Reading, in Woodbridge, with the Jets at an event, and we have schools in urban areas as well as rural areas that are all participating in our little contest. But remember, all schools across the State of New Jersey -- urban, suburban, and rural -- are now abiding by the nutrition policy that we have at the Department.

ASSEMBLYMAN PAYNE: Yes, I know that you're a -- you're a farmer, aren't you?

MR. KUPERUS: Yes.

ASSEMBLYMAN PAYNE: Yes. And I didn't know whether or not there was a tendency to kind of favor the Hunterdon County kids to go to the Jets game. I mean, I don't think it has anything to do with the fact that you're a farmer, right? (laughter)

MR. KUPERUS: No, it does not.

Mr. Chairman, it is -- believe it or not, it's a rural issue as well as it is an urban issue. And we're focused on every schoolchild across the State of New Jersey, and we really want to make sure that we make a difference. And some of the most wonderful stories come out of South Orange and, really, food service personnel taking leadership roles and doing something before they are actually required to do something -- back to the 57 percent in December of '06. And we have those great stories across the State of New Jersey that I could share with you if we had all day.

ASSEMBLYMAN PAYNE: Thank you very much.

Assemblyman Mayer.

ASSEMBLYMAN MAYER: Thank you, Mr. Chairman. And first of all, thank you for your leadership on this very, very important issue.

Mr. Commissioner, thanks for your testimony. As a South Jersey guy, we're going to have to get the Eagles more involved in this as an incentive for us down in South Jersey. (laughter)

MR. KUPERUS: Well, you need to know that I was with David Ackers in a Cherry Hill school and doing the very same thing. I'm just talking about the most recent example of our cooperation with the Jets.

ASSEMBLYMAN MAYER: I'm sure. I was just trying to--

You mentioned some of the proactive stances that the State of New Jersey is taking as it relates to what I would call the education component of this problem that we have. And I think it -- not to boil it down, because of the very complex issue -- but it's all about the three *Es*. It's education, exercise, and eating. And it's -- they're all interrelated and working together to form a healthy lifestyle. We have started that with our partners in education, as you've mentioned. When you start talking about exercise, certainly our schools can play a part in that in the curriculum that we offer.

But I notice -- my own personal life when I was growing up, which, Mr. Chairman, was not that long ago (laughter)-- But when I was growing up, we played outside and we had a lot of activities outside. And today, my children are more interested in what's on the TV, and playing with different computer games and things like that. So that type of lifestyle that we've now inherited has to be retrofitted, if you will, to a more healthier lifestyle. And of course, eating and what we eat is so very important. So thank you for what you're doing in regards to that. And certainly we, as a Legislature, have to do more to focus attention on this issue.

ASSEMBLYMAN PAYNE: Thank you, Assemblyman.

I continue to say -- repeat -- I'm glad to hear of the things that we're doing, and that there is 100 percent compliance for this particular program. It needs to be publicized more, I suppose, that something is going on. I know you're here today to let us know that you're not just sitting idly

by, but there is something that's going on. And obviously, whatever is going on--

(Chairman's cell phone rings) Please turn off your cell phones so that we won't interrupt our hearing, please. (laughter) Thank you. As Chairman, you know better than that.

I mentioned the Manhattan Project. And the reason why I mentioned that is because that was an extraordinary kind of effort that brought people together to address a problem that was threatening the world. This is a situation that's threatening our country and our part of the world. So what you're doing, as one piece of this, we have to do a lot more. We have to do a lot more, and the partnership with the Department of Education is important, too. It's very important. But I don't know what else we need to do to just dramatize the importance of this so we can do many-fold more things to address this. Because as we are moving along, we continue to see ourselves sliding more into this danger area of obesity, etc. So what you're doing is great, and it needs to be publicized more and we need to maybe ramp it up a little bit more, too. But we think out of the box -- we need to think out of the box in order to make sure that we address this problem before it gets out of hand -- out of hand -- and it could very well do that.

Thank you for your testimony, and I appreciate your coming here this morning.

MR. KUPERUS: And I want to say thank you for the invitation. And I want to be very clear here that we, in Agriculture, want to work with anybody that helps us deal with this very, very complex, important issue.

And your invitation came just a very short time ago. We made a point to be here. Because you're right, Mr. Chairman, and I know that this is an issue that needs a public discussion, but it needs a very much a cooperative effort to deal with; and know that we're working on it.

Thank you.

ASSEMBLYMAN PAYNE: Thank you. Thank you very much.

Dr. Bresnitz.

E D D Y A. B R E S N I T Z, M.D.: Good morning, Mr. Chairman, members of the Committee, and staff. I appreciate the opportunity to come back to the Committee again to talk about this important issue and to provide what updates I can to what I presented last May when you held the hearings.

You have written testimony -- it's much more detailed than I plan on going through today. It also includes some issues related to asthma, but I guess I'll start just focusing on the obesity/overweight issue as well.

ASSEMBLYMAN PAYNE: Yes. Let me just say--

DR. BRESNITZ: Yes.

ASSEMBLYMAN PAYNE: --that we have your report. You testified in the Spring. And what we are truly looking for, number one, is maybe a review of the recommendations that were made out of the task force. I'd like to know-- The task force, I think, in March -- I think in '06 we prepared a report, etc., etc. I'd like to know the recommendations, just to go over that quickly, and just where we are in the implementation stage of this thing. You know, where are we there -- the progress.

DR. BRESNITZ: Well, we're moving along. Before I get to that, perhaps I just want to echo what the Secretary has said. Two points:

One is that -- and I believe I said this back in May -- this is a huge problem, a big public health crisis, and it's only going to take collective efforts of everyone, really -- both private sector, public sector, and individuals -- together to address this issue.

In bioterrorism, we talk about the new norm, in terms of how we get ready to address bioterrorism issues. Unfortunately, the new norm in terms of weight in this country is being overweight or obese. And I think our goal is not to have a new norm but to go back to the old norm where people are actually much thinner.

The Department has taken a number of steps to implement the recommendations of the task force. That report was released over a year ago. We have reconvened that task force, because basically their work had been done when they issued the report. The Commissioner has basically reappointed most of those individuals and added some others, and the task force is assisting the Department as it can with implementing the number of recommendations on that task force. One of them was to basically have a summit, a state-wide summit, not just limit it to task force members, but stakeholders throughout the state. And we're doing this in collaboration with the United States Department of Agriculture, and particularly our WIC -- our Women, Infants and Children program. We're planning to have a conference next Fall. It takes that long to plan something like that. And that conference, as I mentioned, will include a wide variety of stakeholders to address the barriers for healthy behaviors and physical activity, and basically promote collaborative efforts to address this problem. It comes back to the issue I mentioned a moment ago, and the Secretary mentioned, is that it's going to take all of us working together with common

goals. And I think certainly having a summit which addresses -- and one of the key recommendations -- is a good way to continue in that right direction.

As I mentioned when I was here last time, the Department had also established an Office of Nutrition and Fitness to enhance State leadership and coordinate activities, and bring some of our disparate programs in the Department into sort of one unit. It's still in its formative stage. We've sort of designated some personnel to assist with that office. We don't have anybody particularly dedicated to that. It's difficult with the resources that we have. But we are, through that office, addressing the five specific areas, including sports and physical activity--

ASSEMBLYMAN PAYNE: Excuse me, Doctor.

DR. BRESNITZ: Yes.

ASSEMBLYMAN PAYNE: You say that that office really is not set up yet. I mean, you don't have staffing, etc. You don't--

DR. BRESNITZ: Well, we've sort of shifted staff that we have to sort of support that office. We haven't hired-- We didn't have any funding to hire new staff to support that office, so that was the point we made when we established that office. But we've tried to focus the areas that relate to nutrition and fitness in that office by taking personnel and making that more of their responsibility.

ASSEMBLYMAN PAYNE: But we still are handicapped in that, number one, you said the resource is not available, the staffing is not available, etc.?

DR. BRESNITZ: That's correct.

ASSEMBLYMAN PAYNE: And you say-- The reason why I'm stopping you is because, on one hand I'm hearing that we have a catastrophe waiting to happen, if not already here; and on the other hand I'm hearing that we know -- we in the State government -- that this is a serious situation, it's at crisis proportions, but we don't have the resources really to do this. And what I'm hearing here again, as I've heard in the past, is we're going to, or we're going to start, or we're going to-- And years go by as we begin to get ready to do these kinds of things. And what's happening is that this whole situation with the deteriorating health of our population is moving at a much faster pace than we are coming up with those kinds of ways to try to address these things.

And what I'm trying to do and what I will continue to do is to prod the bureaucracy, or whatever it is. Because on one hand, we can't say that we have a situation that's going to-- It's costing us more money for people to get sicker and sicker than it would be for us in prevention. We're talking on one hand about insufficient funding, for instance, to establish this. But in the meantime, if we also read recently where more and more people are going into Emergency Rooms and things like that, even though we've been talking for the last couple of years about it being much cheaper if, in fact, we provided health up front -- the same thing here. We have a situation where we're putting together plans for an Office of Nutrition, but we don't have the money to do it. So I want to put a pin in that, all right? Because I think that it's not your responsibility, but it certainly is the Legislature's, I think, or someone to be able to provide the funding for this. Let's measure these things. So what does it cost us not to do this and how much are we saving by not staffing it? So I think those of you who will be

in the Legislature -- two years goes by fast, by the way, so I may come back (laughter) -- that we as legislators need to weigh these things. It doesn't make sense for us to save money here because we don't have it. Or should we just let this thing go on, and it's going to cost us -- or whatever. You see my point? So I'm sorry, but I want to make sure that that's underscored in the testimony, etc., that--

DR. BRESNITZ: Yes. I think it's important-- It's taken sometimes-- When I first came to government 10 years ago, I was very impatient to do a lot of things. And I've now been in government about nine years. You've been in longer than I have. Some problems take a lot longer to solve than others. And I would say that obesity and overweight is a problem that's been long in the making and it's going to be long in the reversing. And it's clearly going to take, as I said, collective efforts. It's certainly important to have a focal point in the Department of Health and Senior Services to address this issue. But as the Secretary indicated, it really is not just only the responsibility of government to basically address this issue. It's the responsibility of the population.

We have been doing things. We're slowly moving in the direction that we need to move in. It's like a huge shift that needs to be turned around. It takes a lot of effort and people to do that, and energy. We're committed to doing this. Certainly Commissioner Jacobs has been committed to doing this, even though he is leaving office very shortly. But as the Secretary mentioned, he was so committed that he's been on the road since September -- along with the Secretary, and the Secretary of Education, and others -- talking to PTAs and to school groups, and others, about the issue of childhood obesity, as well as secondhand smoke. And there's a

commitment on the people who are in the Department, who will be there after the Commissioner leaves, who are committed to this issue. So not having sort of a single staff person doing this full time doesn't mean the Department is not either focused on this or doesn't take this problem seriously. We've made a number of grants related to this, in conjunction with the New Jersey Council on Physical Fitness and Sports, to address this issue. We have our diabetes collaborative that is looking, through the FQHCs, to address the issue of diabetes specifically, but also is clearly related to obesity as well. We have a number of educational activities and programs that we've developed in conjunction with others. We have an agreement with Rutgers Cooperative Extension to basically -- to do some promotional activities in communities.

And I want to also say that the counties are also working towards addressing this issue of obesity. I mean, Health, as a Department, can only provide guidance and funds when we have them. But the action incurs at the local level. I mean, all of you know that. And every county has basically developed a mobilizing action or partnership, and planning process. These are called County CHIPs, or Community Health Improvement Plans, and virtually every county has identified obesity as being one of their top five problems. And as I mentioned, we're working with the Rutgers Cooperative Extension to deliver nutrition and physical activity messages out through coalitions in each county.

So we're doing a lot -- probably not as much as we could be doing if we had more resources, but that doesn't mean that we're not addressing those particular issues.

You know, it's a big problem, and we're all impatient to address it, but in some ways we have to take the long view and perhaps not the short view. And there is no short view, frankly, when you're addressing this big problem. I wish that the Federal Government was putting more money into this. On the other hand, the Federal Government, the CDC -- which is our basic funder -- is not putting much money into this, at least in terms of what's going out to states on a general basis. But to be fair to them, they're also not seeing more money. They're seeing less money coming into their coffers from Congress. So it's a difficult situation.

ASSEMBLYMAN PAYNE: Let me just-- Your role here, the Deputy Commissioner of the Department--

DR. BRESNITZ: Yes.

ASSEMBLYMAN PAYNE: You've been here for 10 years now. When you came, you said you were impatient too.

DR. BRESNITZ: On many things.

ASSEMBLYMAN PAYNE: On many things. However, now 10 years have gone, and you know -- oh, I don't think you'd know -- a typical bureaucrat, and just kind of go along, you know, because things are difficult to get done. But the fire for this thing needs to be turned up, I believe. Maybe it's good to step outside of government from time to time, because what happens is we get involved and we recognize from the inside how difficult it is to move things along in a bureaucracy. On the outside, there are those who are saying that we're pressing -- that we have a problem that is very, very great. However, it takes a while to do that because of funding and because of a lot of other things. I want to keep the fire up. I want to keep it up.

For instance, the reason why I knew that there was an obesity task force -- and you said, "Well, recently, it was reconvened -- that the work of the task force was over, but it's been reconvened now," and whatever it is. And that's what was my point earlier. That we do establish a lot of task forces and initiatives, and things like that, and then they just kind of like languish out there.

Tell me: if you were not part of the -- I won't call you part of the establishment (laughter) -- what part of the--

DR. BRESNITZ: As long as I'm not part of the problem. (laughter)

ASSEMBLYMAN PAYNE: What would you really be -- what would you really like to see happen? For instance, we talked about-- There were some recommendations that were made, and we're beginning to start to do so and so, and so and so. And my concern always has been, is we're beginning to start, we're going to be a while doing it. But in the meantime, kids are dying -- we have to make it very dramatic -- kids are dying because of these kinds of things. Obesity continues to increase at an alarming rate -- an alarming rate -- much faster than our efforts to halt it, you know. What would you recommend? What would you recommend that we really should be doing? You have legislators here with a lot of power -- these guys here. So what would -- if we recognize that we're headed down a very, very dangerous path and that kids are dying from this, and that it's a life-expectancy issue, what should we be doing other than setting up task forces and moving slowly?

DR. BRESNITZ: Well, it all starts, in my mind, any public health problem that needs to be addressed starts with education. And so if

I could use an example where, in fact, I was impatient when I came here that has since been resolved for the most part in the state, and that's the issue of secondhand smoke. I'm a pulmonary physician by training. I was an advocate for an anti-tobacco advocate before I came to the State, as was Commissioner Jacobs. When I came to the State in 1999, you really couldn't talk about -- not in my position -- you really couldn't talk about having legislation for that. The public wasn't ready for it; the Legislature wasn't ready for it; and the Governor at the time wasn't ready for it either. That doesn't mean that we didn't talk about it when we could. And who did we have to educate? We had to educate the legislators and the Governor. It took time to basically get that done. That was a problem long in the making, and it was a problem that was long in having solutions to it. And that's sort of the way to approach that.

So we started with education. And it's not just educating the public, but it's educating our elected officials -- yourselves -- and I think that we have done that, because you're having hearings about this, we're having legislation that address that. The Legislature did establish the obesity task force to come up with the report. You have to have something like that. So I believe we're not only catching the attention of the Legislature and the Governor's office, but also of the public. We see more and more reports about this issue. And I think there has to be a -- there is a growing recognition by everyone, both those who are impacted and those who then make the policy decisions, that in fact this is a big problem in the public. Just like tobacco was many years ago, it took a long time to get to where we were, in terms of the hazards of tobacco and the bad effects, and a

long time to reverse that. We still have a long way to go, but we're certainly doing a lot better.

And we're ahead of many states when it comes to tobacco-related issues, and in some ways we are in obesity as well. But again, nothing to necessarily be proud of totally. So for me, that's what it is. And so we have to continue that educational effort, and that includes having the summit where we bring people together. Everybody has to get committed to it, and I think that happens through education and personal experience.

The policies of the insurance level, to ensure that, for example, the measures that relate to dietary counseling are covered by health insurance policies -- that's another way of sort of moving forward. Certainly food policies, in terms of what we serve children in school -- that's a step in the right direction. Making sure -- for example, I mentioned the WIC program. The WIC program is a key program for, clearly, our at-risk population, but yet the WIC program -- and it's, as you know, a huge Federal entitlement program -- it's tied up now in the Farm Bill, which is clearly having a lot of discussions at the Federal level. But that WIC program in some ways doesn't provide enough resources to families so that they can eat healthy. They provide limited resources so they can eat healthy. It's not a State solution, it's a Federal solution. There has to be a will amongst our congressional delegation throughout the country to basically make that a robust program. And it's doing as well as it can, I think, given the budget problems in the country, but it can be better.

So, I mean, those are just some of the things I think about when I think about the huge public health problem of obesity and

overweight. It's just -- you do have to have patience with a problem like that because it's so complex.

ASSEMBLYMAN PAYNE: Yes. Yes, it is.

DR. BRESNITZ: It's so intricate, it needs a social commitment by everyone to address it, as there has been a social commitment and our public commitment as it relates to tobacco.

ASSEMBLYMAN PAYNE: Thank you. Thank you, Doctor.
Yes, Assemblyman.

ASSEMBLYMAN MAYER: Yes. Thanks, Mr. Chairman.

Just one quick question. And actually before I do that, Mr. Chairman, I do want to thank the doctor and his Department for their assistance in handling a situation we had in our district that involved mercury poisoning at a day-care center and college. His Department responded expeditiously and helped us craft legislation to make that happen.

DR. BRESNITZ: Thank you, Assemblyman. I appreciate it.

ASSEMBLYMAN MAYER: So I wanted to personally thank you and your Department for that.

And just a real quick question. You mentioned the MAPP process, M-A-P-P. What exactly is that and how do they collect the data as it pertains to that program?

DR. BRESNITZ: Well, I'm not exactly sure how they collect the data for the MAPP and the CHIP process, which is a community health plan process. They get information, as we do in public health, from a variety of sources. In some cases, for example, we have a national system called the Behavioral Risk Factor Surveillance Survey System. I mean, it's

the BRFSS, is what it's called. That's a federally supported system. They give money to each state, and there's a random sample. It's all kind of statistical. You get measures of risk factors, like smoking and obesity and exercise, and so on. The money that comes from the Federal Government, for the most part, is enough to give you a reasonable estimate of state prevalence of risk factors. Smoking is another one, for example. Rarely -- they don't usually give money that gets down to the county level.

For a number of years, we had some additional funds that we made available to BRFSS, so we supplemented the number of interviews that were done. And what we do is, we contract with the company that basically does random dialing and they basically interview people on the telephone. And maybe we were interviewing, from the Federal funds, about 3,000 people a year, and we supplemented it for a few years so that we were able to get 10,000 people a year. But more importantly, that allowed us to get county-specific estimates that were reasonably robust. And so that data was available to the counties so that they would have estimates on county risk factors -- county-relevant risk factors like smoking, obesity, and so on.

We have vital statistics data on births and deaths, so we provide that information to them. We obviously have great cancer registry. And so where we have registry data available in the Department of Health, we have that at the county level as well. We provided that information to the counties. And in some cases, if the counties wanted specific information and it wasn't available, they might have done their own survey. So it was really a variety of sources for their information. Each county did it a little bit differently, but they basically brought in all the relevant -- not just health stakeholders, but others as well, elected officials, and basically --

and they analyzed the data, came up with, through whatever process they had, what they thought their most important health problems were, what the gaps were. They prioritized what they wanted to address over the few years. And then based on that, they're moving forward. And most of them addressed obesity as one of their top five problems. That's how the process worked. And I believe every county -- they were required to do that by the Department of Health and Senior Services, who have backed the standards and regulations. And I believe most of them have already done that. Bergen County, I believe, was -- I know that they were the first to release it, because I actually went up and spoke at that -- about a little over a year ago. And I think it was a great process from my perspective, because I think the action happens at the local level in many cases.

ASSEMBLYMAN MAYER: Thank you.

ASSEMBLYMAN PAYNE: Thank you. Thank you very much, Doctor.

If you want to talk briefly about asthma too, I have a piece of legislation that deals with diesel fuel, pollutants in the air, etc., etc. And I know that asthma is another one of the health conditions that impact disproportionately on inner city youths, or minorities, etc., etc., and we need to address that. I gave an example before of recommending young people be out in the fresh air, play outside as much as possible and things like that; and then gave an example of playgrounds that are situated right alongside major highways where diesel trucks-- In one instance where about 300 trucks rode by this playground within an hour, spewing diesel pollutants out there. These youngsters are out there running around thinking they're doing the very best thing for their respiratory conditions,

etc., and what they were doing was being poisoned by the pollutants in the air. So I do have a piece of legislation that would require diesel motors and engines and trucks to retrofit to reduce the amount of pollutants that are going into the air. And the same thing with pesticides and things like that. So asthma is something that impacts so-- It's my understanding also that asthma is -- among young people, students -- is the highest cause of absenteeism for youngsters in schools. What are we doing in those areas to address those kinds of problems as well?

DR. BRESNITZ: Yes. Well, asthma certainly is a growing problem and has been for a number of years, not just to New Jersey but around the country. Part of it may be that we're doing a better job diagnosing it, but clearly there are more people who are experiencing it, both children and adults as well. I mean, when we think about asthma in the Department, we usually sort of look at childhood asthma, and then we've got adult asthma, and often it continues from childhood. But we also have work-related asthma as well that begins to (indiscernible). But I'm not going to talk about work-related asthma, but that is something that we have activities in as well.

And you mentioned the disproportionate impact on our minority population. That's been known for a long time, not only as a higher prevalence of that problem, but they're hospitalized in a disproportionate number as well; and also sustain, when they -- occasionally people die of asthma, too. I don't know about people who appreciate that, but people do die of asthma -- and I have two sons who have asthma, so I'm well aware of the problem. But asthma-- I mentioned the hospitalization. Asthma is clearly preventable -- it's not a preventable disease per se, because

we often don't know what causes it and a lot of it is hereditary; but certainly hospitalizations are preventable. Good asthma management can lead to a good quality of life, a normal life span without any hospitalizations at all. And most of, I believe, our hospitalizations are due to inadequate management, not necessarily by the practitioner, but by also the individual as well. It's a collaborative effort.

We've had an asthma program in the Department for many years. It's primarily funded by the Federal Government. It includes not only a surveillance program where we look to gather data on asthma, but it's also a program where we give funding to the Pediatric and Asthma Coalition of New Jersey -- that's a coalition that's been around for about eight or nine years. I thought they were going to be testifying today, but I don't see them on the program. And we're proud to be partners of that coalition. They've done a lot of good stuff over the years with our support and other support as well. In particular, educational activities in the school setting; and ensuring, for example, that every child -- or trying to ensure that every child has an asthma action plan filed in the school setting. In fact, that's required by law, but I'm not sure that every child actually has that done, because not every physician necessarily does that.

And so part of that coalition, part of our efforts are to ensure that, basically, best practices are in place for managing children with asthma. The Commissioner has been -- another area where he's been focused on, has been a high priority; not because he's also a pulmonary physician but, also, because of a disproportionate impact on the minority population. We've had three asthma summits over the last three years focusing on the issue of asthma and best practices on how to deal with this,

and they've been well-attended. The last one we had was early in the Fall. We had about 300 people attend. That's a pretty good turnout for a symposium that the Department puts on, and clearly this is a big issue for people around the state.

We also -- and I want to mention particularly one initiative over the last few years that was launched by the Commissioner, and that had to do with working through the New Jersey Primary Care Association, which represents all the FQHC and essential primary health care, to initiate and implement a statewide asthma collaborative to reduce the burden of asthma and the impact of asthma on the populations that they serve. We think that they've made great progress over the last two years. This was launched about two years ago. And basically it's an effort that encourages each of these FQHCs to take a systems approach to managing their asthma population. And clearly, FQHCs serve an underprivileged population. We mentioned that that's the population that has a high proportion of children and adults with asthma, so it's a great place to focus our efforts.

Just to give you some idea of the data: From January of '06 to July '07, this is what we've observed in that collaborative. And two years is not a long time to establish something that's new. The patient registry -- so there's a patient registry for all the people who have got asthma -- in the participating centers has grown in size from nine centers for primary health care reporting a total of 840 asthma patients in January '06, to 12 centers reporting a total of 2,629 patients as of July 2007. So a threefold increase in the number of patients with asthma in the registry. That doesn't mean that they have three times the number of new patients in the centers.

They're now focusing on these people and they're putting them into the registry. And these people are now being monitored on a regular basis.

The centers are using several performance measures to assess their improvement in managing the patients, and I'll describe three of them: Assessing the severity of asthma; the use of anti-inflammatory drugs -- asthma is basically an inflammatory disease, inflammation of the airway, and one of the mainstays of managing is using inhaled inflammatory drugs for treatment and prevention; and the third performance measure is prevention of emergency department and urgent care visits. Remember what I said about hospitalizations being preventable in asthma -- that's true for emergency department visits and urgent care. So of the 12 centers reporting in July '07, seven have observed an overall increase in the percentage of asthma patients with a severity assessment at the last contact. One center increased its severity assessment from baseline 5 percent to 66 percent.

Why is that important? The guidelines for managing asthma treatment is assessing how severe their asthma is. There are national guidelines that are available. People with mild asthma get this kind of treatment, people with severe asthma get this kind of treatment. If you don't do the assessment, you can't figure out how best to treat the individual. And so that is happening much more at these particular centers.

We have the 12 centers reporting: We've seen an overall increase in the number of patients who are actually using and getting anti-inflammatory agents. One center increased its percentage of its patients using anti-inflammatory agents from zero percent to 88 percent; another from 81 percent to 97 percent. I think those two numbers are important,

because you have one center at baseline with zero percent, another baseline was 87 percent. Clearly, the latter center was already doing stuff to basically provide adequate treatment to their patients; the former wasn't really doing much at all. So that collaborative has stimulated those centers to improve their efforts.

And finally, the performance measure on emergency department, urgent care data: Five centers have observed an overall decrease in the percentage of their patients with an emergency department or urgent care visit in the previous six months. One center went from 22 percent -- almost a quarter of its patients -- visiting an emergency department to zero, as an example. So clearly, we think that this collaborative is making a difference.

That's just an example of what we do. We have education materials we've developed. We've got an annual report that we put out, and so on. So we think we're making a difference. It's focused on the population that needs to be focused on. And importantly, we're working with a broader coalition of people around the state who are addressing this issue, not just in children, but adults as well.

ASSEMBLYMAN PAYNE: Thank you. Thank you very much.

I'm glad that we got into this. I was looking at your testimony -- much of it sounded familiar to me. Because it was just in May I think that we were here; and I thought I made a mistake, because I was reading the top page of your May 21 testimony -- it was verbatim to December 6, and the date was changed. Thank goodness I flipped it over and I did find that we did at least get to where we are today. I said, my God, how did it get up to it so quickly. But I see that there -- what I did ask for you guys to

prepare today was what has happened since that time, and I'm glad that the rest of your testimony for today does, in fact, include some of that. I thought you were a wizard. I thought I had heard this before somewhere. (laughter)

DR. BRESNITZ: Well, we always start with a "Good morning, Mr. Chairman, and thank you for inviting us," right? (laughter)

ASSEMBLYMAN PAYNE: The measurable kinds of things that we're looking for -- that I'm looking for anyway, and that this Committee is too -- are those recommendations that are made at some point, let's say early on, and then what has happened since that time. And very often the reason why I push is because if we didn't push, the bureaucracy would move along at the same pace, you know, "Well, we're doing these kinds of things." In the meantime, we go to more funerals, and more kids are dying, and things like that. So I always try to push.

I think there are those in the government who will be happy when mid-January comes. But as I say, two years goes by fast -- we'll be back. But want to be able to have empirical data to measure these things, because I see the people who are suffering from these things. It's more than just on-paper reports. I see the people in my area, in my districts, others who suffer from these illnesses and ask why can't things be done a little faster. I think somebody once said -- Bobby Kennedy -- that there are those people who see things that are and ask why, and other people dream things that never were and ask, why not? Why can not we-- This problem is a long time in being created, and therefore we're saying that it may even be a long time in solving them. I think we need to cut down the amount of time in solving these things. I don't accept things as they are and say, well,

that's the way they are. And I'm going to probably be calling you, even next year, to see what's going on with these things, where's the task force, what are you doing about it, etc., etc.

DR. BRESNITZ: Well, we'll be sure to invite you, now that you'll have a little bit more time, to come to our asthma summit next year, and certainly the obesity summit that we're having in the Fall. All of you, not just the Chair, because those are pretty exciting events when all these people come together and focus in on one particular issue. And you really see how much people are trying to do to address these really important issues.

ASSEMBLYMAN PAYNE: Doctor, one last thing. And that is that we mentioned that there are asthma management plans for children with asthma that each school is supposed to maintain. We're not sure whether they do that or not. Okay?

DR. BRESNITZ: We know that they do that, but they have to get the Doc to do it. That's the issue.

ASSEMBLYMAN PAYNE: Right. Okay, fine. So that's the missing part of this thing -- that it's possible -- so my thing then would be, how do we get the doctors to do this? Doctors are also supposed to measure a child, when they come to their offices, for the amount of lead in their blood. If they go to a doctor for a cold, they're supposed to measure these things. And we have these books, and regulations on the books -- my thing is, how do we get them implemented? How do we get them done? How do we make sure that these things happen? Because we come up with these plans, and unless somebody follows up on them nothing ever happens. We have health records in schools for youngsters. I think BMI should be

included in that. I think that there should be a health map so we can determine just -- the record of a child. Sometimes we say we're not sure that the conditions are any worse in New Jersey, it's just that our record keeping may be better than other states. The fact is that BMI is something that needs to be measured, and that there needs to be some kind of coordination of all these efforts that we're talking about so that we can address these things. I know that in schools they do measure -- I know they weigh kids and things like that, they keep a record of sums of -- whether they have inoculations, etc. I think now we need to include things like BMI in that child's record so that we can begin to determine the body mass index -- determine whether or not there's a propensity for these things. We have a lot of these things out there, but somebody has to bring them together. They have to bring them together so that we can address these problems more.

I want to thank you. As you say, we can be here forever talking about these things, but thank you for your testimony. If there's nothing else here then, thank you very much.

DR. BRESNITZ: Thank you.

ASSEMBLYMAN PAYNE: Listen, Doctor--

ASSEMBLYMAN PAYNE: Yes, sir.

ASSEMBLYMAN PAYNE: In 2009, when we have another one of these hearings, that first page better be changed. (laughter)

DR. BRESNITZ: Well, hopefully the statistics on there will be a little bit better. How's that? (laughter)

ASSEMBLYMAN PAYNE: Oh, good.

Thank you. Thank you very much.

Felicia D. Stoler, would you please take the stand, and identify yourself and your organization.

FELICIA D. STOLER: Yes, sure. My name is Felicia Stoler, and I'd like to thank you all for inviting me back here. I did come in May. And I will tell you that some of my testimony looks the same as the last time.

ASSEMBLYMAN PAYNE: You guys don't think we read those things or something like that? (laughter)

MS. STOLER: No, I think you do. But I'll tell you the truth, I'm not a government employee so I didn't have a lot of time in the last two days, since I was asked to come here, to prepare a totally original work. But I did bring some information along that I do have some additional statistics for you. And I'd like to thank you again for inviting me to be here. I do appreciate it.

I am here with many interests. I hosted the reality show on The Learning Channel, called *Honey We're Killing the Kids!*, which is about unhealthy children and their families. I'm a mother. I'm a registered dietician, and an exercise physiologist, and a member of the New Jersey Council of Physical Fitness and Sports, in addition to being a past president of the New Jersey Dietetic Association. I'm soon to be Dr. Felicia at the end of this month from UMDNJ, where my research has been in obesity and work-site wellness in adults, so I don't take this matter lightly at all. I am one of the few private practitioners that works with children, adolescents, and teens who are overweight or obese in the state. And this matter is so important to me that I gave up my scheduled workout to be

here to speak to you all today. (laughter) So I tell people about scheduling their exercise and I gave mine up for you.

The other thing is, when I was here last time, my colleague Dr. Hoffman brought you cookies.

ASSEMBLYMAN PAYNE: Cookies, that's right.

MS. STOLER: I brought you something healthy instead, so I'm going to pass these around.

ASSEMBLYMAN PAYNE: I was looking for the cookies, you know. (laughter)

MS. STOLER: No. These have a little fruit and fiber today, and they're individually wrapped.

Overweight and obesity are problems that may actually begin in infancy and continue to get worse throughout childhood. Since overweight and obesity is a multifactorial problem which stems from an energy imbalance between energy in, which is food, and energy expended, which is physical activity, where do we start to put responsibility for this problem? We can start with parents who are usually struggling with their own weight issues without access to proper support to maintain an appropriate body weight for themselves. Overweight children generally come from overweight families.

Our culture is bombarded with information in the media -- the question is, which information is correct? The Federal Trade Commission estimates that over \$30 billion is spent each year on weight-loss products and programs. Funny, but the obesity epidemic is getting worse, not better.

New Jersey will have spent approximately, in 2003, \$2.3 billion in obesity-attributable expenses for adults. The economic cost of an

unhealthy diet and physical inactivity add up to almost \$100 billion per year, or approximately 8 percent of the national health care budget in direct medical costs. The Centers for Disease Control reported that \$31 billion of direct treatment costs for cardiovascular disease was related to overweight and obesity.

Schools alone cannot be the answer -- they can be part of the solution -- but they are challenged with the need to generate revenue and food service, vending, and fundraising. Our schools are making money to sustain their existence at the expense of our children's health. Even with the school wellness policy that needs to be adhered to in New Jersey -- and I understand New Jersey does have a model school wellness program, across the country -- there's still a disconnect with the access that kids have to unhealthy food during school hours. And even though my children are exposed to healthy eating all the time -- and I generally, maybe 5 percent of the time, send them with lunch -- my son asked me as a treat yesterday if he could buy lunch. And I said, "Sure." And we have a prepaid program. So when he came home, I asked him what he got for lunch yesterday. And he said he got a bagel, Gatorade, and Rice Krispies treats. And I looked at him and I said, "You know, Zach, that's not a good lunch, and you know I would never have sent you with a lunch like that." And he goes, "I know." And he's 6. So when left to their own devices, even though they know the right thing to do, they still don't always do the right thing. And we can't just leave it up to children to make those choices. And I know that there are healthier options in the cafeteria. I recently asked for a visit during meal time so I could see what was being served in the cafeteria, and quite frankly, I was appalled.

No Child Left Behind should be no child left on their behind, and that's actually a talk I gave last week with Dr. Jacobs for the New Jersey Action for Healthy Kids. Physical education has taken a backseat to children's performance on standardized testing. If you look at the cycle of physical education from elementary school, children are lucky if they have physical education once per week. I lived in one township in New Jersey where my children had PE once every seven days. I moved to another town that now has it four times a week, which I'm very happy to have.

Then when children get to middle school, they have it more than once per week. And by the time they get to high school, it's daily. But by then the damage is not only done, but they don't want to do the physical activity. We can't afford for our children to turn 14 and 15 to instill the behavior of physical activity. It needs to begin at kindergarten. If you think about little kids and young children under the age of 10, they have a lot of extra energy that they really need to burn off. And it's not enough to do it during recess or the once or twice a week that they have gym. If they were allowed to get that extra energy out, they would pay attention better in class to their teachers and they would learn more as well.

School nurses collect data on heights and weight in schools, but this information is never published or used, for example, to compare performance in schools. School nurses have been shunned by parents for informing them of their children's BMI and health risk. And that's a very real problem. We collect the information, and we don't do anything with it.

Recognize that insurance companies do not pay for the interventions that are effective, nutritional counseling unless there is

diabetes or kidney disease. Insurance companies do not pay for additional physical activities as well. Insurance companies would sooner pay for bariatric surgery, which is expensive, evasive, and dangerous; which over time has not proven to be successful for sustaining weight loss. Medicare reimburses for bariatric surgeries, which cost between \$15,000 and \$20,000 per procedure, and when the cost of evaluations, follow-up care, and counseling are added, it can run from a \$35,000 to \$50,000.

How about good old nutritional counseling by a RD and access to a gym? According to the *F as in Fat Report* published this past August by the Trust for American's Health -- I'm going to forward some of this information around -- I've highlighted some statistics in there, and I gave Jennifer in your office some information about where you could obtain a PDF version of this report:

New Jersey ranks No. 40 in obesity, with 22 percent of adults being obese, with a BMI greater than or equal to 30.

Fifty-nine-point-six percent of adults are considered overweight and obese in New Jersey.

New Jersey ranks No. 27 in cases of diabetes.

It ranks No. 9 in physical activity -- thank goodness -- with 27.3 percent of adults being physically inactive.

New Jersey ranks 22 in hypertension, with 25.7 percent of adults having the diagnosis of hypertension.

Eleven-point-four percent of high school students in New Jersey are overweight; 15.4 percent of high school students in New Jersey are at risk for being overweight.

Sixteen-point-five percent of children ages 2 to 5 are considered low-income and overweight.

New Jersey ranks 26 in percentage of children, ages 10 to 17, who are overweight; 66.8 percent of kids ages 10 through 17 report more than 20 minutes exercise three days per week or more.

The only good thing is that New Jersey ranked No. 49 in poverty rates of it's citizens. So we're all making a living, but we're not taking care of ourselves.

Nutrition and exercise behavior interventions can be the most effective, least invasive, and least expensive ways to treat and prevent overweight and obesity and its comorbidities. One thing I would recommend to you, as somebody who works in the private sector and works in the media, is that maybe if there was some effort to have more public service announcements and more information using the communication that people are used to getting their information from -- more newspapers, more commercials on TV about improved eating habits and physical activity. We're so good about getting the information out in terms of products and, you know, when there's certain health scares; but this is bigger than terrorism. This is our own terrorism in our country -- obesity.

So I'm happy to answer any questions that you have, because I'm probably the only non-State employee that deals with this. And I am one of the only practitioners in private practice that teach children and adolescents and teens.

ASSEMBLYMAN PAYNE: Thank you very much, Dr. Stoler. No, you're not a State employee, I see. (laughter) But I was confused also about the testimony. And I think it says, "Thank you for the opportunity

to speak. First, I would like to tell you--” Then I looked over, “Thank you for the opportunity to speak. First, I would like to tell the members--”

MS. STOLER: It’s not quite the same. I pulled it up.
(laughter)

ASSEMBLYMAN PAYNE: And I think that you did add something, or whatever. But thank you very much. Maybe it’s that we need to have repetition in order for us -- for the message to sink in, I suppose, in order for us to bring this about.

You mentioned education. I think everyone talks about education -- is extremely important; and also lifestyles at home and things of that nature are very, very important. But you also mentioned that you gave your son an opportunity to buy -- to pick his own lunch yesterday, whenever it was, and he picked those-- He picked the stuff that other kids picked without that kind of training, etc. How do we address those kinds of things? For instance, if children are left to their own devices, even though they come from backgrounds or environments where we try to inform them on the right way to go, the influences outside are so great, I guess.

MS. STOLER: Well, I think the key is not to have it. When I speak to parents-- What we did on the show is we told the families “Dump the junk, get it out of there.” So non-nutritious foods have no place being in a school cafeteria on any level.

ASSEMBLYMAN PAYNE: Yes, you’re right. But this even takes or goes to other areas of a child’s life. For instance, in the home we teach him strong values and things like that, but the environment outside sometimes influences them in a negative way; and some youngsters go down the wrong path, not only on nutrition necessarily, but on anti-social

behavior, etc., etc., because they're influenced by others. However, there have been programs where youngsters have been exposed to healthy eating -- brussel sprouts and things of that nature -- and that there have been programs where youngsters have been taken to supermarkets on a field trip kind of thing--

MS. STOLER: Right.

ASSEMBLYMAN PAYNE: --and have been able to point out -- I don't know whether you've mentioned this or not -- but have been able to point out those kinds of cereals that are coated with sugar -- "Oh, that's bad, that's bad, that's bad," at early ages.

MS. STOLER: Right.

ASSEMBLYMAN PAYNE: So I guess it is possible for us to do that. But you just said that the answer would be just not to have those kinds of ingredients, or whatever, available at the school.

MS. STOLER: Right.

ASSEMBLYMAN PAYNE: All right. But let's say that they are in the environment. How do we-- We need to find a better way to strengthen our own within our home, so that when -- in fact, they're not tempted to do it anyway.

MS. STOLER: But I think if there were more fruits and vegetables that were in the schools that look nicer, I think kids would consume them.

ASSEMBLYMAN PAYNE: Yes, okay. But is it that we have to keep these things out of the children's sight? Are they automatically tempted to go for those junk foods? You said if, in fact, they're not there, they can't do it. But is there anything that could happen that could

strengthen a child so much so that they would not even be tempted to go that way?

MS. STOLER: Oh, I think they would be tempted no matter what. I mean, I didn't have those foods in school. I grew up in New Jersey. That stuff was not available when I was a child growing up in New Jersey. I don't know why it has become available. My children go to day camp and they provide food at day camp, and they learn the worst eating habits. It doesn't matter how much I reinforce it at home, when left among their peers-- And when I spoke to the camp and all the other parents complained about the food that's served -- and you know what their answer is? "We give the kids what they want." Kids would like to eat ice cream and cake all the time if they could, but they -- it's not good for them. It's not good for many adults too. A lot of us would like to eat foods that are not that nutritious as well, when left to our own devices, but we don't think about food being medicine or exercise being medicine for us.

ASSEMBLYMAN PAYNE: Can you imagine youngsters coming from homes -- most of them as a matter of fact -- where nobody is there teaching about nutrition, etc., etc, etc., and we leave it to the outside influence, like schools and things like that to guide our children? And you're saying the only way to solve that is by getting schools not to have those kinds of things available. Right?

MS. STOLER: Well, I think that's part of it, in terms of the kids actually eating it on school time. But I think maybe having educational programs for parents in the evening when they can come in after work, maybe having programs. I mean, I've offered, in my township, that, in lieu of some of these fundraisers that they've done in the past for

the PTAs. I said I would be happy to give a talk, and you can collect money as a fundraiser and I will wave my speaking fee, and I would be happy to educate the parents about healthy eating and how to reduce the rate and incidence of childhood obesity. I mean, it doesn't matter what your socio-economic status is. There are plenty of affluent parents that would rather spend money on a Wii game for their children than spend money for their children to get help with lowering their body weight.

ASSEMBLYMAN PAYNE: Thank you very much. Thank you.

You want to educate the parents. We have to clone you and talk to all the school districts. (laughter) However, the better way out, of course--

MS. STOLER: Then I would become a State employee, right? I'm just kidding. (laughter)

ASSEMBLYMAN PAYNE: The better way to do it, of course, is to have not -- these things not available. And the Department of Agriculture--

MS. STOLER: Right.

ASSEMBLYMAN PAYNE: --is involved with making sure that we have nutritious food available in schools, as opposed to junk foods, etc.

Thank you very much for your testimony.

MS. STOLER: Thank you.

ASSEMBLYMAN PAYNE: And see you next time.

Thank you.

Nancy Pinkin, to speak again about the conditions -- the issues that we talked about earlier -- asthma, obesity, and lead, etc. And we want,

more or less, an update on where we are, what's happening, and those kinds of things. Identify yourself and your organization, please.

N A N C Y J. P I N K I N: Well, I'm Nancy Pinkin from MBI-GluckShaw, and I represent a number of health-care groups: the Academy of Pediatrics, the New Jersey Primary Care Association, the March of Dimes, and groups like that. So first I want to thank you, Assemblyman, for all of the years that you've worked with us on so many issues. And you've been really an advocate. It's not something you did just because you wanted to get a newspaper report about, but just because you were really committed to these issues.

And I have a lot of testimony on the different things that people are doing on obesity and the other issues. But I think a lot of things have been said already, so I just sort of started writing what has been done during your tenure. And I think these things address many of the issues. And obviously, we still have a very big problem with obesity. It's growing. A lot of people are doing it, but I think Dr. Bresnitz started to touch on it. During this term that you've been here, we started with the Synar amendment, which was trying to get kids from smoking -- to stop smoking. We did the S-Chip program, which was-- We have the highest rate of kids that are on the family care program. We cover 350 percent of the Federal poverty level under the New Jersey S-Chip program, and that gives kids -- all kids -- the opportunity to be able to have access to care to address all of these different things.

We did gun control. I mean, gun -- you haven't mentioned that as one of your topics today, but I know it's something that you're passionate about. It's definitely a public health crisis, and we do have gun

control in New Jersey -- more than any other state -- and it's something I think that needs a lot more attention in the urban areas. It's something that you have worked with us on, and we appreciate that.

The nutritional standards in schools, that was another really big program. Decreasing prematurity -- the levels of prematurity have decreased. And I was talking to a neo-natologist in one of our hospitals, and he told me that the number of premature births has decreased. And I asked him what he attributed that to, and he said he attributed that to the increase in prenatal care -- that New Jersey has a program that covers prenatal care, even though the individuals coming in for that care might not have a clear immigration status, regardless of their background. When the children are born, they are citizens. There are no Federal funds for those programs. New Jersey chose to provide funding for that so that those kids could get good prenatal care and have a better outcome in their health care.

We changed some of the reimbursement policies for lead testing. A lot of the HMOs used to require parents to have to go to a different lab. So if you came in with your sick kids and you wanted to test them for lead, you weren't able to do that. You had to send them out again. You know, the mom might have transportation issues, she has three kids with her, she has -- you know, she's sick. She doesn't want to have to go to another location because they don't want to reimburse for that. So the different policies like that have changed. We worked with the State on that.

Elimination of indoor smoking is a major, major change, when you talk about the asthma rates. As you know, a lot of our areas have very

high asthma rates. And one of the biggest things that we could have done was to make that change.

Newborn screening. New Jersey was a leader in the newborn screening program, which we expanded the diseases that were tested from four, originally, to 29; and that was another major commitment.

Mental health parity. We passed a mental health parity bill a long time ago. There were certain diseases that were left out, but it did cover the biologically based, and we're working on now passing that second level.

The elimination of the policy to have a forced discharge of the new moms when they were in the hospital. That was another major piece of legislation that happened during your tenure. The Catastrophic Illness Fund is another program. The Regional Child Abuse Prevention Centers in the Office of the Child Advocate. So again, I think that there are many things that people are doing on all these topics, and I think they have to take the credit that you deserve in working on them. There are lots of programs that are happening. The Academy of Pediatrics is currently -- has received a \$350,000 program to do obesity training to address the obesity issue in the preschools, and that was funded by the Robert Wood Johnson Foundation. The League of Municipalities has the Mayors Wellness program, which I think a lot of people are becoming more aware of. Municipalities are dealing with that.

Some programs are doing things like trying to get kids to walk to school. When we talk about the issues of safety and-- Parents are afraid to let their kids go out, whether it's from sexual predators, or gun problems in their communities -- all of these issues -- kids cannot just go out and play

like they used to. So I know there was a program in a couple of municipalities where instead of having the bus pick them up, they actually had teachers come out and they had a walking route to school. That was one way to address that. But there are a lot of those issues.

Kids in schools -- their educational programs are so packed that they don't have time for lunch. That's another policy that people are taking a closer at and looking at the stress that kids have. It's not just the obesity level, but hypertension in kids is on the increase, which is a result of all of these things.

So there are a lot of things. I think people are much more conscious of this now. We're getting much more involved in looking at the BMI level. I know somebody mentioned the fact that there's a lot of concern where if you tell parents that their kids have a level that's high they're offended by it, and we have to turn that around.

One of the things that the Academy of Pediatrics is doing is not only working on the kids, but to try to reorient the parents. Because it stems from the parents, and the parents frequently have a level of obesity. And where you see the parent is overweight, you'll see the child is overweight. So incorporating all of that into their visit with the kids. And trying to work on the reimbursement as well, because you don't get reimbursed for any type of counseling. It's very hard to get reimbursement for nutritional counseling. So those are issues.

Just to go through, also, as far as the Federally Qualified Health Centers, they are working with the Commissioner of Health on the model programs that he had mentioned -- Dr. Bresnitz had mentioned -- both for

the management of asthma and they also have a new program that they're working with on obesity.

I just want to see if I forgot anything.

The March of Dimes is currently working with the Department of Health, actually, on a program along those lines to deal with pregnant women and the issues involved with their health care, and also on the issues of diversity to make sure that all individuals are getting access to adequate prenatal care and intervention.

So I really appreciate, again, all the years that you've been so dedicated and passionate about all these issues, and we really appreciate your helping us out on so many things, and hope that you do continue to stay involved.

Do you have any questions about anything?

ASSEMBLYMAN PAYNE: No. I want to thank you personally. I want to make it clear -- I'm sure that I've been involved with a number of these issues, if not all of them, that there -- it's been an effort obviously, a team more than just Bill Payne. And obviously the issues that you talk about are certainly dear to me and many of us in the Legislature. And it's been the work of many of us to try to bring about some of the improvements. As you know, I have always been impatient and passionate about the issues that I talk about, and I cannot accept, do not accept that it will take a little while. The little while always ends up being too long, and too many people become victims of conditions that could have been prevented. So that's why I push, push, push very, very hard, and I try to push to the most extreme. Because then maybe somewhere along the line we will bring the rest along up here.

But thank you, thank you for your participation in helping to make this a better state for the folks that do live here. And thanks again for your leadership. And certainly again, to make it clear that this is an effort that's been an effort on the part of many of us to do this. And thank you for your testimony.

MS. PINKIN: Thank you.

ASSEMBLYMAN PAYNE: We do have a number of -- we have Pamela Banks-Johnson, from the American Lung Association. And much of the testimony today has had an impact on the Department of Education, education, etc., and the involvement of education. And we do have people here, someone here to testify for the Department of Education, if in fact it's necessary. And I think after hearing the testimony that we've heard, and we think that there should be some involvement on the part of the Education Department, I'm going to ask, after this, for someone from the Department of Education to respond to some of the issues that have been brought up.

But here we have Ms. Banks-Johnson.

P A M E L A B A N K S - J O H N S O N: Good afternoon.

My name is Pamela Banks-Johnson, and I am representing both the American Lung Association of New Jersey and the PAC New Jersey. I am sort of the ram in the bush. Our PAC associates are being honored at the National EPA Conference this weekend for their works with the Tools for Schools and the Indoor Air Quality Act.

As we've already heard, asthma is one of the most chronic diseases affecting children, and over 12 percent of New Jersey's children have a history of asthma. Currently, approximately 9 percent of them

currently have asthma symptoms. As we know, uncontrolled asthma results in limited physical activity, missed school days, increased ED visits, and hospitalizations. In New Jersey, Black children are three times more likely to have ED visits or hospitalizations; Latino children are one-and-a-half times more likely to have these same visits than are non-Hispanic and white children. Overall, in the year 2004, there were over 19,000 ED visits for asthma.

The burden of asthma is disproportionately distributed throughout the state. I think we heard before that the urban areas, of course, have a higher population. In Essex County, there were almost 1,400 visits per 100,000 population, while in Hunterdon County there were 215 visits per 100,000 in population.

ASSEMBLYMAN PAYNE: Fourteen thousand (*sic*) as opposed to--

MS. BANKS-JOHNSON: Thirteen thousand (*sic*) per 100,000--

ASSEMBLYMAN PAYNE: In Essex County.

MS. BANKS-JOHNSON: In Essex County. And 215 per 100,000 in Hunterdon County.

Thank God New Jersey has one of the most comprehensive laws in the nation concerning asthma management in the schools. And the American Lung Association, in partnership with the PAC New Jersey, are still working very diligently to make positive changes. I'm not going to go through everything in that report today, sir, but I will say this: That every child with asthma is required in the State of New Jersey to have an asthma action plan on file in the school health office.

ASSEMBLYMAN PAYNE: Do they have it?

MS. BANKS-JOHNSON: We are working diligently -- the PAC has just instituted a new form which will be electronically available to physicians. They can do it online, send it out, and we should have -- really anticipate a lot more success with that. That form was looked at by the New Jersey Thoracic Society and the PAC Committee, and it was unanimously approved for us.

ASSEMBLYMAN PAYNE: The PAC?

MS. BANKS-JOHNSON: PAC -- Pediatric/Adult Asthma Coalition of New Jersey, and I believe they were here in May. Again, I'm the ram in the bush, so--

ASSEMBLYMAN PAYNE: Okay. But you say that that report, or what have you, that information is required to be in--

MS. BANKS-JOHNSON: It's required to be--

ASSEMBLYMAN PAYNE: And how long has that been required?

MS. BANKS-JOHNSON: It's been required for about two years now.

ASSEMBLYMAN PAYNE: Just two years?

MS. BANKS-JOHNSON: Yes. But it is slowly -- doctors are slowly coming aboard. The school nurses are very excited that we are now going to have an online version, which the docs can just push a button, make a check list, and send it off. It really doesn't take much thought. Identify the medication, identify the treatment plans, the treatment requirements, and send it on.

ASSEMBLYMAN PAYNE: So private physicians that treat youngsters with asthma in their offices are required by law to fill this out--

MS. BANKS-JOHNSON: Yes.

ASSEMBLYMAN PAYNE: --this form, and file it with the school.

MS. BANKS-JOHNSON: The school nurse.

ASSEMBLYMAN PAYNE: Is that right?

MS. BANKS-JOHNSON: Yes.

ASSEMBLYMAN PAYNE: They're also required by law, I think, to take the presence of lead in the child's bloodstream, but they're not doing it.

MS. BANKS-JOHNSON: I know, I know.

ASSEMBLYMAN PAYNE: So my point is--

MS. BANKS-JOHNSON: Well, through the Thoracic Society, who is our medical arm of the ALA and PAC, there has been quite a push for doctors to comply. One of the complaints that we heard was that the previous form was pretty complicated, pretty time-consuming. And when you have doctors who are seeing so many patients, they just didn't -- they claimed not to have the time to do it. This form is very simple -- it's a check-off. The medications are listed with the dosages. You look at the form, you check off what medication that child is prescribed to have, and that's the basis of the form. So there's nothing the doctor has to fill out other than signing his name.

ASSEMBLYMAN PAYNE: What happens if they don't do it? And how do we know if they're not doing it?

MS. BANKS-JOHNSON: Well, that's a good question. What we're seeing -- what I'm seeing as the Program Specialist for asthma in New Jersey is, the nurses are really pushing the doctors to have that. We are pushing the doctors to have that through, again -- through our Thoracic Society who has-- We're really pushing, pushing, pushing and just educating people. I think a lot of it, from what I've seen, is a lack of education on the part of the physicians on the importance of this form. We're also working with our committees to not only insist that the doctors fill it out, but educate the parents as well to have that form. Because they also receive a copy of that form, which we encourage them to post in the bathroom, the refrigerator, wherever is most prevalent in their home, so they can also see what they should do for their child should their child have an asthma episode.

One of the suggestions at a meeting I was just at was that we actually have envelopes for the doctors, school nurse, parent. So we're still working on that, because it's a very-- The nurses rely on this form, and they get into a lot of trouble when they have a child who doesn't have it.

ASSEMBLYMAN PAYNE: Sure. Yes, okay.

Thank you.

MS. BANKS-JOHNSON: What New Jersey, the American Lung Association, and the PAC has been doing for the past several months is working with both public and private schools in collaboration with the Departments of Education and Health and Senior Services, the New Jersey State School Nurses Association, and the NJEA to have the school nurses and school medical directors on our task force. We do offer Asthma Friendly School Awards in over 300 -- about 300 schools in the state have

qualified for that award. There's six steps in that award, which includes the no-idling pledge -- that school buses are not allowed to idle. We do an indoor air quality review to see simple things like, perhaps, the school bus is parked too close to the vent -- the intake vent of the school -- allowing diesel fumes to go into the school. We educate the schools on the proper chemicals they use to clean the school environment with--

ASSEMBLYMAN PAYNE: Let me stop you.

The school bus idling is a problem which is rampant. Who enforces that?

MS. BANKS-JOHNSON: Well, that's actually a State law.

ASSEMBLYMAN PAYNE: Yes.

MS. BANKS-JOHNSON: So we don't do any enforcing.

ASSEMBLYMAN PAYNE: Yes.

MS. BANKS-JOHNSON: But we make sure that the schools comply with this if they want to receive this award.

ASSEMBLYMAN PAYNE: The schools have to comply with it, or the bus companies, or who has to -- who monitors it?

MS. BANKS-JOHNSON: The school nurse, basically, is the one in charge of monitoring that, and the school principal.

ASSEMBLYMAN PAYNE: The Department of Education has nothing to do with it?

MS. BANKS-JOHNSON: I'm sure they do -- I'm sure they do.

But as far as individual schools -- the schools that we have worked with as far as our Asthma Friendly School Award -- that is either the school nurse, the school principal, or the person in charge of building maintenance.

ASSEMBLYMAN PAYNE: Either, or, or whatever.

MS. BANKS-JOHNSON: Yes.

ASSEMBLYMAN PAYNE: What's happening, of course, is a lot of these are falling through the cracks and many youngsters are exposed on school buses, as a matter of fact--

MS. BANKS-JOHNSON: Exactly, exactly.

ASSEMBLYMAN PAYNE: --to the pollutants that come from the exhaust systems of those buses that they're riding on, you see.

MS. BANKS-JOHNSON: Exactly, exactly.

ASSEMBLYMAN PAYNE: And that's one of the things -- the only reason why I have this legislation to have even school buses retrofitted. I mean, can you imagine the youngster sitting on a school bus, for crying out loud, and many times they're taken to museums and libraries, and they sit on there and wait to go -- and the bus is idling and these fumes-- I mean, this is absolutely asinine. It makes no sense.

MS. BANKS-JOHNSON: Exactly, exactly.

ASSEMBLYMAN PAYNE: So we're going to have to find a way to have very specific enforcement that this happens. And I want to find out who is responsible for seeing to it that they're complying with this. And you're telling me that, one, that it's in the school district, let's say. The person, the people who are responsible for monitoring that are whom? The principal of the school, or what?

MS. BANKS-JOHNSON: Well, we just work with the schools, sir, who are qualifying for an Asthma Friendly School Award. And my understanding is that it is a State law. Now, who is to monitor that per school district, I'm not sure. But as far as the Asthma Friendly School

Award -- to qualify for this award from the PAC New Jersey and the American Lung Association, you have to have someone designated on your staff to make sure these buses are not idling. My experience has been it usually falls on the school nurse. Is that fair? Probably not. But that seems like where it's -- with my experience is, where it is falling.

ASSEMBLYMAN PAYNE: And only those schools that apply for this--

MS. BANKS-JOHNSON: Those are the only ones that I'm familiar with right now that we're looking at.

ASSEMBLYMAN PAYNE: What is the program, the Clean--

MS. BANKS-JOHNSON: The Asthma Friendly School Award.

ASSEMBLYMAN PAYNE: So if they applied, whatever it is, then they come under the umbrella of finding out whether or not the buses are idling, etc., etc. Those who do not apply for the friendly--

MS. BANKS-JOHNSON: The PAC and ALA would not know specifically who is in compliance.

ASSEMBLYMAN PAYNE: So you have 300-some-odd that participated?

MS. BANKS-JOHNSON: Yes. We have 300 right now that have received the award, and which is the majority--

ASSEMBLYMAN PAYNE: Do you have districts or schools?

MS. BANKS-JOHNSON: Schools and/or districts. For example--

ASSEMBLYMAN PAYNE: Yes, because there's 600-some-odd school districts.

MS. BANKS-JOHNSON: Yes. For example, the Newark school system -- we have 34 schools who received the award just this past August. The other schools are being trained throughout this school year.

ASSEMBLYMAN PAYNE: All right. I'm sorry to interrupt you, but I--

MS. BANKS-JOHNSON: That's okay.

It is New Jersey law that schools have asthma action plans on file for students with asthma; and school nurses identify the major barriers, as I said, or the physicians filling out the form. We are partnering with health insurers, pediatric pulmonologists, allergists, pediatricians from the FQHCs, pharmaceutical companies, and medical professionals, and the parent advocacy group to revise the plan. And it was revised and it has been approved. Again, that will be the one online. Electronically, we're really hoping that that will be a push -- and physicians to fill that out.

We have also partnered with child-care facilities, because we don't want to leave out the little ones. Our child-care asthma education for child-care providers is called *Policies and Practices for Asthma Friendly Child Care (sic)*. A child-care health consultant has been trained in this program, and they will be training their daycare facilities and their home daycare providers on policies and practices for asthma friendly child care. Again, we talk about idling your car, for example. We talk about the different chemicals -- what not to spray. Do not spray Lysol, for example. Things that a lot of people -- John Q. Public would not know. So we're doing that as well. That is in conjunction with the licensing office of the Early Childhood Education, Seton Hall School of Nursing. Again, the Department of Health and Senior Services, Rutgers University Cooperative

Extension, Allergy & Asthma Network Mothers of Asthmatics, and Trenton Childhood Asthma Project are some of our partners. And we have trained over 60 professionals to provide training for this program.

We're partners with the New Jersey Chapter of the American Academy of Pediatrics' PCORE program to develop physician education on asthma that has been implemented in Trenton. And we are exploring ways to implement that program throughout the state. We are targeting specific communities such as Newark, Trenton, and Camden to impact the school child-care community. Again, the asthma friendly child care, the Asthma Friendly School Award. And also, we are in the process of identifying high populations with asthma to introduce the American Lung Association Open Airways for Schools program. This is an asthma education program designed for children ages 8 through 11. We teach them how to better manage their asthma symptoms. There's homework involved for the parents, because without the parents education, the child may know what to do and the parent may not know what to do. So we are still partnering with the parents with that.

We've also received permission to expand that program to be taught in a community center, recognizing that the No Child Left Behind Act is prohibiting outside educational programs. We do have permission now to conduct that program in the community centers, faith-based institutions, health-care centers, Boys & Girls Club. I will be introducing that program to the Ironbound Community Center in Newark where the majority of the Little League team is suffering from asthma. Because without the proper education from an early age -- we're trying to stop the tremendous effects that asthma-- Asthma is responsible for missed school

days and missed work days. If you have an 8-year-old who is home sick with asthma, you are home with that child with asthma. So it's to increase productivity all along the lines.

We also have an adult asthma education program which is brand new to the American Lung Association, which is called *Breathe Well, Live Well*. And again, as the Program Specialist for the State of New Jersey, it is my task to introduce that program to as many areas throughout the state as possible to teach adults, because we do find a lot of work-related asthma, especially in the schools. So we are hoping to introduce a program -- Open Airways for Schools, in the schools; and Breathe Well, Live Well for school employees.

All of our programs are bilingual. They've all been translated for bilingual.

ASSEMBLYMAN PAYNE: In the Ironbound, you need to have Portuguese. Is Portuguese down there, too?

MS. BANKS-JOHNSON: Well, our Cultural Diversity Committee is working with us on that.

ASSEMBLYMAN PAYNE: All right.

MS. BANKS-JOHNSON: Because we've identified Portuguese, Haitian, Polish -- we've found a lot. Right now, it's English and Spanish, and we're going to plug along with that the best we can.

Our partnerships with experts in the field and with statewide agencies and stakeholders that can help deliver the service has been our strength. We have received national recognition for our school initiative, and we would like to develop an asthma friendly child-care award and see every child-care center in New Jersey receive it. We would like to see every

school in New Jersey receive the Asthma Friendly School Award. We would like to provide all the children in the State of New Jersey with asthma education that will provide them with the ability to manage their asthma. This, with proper treatment and education, will allow these children, when we talk about obesity -- will allow them to participate with physical activities. The American Lung Association has a wonderful residential camp specifically for children with asthma ages 7 through 13. A residential camp where we teach the children, "Yes, you may run, you may play, you may play basketball, you may swim -- even though you have asthma."

ASSEMBLYMAN PAYNE: Do you have a copy of what you're reading from there? You mentioned some programs -- or is that just notes that you have?

MS. BANKS-JOHNSON: This is notes that I have.

ASSEMBLYMAN PAYNE: Because some of it is not included in -- that you gave.

MS. BANKS-JOHNSON: Right. And again, I apologize for that. I was the ram in the bush called at the very last moment, and I just had to get some--

ASSEMBLYMAN PAYNE: All right. The ram in the bush did very well. Good.

Thank you very much. We really appreciate it.

MS. BANKS-JOHNSON: I had to get some notes together.

Thank you so much for your time.

ASSEMBLYMAN PAYNE: Thank you very much.

And I would appreciate it, actually, if you could send to me a copy of those last recommendations that you made for some of the things that you're doing. For instance, Ironbound is interesting to me, etc., etc.

Thank you very much.

Do we have any questions? (no response) I think not.

We do have a representative here now from-- Ms. Holmes is here, but we have a representative from the Department of Education who suggests that they do not need to speak. But I think probably after hearing much of the discussion today, you might have some responses to some of the things we've talked about. Now, I don't know whether or not Ms. Holmes may have something to say that you might want to react to after--

L I N D A H O L M E S: My comments are brief.

ASSEMBLYMAN PAYNE: They're brief.

MS. HOLMES: Yes.

ASSEMBLYMAN PAYNE: But you may have something to say then.

MS. HOLMES: Thank you, Assemblyman Payne. Good to see you again.

Good morning, Mr. Chairman and members of the Assembly Regulatory Oversight Committee. I appreciate the opportunity to provide the Committee with information on an area that is important to the Chair and important to the Committee as a whole, and that is health disparities.

Last Spring, when I provided testimony to the Committee, I indicated that we had just released the Strategic Plan to Eliminate Health Disparities. That was in March 2007. Since that time, the Department has made some strides in addressing disparities, and that is what I'm here to

talk about today. Health disparities are complex and long-standing. Addressing them requires many comprehensive approaches. But progress is being made in meeting objectives in several of the medical priority areas that were included in the plan. And those priority areas do include asthma and obesity. I think you heard from Dr. Bresnitz earlier on much of the work that the Department is doing in those areas. That work includes partnerships with the Federally Qualified Health Centers and community-based organizations that are making a difference in linking minority communities with needed health-care services.

We've also been involved with continuing our work in the area of diabetes -- another area that disproportionately affects minority populations. And I'm sure Dr. Bresnitz talked about obesity as being a risk factor for diabetes as children -- well, now among children and adults. In the area of obesity, you probably heard that Dr. Jacobs and the Commissioner of Education and Agriculture have been involved in a statewide awareness campaign to emphasize the importance of obesity prevention among children.

We are also seeing progress in addressing objectives in the infrastructure area. The plan pointed out four infrastructure areas: One was language access, the other was improving our collection of data, the other was increasing minorities in the health professions, and, finally, in community links. And that is in terms of strengthening those partnerships with minority and faith-based organizations.

The New Jersey Department--

ASSEMBLYMAN PAYNE: Excuse me. What's happened there? Those are four areas that the report suggested that we follow up. What's happened? I know that--

MS. HOLMES: Okay, that's what I'm going to talk about. So language access is the area that I'll talk about first.

ASSEMBLYMAN PAYNE: Right.

MS. HOLMES: We have been involved with a medical interpretation demonstration project that is new. That has happened since the implementation of the plan. We've started out in Atlantic County. We're working with the New Jersey Hospital Association. We're training bilingual hospital workers in Spanish and in other languages, depending on the population of the hospital being served. That program is being evaluated. Actually, there's a training today that's going on at one of the Atlantic County hospitals. And then we want to move this demonstration to the middle and the northern part of the state so that it will make sense when we invest more dollars -- that we can show that it's actually working and meeting the needs.

ASSEMBLYMAN PAYNE: So you want to move it. Is there plans for a date to move it?

MS. HOLMES: Yes. We met with the New Jersey Hospital Association a couple of weeks ago for a discussion on implementation of the next phase of the project in the upcoming fiscal year beginning in June. And as I've said, we've done training at Shore Memorial, South Jersey Hospital, and Atlantic Care. It will be the final one in that county. We've also distributed 2,500 language boards that are being used in the emergency rooms and ambulances. Even when there is no medical interpreter -- then

there's a way to point to different symbols to kind of bridge the translation and interpretation process.

ASSEMBLYMAN PAYNE: Twenty-five hundred?

MS. HOLMES: Yes.

ASSEMBLYMAN PAYNE: How many do you need -- 5,000?

MS. HOLMES: Well, we would like to see-- The distribution plan was to have five boards in each of the New Jersey hospitals, and that's how we came up with the number. We're now looking to make sure that not only are they in hospitals, but our local health departments. Physician offices can make use of these boards, so that we're trying to expand our distribution plan to reach all of the health-care providers in the State of New Jersey.

ASSEMBLYMAN PAYNE: Which would probably be somewhere in the area of?

MS. HOLMES: The number of physicians I don't know off the top of my head. (laughter) And Family Qualified Health Centers as well, is another group where we know--

ASSEMBLYMAN PAYNE: You've distributed 2,500. So your universe is what -- 5,000 or 10,000?

MS. HOLMES: Yes, our goal is 10,000. And I'm sure that's based on some kind of rational estimate.

ASSEMBLYMAN PAYNE: Not necessarily, but that's okay.

MS. HOLMES: And we've also done-- One of the things that we've learned, Assemblyman Payne, is that we can take information and translate it into another language, but if it's not easy to read or easy to understand, or filled with jargon in English, you're taking information that

most consumers don't get and translating it into another language. So we've kind of taken a step back and are looking at the whole issue of health literacy. And in fact, one of the reasons that I just arrived is that we were just talking about all of the wealth of information that's in the Health Department report cards, etc.

ASSEMBLYMAN PAYNE: Sure, sure.

MS. HOLMES: And oftentimes it's too complicated for consumers who don't have sophisticated health backgrounds. So we're really working to make our documents easy to read for the average person, whether they have a master's degree or whether they have-- I think the statistics tell us that the average New Jerseyan is reading on the sixth grade, eighth grade level. So making sure that that's really happening.

So the other areas that I mentioned were data. And in the area of data, as you know, without good data we don't know whether our initiatives are making a difference.

ASSEMBLYMAN PAYNE: Right.

MS. HOLMES: So the problem has been, in the past, that oftentimes healthcare providers, whether it's a hospital, a doctor's office -- they would use their own categories. And the categories didn't necessarily match. So we weren't able to look at trends and what was happening across different categories. Since I've been here the last time, there's been a policy initiated by the Department that requires all hospitals in New Jersey to report data in similar categories in terms of race and ethnicity, and also requiring data on primary language spoken. One of the things that you mentioned in terms of the asthma initiatives -- you know, what languages does the information need to be translated in?

ASSEMBLYMAN PAYNE: Right.

MS. HOLMES: And we really haven't had good data about that. So now we'll begin to get better data about not only the race and ethnicity, but also about primary language spoken, and begin to understand in greater specificity. For example, as you know, in North Jersey where I live, the African-American population in itself can be diverse -- the Haitian, the Caribbean.

ASSEMBLYMAN PAYNE: Sure.

MS. HOLMES: So that's one of the things that we're looking at standardizing. There was a policy that will be released this week from our Commissioner, Dr. Jacobs, requiring that we standardize all data coming into the Department, not just hospital data -- Health Department data, grantee data, etc.

And then in the area of the mentoring program -- which I know you expressed some interest in when I was here last time -- to increase minorities at higher levels of the Department in terms of decision making. We did have a training for volunteer mentors that was held this Fall. We have 20 volunteers that are kind of kicking this program off. And for their protégées, we're moving forward with that initiative as well.

ASSEMBLYMAN PAYNE: Let me have a little more specifics on that. You say you have some volunteers that are participating in this, but tell me a little bit more about that program.

MS. HOLMES: Sure. I don't have the statistics in front of me, but there is diversity within the Department. But the diversity in terms of those at the highest level of the Department, in terms of decision making positions, we can do better there. And so Dr. Jacobs thought it would be a

good idea to really focus on that area of the Department in terms of increased diversity. And so what we've done is identified individuals, regardless of their personal backgrounds, who are at those levels in the Department to volunteer to be mentors and to meet with protégées on a -- I think it's a weekly basis, once we implement this program. And we chose mentoring because we see from the corporate world that this is something that seems to work. And we have not actually begun the shadowing yet, but we have done a training with the Department of Personnel. I was at that training, where the best practices in terms of mentoring were discussed in developing some kind of support system for the mentors so that they continue to prioritize this activity, because it is a volunteer activity.

ASSEMBLYMAN PAYNE: Yes. One of the concerns, obviously, that's been discussed in the past by me and others is that oftentimes policies are made up that impact on or address the conditions that exist within certain communities, minority communities; that the policies are being made by people who are not part of that community, and there is no input there, etc. And that goes on, and on, and on. And so this is one way to address that, I suppose.

MS. HOLMES: Exactly.

ASSEMBLYMAN PAYNE: But I don't know -- at the pace that it's going, when will that happen? Jacobs is leaving and he was one of the sparks to helping to move this along. I hope that he had a mentor (*sic*) who is coming who is going to follow his thing, too.

MS. HOLMES: Well, as you know, we're all contemplating the transition. And we actually had a discussion about this earlier in the week -- about holding on to the vision. So it is the idea that, as we keep moving

forward, that the vision that we all believe in -- that we hold on to it, and hopefully there will be support from communities and others to--

ASSEMBLYMAN PAYNE: Hold on to it.

MS. HOLMES: Yes.

ASSEMBLYMAN PAYNE: Again, I've been talking about this for years. But--

MS. HOLMES: The final area was strengthening community links. I mentioned our diabetes grants. I mentioned our asthma grants. The new grants -- actually, Assemblyman Payne, you were there when we kicked off Minority Health Month in September at Focus. And we announced the seven mini-grants about managing chronic diseases that went to minority community-based organizations, and that is a new initiative in our Department. The barbershop initiative, which has been up in Essex County for some time, is based on the data -- is a best practice. And we're looking now in expanding that initiative across the State of New Jersey, because it works in terms of increased screening for African-American men in the area of prostate cancer.

And I think that the importance of continuing to work with minority community-based organizations, also as you know, is kind of part of our initial legislation as an office of Minority and Multicultural Health. And we work very closely with divisions across the board to encourage them to tap the community expertise that we believe exists; and also because those are the organizations that have the trust of the communities that they serve, in terms of linking them to needed healthcare services.

ASSEMBLYMAN PAYNE: Organizations such as -- just some examples?

MS. HOLMES: Well, we were at Focus. When we were there, there is an organization in-- We've done some extensive work with St. Matthews up in Orange on the diabetes initiative. And I am not remembering the name of the organization that we just funded in Trenton. And so there's six groups, and I can certainly forward to you the names, the specific names of the organizations who received those mini-grants.

ASSEMBLYMAN PAYNE: I'd appreciate that.

MS. HOLMES: In conclusion, overall, in the effort to raise awareness of health disparities and to encourage effective DHSS initiatives, the OMMH continues to host annual Commissioner's Health Disparities Symposiums. Our senior staff has been very involved with cultural competency training; as well as with informational sessions where we are bringing in public health experts around from the country, and we're doing this through a very small Federal Office of Minority Health grant. And we just held one of those sessions where the president of RWJ Foundation was there talking about the work that the Foundation is doing around health disparities. But one of the important issues that was identified at that meeting is that even when you improve -- and this was just Tuesday -- even when you improve the quality of health care and link folks with services-- And I think a lot of what you've been talking about here at this hearing is that if you don't address issues -- environmental issues, housing issues, education issues -- then you're not going to have the impact that we all want to see.

And so one of the recommendations that came out of that meeting, as we move forward, is that our partnerships and our collaborations, particularly in the area of education, agriculture, human

services -- that we need to make those partnerships even more powerful and more dedicated to the area of health disparities.

And I think that concludes my remarks.

ASSEMBLYMAN PAYNE: Thank you for coming. I'm glad that you were able to come here.

As I've been saying all morning, and now it's the afternoon, is a concern that we have had over the years is that we oftentimes address issues, at least we identify issues, and then we kind of stop there. How do we resolve some of the issues? How do we ameliorate some of the problems that exist? How do we eliminate? How do we prevent? And very often we study these issues and that's where it stays. And the reason for this hearing, even though you were here earlier this year, is to find out whether or not we're making progress. We come up with recommendations, and then there's always the planning. I've heard often over the years that we are going to do so and so, we're planning to have -- and various organizations and departments -- we're going to be getting ready to-- I'm trying to find out results of some of these getting-ready-to-do-things that I heard about five years ago, and that kind of thing. And the reason why I continue pressuring is to find out what are the kind of results of these things, rather than just having hearings forever and ever, and nothing coming of them.

So I thank you for coming. I know that this was short notice for everybody, but I appreciate it.

MS. HOLMES: I just want to say that the health disparities plan is really helping us as a Department in that area. Because in terms of accountability, it is a three-year plan. And so what we just did was, we sent

the plan back out to the divisions and said, “So which of these steps have you actually accomplished?”

ASSEMBLYMAN PAYNE: Good.

MS. HOLMES: And we will continue to do that.

ASSEMBLYMAN PAYNE: Good.

MS. HOLMES: I think that that’s the only way that we can -- particularly in times of transition -- that we can keep the vision.

Thank you.

ASSEMBLYMAN PAYNE: Excellent. Thank you very much.

Assemblyman, any comments?

ASSEMBLYMAN BARNES: Nope.

ASSEMBLYMAN PAYNE: Thank you.

Thank you. We are -- I don’t know -- I guess I could say we saved the best for last, and that should make you feel better. But in any event, we have with us two representatives, I believe, from the Department of Education. Would you identify yourselves, and kind of respond, I think, to some of the issues that were raised and to clarify some of those others that we need to clarify?

JESSICA de KONINCK: Thank you, Assemblyman.

I’m Jessica de Koninck. I’m the Director of Legislative Services for the Department of Education. I apologize -- Susan Martz, who is our Director of Student Support Services, is in a Homeland Security meeting this morning, but when we received your invitation to attend, we thought it was very important that the Department have representative here. With me is Ms. LaCoyya Weathington, who is the manager for Student Health Services.

I'm just going to speak very briefly. You had asked questions about what is happening now, so I want to focus on what is happening now. I'm not sure the Department, frankly, will ever have the resources necessary to do everything that needs to be done. But in terms of obesity prevention, the Office of Educational Support Services at the Department has recently revised its program requirements for the 21st Century Community Learning Centers, which are federally funded after-school programs. And the program requirements have been amended to promote physical activity and healthy eating habits. The directors of those programs have been provided with information on promoting nutrition and health during after-school activities.

In our Core Curriculum Contents Standards, the standards on health and physical education, and specifically the wellness standards, does specifically emphasize responsibility for concepts and skills to support a healthy, active lifestyle. And physical education does continue to be statutorily required for every school in New Jersey -- 150 minutes a week. But we've heard testimony that it may not always be delivered the same way.

During the early months of 2008, the Department is going to be requiring all schools in the state to complete a health and physical education survey, to establish a baseline for what is being done in each of the schools so that we have better data.

I just wanted to add, with reference to lead -- and we heard a lot this morning about record keeping -- we have recently revised the student health record to include the recording of lead levels and lead testing dates. So that information-- And you heard that flushed out in more

detail. But to the extent that we have accurate information, it's helpful to school nurses.

Bus idling is everybody's responsibility. It is a violation of law. An idler can be cited by the police. Additionally, contracts with bus companies do have requirements in there regarding statutory compliance. Most important, in terms of -- because I heard a lot of questions this morning about monitoring -- the Department of Education, or this Legislature in the last year, recently revised our monitoring requirements for all school districts. We now have what's known as NJQSAC, Quality Single Accountability Continuum, in which we are asking the schools to report information on every area that's required so that the Department can go back through the county offices and look to make sure what's happening and what's not happening. With 800 employees statewide, the Department is never going to have the capacity to be onsite in every school district. But we are trying to make sure that we've got the record keeping available so that we can anticipate situations that are problematic.

I'm going to turn it over to LaCoyya to talk about asthma and whatever else I may have missed.

L a C O Y Y A W E A T H I N G T O N: I don't think that I can add a lot to what the Coalition and what Dr. Bresnitz has said about asthma, because we work collaboratively with them and they're really the leaders. And we try to support what they're doing. So we work with them on the Asthma Friendly Schools Program, trying to do some more promotion with the districts to get more districts interested and engaged to participate. We obviously participate on all the ceremonies, and we work with them on the

school health task force. And really, the focus of the task force right now is getting more schools involved in the Asthma Friendly Schools Program.

I think that we feel pretty comfortable that all the nurses know what to do in relation to the asthma action plan. And it is in the hands of the nurses in the districts. The area in which we are not clear is on the medical side. And for that, we don't have any control at the Department.

ASSEMBLYMAN PAYNE: Say that again?

MS. WEATHINGTON: The school nurses know what to do in relation to the asthma action plan. And they will follow up with the medical home, which is the child's personal physician, if there needs to be follow-up. But they, of course, cannot control how the physician then responds when information is missing, when they're not sure about medications. That's the responsibility of the physicians, and at the Department we can't control what the physicians do.

ASSEMBLYMAN PAYNE: So if, in fact, the nurse finds that there's something lacking in the child's report that needs to come from the physician, there's nothing that you guys can do?

MS. WEATHINGTON: Well, the nurse will follow up with the physician and with the parent. But if the parent responds to the physician and says, "Please give the nurse this information," and the physician does not do that, we don't have any control at the Department over local physicians.

ASSEMBLYMAN PAYNE: But you're saying that there's an asthma action plan that requires certain information.

MS. WEATHINGTON: Yes, yes, yes.

ASSEMBLYMAN PAYNE: Okay. However--

MS. WEATHINGTON: Every child with asthma--

ASSEMBLYMAN PAYNE: Sure.

MS. WEATHINGTON: --should have the asthma action plan.

ASSEMBLYMAN PAYNE: Right. And some of the information that you need has to come from the physician?

MS. WEATHINGTON: Yes. Absolutely.

ASSEMBLYMAN PAYNE: And then if, in fact, you don't get this information that's needed from the physician, there's nothing you can do about it?

MS. WEATHINGTON: Absolutely.

ASSEMBLYMAN PAYNE: Well, what we need to do is try to find out whether or not there are sufficient examples of those -- the plan not being complied with, the information not being complied with.

MS. WEATHINGTON: Right.

ASSEMBLYMAN PAYNE: If, in fact, physicians are not doing it, or don't have time, or what have you, then there needs to be a step taken. If it's an insignificant amount of those that are not complying, that's one thing. So we need to have some kind of survey taken.

MS. WEATHINGTON: Right, right.

ASSEMBLYMAN PAYNE: And I would like to have the Department of Ed, or somebody, to at least initiate something to find out--

MS. WEATHINGTON: Well, actually, the Pediatric Asthma Coalition -- I don't believe that Pamela spoke to this -- but they are in the process of developing a survey that they want to disseminate to the nurses in the districts to try to get a baseline for how much information is coming

in on the asthma action plans. But that is a survey that's coming directly out of the Coalition.

ASSEMBLYMAN PAYNE: The Coalition is made up of?

MS. WEATHINGTON: The Pediatric Asthma Coalition. It's the American Lung Association's group, funded in part by the Department of Health.

ASSEMBLYMAN PAYNE: Yes, right. Okay.

And is the Department of Education involved with that?

MS. WEATHINGTON: Yes. We sit on the coordinating committee and we co-chair the school health task force.

ASSEMBLYMAN PAYNE: So, you know, I'm back again to where this business about things as they are, or whatever -- if in fact there is a asthma action plan that's been set up, etc., within the Department of Education, I suppose -- correct?

MS. WEATHINGTON: Well, the Asthma Action Plan is generated from PACNJ, the Coalition, with the American Lung Association and the American Thoracic Society.

ASSEMBLYMAN PAYNE: Okay, all right.

MS. WEATHINGTON: And then we just support that, because we don't have the medical knowledge to create the document. So we support the implementation by disseminating to the nurses. And it's in the Department of Education's regulations -- a requirement for the document to be developed for each child with asthma.

ASSEMBLYMAN PAYNE: Okay. So that's where the Department of Education comes in.

MS. WEATHINGTON: Yes.

ASSEMBLYMAN PAYNE: That you have a policy, or whatever, that says--

MS. WEATHINGTON: Yes.

ASSEMBLYMAN PAYNE: --that each child -- there has to be an asthma management plan--

MS. WEATHINGTON: Yes.

ASSEMBLYMAN PAYNE: --for each child, correct?

MS. WEATHINGTON: Yes.

ASSEMBLYMAN PAYNE: And in that plan, so and so and so must be there. But it's being coordinated or established -- you don't have the medical knowledge to--

MS. WEATHINGTON: Right.

ASSEMBLYMAN PAYNE: So therefore that's created by this Coalition.

MS. WEATHINGTON: Yes.

ASSEMBLYMAN PAYNE: And then we say to the Department of Education that this is what should be in that child's folder or record, correct?

MS. WEATHINGTON: Right, right. We say to the nurses, "This is the asthma action plan."

ASSEMBLYMAN PAYNE: Right.

MS. WEATHINGTON: "Please make sure that it's completed--"

ASSEMBLYMAN PAYNE: Right.

MS. WEATHINGTON: "--that you have all the information, and please follow up with the physicians when you do not."

ASSEMBLYMAN PAYNE: Okay, okay.

So the nurse has an obligation to maintain that file?

MS. WEATHINGTON: Absolutely, yes.

ASSEMBLYMAN PAYNE: All right, fine.

But the nurse doesn't have, and the Department of Education does not have, the authority or the ability to ensure that physicians follow through.

MS. WEATHINGTON: Correct.

ASSEMBLYMAN PAYNE: So if they don't follow through, who sees to it that that does happen?

MS. WEATHINGTON: Well, that is an issue that we're still trying to address. And I don't know that we have enough data one way or another to know how big or how small that problem is.

ASSEMBLYMAN PAYNE: Can I suggest to the Department of Education that we follow up and find out whether or not that is a problem that does exist? Because we had a problem with getting physicians to provide information regarding lead levels in blood for a long time, even though it was the law. And we -- the physicians were not doing that. And some were complaining about the complexity of the formal what-have-you. But by law, I do believe that every physician that sees a child -- a pediatrician or whoever -- has an obligation by law to measure the lead in the child's blood. They're supposed to do that and then report that. Many have not been doing it. So this makes no sense to have these regulations on the books and not follow through on them. And then we need to find out who's responsible for doing it, you know. In this case here, I would certainly hope that a survey will be undertaken by the Department of

Education, even through the nurses, to find out whether or not there is a problem that exists here, number one. And number two, if there is a problem that exists here, as far as getting the information, then we need to find some kind of agency, or what have you, that can get that information. What do you think?

MS. WEATHINGTON: Well, I just want to reiterate that the survey is actually coming out of the Coalition. So we will be happy to work with them. We would have done that anyway to support the implementation of it.

MS. de KONINCK: Right.

MS. WEATHINGTON: But they've developed all the questions; they've developed the protocol. They know what kind of information they're trying to obtain.

MS. de KONINCK: Right.

ASSEMBLYMAN PAYNE: Okay. It's coming out of the Coalition, but it's being implemented by the nurse--

MS. de KONINCK: The Department will make sure that the survey is disseminated--

ASSEMBLYMAN PAYNE: Okay.

MS. de KONINCK: --so that the data comes back.

MS. WEATHINGTON: Correct.

ASSEMBLYMAN PAYNE: Okay.

MS. de KONINCK: That's the role that the Department plays.

ASSEMBLYMAN PAYNE: Okay, okay.

MS. de KONINCK: The Coalition will develop the survey--

ASSEMBLYMAN PAYNE: Okay.

MS. de KONINCK: --because the Department lacks the medical know-how to do that.

ASSEMBLYMAN PAYNE: Sure. All right, fine.

MS. de KONINCK: But we will disseminate it and make sure the information comes back.

ASSEMBLYMAN PAYNE: All right, fine.

So then my point is, that if it comes back that there is -- that they're not being complied with, the information is not being complied with in order to have a complete asthma management plan that's required by somebody, then there has to be a next step taken.

MS. de KONINCK: Right.

ASSEMBLYMAN PAYNE: Okay. And what we're saying is that while the Coalition is the one who is creating this thing-- And what I'm saying is that the Department of Education has to take ownership of the information -- the survey when the information comes in -- so that the Department of Education can follow up with our students, you see. And that's what I'm looking for, you see.

MS. de KONINCK: Right.

ASSEMBLYMAN PAYNE: It's being created by the Coalition and you guys are working with that. And you'll see to it that the survey is disseminated, correct?

MS. WEATHINGTON: Correct.

MS. de KONINCK: Correct.

ASSEMBLYMAN PAYNE: And then somebody has to see to it that the information is not only disseminated, but it's--

MS. de KONINCK: And then it comes back.

ASSEMBLYMAN PAYNE: It comes back. And then it's analyzed by someone to find out whether or not 50 percent of these management plans are complete or not. And I'd need to see what steps will be taken, whether it's a cooperation with the Coalition, or is it with you guys, or whomever. But it just can't end there.

MS. de KONINCK: No, we understand that.

MS. WEATHINGTON: Right.

MS. de KONINCK: Based on the data, we'll work with Health, we'll work with the Coalition, and whatever steps need to be taken will depend on what the data reflects.

ASSEMBLYMAN PAYNE: Thank you.

As far as -- I think Rutgers University has some initiatives working with the Department of Education trying to collect data on student -- health data on our students, etc. Are you--

MS. de KONINCK: Well, Rutgers has done a variety of different studies on student health data. And as I indicated, we're sending out a health and physical education survey. Rutgers has done a variety of studies. Independently, they're done one on -- the one I'm familiar with -- on nutrition for preschool students. So there's a lot of data collection going on.

ASSEMBLYMAN PAYNE: Yes.

MS. de KONINCK: As you know, the Department now has a new student indicator database, which is now initially implemented to get test information -- test score information. But we view it as a possible valuable tool for collecting other data in the oncoming years.

ASSEMBLYMAN PAYNE: There seems to have been some difficulty for Rutgers being able to obtain certain information from the Department. Let's see--

MS. de KONINCK: Well, I'll bring that request. If you can give us the information, we'll bring it back and find out about that.

ASSEMBLYMAN PAYNE: I think it has to do about weight collection, information regarding--

MS. WEATHINGTON: Oh, well, the height and weight data.

MS. DeKONINCK: Yes.

ASSEMBLYMAN PAYNE: Yes, sure.

MS. WEATHINGTON: Well, we at the Department don't collect data on specific students for height and weight. That's collected at the district level by the nurses and is recorded on the student health record.

ASSEMBLYMAN PAYNE: Is there a way that the Department of Education can get-- For instance, if Rutgers is seeking this information on weight and height, etc., and you said, "Well, we don't do that; that's done on a district level," is there a way that we can facilitate-- That information can be gathered, can it not? Or is it too--

MS. WEATHINGTON: Well, it could be quite cumbersome.

ASSEMBLYMAN PAYNE: Yes.

MS. WEATHINGTON: Because -- I just want to give you an example -- in a district like, say, Trenton where you have Trenton Central High School and you have several thousand students in the schools--

ASSEMBLYMAN PAYNE: Sure.

MS. WEATHINGTON: --if you have two nurses, which could be realistic--

ASSEMBLYMAN PAYNE: Yes.

MS. WEATHINGTON: --who are collecting height and weight on every student, someone would have to--

ASSEMBLYMAN PAYNE: Sure.

MS. WEATHINGTON: That information is kept on one form that follows the student wherever they go. Someone would have to transcribe that information into a different format--

ASSEMBLYMAN PAYNE: Right, right.

MS. WEATHINGTON: --and it would have to be someone who has access to the health records, because the health records are covered by HIPA.

ASSEMBLYMAN PAYNE: Okay, yes.

So you're saying that--

MS. WEATHINGTON: So they're confidential.

ASSEMBLYMAN PAYNE: Let me ask you a question.

I would imagine that there are probably some professionals at Rutgers that are trying to conduct this kind of survey, what have you, and they're requesting weight and height information on children, and you're saying that's covered by HIPA. Would not people at Rutgers be aware that there is certain information that is not able to be released, and therefore you can't do it, number one? And number two, you're saying "Well, we don't keep that information. That's kept by the districts, by the nurses, etc., and it would be cumbersome to do that." Now, is it because it's cumbersome to do that or is it because it's prohibited by law, or whatever?

MS. de KONINCK: There are two separate problems.

ASSEMBLYMAN PAYNE: Yes.

MS. de KONINCK: And you've correctly identified. First is the cumbersome problem.

ASSEMBLYMAN PAYNE: Yes.

MS. de KONINCK: If it's data that we haven't heretofore collected, there's a data entry issue, there's an accuracy of data issue.

ASSEMBLYMAN PAYNE: Yes.

MS. de KONINCK: And if it's available at the district's or at possibly the county level, it's certainly possible for Rutgers to seek -- the confidentiality issue aside for a moment -- the data where it is collected, and since it's not available at a separate source.

The second issue, the confidentiality issue, is one that -- as we are beginning to collect more and more data statewide -- is coming up more repeatedly. And the Department has an internal task force right now to begin to resolve some of those policy concerns about how to make data available for academic research in a variety of different ways without violating student confidentiality.

ASSEMBLYMAN PAYNE: Yes, yes.

I don't know whether or not what Rutgers is looking for is of any value, and perhaps we don't need to help them get it. Maybe it's just a frivolous kind of report, a survey that they're trying to create, and therefore we don't think that what they're trying to do is important enough. And so we have HIPA regulations to say, "Well, we can't give that to you," or we have, "It's too cumbersome," because we don't collect that information. The question I would have of the Rutgers people is, how significant is the project, or whatever the research that you're doing, that you need this information? If it's not significant, it's just something that they're doing to

spin wheels, and the Department of Education can't or won't do it, then that's one thing. But if it's of some significance, then the question I have is if, in fact, it's never been done before and what they're trying to do, maybe, is say -- who knows, maybe it's directed toward eliminating obesity -- I don't know -- and in the end, saving peoples lives. And if that's the case, can't we find a way to resolve this problem, rather than saying, "Well, that's not my job. We can't do it."

MS. de KONINCK: Well, we'll certainly bring that request back.

MS. WEATHINGTON: Well, I want to address that, because I spoke with the person from Rutgers directly. So I know exactly the situation.

ASSEMBLYMAN PAYNE: Who was the person?

MS. WEATHINGTON: His name is Dan Hoffman.

ASSEMBLYMAN PAYNE: Dan Hoffman.

MS. WEATHINGTON: And he wanted to collect height and weight data because he was trying to get some BMI information.

ASSEMBLYMAN PAYNE: Right.

MS. WEATHINGTON: And I wouldn't say that we don't think that it's important, nor are we saying that it's not my job, or Jessica's job, or anyone else's job. But as I explained to him, we don't have access to the data that he wanted at the State level.

ASSEMBLYMAN PAYNE: Right.

MS. WEATHINGTON: And locally, (a) we can't direct the districts to provide that information.

ASSEMBLYMAN PAYNE: Right.

MS. WEATHINGTON: And he was willing to take the data and to work with it, but the nurses would still have to disidentify the student to the data, and the districts would have to agree to that. Because we can't say to them, "Your nurse will do this." So it is cumbersome at the local level, and we don't have control over that kind of direction to the districts. And I just want to give you some perspective. We have one person sitting in the chair who coordinates health services in the entire Department. So the Department of Health has, you know, a lot of people who do lots of different kinds of programs -- some are health related for students, some are for adults -- but as far as health services and education, we have a single person, and everyone has an interest. So we have to really balance the resources that we have, because our capacity, I think, is really minimal at this point to what we can do as far as programs.

ASSEMBLYMAN PAYNE: We have a million students or more in our school systems in the State of New Jersey. Resources are limited. Maybe the health aspect of it is not that important for us to have more resources. I don't know. I start at -- not on that we have limited resources, therefore this is the amount of money we have to deal with this so spread it out. Or do we look at it and say, this is the problem and how do we address it? We have a million students; we have 100,000 teachers or more, whatever. We have 666 schools districts and things of that nature. And I know that you guys keep kind of shrugging your shoulders and saying, "Oh, my God, here we go again." But the thing that I am trying to address is the fact that at-risk -- we have youngsters who are at risk of a lot of things. I think BMI is one of the things that we would like to have

reports on, because it directly impacts on this situation that we're talking about, as far as being a calamity among our young people and others.

So if what Rutgers, or any other entity, is trying to find, and there's some way to address this problem, than we need to find ways, I guess, of how to resolve it -- not by "Well, that's not in my area of jurisdiction," or "I only have one person to deal with this." We have people at risk out there. It almost sounds to me like a turf kind of thing. Well, Rutgers wants it, but it's too cumbersome for us, and why-- We're not addressing the end problem, the end -- trying to come up with a solution. It's almost as though we have put up the barricade. "No, this is not what we're going to do and we can't do it," and etc.; and I think we're losing sight of the overall goal. We need to identify why it is that it can't be done. Let's identify that and let's do it. Let's get a move on it. I know you guys are limited with your resources, etc. But I think that if we end up developing some kind of hostile relationship or environment, which I kind of detect may be being created, then who suffers? The youngsters suffer, you see. And I think that is something we need to try to get out.

And I guess I need to talk with Rutgers, or whomever, and see what it is that they're looking to do, and maybe we can help some kind of -- facilitate that. And maybe if we take the children's health as the most important thing here, then all of us will get together and put pressure where it should be put, not against each other, but together. And maybe we need to put pressure somewhere on the budget or someplace else. But we can't say that we're limited by -- we only have one person-- You say one person or two people to deal with the health area in this particular area, you just have limited resources. That's one of the problems, right?

MS. WEATHINGTON: That's a significant issue.

ASSEMBLYMAN PAYNE: All right.

MS. de KONINCK: Especially with a school nurse. Because if you're asking a school nurse to be taking-- School nurses are possibly the most overworked employees in their school districts.

ASSEMBLYMAN PAYNE: Yes. Well, maybe we shouldn't ask the school nurse. That's what I'm talking about when I say that this is the way it's always been done, you know, and this is a problem. Oh, my God, we can't do anything about the problem because this is the way it's been done. If in fact the objective is to do thus, and if we're limited because we only have one school nurse, then maybe a school nurse's assistant or somebody needs to do it. If the bottom line is to try and find a solution to the problems that we're talking about, then we can't say, "Well, this is the way it's always been. This is all we have, oh my God." What we need to do is begin to think out of the box. If we keep talking within it, then this is what we have to deal with: "Oh, yes, we have that problem out there; and oh, yes, BMI would be helpful to us; and oh yes, we might be able to reverse the obesity. But this is the way we've always done it, we only have one person." That's not a solution. That's thinking the same way we've always been thinking. And I think you guys are not responsible for it, perhaps, thinking of changing that, but maybe the legislators are. But somebody needs to do that if, in fact, the end result is something that's important. If it's not important, then this is a waste of time, isn't it? If it's just something to do, then this is a total waste of time.

But if we believe what we're seeing about in the newspapers now about not only obesity, but about asthma and all the rest of these

things, then we need to begin thinking out of the box and not saying, “Well, oh my God, we can’t do that. We only have one nurse.”

So that’s where we’re at. And maybe I’m preaching to the choir, although I do sense that there seems to be some beginning, maybe, of resistance between them asking us to do stuff that we can’t do and that kind of thing. I would like for us not to lose sight of the overall objective, and that is to -- for the benefit of our students.

Thank you for being here.

MS. de KONINCK: Thank you very much, Assemblyman.

ASSEMBLYMAN PAYNE: And perhaps we will make some progress on some of the issues that we talked about today.

MS. de KONINCK: And thank you for all your service to the children of New Jersey in this area, and also particularly with your work on the Amistad Commission. I didn’t want that to go unnoticed today.

ASSEMBLYMAN PAYNE: Thank you very much. I appreciate it. Thank you.

All right. This concludes this hearing.

Thank you.

(MEETING CONCLUDED)