MIDDLE-BROOK REGIONAL HEALTH COMMISSION

BOUND BROOK, GREEN BROOK, SOUTH BOUND BROOK, WARREN, WATCHUNG

STRATEGIC PLAN

2016 - 2019

Public Health

Prevent. Promote. Protect.

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The Middle-Brook Regional Health Commission (MBRHC) began its strategic planning initiative in 2012 and completed its initial departmental strategic plan in June 2013. The process was initiated and driven by staff, but also included an appointed group of Board of Health representatives who were instrumental in the final product. The process was completed over several months and was concluded with a formal review and adoption by the Commission's governing Board on June 24, 2013. In 2016, MBRHC initiated a complete review of the strategic plan as the original was at the end of its life, but also as part of the development of a performance management system.

Three of the four original strategic priorities were maintained and one was redefined to include Disease prevention activities. The four strategic areas are:

Prevent Disease
Public Communications
Emergency Preparedness
Accreditation Preparation

In addition, the process resulted in reaffirming the previously adopted Vision, Mission, and Values.

An implementation plan will be developed, integrating quality improvement activities, and will ultimately result in broader collaborations with community partners and the improved health status of our community.

A MESSAGE FROM THE DIRECTOR

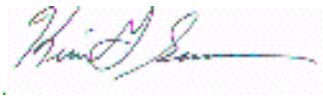
Dear Colleagues and Partners:

It is with great pleasure and satisfaction that I present to you the updated strategic plan for the Middle-Brook Regional Health Commission. This plan for 2016 – 2019 will continue to provide a roadmap for carrying out our activities and mandates as well as help us make the Commission more efficient and improve the health of our communities. The Middle-Brook Regional Health Commission has been an example of public health shared services in New Jersey since 1970 and has provided quality services to its member municipalities over these many years, but there is always room for improvement and the creation of this strategic plan is one way we are actively working to improve. The plan revision was driven by staff, by included input from our volunteer Commission members and was ultimately approved and endorsed by the Commission's governing board.

Our initial strategic plan represented a huge step forward for the Middle-Brook Regional Health Commission, as it was representative of the national initiatives in public health around quality improvement and accreditation. It was a new task that was a change, and we all know how difficult change can be, from our normal activities but all involved adopted the process and the plan with fervor. However, the newness and motivation behind the effort resulted in a strategic plan that was more ambitious than reality based. Learning from this experience, the current version is more realistic and therefore, more likely to produce the results we hope to achieve.

I would like to personally thank all of those involved in the development of this plan and look forward to continuing our work together as we work on our identified priorities and fulfilling our Mission and Vision.

With Sincere Respect,



Kevin G. Sumner, MPH
Health Officer/Director

STRATEGIC PLANNING PROCESS

The strategic planning initiative began with a series of training sessions (a result of a grant to the New Jersey Association of County and City Health Officials from the New Jersey Public Health Training Center) attended by key staff in July 2012. As part of this training, conducted by Milne & Associates LLC, certain deliverables were expected which resulted in an internally produced Vision, Mission, and Values as well as a review of mandates and external influences. A follow up training session in October 2012 and a series of conference calls helped to facilitate continued movement on the deliverables. During this same time period staff was involved in a quality improvement training program with "hands-on" activities conducted by Rutgers University. This training was valuable in providing the relationship between strategic planning and the need to have quality improvement imbedded in all department activities. The process continued with a series of meetings involving partners beginning in May 2013. These meetings included a review and amendment of the internally produced results, identification of the strategic priorities and goals, input on objectives, and finally a consensus on the content of the plan. A final draft was adopted by the Middle-Brook Regional Health Commission on June 24, 2013. The revision to the plan was initiated by internal discussions and actions to affirm the Vision, Mission, and Values and to review the priorities. With one exception, these items were maintained in the new strategic plan. The exception was Priority A (originally Addressing Lifestyle Choices to Improve Public Health) which was changed to Prevent Disease. In addition, staff reviewed the original to identify the objectives completed, the objectives unlikely to be completed, and new objectives. This process included input from the Commission's Governing Board that was received at each of the Board's meetings from January 2015 to June 2016.

VISION

A Vision reflects the department's long-term aspirations. It provides the ultimate goal for which the strategic plan provides a roadmap to achieve.

The Vision of the Middle-Brook Regional Health Commission is:

HEALTHY PEOPLE AND PLACES … A HEALTHY COMMUNITY

MISSION

The Mission statement of the Middle-Brook Regional Health Commission defines its purpose. The Mission of the Middle-Brook Regional Health Commission is:

To improve the health of our community and environment through the use of prevention services, health promotion and protection strategies

VALUES

Values represent the core beliefs of an organization and influence the way an organization conducts business. The Middle-Brook Regional Health Commission, its staff, Commission and Board members, and partners, will consider and honor the following values in all that it does.

- **DEPENDABILITY**: We are accountable to our constituents, available to our community, and act ethically and competently such that we are trusted.

- **COLLABORATION**: We work as a united team, both internally and externally, seeking to partner as a cohesive unit to improve the health of our community.

- **EFFICIENCY**: We provide quality, timely, and effective services with the resources available.

- **RESPECT**: We hold the highest regard for all employees and members of the community and treat all with respect, courtesy and understanding.

- **EXCELLENCE**: We aim to provide all our services and conduct all our actions at the highest level.

- **EQUITY**: We serve and treat everyone equally.

- **TRANSPARENCY**: We operate with open communication and processes in a visible environment, communicating internally and externally.

- **PROFESSIONALISM**: We maintain the highest level of ethics, knowledge, and engagement with current data, trends, standards, and ideas in order to be responsive, open-minded and flexible as we engage with and educate our community.

ENVIRONMENTAL ASSESSMENT & SWOT ANALYSIS

MBRHC reviewed its mandates, examined a number of data elements, and conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis in order to assess the organization's internal strengths and weaknesses, external opportunities and threats, and to identify other external influences. This assessment and analysis helped to determine strategic priorities and direction while identifying those elements that should be capitalized upon (strengths and opportunities) and those we hope to minimize (weaknesses and threats). The environmental assessment included a review of:

- County-wide health data
- Local demographic data
- Local disease statistics for each municipality
- Community Health Assessment 2015 (Appendix 5)
- Community Health Improvement Plan 2016 – 2019 (Appendix 6)
- External trends analysis (Appendix 2)
- Legal mandates (Appendix 4)
- Strengths, Weakness, Opportunities & Threats Analysis results (Appendix 3)
- Healthy People 2020 leading health indicators

The environmental assessment revealed that MBRHC is bound to perform numerous mandated programs that may or may not coincide with the identified strategic directions. This places a burden on the Commission, but also provides an opportunity to reevaluate the mandates and how they are met in light of the identified priorities. One strategic planning session included a discussion and brainstorming session to identify possible external influences that may impact MBRHC. It should be noted that while certain additional influences were identified as detailed below it was stated on several occasions that the Opportunities and Threats identified during the SWOT Analysis were considered to be external influences and should be noted as such.

- Economic Influences – Especially how it impacts daily operations (e.g. property foreclosures requiring time consuming work to identify responsible parties and degradation of environmental conditions) as well as how it will impact future operations with emphasis on preparedness activities being a challenge due to reducing resources
- Accreditation – Striving for accreditation will likely change the way operations are conducted and ultimately achievement or lack thereof may impact funding, particularly grant funding, and recognition.
- Leadership Changes – Both political and operational leadership changes are likely to have some impact on the future of the organization, but it is nearly impossible to predict what it may be.
- Lack of recognition – The continued level or increasing level of public disinterest/apathy/misunderstanding/awareness (all words were used) about public health and health departments threatens the continued resourcing of operations, but also represents an opportunity for greater communications and education.

The SWOT analysis to assess organizational strengths, weaknesses, opportunities and threats revealed many issues (detailed in Appendix 3). These multiple issues were addressed by going through a prioritization process and the following highlights emerged.

Strengths:

- MBRHC is knowledgeable and able to communicate openly and honestly.
- MBRHC has a distinguished history of emergency preparedness and response.
- MBRHC has strong leadership, both internally and through its Boards.
- MBRHC can be resourceful.

Weaknesses:

- MBRHC has too few staff and is spread thin.
- MBRHC is not visible enough in the community resulting in poor name recognition and a lack of understanding of the Commission's value to the community.
- MBRHC has a lack of resources that is likely to continue.

Opportunities:

- MBRHC can seek out more and stronger partnerships.
- MBRHC can develop mechanisms for greater information sharing.
- MBRHC can identify grant funding.

Threats:

- Continued federal, state, and local funding cuts to public health
- Climate change
- Terrorism, environmental incidents, and emerging infections

STRATEGIC PRIORITIES

After all the data was collected and reviewed and analyses conducted, the planning committee reflected on possible strategic priorities. Participants considered the department's vision, mission, organizational mandates, and health status indicators, as well as internal and external factors. Multiple possibilities were identified, but through discussion and assessment it was determined that many were essentially the same or were inclusive of one another. Through a collaborative group process four strategic priorities were agreed upon.

PRIORITY A: Prevent Disease

The review of the strategic plan resulted in a realization that the priority previously identified (Addressing Lifestyle Choices to Improve Public Health) was not reflective of the true priority and work conducted by the Commission, nor of the current resource availability. Therefore, the Priority was broadened to assure inclusion of communicable diseases and general disease prevention in order to capture work that is currently prioritized.

PRIORITY B: Public Communications

The data review and evidence made it clear that public health in general and MBRHC specifically were poorly recognized and not well valued by the public. MBRHC has a website and attempts to communicate with the public, but success is questionable so raising awareness about the health department and its activities is essential. As such, improving and expanding communications to the public as well as with internal and external partners to raise awareness is a priority.

PRIORITY C: Emergency Preparedness

While emergency preparedness capabilities was considered a strength of MBRHC it was also recognized that threats of varying types and sources are ever-present, and that MBRHC must be vigilant and prepared for all hazards.

PRIORITY D: Accreditation Preparation

National accreditation by the Public Health Accreditation Board documents the capacity of local and state public health departments to deliver the three core functions of public health and the Ten Essential Public Health Services. The committee chose preparing for accreditation as a priority as the preparations will assure that MBRHC is continually improving, meeting accepted standards, while also complying with its mandates.

GOALS and OBJECTIVES

PRIORITY A: Prevent Disease

Goal: Utilize investigative, and enforcement activities, in conjunction with education of the regulated and non-regulated communities, to prevent and control disease.

Objective A-1	Annually provide a food handler course for all Commission food establishments.
Objective A-2	Annually, provide one rabies clinic in each Commission municipality.
Objective A-3	Each month, update website with current disease information.
Objective A-4	Investigate all reportable diseases per state protocol.
Objective A-5	Close all reportable disease cases by no later than March 1 of the following calendar year.
Objective A-6	Annually, inspect all locally licensed facilities (e.g. retail foods, body art, recreational bathing, etc.) according to schedules adopted by MBRHC.

PRIORITY B: Public Communications

Goal: Increase the visibility of the health commission through varying communication channels by promoting the value of the department's activities and services.

Objective B-1	By June 30, 2017, reinstitute customer service feedback process for routine enforcement and clinical services.
Objective B-2	Annually, increase the number of Facebook Page "likes" by 10 %.
Objective B-3	Annually, increase the number of Twitter followers by 10%.
Objective B-4	Annually, publish six or more Facebook posts and six or more Tweets to increase MBRHC social media presence.
Objective B-5	Annually, identify at least 1 new community partner and develop collaborative relations to improve the public's health.
Objective B-6	By December 2017, investigate means for greater physical visibility of the Commission in the community, such as uniforms, and submit a report for consideration by the governing board.

Objective B-7 Annually, provide two newsletter submissions to each town served.

PRIORITY C: Emergency Preparedness

Goal: Prepare for, respond to, and recover from public health emergencies and threats by improving internal all-hazards preparedness, increasing public awareness of need for personal preparedness, and demonstrating the value of the health department as a resource.

Objective C-1 Annually, identify at least one Board of Health or other community member who is interested, trained, and "registered" as a public health volunteer to assist during emergency events.

Objective C-2 By July 2017, all staff will be educated on the appropriate public health and public health emergency preparedness workforce competencies and will develop an individual development plan for assuring competency.

Objective C-3 By December 2017, an inventory of Emergency Preparedness Plans will be completed, including identification of missing plans.

Objective C-4 By September 2017, MBRHC will update and revise all emergency contact lists.

Objective C-5 By December 2017, portable emergency response kits for all emergency response personnel will be created and distributed.

Objective C-6 At least quarterly, as a component of both the public communications and emergency preparedness priorities, MBRHC will promote emergency preparedness resources for the public through various media outlets, including, but not limited to, Commission website, social media, and educational sessions.

Objective C-7 By August 1, 2017, develop and adopt an all hazards public health emergency plan.

Objective C-8 As needed, update Commission website to provide information to the public on response and recovery to/from emergency events.

PRIORITY D: Accreditation Preparation

Goal: Increase activities aimed at achieving National Public Health Accreditation through continuous implementation of department-wide performance management strategies and meeting established national standards and local mandates.

Objective D-1	By December 2017, complete and adopt workforce development plan.
Objective D-2	By December 2016, review, revise, and adopt environmental health SOPs for Retail Food Inspections; Body Art Facility Inspections; Kennel, Pounds, Shelters, and Pet Shop Inspections; Recreational Bathing Facility Inspections; and Tanning Facility Inspections.
Objective D-3	By December 2017, develop SOPs for onsite sewage disposal enforcement activities, private potable well inspection activities, youth camp inspections, and reportable disease investigations.
Objective D-3	By June 30, 2016, develop, populate, and implement a performance management system.
Objective D-4	By July 2017, identify and implement a system for collecting and organizing documentation in support of accreditation application.
Objective D-5	Annually, complete and document one administrative and one program related QI activity annually
Objective D-6	Every two months, hold quality improvement council meetings to discuss QI activities and new areas for improvement.

APPENDIX 1

STRATEGIC PLANNING TEAM

INTERNAL TEAM:

Kevin G. Sumner, MPH, Director
Robyn Key, Senior REHS
Nancy Lanner, REHS
Donna Ostman, REHS
Mary Ann Schamberger, Administrative Assistant
Barbara Streker, Administrative Assistant

BOARD PARTICIPANTS:	BOARDS OF HEALTH:
Mariella Milanova, Bound Brook	Bound Brook
Bob Longo, Green Brook	Green Brook
Jean Mazet, Green Brook	South Bound Brook
Arleen Lih, South Bound Brook	Warren
Ron Jubin, Watchung	Watchung

EXTERNAL PARTNERS:

Community Visiting Nurse Association
Women's Health & Counseling Center
Dr. Ronald Frank

REVISION

INTERNAL TEAM:

Kevin G. Sumner, MPH, Director
Robyn Key, Senior REHS
Nancy Lanner, REHS
Donna Ostman, REHS
Mary Ann Schamberger, Administrative Assistant
Barbara Streker, Administrative Assistant

BOARD MEMBERS (Actively involved):

Jon Fourre, Greg Riley, Jean Mazet, Alberto Torregroza, Brenda King, Fran Ellis, Ron Jubin

Note: All Commission Members participated during reviews and discussions when present at meetings

STRATEGIC PLANNING PROCESS

The strategic planning process took place through a series of trainings and meetings over a number of months in 2012 and 2013. Following is a more detailed description of the meetings and activities associated with the plan development.

July 18, 2012
Activity – Training
Participants – K. Sumner, R. Key, D. Ostman, N. Lanner
Description – Staff participated in a training session on strategic planning conducted by Milne Associates. Topics addressed were an overview of strategic planning, tools for strategic planning, data and environmental scan, SWOT analysis, strategic priorities and plan development.

July 24, 2012
Activity – Planning Meeting
Participants – K. Sumner, R. Key, D. Ostman, N. Lanner, M. Schamberger, B. Streker
Description – K. Sumner provided an overview of the strategic planning process and the reason(s) for proceeding. Staff then discussed and reviewed stakeholders who should be involved and the current Commission Mission statement. A draft revised Mission was proposed. It was agreed that staff would develop certain parts of the plan in a draft form to be presented to a subcommittee of the Commission and other stakeholders for consideration prior to approval by the Commission.

August 7, 2012
Activity – Planning Meeting
Participants – K. Sumner, R. Key, D. Ostman, N. Lanner, M. Schamberger, B. Streker
Description – Participants came to consensus on the stakeholders and a new draft Mission statement. A Vision and set of values was discussed and examples were provided. All participants were involved in providing thoughts on the vision and values. Particular attention was spent in discussing the values. Participants were assigned the task of more concretely developing their ideas for the next meeting so that these components could be finalized in draft form.

August 14, 2012
Activity – Planning Meeting
Participants – K. Sumner, R. Key, D. Ostman, N. Lanner, M. Schamberger, B. Streker
Description – Participants finalized a Vision and set of values. The process of reviewing mandates and conducting an environmental scan was initiated.

August 21, 2012
Activity – Training Conference Call
Participants – K. Sumner, R. Key
Description – Participated in a conference call lead by Milne Associates to discuss and review activities around environmental scan and SWOT analysis. Vision, Mission and Values were shared and comments received from consultants and participants.

September 5, 2012
Activity – Performance Improvement Training
Participants – K. Sumner, R. Key, D. Ostman, N. Lanner, M. Schamberger, B. Streker
Description – A performance improvement training session was provided to staff by Rutgers University. An overview of performance improvement and reasoning behind it was provided followed by identification of a specific activity for improvement. Staff conducted a process map activity around how contacts a tracked and documented within the department.

September 11, 2012
Activity – Training Conference Call
Participants – K. Sumner
Description – Milne Associates facilitated a call about engaging others in the strategic planning process. In addition, a review of strategic planning progress was conducted.

September 11, 2012
Activity – Performance Improvement Training
Participants – K. Sumner, R. Key, D. Ostman, N. Lanner, M. Schamberger, B. Streker
Description – Participants continued the process mapping activities and reviewing ways the process could be improved by eliminating steps, simplifying the process and better coordinating activities amongst those involved in documentation. Process mapping of current contact tracking system was reviewed and then staff was guided through a process of improving the map.

September 17, 2012
Activity – Performance Improvement Training
Participants – K. Sumner, R. Key, D. Ostman, N. Lanner, M. Schamberger, B. Streker
Description –The improvement process was related back to the departmental strategic planning process. Staff began to understand the need for a strategic way of doing business and continually improving activities conducted by the department. A new contact tracking process was finalized and staff identified a second process mapping activity around how applications for septic system work were handled.

October 3, 2012
Activity – Training
Participants – K. Sumner, R. Key, D. Ostman
Description – Participants reviewed progress of strategic planning activities with Milne Associates and were provided feedback on planning activities. Specific training was provided regarding identifying strategic priorities/directions and developing related objectives. Further information was provided on developing action plans and implementation. How strategic plans are related to accreditation and their link to quality improvement were also covered.

May 13, 2013
Activity – Strategic Plan Development Meeting
Participants – K. Sumner, M. Milanova (Bound Brook), J. Mazet (Green Brook), A. Lih (South Bound Brook), R. Jubin (Watchung)
Description – K. Sumner provided an overview of strategic planning, the history of what had been accomplished prior to this meeting and the reason for moving forward to the participants.

Participants now included Commission representatives and they were advised that initial steps had been accomplished by staff (as detailed above) but that it was appropriate to include stakeholders in the balance of the development and most important was participation by governing board members. Participants reviewed the draft Mission, Vision, and Values and provided slight changes to the proposals.

May 29, 2013
Activity – Strategic Plan Development Meeting
Participants – K. Sumner, B. Longo (Green Brook), A. Lih (South Bound Brook), R. Jubin (Watchung), Colleen McKay Wharton, R. Key, D. Ostman, M. Schamberger, B. Streker
Description – Participants finalized the Mission, Vision, and Values of the Commission. A final stakeholder review was conducted and no new participants were proposed. It was noted that many others had been invited to participate, but none were able to attend. Feedback was provided by a few stakeholders in the form of "if there are specific requests please notify me." A review of the mandates and environmental scan data was conducted followed by a SWOT analysis facilitated by the Commission Health Educator. A prioritization process of the SWOT results was conducted and the findings are identified in Appendix 3.

June 3, 2013
Activity – Strategic Plan Development Meeting
Participants – K. Sumner, M. Milanova (Bound Brook), B. Longo (Green Brook), A. Lih (South Bound Brook), R. Jubin (Watchung), R. Key, N. Lanner, D. Ostman
Description – Participants reviewed and approved the SWOT results as presented and conducted a review external influences and trends analysis (see Appendix 2). Considering all pertinent information strategic priorities were identified and activities associated with each were discussed.

June 20, 2013
Activity – Strategic Plan Review
Description – K. Sumner gathered all information from trainings and meetings from all participants and with their direction finalized the written plan. On this date the proposed plan was sent to all stakeholders for final review and comment. Comments were all favorable and no changes were requested.

June 24, 2013
Activity – Strategic Plan Approval and Adoption
Participants – K. Sumner, Middle-Brook Regional Health Commission
Description – The proposed strategic plan was presented and reviewed by K. Sumner. Discussion was held and the only question raised was whether the plan was too ambitious. All other comments were favorable and the plan was approved adopted by unanimous action of the Commission.

REVISION

From January 2015 through June 2016, the Middle-Brook Regional Health Commission members reviewed and discussed revisions, updates, and progress of the strategic plan. Input from members was factored into internal discussions regarding the update to the plan.

02-03-2015 Strategic plan update was discussed at staff meeting. Staff was requested to review plan and prepare for discussion about what worked and what did not work, recognizing that this was the first strategic plan for the Commission.

03-31-2015 Staff discussed strategic plan at staff meeting. Staff was advised that Commission members were expressing concerns about how ambitious some objectives were based on available staff time and resources. Staff generally agreed with this assessment, particularly as it related to Priority A. Staff began to consider revisions to this Priority area and the full document.

04-14-2015 Further review of the strategic plan was conducted at a staff meeting

03-02-2016 Based on prior reviews, discussions, and work being done to develop a performance management system staff reviewed in detail the full strategic plan and proposed a new Priority A and Goal to better reflect the current resources and abilities of the department. The priority was also expanded to include ongoing activities to address both chronic and communicable disease. Staff was charged with reviewing the specific objectives of the plan and providing suggestions for revision.

05-25-2016 Staff finalized, along with performance management contractor, a new proposed revision to the plan including the new priority, goal, and objectives. The final product was created after reviewing in detail the progress made on the initial strategic plan and a better understanding of what is realistically achievable over the period of the plan. The plan will be presented to the Middle-Brook Regional Health Commission for final adoption.

06-06-2016 Plan presented to Commission for adoption.

APPENDIX 2

EXTERNAL TRENDS ANALYSIS

At the strategic planning session held on 06-03-13 a discussion and brainstorming session was held to identify possible external influences that may impact the Commission. While certain influences were identified as detailed below it was stated on several occasions that the Opportunities and Threats identified during the SWOT Analysis were considered to be external influences and should be noted as such.

- Economic – Especially how it impacts daily operations (e.g. foreclosures requiring time consuming work to identify responsible parties and degradation of environmental conditions) as well as how it will impact future operations with emphasis on preparedness activities being a challenge due to reducing resources

- Accreditation – Striving for accreditation will likely change the way operations are conducted and ultimately achievement or lack thereof may impact funding, particularly grant funding, and recognition.

- Leadership Changes – Both political and operational leadership changes are likely to have some impact on the future of the organization, but it is nearly impossible to predict what it may be.

- Lack of recognition – The continued level or increasing level of public disinterest/apathy/misunderstanding/awareness (all words were used) about public health and health departments threatens the continued resourcing of operations, but also represents an opportunity for greater communications and education.

REVISION

05-25-2016 The external trends analysis was reaffirmed with no change by staff and further affirmed with Commission members at the 06-06-2016 Commission meeting.

APPENDIX 3

SWOT ANALYSIS

The Strategic Planning Committee of the Middle-Brook Regional Health Commission conducted a SWOT analysis to identify the organization's internal strengths and weaknesses and external opportunities and threats. This analysis helped guide the development of the department's public health strategic plan. Results of the SWOT Analysis conducted on 05-29-13 are presented with all cited items listed as presented by the participants. Note that the prioritization of the items is noted by placing the highest priority items at the top of the list and the support for each item denoted by a number. Responses with same number of support are not prioritized within their ranking.

STRENGTHS:

- Communicate openly and honestly within the organization [8]
- Emergency preparedness capacity [6]
- Knowledgeable – can answer resident's questions [6]
- Resourceful – can pull from other organizations, resolve issues and get answers [4]
- Strong leadership (Board a& Staff) [4]
- Cross-trained staff [4]
- Perform duties well [1]
- Organization supports flexibility [1]
- Partnership are many & strong [1]
- Disseminate info well
- Expedient and timely responses to all (internally & externally)
- Community centered staff and Board members
- Institutional knowledge
- Run a damn good clinic
- Well organized
- Well recognized locally and nationally as a quality organization

WEAKNESSES:

- Spread thin – too few staff [8]
- Communication of services – not visible enough (marketing [7]
- No name recognition (what is middle-brook) [5]
- Lack of resources (funding/staff) [3]
- Infrastructure (phone, computers, outdated) [3]
- Lack of communication with social agencies [3]
- Not enough connection between local Boards and Commission [2]
- Reactive vs. Proactive [1]
- No clear Return on Investment for Board members, community, etc. [1]
- Struggles with change [1]
- Cost of training staff in current knowledge

- Lack of support from other towns (mutual aid not present)
- Lack of support from other departments (don't support training)
- No respect for profession
- Emergency communications are lacking
- Clarity of messages
- No clear vision/focus in meetings for Commission
- Board members not as involved in direct services
- Not "connected" to community
- Bd. Members may be vocal but not come through

OPPORTUNITIES:

- Public Health Partnerships - Build bridges with other communities (towns, BOHs, social service agencies) [8]
- Opportunities for information sharing – MBRHC shares more information and creates greater awareness of services available [5]
- Grant funding [5]
- Opportunities to incorporate community design concepts in public health efforts [3]
- Affordable Care Act – Wellness and prevention funding available to help people get care [3]
- Social networks [2]
- Declining economy leads to more service use

THREATS:

- Local, State, Federal funding cuts [8]
- Climate change [5]
- Terror and environmental threats influences activities [3]
- Emerging infections [3]
- Affordable Care Act – threat to current funding sources, affordable care organizations will have impact on public health services [3]
- Legislation – creating legal liability for staff, Board members, etc.
- Internet unreliable
- Towns moving away from shared services
- Politics – influences priorities/policies

REVISION

A new SWOT analysis was not conducted as part of the revision. It was felt that experience with the first strategic plan and the Commission's ability to accomplish what was detailed in the plan was more informative to the revised plan than a SWOT analysis. A review of the prior SWOT also affirmed limited changes to the results.

APPENDIX 4

LEGAL MANDATES

Local Ordinances

State Statutes

NJSA Title 26	Health and Vital Statistics
NJSA Title 13	Conservation and Development
NJSA Title 23	Fish and Game

State Health Regulations

NJAC 8:88A	Planning And Service Areas And Area Agencies On Aging Regulations
NJAC 8:87	Pediatric Medical Day Care Services Regulations
NJAC 8:86	Adult Day Health Services Regulations
NJAC 8:82	Statewide Respite Care Program Regulations
NJAC 8:63	Sterile Syringe Access Program Demonstration Project Rules
NJAC 8:61	Attendance And Participation At School By Persons With HIV/AIDS Infection Regulations
NJAC 8:59	Worker And Community Right To Know Act Rules
NJAC 8:58	Reportable Occupational And Environmental Diseases, Injuries, And Poisonings Regulations
NJAC 8:57	Communicable Diseases Regulations
NJAC 8:57A	Cancer Registry Regulations
NJAC 8:56	Health Care Facility Infection Reporting Regulations
NJAC 8:52	Public Health Practice Standards of Performance for Local Boards of Health in New Jersey
NJAC 8:51	Childhood Lead Poisoning
NJAC 8:32	Health Care Stabilization Fund Grants Regulations
NJAC 8:27	Body Art Procedures
NJAC 8:26	Public Recreational Bathing Regulations
NJAC 8:25	New Jersey Youth Camp Safety Standards
NJAC 8:20	Birth Defects Registry Regulations
NJAC 8:18	Newborn Biochemical Screening Program Regulations
NJAC 8:8	Collection Processing Storage And Distribution Of Blood Regulations
NJAC 8:6	Smoke Free Air Regulations
NJAC 8:2B	Certificate Of Domestic Partnership Regulations
NJAC 8:28	Tanning Facilities
NJAC 8:58	Reportable Occupational And Environmental Diseases, Injuries, And Poisonings
NJAC 8:24	Retail Food Regulation

State Environmental Regulations

NJAC 7:30	Pesticide Control Code Regulations
NJAC 7:26G	Hazardous Waste Rules
NJAC 7:26A	Recycling Rules
NJAC 7:14	Water Control Act Regulations
NJAC 7:12	Shellfish Growing Water Classification Regulations
NJAC 7:10	Safe Drinking Water Act
NJAC 7:9B	Surface Water Quality Standards
NJAC 7:9E	Private Well Testing Act Rules
NJAC 7:8	Stormwater Management Regulation

Miscellaneous State Regulations

NJAC 5:10	Maintenance Of Hotels And Multiple Dwelling Regulations
NJAC 5:10A	Proprietary Campground Facility Health And Safety Standards

REVISION

06-06-2016 A review of the current regulations and mandates revealed no new requirements and no deletions of prior mandates. No changes made.

APPENDIX 5

SOMERSET COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT 2015

September 6, 2015

Somerset County
2015 Community Health Needs Assessment

Submitted to:

Robert Wood Johnson University Hospital
Somerset and Healthier Somerset

Health Resources in Action
Advancing Public Health and Medical Research

Table of Contents

Somerset County, New Jersey
2015 Community Health Needs Assessment

EXECUTIVE SUMMARY

Introduction

In 2015, Robert Wood Johnson University Hospital (RWJUH) Somerset, in partnership with the Healthier Somerset Coalition, sought to undertake a community health needs assessment (CHA) of the communities it serves. The purpose of the CHA was to provide an empirical foundation for future health planning as well as fulfill the community health needs assessment mandate for non-profit institutions put forth by the IRS. RWJUH Somerset contracted with Health Resources in Action (HRiA), a non-profit public health organization in Boston, MA, to collect and analyze data to develop the CHA report. This report discusses the findings from the community health needs assessment, which was conducted from February-September 2015.

The 2015 Somerset County community health needs assessment was conducted to fill several overarching goals, specifically to:

- Examine the current health status of Somerset County, New Jersey and its sub-populations, and compare these rates to state indicators
- Explore the current health priorities, as well as new and emerging health concerns, among residents within the social context of their communities
- Identify community strengths, resources and gaps in services in order to help RWJUH Somerset and the Healthier Somerset coalition set programming, funding, and policy priorities

This 2015 Somerset County community health needs assessment focuses on Somerset County, New Jersey, which includes 21 municipalities. This 2015 assessment updates and builds upon the previous assessment conducted in 2012.

Methods

This CHA aims to identify the health-related needs and strengths of Somerset County, New Jersey through a social determinants of health framework, which defines health in the broadest sense and recognizes numerous factors at multiple levels— from lifestyle behaviors (e.g., healthy eating and active living) to clinical care (e.g., access to medical services) to social and economic factors (e.g., poverty) to the physical environment (e.g., air quality)—which have an impact on the community's health.

To identify the perceived health needs of the community, challenges to addressing these needs, current strengths and assets, and opportunities for action, the assessment process included: synthesizing existing data on social, economic, and health indicators in Somerset County, New Jersey; conducting a telephone survey with 2,002 Somerset County residents; conducting six focus groups with a range of populations and nineteen interviews with diverse individuals representing a variety of organizations, including an Asian American cultural organization, health care (including mental and behavioral health services), law enforcement, government, education, business, and social service organizations focusing on vulnerable populations (e.g., seniors, immigrants). It should also be noted that youth-specific and town-specific data were largely not available, and in cases where such data were available, sample sizes were often small and must be interpreted with caution.

Findings
The following provides a brief overview of key findings that emerged from this assessment.

Community Social, Economic, and Physical Context

While Somerset County is overall a safe, highly-educated, high-income community, certain segments of the population face day-to-day challenges related to affordability and transportation.

"If you have means in this county, it is a tremendous place to live but if you don't, it's not such a great place." – Interview participant

- **Demographic Characteristics:** Residents and stakeholders described their community as comprised of young families, middle-aged adults, and senior living. A majority of Somerset County residents self-identify as Non-Hispanic White (61.3%); 14.7% self-identify as Non-Hispanic Asian, 13.3% as Hispanic, and 8.6% as non-Hispanic black. Between 2010 and 2030, the percentage of residents aged 65+ in Somerset County is expected to increase by 98.5%, and the percentage of Asian residents is projected to increase by 103.4%.
- **Income, Poverty, and Employment:** Residents and stakeholders stated that the cost of living in Somerset County is very high, and expressed concerns about a declining middle class. The median household income in Somerset County is $99,020, but is substantially lower in certain municipalities such as Manville ($62,583), Bound Brook ($63,071), and North Plainfield ($64,503). Interview and focus group participants stated that the county's wealth creates a strong infrastructure of services and programs and also funds high quality public schools, but expressed concerns about affordability, especially for seniors and young families. Somerset County's unemployment rate (7.2%) is lower than that for New Jersey overall (10.1%).
- **Education:** Over half of Somerset County adults age 25 and older (51.2%) have a Bachelor's degree or higher, although the percent of adults with a Bachelor's degree is lower in certain municipalities such as Manville (15.2%) and Bound Brook (20.9%). Many residents and stakeholders praised the public schools in Somerset County, but some noted a culture of academic pressure and competitiveness.
- **Housing and Transportation:** A lack of affordable housing, including for seniors, was a key concern raised by many stakeholders and residents. In the 2015 community health assessment telephone survey, 32.8% of respondents indicated that they could not find affordable housing for rent, and 34.2% indicated that available, affordable housing options are of poor quality or too small. When asked about concerns in the community, transportation access was the one most frequently mentioned by interview and focus group participants. While only 2.9% of Somerset County workers do not have a vehicle available, the percentage of workers without a vehicle is higher in certain communities such as Bound Brook (11.8%) and Bernardsville (8.5%).
- **Crime, Safety, and Disaster Preparedness:** Overall, Somerset County was described as a safe community. However, some residents and stakeholders noted that recent development in the area has led to increased crime. 57.3% of respondents to the 2015 community health assessment telephone survey reported that their household has a disaster evacuation plan, while 21.6% reported they have a disaster supply kit.

Community Health Outcomes and Behaviors

Somerset County is overall a healthy community, with rates of disease that are often lower than the U.S., the state of New Jersey, and other New Jersey counties. However, mental health and substance abuse issues are key health concerns for the community. Chronic disease prevention, through healthy eating and physical activity, was also raised as a priority need, and seniors were identified as a priority population for services and support.

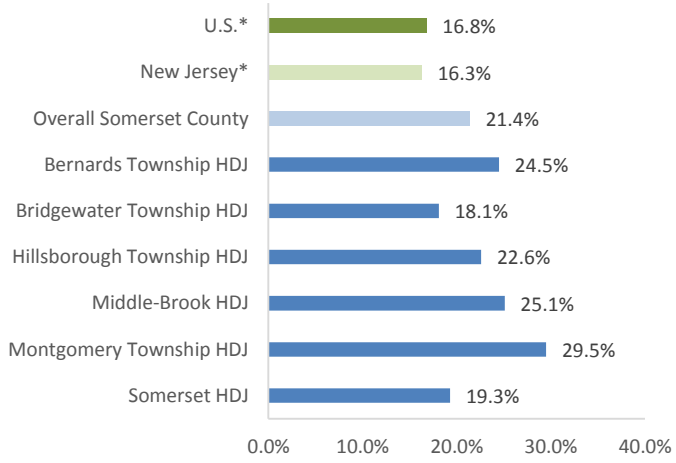
- **Chronic Diseases and Related Risk Factors:** The leading causes of death in Somerset County are cancer and heart disease. Residents and stakeholders noted that, while cancer and heart disease issues are not unique to Somerset County, they are still important health concerns for the community. Similarly, rates of overweight and obesity are similar in Somerset County compared to the state of New Jersey and the U.S. as a whole, but were still raised as key concerns by interview and focus group participants, particularly for youth. Residents and stakeholders discussed health behaviors related to chronic disease, including physical activity and healthy eating. Somerset County has a great deal of recreational opportunities, although many are accessible only by car. Residents and stakeholders cited a high density of fast food restaurants and a lack of time for meal preparation as barriers to healthy eating, and expressed a desire for more education around healthy eating.

"Mental health is something that a lot of people don't discuss. Especially within communities like ours, the African American community."– Focus group participant

- **Behavioral Health:** Behavioral health, including mental health and substance abuse, was the health concern most frequently raised by residents and stakeholders. In particular, abuse of alcohol, opioids and heroin was discussed, and a lack of substance abuse services was noted. As shown in the figure to the right, the percent of 2015 Somerset County telephone survey respondents reporting binge drinking (21.4%) is higher than 2013 binge drinking rates in New Jersey (16.3%) and the United States (16.8%).

  Many interview and focus group participants also raised concerns about mental health, which they described as often co-occurring with substance abuse issues. Issues of anxiety and depression were raised for both youth and adults, and a lack of mental health providers, especially for young children and for uninsured or Medicaid patients, was frequently discussed. Stigma around mental health and substance abuse was also raised as a barrier to treatment.

Percent Self-Reported Binge Drinking At Least Once in Past Month, U.S., New Jersey, Somerset County, and Health Department Jurisdiction, 2013 and 2015



DATA SOURCE: U.S. and New Jersey data: New Jersey and U.S. data: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2013. Somerset County and Health Department Jurisdiction data: Somerset County Community Health Needs Assessment Survey, 2015

- **Immunization and Infectious Disease:** Residents and stakeholders did not raise concerns related to immunization and infectious disease. Rates of HIV, gonorrhea, syphilis, and chlamydia are all lower in Somerset County compared to the state of New Jersey overall. Rates of flu shot or vaccination among residents age 65 and older are higher in Somerset County compared to New Jersey and the United States.

- **Maternal and Child Health:** Maternal and child health concerns were not raised by residents or stakeholders. The percentage of low birth weight births is similar in Somerset County to the state of New Jersey.
- **Environmental Health:** While environmental health concerns were not raised by residents or stakeholders during in-depth discussions, the 2015 community health assessment survey respondents ranked "environmental issues such as water and air quality" as the second highest priority for future funding and resources. The percent of the population getting water from a public water system with at least one health-based violation during the reporting period is much higher in Somerset County (49%) compared to New Jersey overall (6%); however, water quality reports for one municipality in Somerset County (Franklin Township) were falsified and tests were calculated incorrectly.
- **Oral Health:** A few residents and stakeholders mentioned challenges accessing low-cost dental services and identifying dentists willing to accept Medicaid. The ratio of population to dentists in Somerset County (1,102 : 1) is similar to New Jersey (1,240 : 1).
- **Elder Health and Caregiver Needs:** Concerns about elder health were raised by many residents and stakeholders, especially as the percentage of residents age 65+ is projected to increase in the near future. Issues raised included mental health (related to isolation and grief), substance abuse, falls prevention, medication management, home health care (including caregiver availability and support), and affordability in general (e.g., making trade-offs between healthy foods, medications and housing costs). Interview and focus group participants did note that senior services in Somerset County are quite strong, but explained that needs are growing.
- **Health Care Access and Utilization:** Residents and stakeholders frequently stated that high quality health care is available in Somerset County. However, cost, insurance problems, and transportation availability can create barriers for certain residents to see a doctor. A lack of mental health providers was frequently noted, especially for outpatient services, young children, and uninsured / Medicaid patients who cannot pay out of pocket. Additionally, confusion around health insurance was frequently discussed, as were frustrations that insurance limits the number and type of visits for certain specialty services, such as psychiatric and physical therapy services.

<u>Community Resources and Strengths</u>

Residents and stakeholders identified many assets of the Somerset County community including recreational opportunities, strong social services, excellent schools, supportive government, and availability of health care services.

- Somerset County was consistently described as a desirable place to live, and residents praised the mix of urban centers and rural open space. Residents also noted that there is a strong sense of community cohesion amongst residents, and a willingness to help others.
- Residents and stakeholders stated that the County's wealth is utilized effectively and results in an excellent school system and a strong social services infrastructure. Local government is supportive of health initiatives, and community-based organizations also make many contributions to the health of the community.
- Overall, residents described local health care services as "excellent" and "comprehensive," although certain types of services (e.g. mental health providers) are harder to access, especially for certain populations.

"Parks are one of Somerset County's biggest assets." – Interview participant

Key Themes and Conclusions

Through a review of the secondary social, economic, and epidemiological data, a telephone survey, and discussions with community residents and stakeholders, this assessment report examines the current health status of Somerset County residents and sub-populations, identifies current and emerging priority health issues, and explores community assets, resources and gaps in services and programming. Several overarching themes emerged from this synthesis:

- Although Somerset County is overall a highly educated, high-income community, pockets of vulnerable populations exist. **Transportation** and **affordability** are key concerns for many residents.
- **Mental health** and **substance abuse** issues were considered priority health issues; a need for additional services in general was noted, and in particular a need was expressed for mental health providers who accept Medicaid and/or the uninsured. Participants described issues of anxiety, stress and depression for adults, and also noted that seniors and young children have unique mental health needs. Abuse of alcohol, opioids and heroin were described as priority health issues in regard to substance abuse.
- While Somerset County is perceived to be a health-conscious community, more can be done to encourage **physical activity** and **healthy eating**, including offering more physical activity opportunities for youth not involved in organized sports and promoting education around healthy eating.
- Overall Somerset County has a **strong health care infrastructure**, but could benefit from **additional services for seniors** especially as the population ages.
- Somerset County has a wealth of social service organizations and programs, though some expressed a need for **stronger connections among services** as well as **greater awareness and reach** throughout the community.
- Opportunities exist to **leverage community assets**, including economic resources and strong governmental, health care and community-based organizations, to address the identified health needs in Somerset County.

Prioritization of Needs

In June 2015, a summary of preliminary findings from the *2015 Somerset County Community Health Needs Assessment* was presented to the Healthier Somerset coalition and partners for further discussion. Participants rated a total of 15 health issues (identified through preliminary assessment findings and additional discussion at the session) on four criteria: relevance, appropriateness, impact, and feasibility. The final voting and discussion among Healthier Somerset coalition members and partners resulted in four priorities that were selected for the Somerset County Community Health Improvement Plan (CHIP):

1. Mental Health and Substance Abuse
2. Obesity
3. Chronic Disease
4. Access to Care

These issues will provide the frame for future planning for the CHIP in the months to come.

Somerset County, New Jersey
2015 Community Health Needs Assessment

BACKGROUND

Overview of Robert Wood Johnson University Hospital (RWJUH) Somerset and Healthier Somerset Coalition

In 2015, Robert Wood Johnson University Hospital (RWJUH) Somerset, in partnership with the Healthier Somerset Coalition, sought to undertake a community health needs assessment (CHA) of the communities it serves. The purpose of the CHA was to provide an empirical foundation for future health planning as well as fulfill the community health needs assessment mandate for non-profit institutions put forth by the IRS. RWJUH Somerset contracted with Health Resources in Action (HRiA), a non-profit public health organization in Boston, MA, to collect and analyze data to develop the CHA report. This report discusses the findings from the community health needs assessment, which was conducted from February 2015 to September 2015.

Purpose and Geographic Scope of the Somerset County Community Health Assessment

2015 Community Health Assessment

The 2015 Somerset County community health needs assessment was conducted to fill several overarching goals, specifically to:

- Examine the current health status of Somerset County and its sub-populations, and compare these rates to state indicators
- Explore the current health priorities, as well as new and emerging health concerns, among residents within the social context of their communities
- Identify community strengths, resources and gaps in services in order to help RWJUH Somerset and the Healthier Somerset coalition set programming, funding, and policy priorities

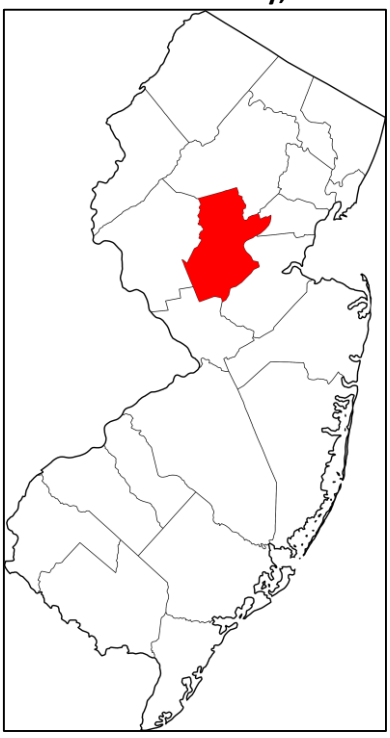
Previous Community Health Assessment

The 2015 Somerset County community health needs assessment builds upon previous assessments conducted in 2001, 2006, and 2011. Methods for this previous assessment included a telephone survey that was conducted in Somerset County and used questions from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System. The 2015 assessment compares current health status to the 2011 findings, and also identifies emerging needs, strengths, and resources.

Definition of Community Served

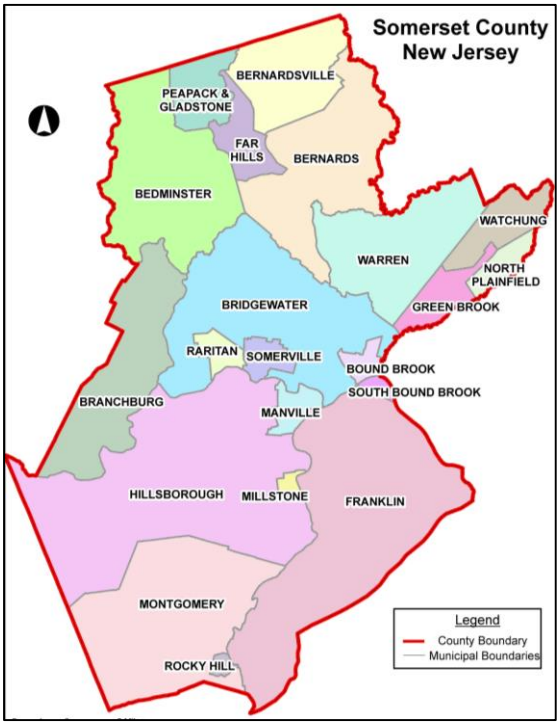
This community health needs assessment focuses on Somerset County, New Jersey, which includes 21 municipalities. Figure 1 and Figure 2 below show the location of Somerset County within the state of New Jersey, and geographic distribution of the 21 municipalities located within Somerset County. This assessment examines needs across the County; however, particular attention was given to at-risk populations, including racial/ethnicity minority groups, low-income residents, and seniors, to ensure that their needs were captured. Given that quantitative data were often not available for these specific sub-groups, the focus group segments and key informants were carefully selected to provide these perspectives.

Figure 1: Somerset County, New Jersey



DATA SOURCE: Wikipedia Commons. United States County Locator Maps [online]. Accessed at https://en.wikipedia.org/wiki/Somerset_County,_New_Jersey on August 18, 2015

Figure 2: Somerset County Municipalities



DATA SOURCE: Somerset County Planning Board. Municipalties Map [online]. Accessed at http://www.co.somerset.nj.us/_maps/municipalities_map.html on August 18, 2015

METHODS

The following section describes how the data for this community health needs assessment were compiled and analyzed. This section also provides context about the broad health lens used to guide the assessment process. Specifically, the community health needs assessment defines health in the broadest sense and recognizes numerous factors at multiple levels— from lifestyle behaviors (e.g., exercise and alcohol consumption), to clinical care (e.g., access to medical services), to social and economic factors (e.g., employment opportunities) and the physical environment (e.g., transportation)—that all have an impact on the community's health. The beginning discussion of this section describes the larger social determinants of health framework that helped guide the assessment process.

Study Approach and Advisory Structure

This CHA was funded by RWJUH Somerset and conducted in partnership with the Healthier Somerset coalition, of which RWJUH Somerset is a part. The Heathier Somerset coalition's strategic goals are to: (1) engage Somerset County in active participation in good health habits; (2) increase access to choices that promote healthy lifestyles; and (3) promote policy changes that improve health. For a full list of Healthier Somerset partners, please see Appendix A.

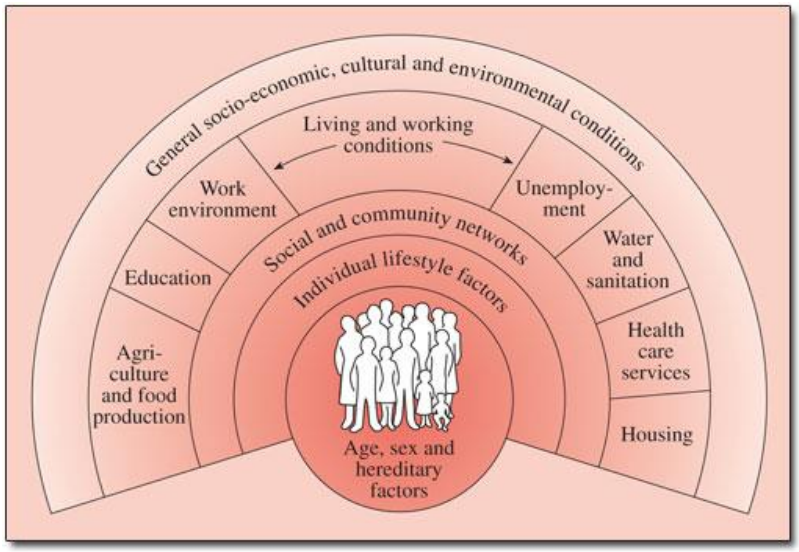
A CHA kick-off meeting was held in February 2015 with the Healthier Somerset coalition. Following that meeting, a data subcommittee was formed with volunteers from the coalition. This subcommittee met regularly from February through August 2015, and included representation from RWJUH Somerset, local

health department leaders, and community providers. This coalition provided input on data indicators and surveys, telephone survey questions and administration, focus group segments, key informant interviewees, qualitative data collection protocols, and report content and format.

Social Determinants of Health Framework

The diagram in Figure 3 provides a visual representation of the multitude of factors that affect health, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors such as quality of housing and educational opportunities. This report provides information on many of these factors, as well as reviews key health outcomes among the residents of Somerset County.

Figure 3: Social Determinants of Health Framework



SOURCE: World Health Organization, Commission on Social Determinants of Health. (2005)

Secondary Data

To develop a social, economic, and health portrait of Somerset County through a social determinants of health framework, existing data were drawn from state and local sources. Sources of data included, but were not limited to, the U.S. Census, Centers for Disease Control and Prevention, the New Jersey Department of Health and the Somerset County Planning Board. Other types of data included self-report of health behaviors from large, population-based surveys such as the Behavioral Risk Factor Surveillance System (BRFSS), as well as vital statistics based on birth and death records. It should be noted that aside from population counts, age and racial/ethnic distribution, other data from the U.S. Census derive from the American Community Survey, which is comprised of data from a sample of a given geographic area. Per Census recommendations, aggregated data from the past five years was used for these indicators to yield a large enough sample size to look at results by municipality.

Primary Data: Input from Community Representatives

<u>Somerset County Community Health Assessment Telephone Survey</u>

In order to gather quantitative data that was not provided by secondary sources and to identify any changes since the 2012 assessment, a 38-question telephone survey was developed and administered to residents of Somerset County. The goal of the telephone survey was to learn about health-related issues and priorities among Somerset County residents.

The telephone survey was administered using a random-digit dial sampling methodology, with approximately 50% landline respondents and 50% cell phone respondents. This administration method aimed to yield a randomly selected sample that was similar in characteristics to the Somerset County population overall. The survey was offered in English and Spanish. Qualified respondents were adults ages 18+ who live in Somerset County, NJ. The survey was fielded from May 27, 2015 through June 18, 2015. A total of 2,002 respondents who live in Somerset County completed the survey. Consistent with telephone surveys, sampling weights were applied in the analyses, and the survey data were weighted on age, sex, and race/ethnicity for further precision. Table 1 provides a breakdown of demographic characteristics of the survey respondents.

Table 1: Respondent Characteristics of 2015 Somerset County Community Health Assessment Survey, n=2,002

Characteristic	Survey Sample	Somerset County
Age		
Younger than 18 (not eligible for the survey)	0%	24.4%
18-24 years old	9.4%	6.9%
25-44 years old	34.2%	25.7%
45-64 years old	39.6%	30.0%
65 years or older	16.7%	12.9%
Gender		
Male	49.2%	48.8%
Female	50.8%	51.2%
Race/Ethnicity		
White, non-Hispanic	57.8%	62.4%
Black or African American, non-Hispanic	8.3%	8.5%
Asian, non-Hispanic	14.3%	14.1%
Hispanic, any race	13.8%	13.3%
Other race / Two or more races, non-Hispanic	5.9%	2.1%
Educational Attainment		
Some high school or less	4.4%	6.7%
High school graduate/GED	45.9%	22.0%
Some college/Technical school	10.3%	20.0%
College graduate	39.4%	51.2%
Annual Household Income		
Less than $25,000	12.3%	9.3%
$25,000 to less than $50,000	18.1%	14.1%
$50,000 to less than $75,000	32.2%	13.7%
$75,000 or more	37.4%	62.9%
Health Dept. Jurisdiction in which Live		
Somerset County Department of Health	35.5%	38.1%
Bernards Township Department of Health	12.7%	11.4%
Branchburg Health Department	1.8%	4.5%
Bridgewater Township Department of Health and Human Services	16.3%	13.7%
Hillsborough Township Department of Health	14.8%	12.0%
Middle-Brook Regional Health Commission	14.2%	13.4%
Montgomery Township Department of Health	4.6%	7.0%

DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015 and 5-Year American Community Survey, 2009-2013

NOTE: Percentages for educational attainment from the American Community Survey are out of individuals who are over 25 years of age
NOTE: The following municipalities fall within each health department jurisdiction: *Somerset County Department of Health* (Bedminster, Far Hills, Franklin, Manville, North Plainfield, Raritan, Somerville); *Bernards Township Department of Health* (Bernards, Bernardsville, Peapack-Gladstone); *Branchburg Health Department* (Branchburg); *Bridgewater Township Department of Health and Human Services* (Bridgewater); *Hillsborough Township Department of Health* (Hillsborough, Millstone Borough); *Middle-Brook Regional Health Commission* (Bound Brook, Green Brook, South Bound Brook, Warren, Watchung); *Montgomery Township Department of Health* (Montgomery, Rocky Hill).

Qualitative Data: Focus Groups and Interviews

Between April and June 2015, six focus groups and nineteen interviews were conducted. The data subcommittee advised on the selection of participants for the interviews, and the identification of local organizations to assist with focus group recruitment and hosting.

The focus groups spanned across age groups, geography, and roles. The focus groups comprised a range of populations; specifically the six focus groups were with individuals of the following population segments: parents, youth, seniors, working families, African Americans, and Hispanics (who participated in a Spanish-language group). Interviews were conducted with individuals representing a range of organizations, including an Asian American cultural organization, health care (including mental and behavioral health services), law enforcement, government, education, business, and social service organizations focusing on vulnerable populations (e.g., seniors, immigrants) (see Appendix C).

A semi-structured interview guide was used across all interviews and focus groups to ensure consistency in the topics covered. Each focus group and interview was facilitated by a trained moderator, and detailed notes were taken during conversations. On average, focus groups lasted 90 minutes and included 6-12 participants, while interviews lasted approximately 30-60 minutes.

Analyses and Data Presentation

The secondary data, telephone survey data, and qualitative data from interview and focus groups were synthesized and integrated into this community health needs assessment report. When available, secondary data are presented by the 21 Somerset County municipalities or by the 7 local health department jurisdictions (see Appendix B for a listing of the municipalities that fall within each local health department jurisdiction).

Collected qualitative information was manually coded and then analyzed thematically for main categories and sub-themes. Data analysts identified key themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. While municipality differences are noted where appropriate, analyses emphasized findings common across Somerset County. Selected paraphrased quotes – without personal identifying information – are presented in the narrative of this report to further illustrate points within topic areas.

Data from the telephone survey were analyzed overall and by sub-groups (local health department jurisdiction, race/ethnicity, age, gender, income, and education). Telephone survey data are presented by sub-group in this report when substantial differences among groups were noted. When data are presented at the local health department jurisdiction level, Branchburg Health Department data are not included because the survey sample size for this locality was too small to present reliable results. Pearson's chi-square tests were conducted to test for statistically significant differences in survey

responses by sub-group. When differences by sub-group were statistically significant (i.e., not due to chance), results are noted with a * by the graph or table. Data from the 2015 telephone survey were also compared to data collected from previous Somerset County surveys (conducted in 2006 and 2011) when questions were similar; trend data are presented in this report when substantial changes were observed. Appendix D contains weighted data for all telephone survey questions by health department jurisdiction.

Limitations

As with all research efforts, there are several limitations related to the assessment's data collection methods that should be acknowledged. It should be noted that for the secondary (quantitative) data analyses, in several instances, regional data could not be disaggregated to the municipality level due to the small population size of the communities in the region. Additionally, several sources did not provide current data stratified by race/ethnicity, gender, or age –thus these data could only be analyzed by total population. It should also be noted that youth-specific and town-specific data were largely not available, and in cases where such data were available, sample sizes were often small and must be interpreted with caution.

Likewise, data based on self-reports (from the 2015 Somerset County community health assessment telephone survey, and from self-report secondary data sources, e.g. BRFSS) should be interpreted with particular caution. In some instances, respondents may over- or underreport behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias—that is, they may attempt to answer accurately but remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest. Finally, it should be noted that, while the 2015 Somerset County community health assessment telephone survey data was collected with a random sampling technique and has been weighted on certain demographic characteristics to better represent the population, the persons who responded to the survey may be different from the persons who refused to participate in the survey, resulting in selection bias.

For the qualitative data, it is important to recognize that results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Recruitment for focus groups was conducted by local community organizations, and participants may be more likely to be those already engaged in community organizations or initiatives. Because of this, it is possible that the responses received only provide one perspective of the issues discussed. While efforts were made to talk to a diverse cross-section of individuals, demographic characteristics were not collected of the focus group and interview participants, so it is not possible to confirm whether they reflect the composition of the region. Lastly, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

FINDINGS

Community Social and Economic Context

The health of a community is associated with numerous factors including what resources and services are available (e.g., safe green space, access to healthy foods) as well as who lives in the community. The section below provides an overview of the population of Somerset County.

Demographics

"There is a great deal of diversity in some locations." - Key informant interview participant

The total population of Somerset County, 326,207, is divided into 21 municipalities ranging in size from 63,274 (Franklin) to 444 (Millstone). As shown in Table 2, Somerset County's age distribution is similar to that for the state of New Jersey.

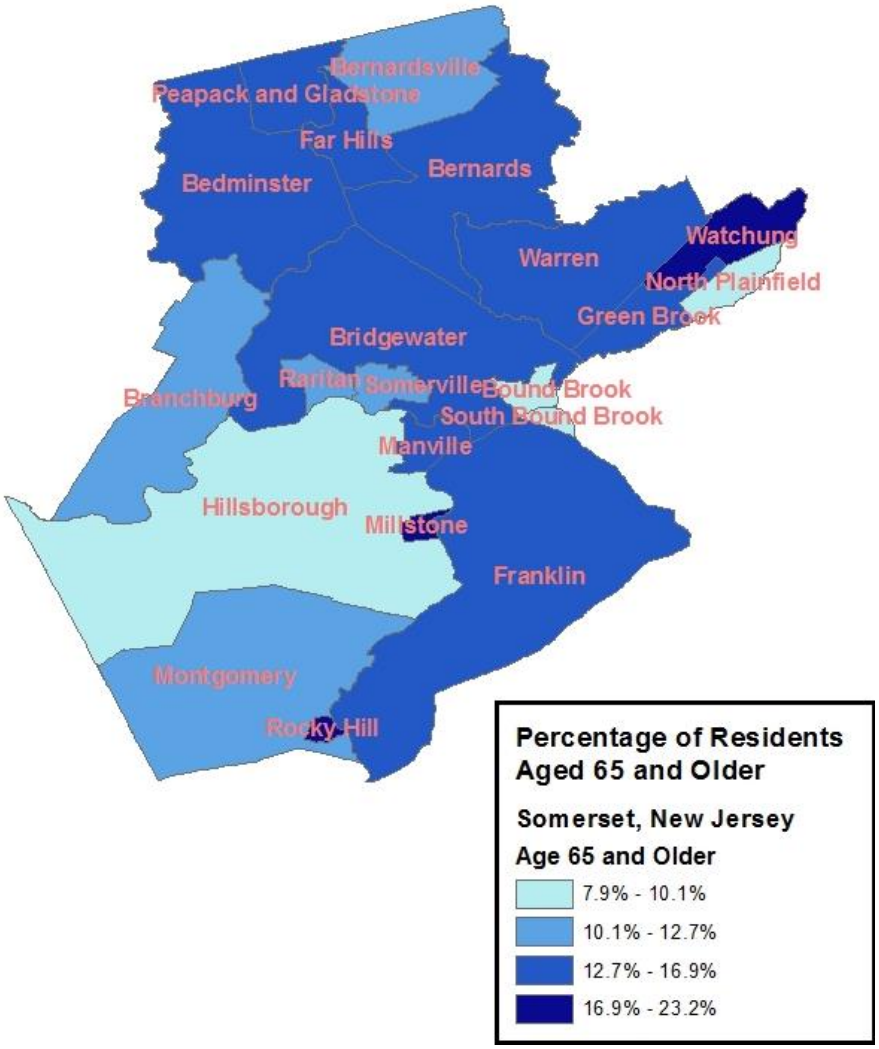
Table 2: Total Population and Age Distribution, New Jersey, Somerset County and by Health Department Jurisdiction, 2009 - 2013

Geography	Total Population	<18	18-24	25-34	35-44	45-64	65-74	75+
New Jersey	8,832,406	23.2%	8.8%	12.7%	13.7%	27.7%	7.3%	6.5%
Somerset County	326,207	24.4%	6.9%	11.1%	14.6%	30.0%	6.8%	6.1%
Bedminster	8,197	16.5%	4.6%	11.2%	13.5%	37.3%	11.5%	5.4%
Bernards	26,770	28.2%	6.8%	5.1%	14.2%	32.2%	6.2%	7.4%
Bernardsville	7,758	27.9%	7.3%	7.6%	14.9%	30.6%	8.9%	2.7%
Bound Brook	10,462	21.8%	9.5%	19.9%	16.1%	23.7%	3.5%	5.7%
Branchburg	14,526	24.7%	5.6%	9.4%	13.7%	35.4%	7.3%	3.9%
Bridgewater	44,717	24.7%	6.9%	8.0%	14.4%	31.5%	6.8%	7.7%
Far Hills	1,037	22.8%	9.4%	6.6%	12.1%	34.7%	8.0%	6.7%
Franklin	63,274	21.3%	6.5%	15.4%	14.5%	27.0%	8.4%	7.0%
Green Brook	7,222	25.0%	6.4%	9.4%	10.8%	33.6%	7.5%	7.1%
Hillsborough	38,752	25.8%	7.2%	10.4%	15.3%	32.0%	4.9%	4.3%
Manville	10,400	18.8%	8.8%	14.2%	13.5%	29.6%	7.8%	7.4%
Millstone	444	28.2%	4.5%	4.1%	22.8%	20.7%	12.6%	7.2%
Montgomery	22,329	31.2%	6.1%	6.5%	15.2%	30.0%	6.5%	4.6%
North Plainfield	22,001	24.9%	9.2%	14.9%	17.0%	26.0%	4.2%	3.6%
Peapack-Gladstone	2,566	21.0%	5.8%	9.2%	13.2%	35.1%	6.7%	9.0%
Raritan	7,058	25.9%	6.2%	11.4%	17.6%	27.5%	5.7%	5.7%
Rocky Hill	543	20.3%	4.4%	6.1%	9.0%	37.0%	14.7%	8.5%
Somerville	12,165	21.8%	7.1%	18.1%	15.1%	25.1%	7.3%	5.4%
South Bound Brook	4,584	21.0%	7.9%	18.6%	16.2%	26.4%	4.2%	5.9%
Warren	15,574	28.0%	5.6%	7.0%	11.6%	33.9%	7.0%	7.0%
Watchung	5,828	19.7%	8.2%	5.5%	14.1%	30.8%	11.1%	10.5%

DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

There is some variation in age distribution among the 21 municipalities of Somerset County. Figure 4 below shows the variation by municipality in the percent of residents aged 65 and older who reside in Somerset County. Certain municipalities, such as Rocky Hill and Watchung, have a higher percentage of residents aged 65 and older compared to the other municipalities.

Figure 4: Percent of Residents Aged 65 and Older, Somerset County, 2009 - 2013

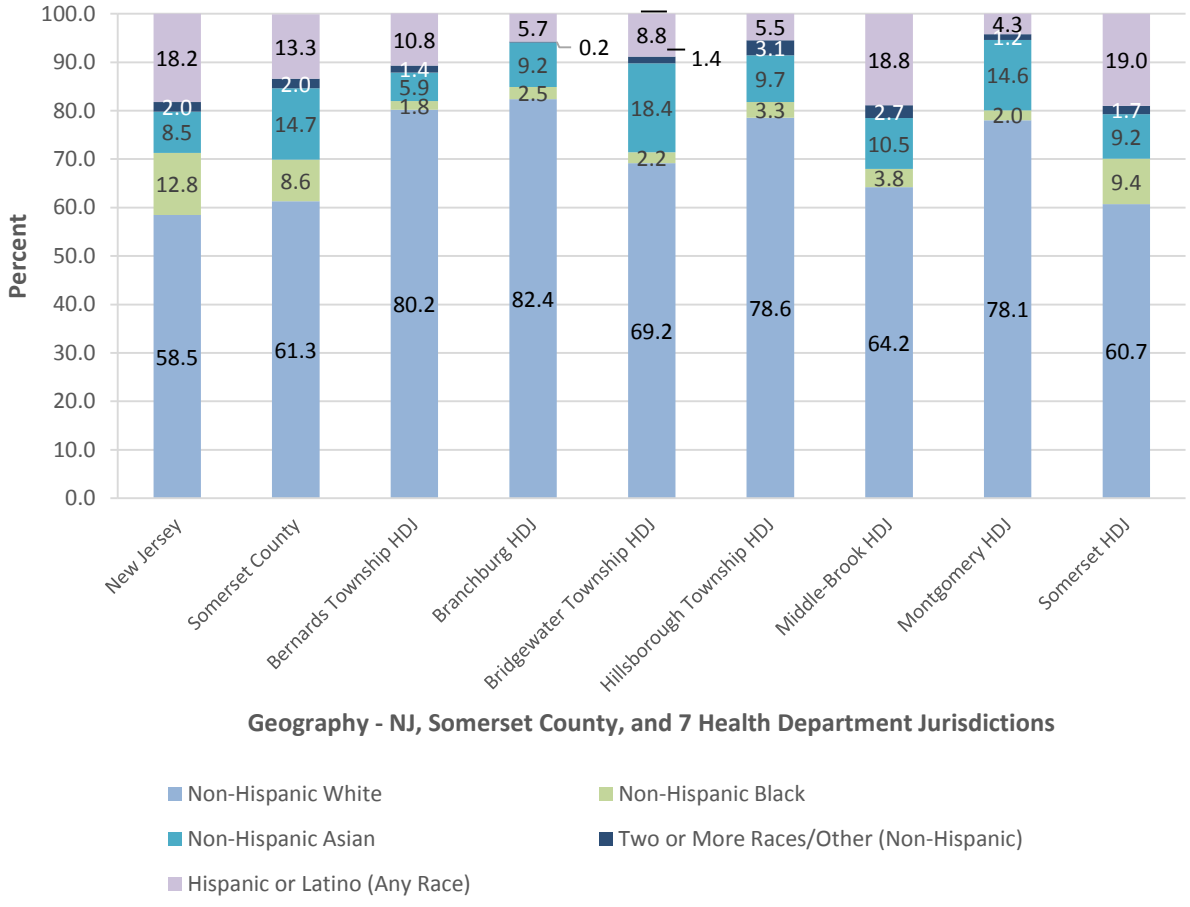


DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

When describing their community, many key informant interviewees and focus group participants noted the mix of young families, those of middle age, and seniors. While some respondents perceived that the region's population is aging, others disagreed, arguing that many new families have moved into Somerset County. Some respondents observed, however, that the region's high cost of living creates barriers for both younger families to move into the area and for seniors to "age in place."

Several interview and focus group participants described the County as largely white, but did note that certain communities have diverse populations. Several respondents observed that in recent years, the region has seen an increase in the number of undocumented individuals, who may be employed in farming and manufacturing. Figure 5 below shows the racial and ethnic distribution of New Jersey, Somerset County, and the 21 municipalities grouped into their 7 health department jurisdictions. More than eight in ten (80.2%) of residents in the Bernards Township health department jurisdiction, compared to only 60.7% of the Somerset jurisdiction, self-identify as non-Hispanic White. However, 9.4% of the Somerset health department jurisdiction, compared to only 1.8% of the Bernards Township jurisdiction, self-identifies as non-Hispanic Black. Compared to the state of New Jersey, Somerset County has a slightly lower percentage of Hispanic or Latino residents (13.3% compared to 18.2% in NJ) and a slightly higher percentage of non-Hispanic Asian residents (14.7% compared to 8.5% in NJ).

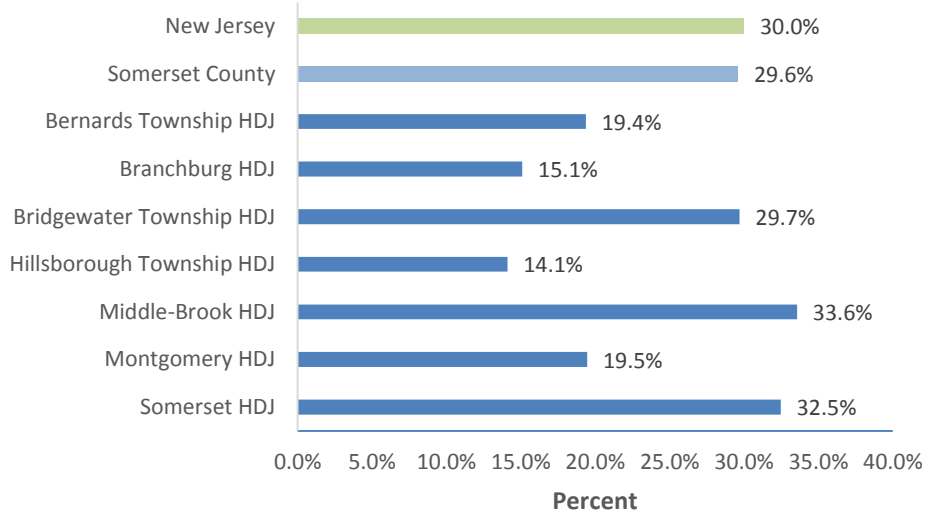
Figure 5: Population by Race/Ethnicity, 2009 - 2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Figure 6 below illustrates that the percent of the population who speaks a language other than English at home is higher in certain health department jurisdictions, such as Middle-Brook (34%) and Somerset (32%) compared to Somerset County (30%) as a whole.

Figure 6: Percent of Population Who Speak Language Other than English at Home



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Table 3 below illustrates the projected population changes for Somerset County by race/ethnicity and ages. Between 2010 and 2030, the population of Asian residents is projected to increase by 103.4% and the population of Hispanic residents of any race is projected to increase by 74.4%, while the population of White residents is projected to decrease by 22.3%. The percentage of residents ages 65 and older is projected to increase, while the percentage of residents age 19 and younger is projected to decrease.

Table 3: Projected Population Change, Somerset County, 2010 – 2020 and 2010 – 2030

	2010-2020 Percent Change	2010-2030 Percent Change
Somerset County Total	6.7%	13.6%
White*	-11.8%	-22.3%
Black*	11.8%	21.6%
Asian*	52.7%	103.4%
Other Race*	5.3%	5.3%
Multiple Races	44.7%	92.9%
Hispanic Origin, Any Race*	37.3%	74.4%
Age 19 and younger	-5.1%	-3.8%
Age 65 and over	41.7%	98.5%

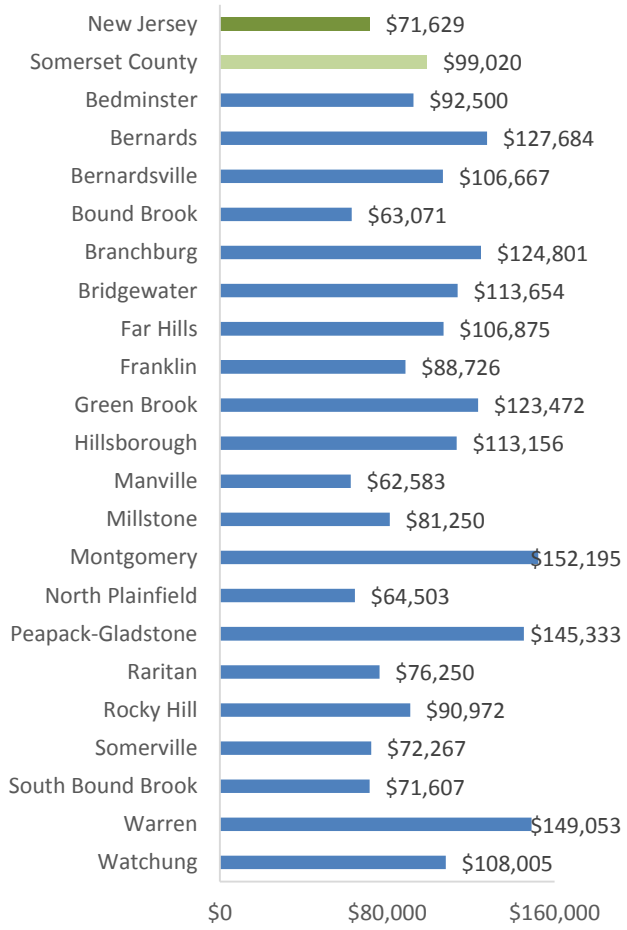
DATA SOURCE: NJ Department of Labor Market and Demographic Research, Population and Labor Force Projections as reported in Trends and Indicators, 2013, Somerset County Planning Board
*White, Black, Asian, and Other include only individuals who identify as one race; Hispanic/Latino include individuals of any race

Income, Poverty, and Employment

"If you have means in this county, it is a tremendous place to live but if you don't, it's not such a great place." - Key informant interview participant

"The cost of living is astronomical in this county. The middle class is slowly dissolving and so we have poles of upper class and very low income. People are struggling." - Key informant interview participant

Figure 7: Median Household Income, 2009 - 2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Interview and focus group participants frequently mentioned Somerset County's affluence, and noted that many multinational companies are located in the area and contribute to the region's economic wealth. The County's proximity to New York City was also noted as an economic asset. The County's wealth, as several respondents shared, has made possible a strong infrastructure of services and programs as well as great schools.

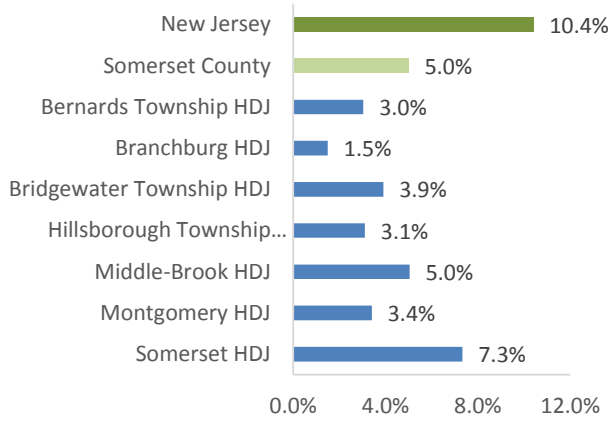
However, residents pointed out that although Somerset is largely a wealthy county, there remain, as one key informant described, *"pockets of extreme poverty."*

Figure 7 illustrates that the median household income for Somerset County ($99,020) is higher than for the state of New Jersey ($71,629). However, there is a wide range of incomes across Somerset County, with Manville having a median household income of $62,583 compared to $152,195 in Montgomery.

A recent analysis of income disparity across New Jersey found that of Somerset County's 115,913 households, with 24% defined as asset limited, income constrained, employed[1].

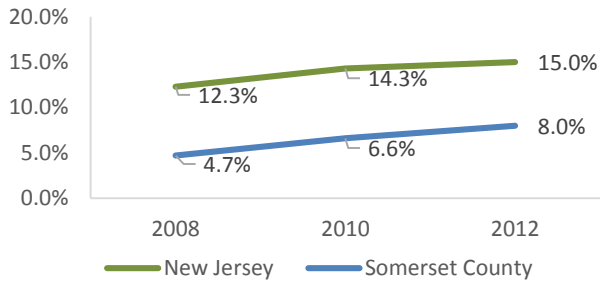
[1] United Way of Northern New Jersey, Asset Limited, Income Constrained, Employed (ALICE) Study of Financial Hardship in New Jersey, August 2012. Accessed 8/12/15: http://www.unitedwaynnj.org/documents/UWNNJ_ALICE%20Report_FINAL2012.pdf ALICE households earn more than the official U.S. poverty level but less than the basic cost of living. This group has also been referred to as the "working poor."

Figure 8: Percent of Individuals Below the Poverty Line in Past 12 Months, 2009 – 2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

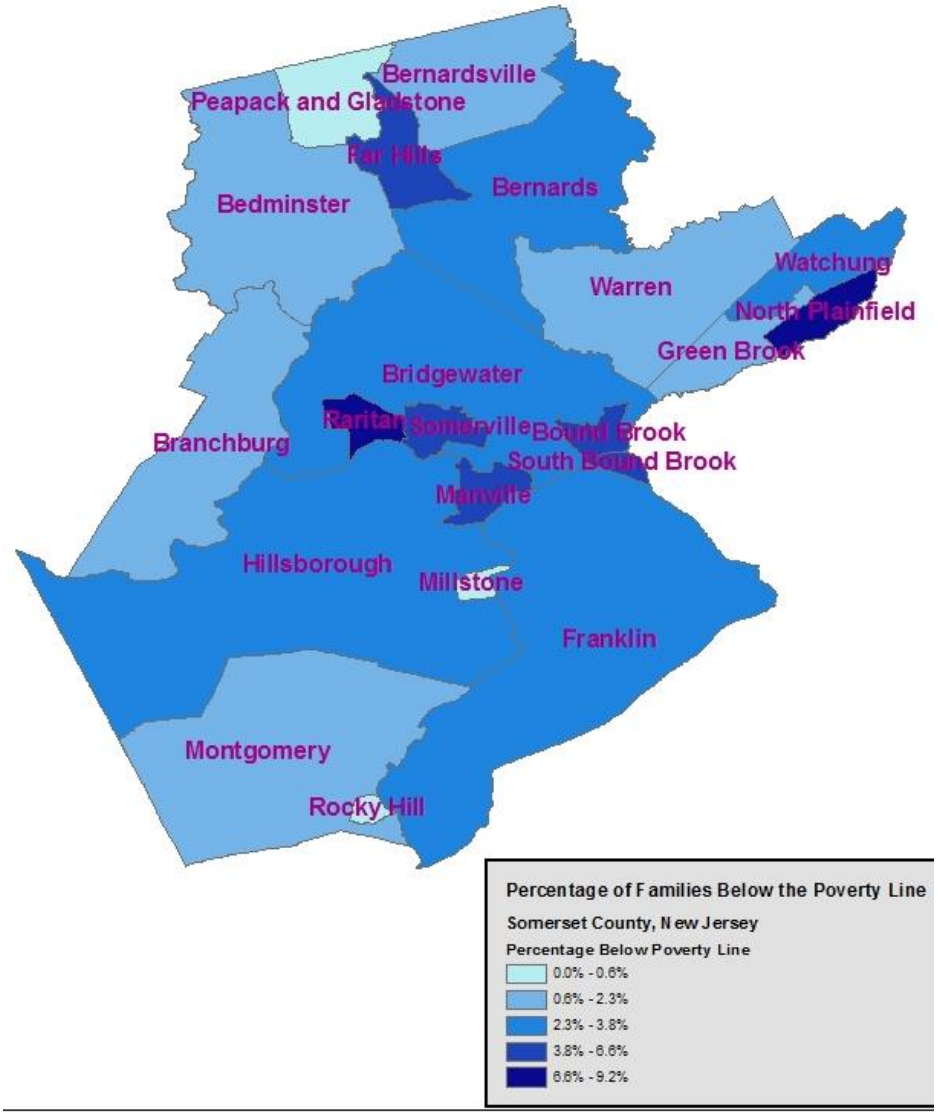
Figure 9: Percent of Children Living Below the Federal Poverty Level, 2008 - 2012



DATA SOURCE: The Annie E. Casey Foundation. Kids Count data center. Accessed at http://datacenter.kidscount.org/ on 9/1/15

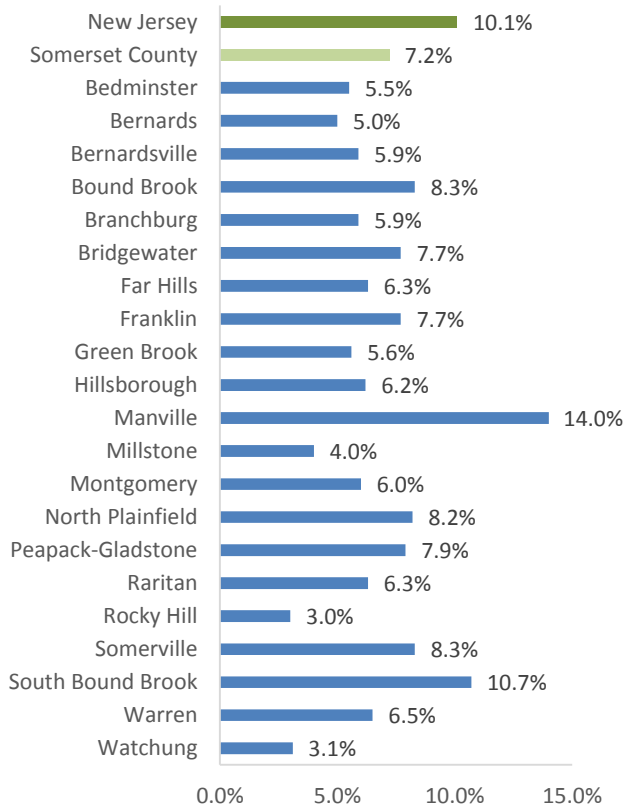
Figure 8 illustrates that, while the percent of individuals below the poverty line in Somerset County (5.0%) is lower than in the state of New Jersey (10.4%), certain communities, like the Somerset health department jurisdiction (7.3%), have comparatively higher rates of individuals living in poverty. While the percent of children living below the federal poverty level in Somerset County is lower than in New Jersey, Figure 9 shows that the percent of children living in poverty has increased between 2008 and 2010 in both Somerset County and New Jersey. Figure 10 below illustrates that certain communities like Raritan and North Plainfield have higher rates of families living in poverty compared to other communities.

Figure 10: Percent of Families Below the Poverty Line, Somerset County, 2009 – 2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Figure 11: Percent of Unemployed Individuals, 16 Years and Older in the Labor Force, 2009 -2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Figure 11 shows that the unemployment rate in Somerset County overall (7.2%) is lower than New Jersey (10.1%), but certain areas such as Manville (14%) have comparatively higher rates of unemployment. Additionally, some respondents expressed concern about the middle class, which they saw as declining in the county due to the 2008 recession as well as the region's high cost of living. As one focus group member explained, "*this community shuts out a lot of people who don't bring in certain incomes. You are either high tier or low tier. There is not too much in the middle.*"

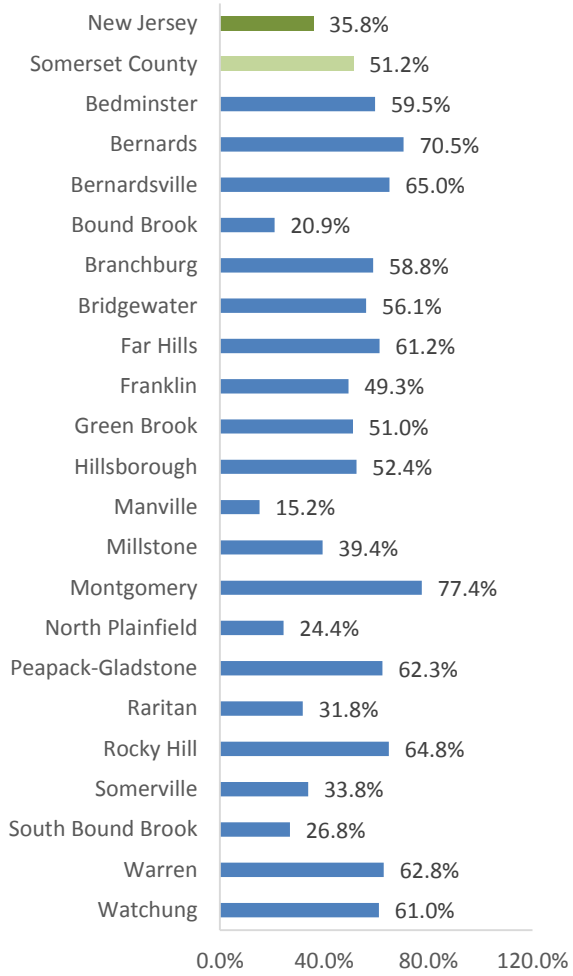
Although Somerset County is in general a high income community, interview and focus group participants reported that this affluence can also create challenges. For example, respondents described an increased sense of competition among families—economically, academically, and in sports. Another consequence, according to respondents, is "helicopter" parenting in which children are not encouraged to take risks or fail. Several focus group members described life in the community as "living in a bubble," leaving students with little understanding of the outside world and also creating a sense of well-being that may mask underlying concerns. In the words of one focus group participant, *"kids are academically prepared when they leave the community, but not otherwise prepared."*

Education

"Schools are good—you get your bang for the buck in terms of tax payments." - Key informant interview participant

"People from Southern Jersey tend to move here because the schools are good and the environment is good." - Key informant interview participant

Figure 12: Percent of Adults 25 Years and Older with a Bachelor's Degree or Higher, 2009 – 2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Many focus group members and interviewees spoke about the high quality of education in the area. They reported that the county has excellent schools and access to several prestigious universities, including Princeton University and Rutgers University as well as local colleges and community colleges. Parent focus group members reported high levels of parent involvement in schools and good communication between schools and parents. In 2013, the percent of students enrolled in special education in Somerset County (15.0%) was the same as the percent in New Jersey overall (15.0%)[2].

Many respondents, however, pointed out that the strong educational culture in the area also has negative consequences. As one parent described, *"this place is very competitive—grades, sports. Everyone fights to make their kids the best."* Many respondents reported that the strong culture of academic pressure and competitiveness has led to high rates of anxiety and stress among young people in the community, which contributes to substance use and mental health concerns.

Figure 12 shows that the percentage of adults in Somerset County with a bachelor's degree or higher (51.2%) is higher than the percentage in New Jersey statewide (35.8%). However, certain municipalities, such as Manville (15.2%) and Bound Brook (20.9%), have comparatively lower rates of residents with a bachelor's degree or higher.

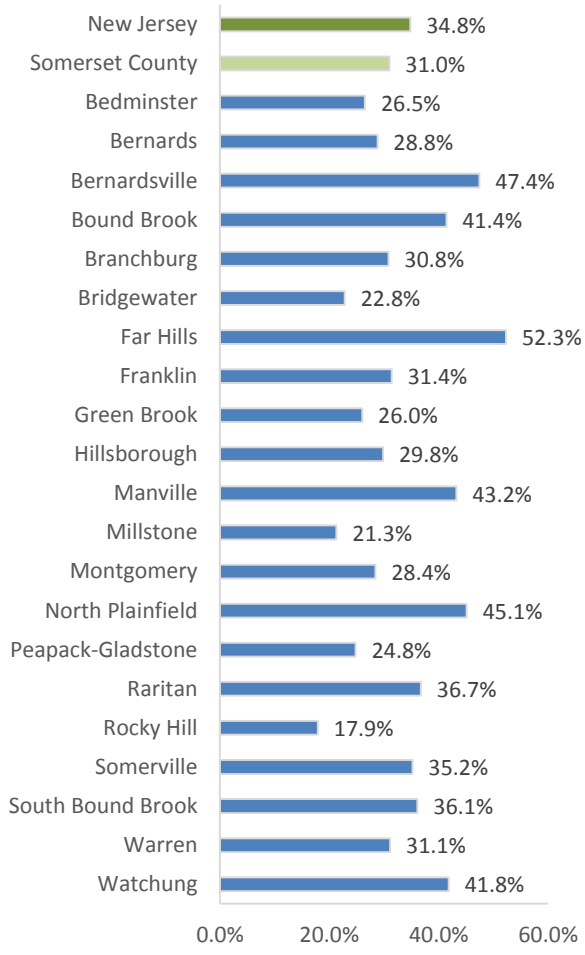
[2] The Annie E. Casey Foundation. Kids Count data center. Accessed at: http://datacenter.kidscount.org/ on 9/1/15.

Housing and Transportation

"There is not enough affordable housing." – Focus group participant

"Transportation. That is the #1 issue and there are just no solvable options." – Key informant interview participant

Figure 13: Percent of Owners with a Mortgage Whose Housing Costs Are 35% or More of Household Income, 2009 – 2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Housing:
Key informant interview and focus group participants described their county as a geographically diverse region with urban, suburban, and rural areas.

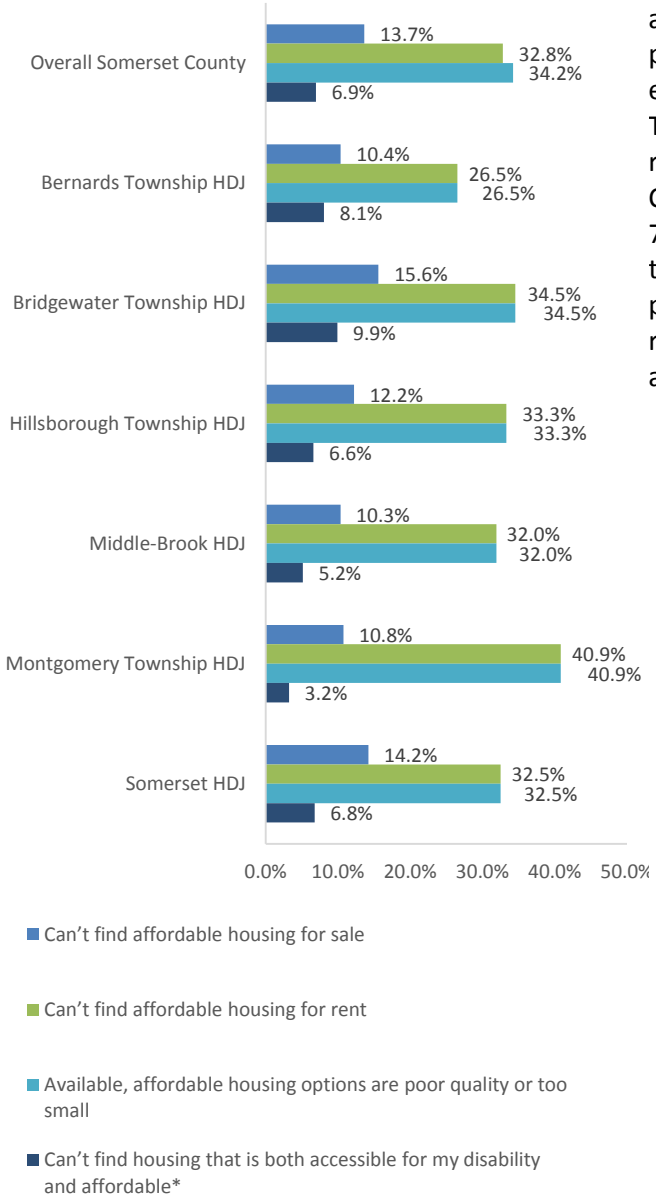
A lack of affordable housing in the area, coupled with high property taxes, was reported to be a challenge for the region. While some affordable housing is available to residents, there are wait lists for these. Affordable senior housing was specifically mentioned as a challenge by several respondents.

Figure 13 shows that, in Somerset County, 31% of homeowners with a mortgage have housing costs that are 35% or more of their household income; in some communities, such as Far Hills (52.3%) and Bernardsville (47.4%), an even higher percentage of homeowners face these high housing costs.

Focus group members and interviewees also reported that Somerset County has experienced an increase in development in recent years. Residents reported that new homes and apartments are being built, however they are out of reach for many families.

While most respondents did not discuss housing quality specifically, a few focus group members raised concerns about garbage piling up outside of homes and possibly containing bedbugs.

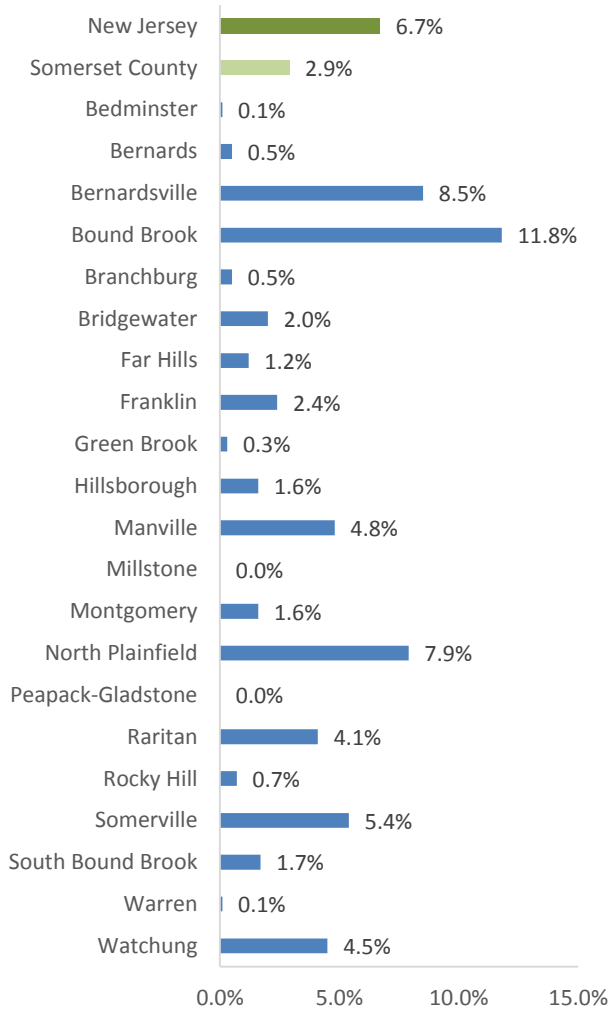
Figure 14: Housing Difficulties Experienced by Survey Respondents, by Health Department Jurisdiction, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015
* statistically significant $p < 0.05$

Figure 14 shows that, among 2015 community health assessment survey respondents, about a third overall have trouble finding affordable housing for rent; and about a third feel that available, affordable housing options are of poor quality or too small. These issues are especially pronounced in Montgomery Township (Figure 14) and for Hispanic residents. In the 2015 Somerset County Community Health Needs Assessment Survey, 76.3% of Hispanic respondents indicated that the available, affordable housing options are poor quality or too small, and 63.7% of Hispanic respondents indicated that they cannot find affordable housing for rent.

Figure 15: Percent of Workers 16 Years and Over with No Vehicle Available, 2009 – 2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

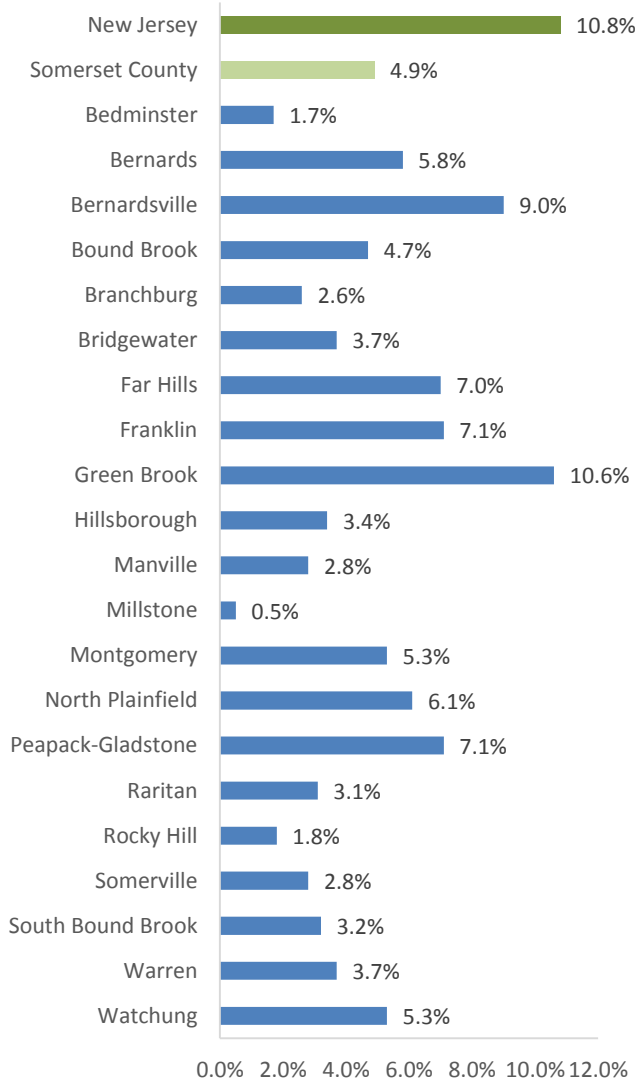
Transportation:

When asked about concerns in the community, the one most frequently mentioned was transportation. Almost all interviewees identified transportation as a concern for the region and it was a topic of discussion in almost all focus groups. While train transportation into New York City and cities south was reported to be good and accessible, east-west travel using public transit was described as challenging. Thus, according to respondents, most residents must rely on cars to get around within the county.

Figure 15 illustrates that, overall, the percent of workers in Somerset County without a vehicle (2.9%) is lower than the percent of workers without a vehicle for New Jersey statewide (6.7%). However, certain municipalities in Somerset County, such as Bound Brook (11.8%), Bernardsville (8.5%), and North Plainfield (7.9%) have relatively higher percentages of workers without vehicles available.

Interviewees and focus group participants reported that those who do not have private transportation rely on friends or family for rides or use taxis and the few public transit options available, which have limited routes, schedules, and stops. While there are a few volunteer driver programs operating in the County, according to residents, these services require substantial advance notice for scheduling. Seniors and those with disabilities in the region have a few more transportation options including rides offered through the county transportation department, although certain seniors may require more support to ride transit. Because of these challenges, residents report, many people without cars must rely on taxis, which are expensive. As one health provider and key informant interviewee observed, *"You see a lot of taxis coming when patients are discharged."*

Figure 16: Percent of Workers 16 Years and Over Who Use Public Transportation (Excluding Taxicabs) as Means of Transportation to Work, 2009 – 2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Figure 16 shows that the percent of workers who use public transportation to get to work is higher in New Jersey (10.8%) compared to Somerset County (4.9%), and that some municipalities, such as Millstone (.5%), Bedminster (1.7%), and Rocky Hill (1.8%), have especially low rates of public transportation use.

Interviewees familiar with transportation in the County reported that public transportation in New Jersey is supported through casino revenue, with some support from local and federal sources. Respondents noted that the recent closing of several casinos in the state and declining revenue among those that continue to operate have resulted in substantial losses of funding for public transportation.

Interviewees and focus group participants noted that there have been some efforts in recent years to increase opportunities for active transportation, such as walking or bicycling. While some towns in the county have passed Complete Streets ordinances, in some areas the existing infrastructure cannot easily be retrofitted to accommodate more active modes of travel (adding bike lanes, sidewalks, etc.).

Focus group members and interviewees shared that lack of transportation options for those without cars creates substantial challenges to accessing health, recreational, and social services in the County."

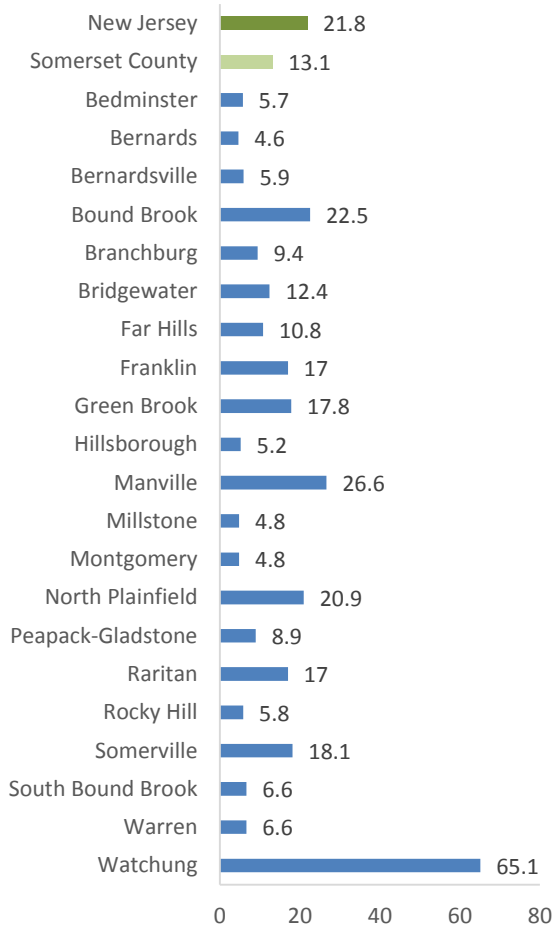
"People cannot get to services in their own municipalities. The services that are extensively in place tend to be those that people with means can get to."—Key Informant Interview

Crime, Safety, and Disaster Preparedness

"Back in the day, you didn't have to lock your doors." – Focus group participant

"There are certain areas in the county where crime rates are high; some where it is not; it depends on where you are." – Key informant interview participant

Figure 17: Crime Rate per 1,000 Population, 2013



DATA SOURCE: New Jersey State Police Uniform Crime Reporting Unit, Crime in New Jersey for the Year Ending December 31, 2013.

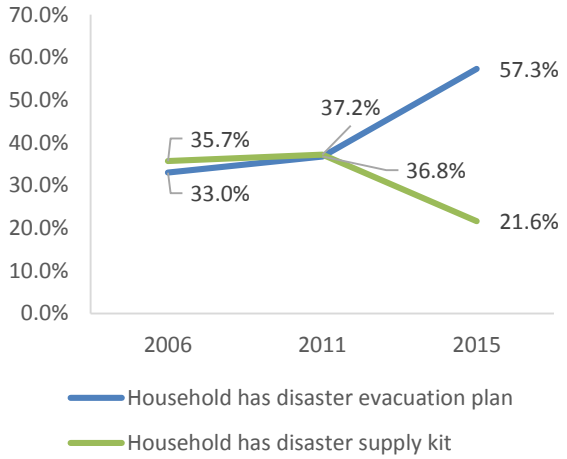
Crime and Safety:
When asked about crime in their neighborhoods, most interview and focus group participants reported that their communities are safe and relatively free of crime. A few described their communities as "quiet," and some youth used the word "boring." However, a couple of respondents observed that with rising rates of drug abuse, crimes such as burglaries have increased, and people are more cautious about locking their homes and taking care of their valuables. Figure 17 shows that the crime rate varies across Somerset County municipalities, from 4.6 crimes per 1,000 residents in Bernards to 65.1 in Watchung.

Many respondents also reported that Somerset County has experienced substantial development over the past couple of years. In the opinion of many, the region has become "overdeveloped," raising concerns about increasing crime, heavy traffic, and the loss of open areas.

There is also a lack of summer opportunities, such as summer camp, for students other than elementary school aged according to respondents. As one focus group member stated, "*they need more activities for middle school kids. Crime increases especially in the summer when kids don't have anything to do. You need to keep the kids out of trouble.*"

When asked about domestic violence, responses were mixed. While several, especially those working in law enforcement and the social sector, reported that domestic violence is an issue in the community; others, primarily residents, did not report this.

Figure 18: Percent of Somerset County Households with Disaster Evaluation Plan and/ or Supply Kit, 2006 – 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2006, 2011, and 2015

Disaster Preparedness:
Although not mentioned by many during discussions, disaster preparedness was discussed by a couple of interview and focus group respondents. Respondents raised concerns about the long-term effects of Hurricane Sandy, which occurred almost three years ago, as well as worry about future storms.

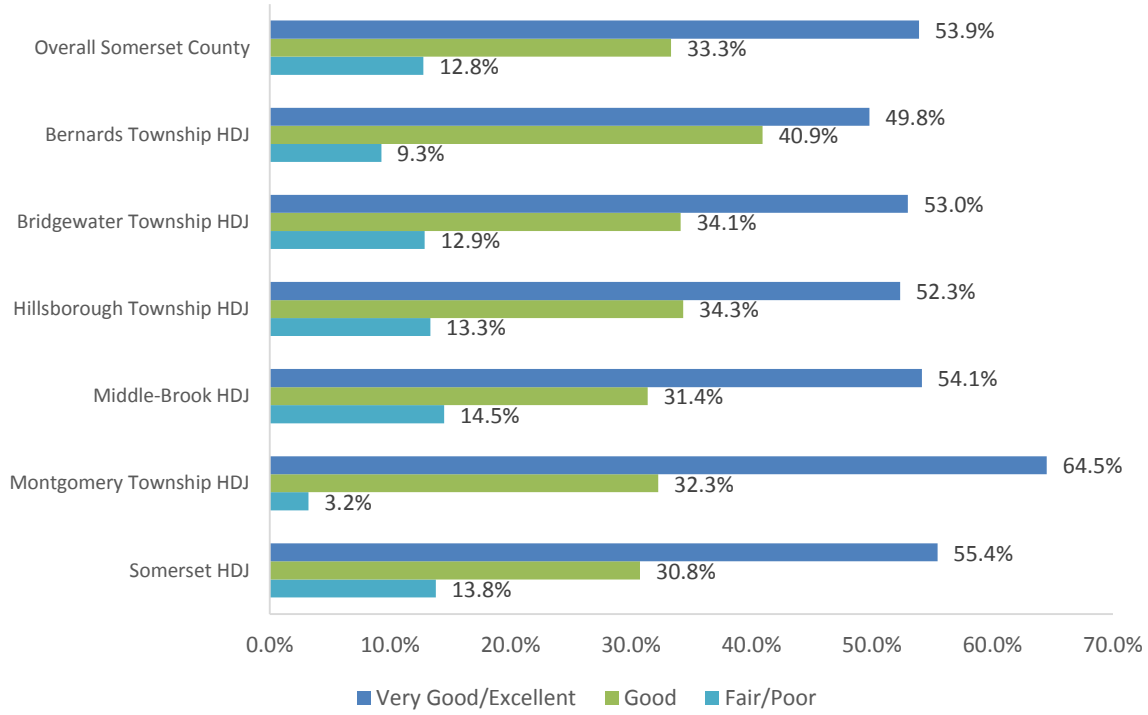
Figure 18 shows that 57.3% of respondents to the Somerset County community health needs assessment survey indicated that their household has a disaster evacuation plan, compared to only 35.7% of survey respondents in 2006. However, the percentage of respondents whose household has a disaster supply kit has decreased from 35.7% in 2006 to 21.6% in 2015.

Community Health Outcomes and Behaviors

This section presents data on key health risk factors, behaviors and outcomes. Overall, when asked about health outcomes and health in the state, a majority of interview and focus group participants described Somerset County as being a health-conscious community and a healthy place to live. According to County Health Rankings, Somerset County ranks second out of New Jersey's 21 counties on "Health Outcomes" (which rates performance on length and quality of life) and first on "Health Behaviors" (which rates performance on a variety of behaviors related to nutrition and physical activity, substance use, and sexual and reproductive health).

Figure 19 below shows that 53.9% of community health needs assessment survey respondents overall would describe their general health as "excellent" or "very good", which is slightly lower than the percentage in 2011 (59.3%) and 2006 (60.5%). A similar percentage of respondents from most health department jurisdictions described their general health as "excellent" or "very good," except for Montgomery Township jurisdiction respondents, 64.5% of whom described their health as "excellent" or "very good". 12.8% of survey respondents indicated their general health is "fair" or "poor"; national and state-level data for 2013 (the most recent year for which data is available) show that 16.6% of residents in New Jersey and 16.7% of U.S. residents describe their health as "fair" or "poor"[3].

Figure 20: Perceived Individual Health Status by Health Department Jurisdiction, Somerset County, 2015

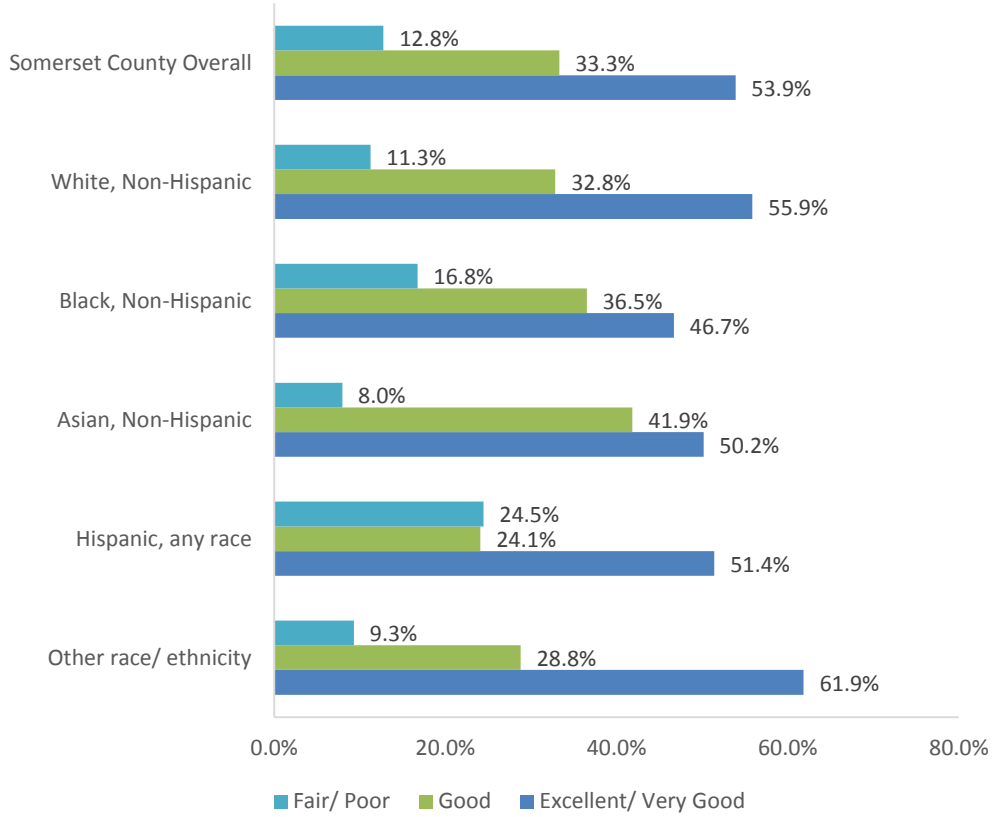


DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

[3] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Aug 06, 2015]. URL: http://wwwdev.cdc.gov/brfss/brfssprevalence/.

Figure 21 below shows that, while overall only 12.8% of community health needs assessment survey respondents rate their own health as "fair" or "poor", 24.5% of Hispanic respondents and 16.8% of Black, Non-Hispanic respondents rate their health as "fair" or "poor".

Figure 21: Perceived Individual Health Status by Race/Ethnicity, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

While Somerset County's residents overall are quite healthy, many interview and focus group participants observed that health outcomes and health status differs across different population groups. The sections below present health data by the population overall, and, when available, by specific population sub-groups to illustrate differences across the County.

"Somerset County has pretty good health outcomes overall but once you break down by race and socioeconomic class, there are disparities." – Key informant interview

Mortality and Morbidity

Overall Leading Causes of Death

The leading causes of death in Somerset County in 2011 (the most recent year for which data is available) were cancer (25.8% of deaths) and heart disease (23.9% of deaths).[4] Table 4 presents the age-adjusted death rates per 100,000 residents in both New Jersey and Somerset County. The death rate in Somerset County is lower than the rate in New Jersey for all underlying causes of death except stroke, where the rate in Somerset County (33.1) is slightly higher than for New Jersey (32.6) as a whole.

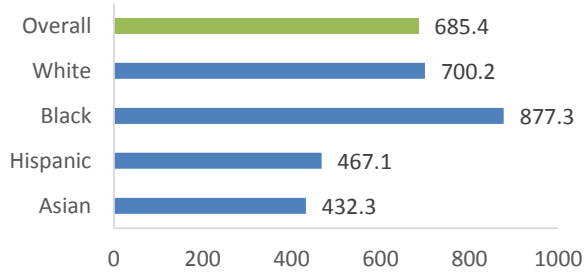
Table 4: Age-Adjusted Death Rates per 100,000 population, 2011

	New Jersey	Somerset County
Overall Death Rate	685.4	601.6
Heart Disease	173.8	141.5
Cancer	164.7	158.1
Stroke	32.6	33.1
Chronic Lower Respiratory Diseases*	31.4	27.3
Unintentional Injury*	26.6	21.4
Diabetes* **	21.0	18.4
Alzheimer's Disease*	17.9	16.9
Septicemia*	16.9	12.6
Kidney Disease*	15.6	8.7
Influenza & Pneumonia*	12.0	10.0

DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and National Center for Health Statistics and U.S. Census Bureau, as reported by the New Jersey State Health Assessment Data (NJSHAD)
*Data from 2009-2011; **Diabetes as the underlying cause of death

Figure 22 shows that the age-adjusted death rate per 100,000 residents in New Jersey varies by race/ethnicity. The age-adjusted death rate is much higher for black residents (877.3) compared to the rate for White (700.2), Hispanic (467.1) and Asian (432.3) residents.

Figure 22: Age-Adjusted Death Rate per 100,000 Population by Race/Ethnicity, New Jersey, 2011



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and National Center for Health Statistics and U.S. Census Bureau, as reported by the New Jersey State Health Assessment Data (NJSHAD); Note: Data for White, Black, and Asian do not include Hispanics. Hispanic ethnicity includes persons of any race.

[4] Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and National Center for Health Statistics and U.S. Census Bureau, as reported by the New Jersey State Health Assessment Data (NJSHAD)

Overall Leading Causes of Hospitalization

Table 5 and Table 6 below present 2014 data from the Robert Wood Johnson University Hospital Somerset on the leading causes of Emergency Department (ED) visits and inpatient hospital admissions, respectively, for patients from Somerset County. Data are presented by age group and are presented both as a count and as a rate (standardized to the 2010 U.S. Census). Table 5 shows that the leading causes of ED visits at RWJUH Somerset for Somerset County children, adults, and seniors are fever, observation for other specified suspected conditions, and urinary tract infection, respectively. Chest pain is common among adults and the elderly, while head injuries are common among children and the elderly.

Table 5: Rates of Leading Causes of RWJUH-Somerset Emergency Department Visits by Age per 1,000 Population in Somerset County, 2014

	Somerset County patients	
	Rate per 1,000 residents	Count (#)
Children (<18 years old)		
Fever, unspecified	0.96	313
Observation for other specified suspected conditions	0.95	307
Head injury, unspecified	0.79	255
Unspecified otitis media (inflammation of inner ear)	0.66	212
Acute upper respiratory infections	0.58	186
Adults (18-64 years old)		
Observation for other specified suspected conditions	2.20	711
Abdominal pain, unspecified site	2.17	701
Chest pain, unspecified	1.68	544
Other chest pain	1.62	524
Headache	1.36	441
Elderly (65+)		
Urinary tract infection, unspecified site	0.70	223
Chest pain, unspecified	0.64	207
Head injury, unspecified	0.62	199
Syncope (loss of consciousness) and collapse	0.60	195
Atrial fibrillation (abnormal heart rhythm)	0.54	174

DATA SOURCE: Robert Wood Johnson University Hospital, 2014 Data, rates standardized to 2010 U.S. Census

Table 6 shows that the leading causes of inpatient hospitalization at RWJUH Somerset for Somerset County children (excluding births as a leading cause), adults, and seniors are anorexia, major depressive disorders, and septicemia, respectively.

Table 6: Rates of Leading Causes of RWJUH-Somerset Inpatient Hospitalizations by Age per 1,000 Population in Somerset County, 2014

	Somerset County patients	
	Rate per 1,000 residents	Count (#)
Children (<18 years old)		
Single liveborn, delivered without cesarean section	0.80	258
Single liveborn, delivered by cesarean section	0.53	171
Anorexia nervosa	0.02	8
Pneumonia	0.02	7
Acute appendicitis without peritonitis	0.02	7
Adults (18-64 years old)		
Major depressive affective disorder recurrent episode severe degree without psychotic behavior	0.32	104
Pancreatitis, acute	0.28	89
Previous cesarean delivery with delivery	0.25	81
Septicemia, unspecified	0.24	78
Acute appendicitis without peritonitis	0.23	74
Elderly (65+)		
Septicemia, unspecified	0.53	173
Atrial fibrillation (abnormal heart rhythm)	0.48	154
Acute kidney failure, unspecified	0.43	139
Urinary tract infection, site not specified	0.41	133
Pneumonia	0.39	127

DATA SOURCE: Robert Wood Johnson University Hospital, 2014 Data, rates standardized to 2010 U.S. Census
Note: Inpatient counts include inpatient admissions that came in through Emergency Department visits

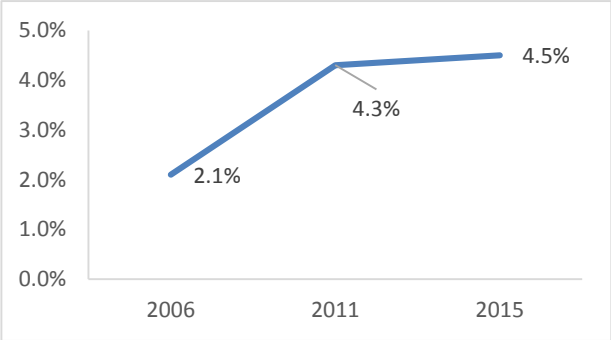
Chronic Diseases and Related Risk Factors

Healthy Eating and Physical Activity

"Parks are one of Somerset County's biggest assets." – Key informant interview participant

"[There is] lots of fast food. That makes it hard to be healthy." – Focus group participant

Figure 23: Vegetable Consumption, Somerset County, 2006 – 2015

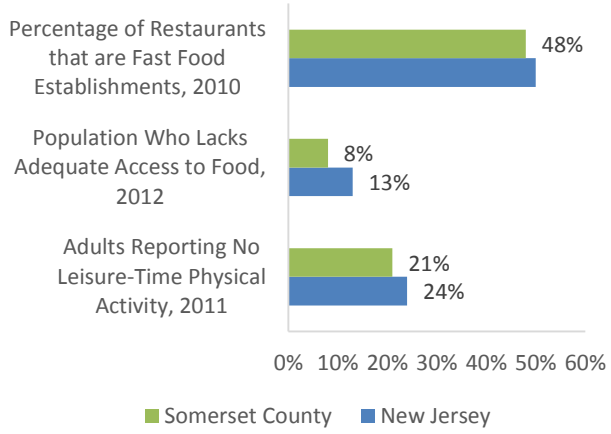


DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2006, 2011, 2015

Focus group members and interviewees overwhelmingly reported that Somerset County has many options for physical activity and healthy eating and that, in general, most residents engage in healthy behaviors. As one interviewee shared, *"People overall are pretty health conscious in the community. They are out and about."*

Figure 23 below shows the percent of respondents to the 2015 Somerset County community health assessment survey who indicated that, in an average day, they eat no servings of green or orange vegetables. The percent of individuals consuming no vegetable servings has risen from 2006 to 2011 to 2015.

Figure 24: Food Access and Security, 2010 and 2012



DATA SOURCE: Fast food data: County Business Patterns, 2010, as reported in County Health Rankings & Roadmaps; Food access data: Map the Meal Gap, 2012, as reported in County Health Rankings & Roadmaps; Physical activity data: CDC Diabetes Interactive Atlas, 2011, as reported in County Health Rankings & Roadmaps

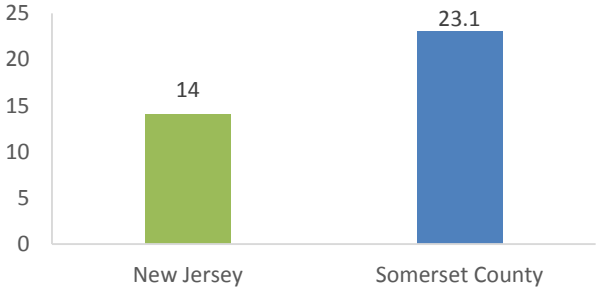
While overall, respondents reported that most residents in the County have access to healthy foods including farmer's market, local farms and restaurants that serve healthy food options, in some communities, there is less access. As a youth focus group member shared, *"I don't know of a healthy restaurant here in Bound Brook."* Figure 24 shows that 50% of restaurants in Somerset County are fast food establishments (slightly higher than the percentage in New Jersey statewide: 48%).

Table 7: Number of Persons Participating in NJ SNAP Program

Geography	Total Number of Participants	% Change (1 year: Jan. 2014 - 2015)
New Jersey	904,418	6.0%
Somerset County	13,121	4.4%

DATA SOURCE: NJ MMIS Shared Data Warehouse, January 2015, as reported in Current Program Statistics Report by NJ Department of Human Services, Division of Family Development

Figure 25: Number of Recreation Facilities per 100,000 Population, 2010

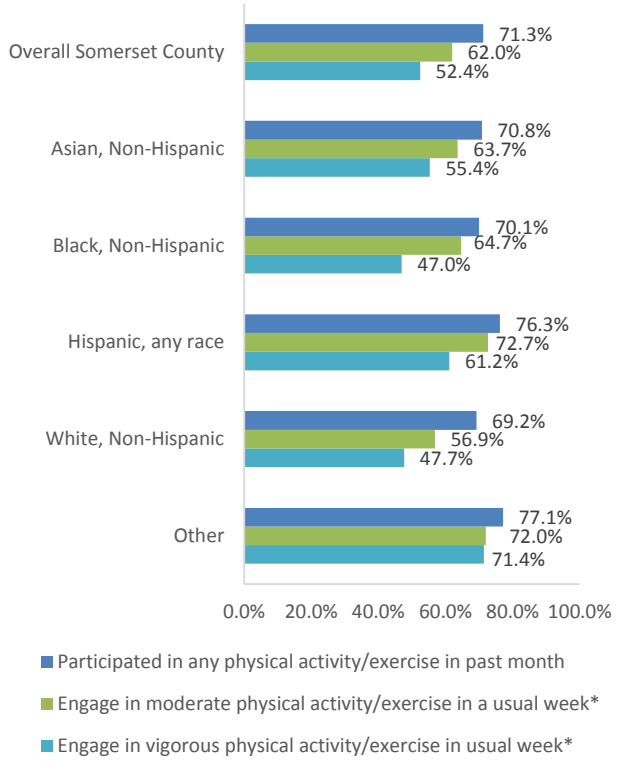


DATA SOURCE: Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files, 2010 & 2013, as reported in County Health Rankings & Roadmaps

Food security is also an issue for some residents. Eight percent of the population in Somerset County lacks adequate access to food (Figure 24) and the percent of Somerset County residents who participate in New Jersey's Supplemental Nutrition Assistance Program (SNAP) program increased by 4.4% from 2014 to 2015 (Table 7).

Overall, interview and focus group participants described Somerset County as a physically active community. Residents shared that the County has parks, golf courses, hiking and biking trails, and that the local YMCA provides opportunities for physical activity; however, many of these are out of reach to those who do not drive. In the words of one interviewee, *"we are fortunate to have phenomenal parks run by Somerset County park commission. We have one of the best park systems for the size of our county, in the nation."* Figure 25 illustrates that the number of recreation facilities per 100,000 residents in Somerset County (23.1) is substantially higher than the number of facilities in New Jersey as a whole (14).

Figure 26: Adult Participation in Moderate or Vigorous Physical Activity by Race/Ethnicity, Somerset County, 2015

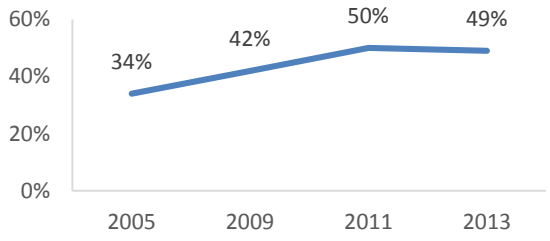


DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015
* statistically significant $p < 0.05$

Figure 26 shows the percent of 2015 Somerset County community health assessment survey respondents who indicated that they engage in any physical activity or exercise, moderate physical activity, and/ or vigorous physical activity. Overall, 71.3% respondents participate in some physical activity in the past month. When asked about the type of physical activity they do in a typical week, 62.0% have participated in moderate physical activity (e.g., brisk walking, bicycling, vacuuming, gardening) and 52.4% participate in vigorous activity (e.g., running, aerobics, heavy yard work). The rate of Somerset County residents who participate in any physical activity or exercise (71.3%) has declined from 2011 (77.3%) and 2006 (86.3%), and is slightly lower than 2013 rates[5] for New Jersey (73.2%) and the U.S. (74.7%).

Compared to other races, Hispanic survey respondents report higher levels of physical activity participation in the past month (76.3%). When asked about the type of physical activity they do in a typical week, Hispanic survey respondents reported higher levels of both moderate (72.7%) and vigorous (61.2%) physical activity compared to other races.

Figure 27: Percent of High School Students Who Were Physically Active for At Least 60 Minutes per Day on 5 of Past 7 Days, New Jersey, 2005 – 2013



DATA SOURCE: New Jersey Student Health Survey, New Jersey Department of Education, 2013

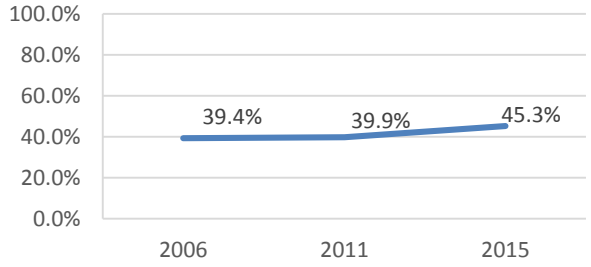
Many youth participate in school-based or other competitive sports, according to respondents. Figure 27 illustrates that, across New Jersey, the percentage of high school students engaged in regular physical activity has increased from 34% in 2005 to 49% in 2013. However, many assessment key informant interview respondents noted a lack of physical activity opportunities for young people in the area, particularly those who are not engaged in school sports or other organized activities. Part of this, according to respondents, is due to the lack of transportation options for youth.

Overweight and Obesity

"People are becoming obese much earlier than in years past and they are seeing chronic diseases earlier in life. All of these diseases used to be considered adult diseases, they are not anymore." – Key informant interview participant

"Do people know how to be healthy? Yes, most people are aware. But they may or may not be acting on it." – Key informant interview participant

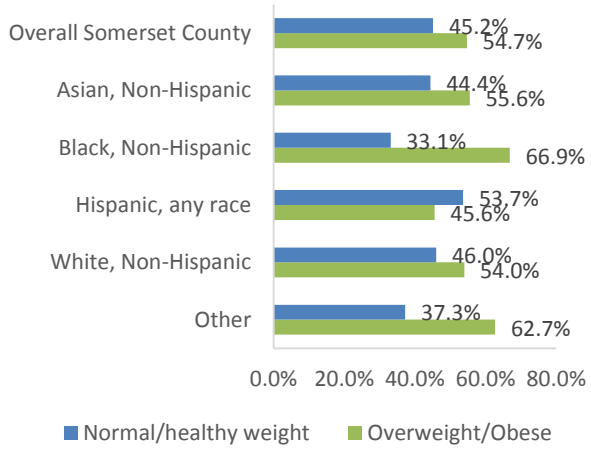
Figure 28: Percent of Survey Respondents Who Are Neither Obese Nor Overweight, Somerset County, 2006 – 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2006, 2011, 2015

The percent of adults who were overweight or obese in Somerset County in 2012 (61.9%) was similar to the percent of overweight or obese adults in 20136 in New Jersey as a whole (62.9%) and nationwide (64.8%). In the 2015 Somerset County community health assessment survey, 54.7% of respondents indicated they were overweight or obese. Figure 28 shows that the percent of Somerset County survey respondents who are neither overweight nor obese has increased from 2006 to 2015, indicating that rates of overweight/ obesity may be decreasing in Somerset County.

Figure 29: BMI Status by Race/Ethnicity, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

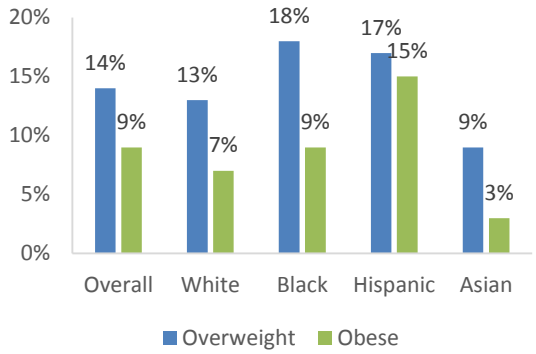
Figure 29 shows the weight status of 2015 Somerset County community health assessment survey respondents overall and by race/ethnicity. While 54.7% of respondents overall reported that they are either overweight or obese, 66.9% of Black-non-Hispanic respondents reported that they are overweight or obese.

[5] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Aug 06, 2015]. URL: http://wwwdev.cdc.gov/brfss/brfssprevalence/.

[6] New Jersey Behavioral Risk Factor Survey (NJBRFS). New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD) [online]. Accessed at http://nj.gov/health/shad on 6/26/2015

Key informant interview and focus group participants shared divergent views about the extent to which obesity is a concern in the community. Some people reported that the overall community pays attention to health and is active, citing an emphasis on organized sports, availability of places to be physically active, high education levels, and the ability to afford and access healthy food. As one focus group member shared, *"you can walk down any street in this town and you see someone biking, running, walking."* Several also observed, however, that healthier food options and more opportunities for physical activity are located in the wealthier communities. As one focus group member shared, *"when you go to wealthier areas, you don't see all the fast food restaurants."* Respondents also noted a need for education about how to cook healthy foods on a limited budget.

Figure 30: Percent of Overweight and Obese High School Students, New Jersey, 2013



DATA SOURCE: New Jersey Student Health Survey, New Jersey Department of Education, 2013

Others, however, reported that they believed obesity is a concern, especially among youth. They reported that although the community has a high rate of fitness, if students are not participating in competitive sports, they have limited opportunities to be physically active, in part due to lack of transportation to fitness centers. At the same time, residents reported that like elsewhere, working parents and the stresses of busy lifestyles leaves little time for parents to prepare healthy meals. Expressing a concern shared by many, one parent focus group member stated, *"when you work a lot, you don't have time to cook, you do what you can. You're tired."*

Figure 30 shows that, overall, 14% of high school students in New Jersey were overweight in 2014, and 9% were obese. However, rates of overweight were higher among Black and Hispanic students (18% and 17%, respectively) and rates of obesity were higher among Hispanic students (15%). Somerset County-specific data for youth weight were not available.

Schools' responses to concerns about healthy eating and physical fitness have been mixed, according to key informant interview and focus group respondents. Some reported that school food has improved in terms of nutritional quality, while others have not observed this. As one focus group member shared, *"the schools are starting to take certain things away--chips, pretzels—but they haven't addressed a better appetizing menu."* To enhance physical activity, some schools in Somerset have been implementing the FitnessGram® and/or the Coordinated School Health Initiative.[7] However, respondents recognized that due to test pressures, schools are limited in the amount of attention they can give to issues of healthy eating and physical activity.

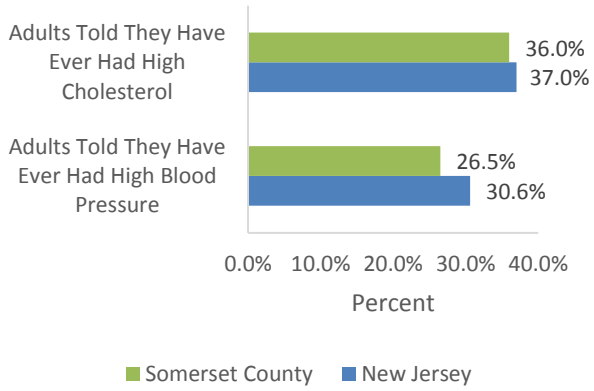
[7] Fitnessgram® is a fitness assessment and reporting program for youth, first developed in 1982 by The Cooper Institute in response to the need for a comprehensive set of assessment procedures in physical education programs. The assessment includes a variety of health-related physical fitness tests that assess aerobic capacity; muscular strength, muscular endurance, and flexibility; and body composition. Scores from these assessments are compared to Healthy Fitness Zone® standards to determine students' overall physical fitness.

Heart Disease and Diabetes

"We all know somebody who has diabetes." – Focus group participant

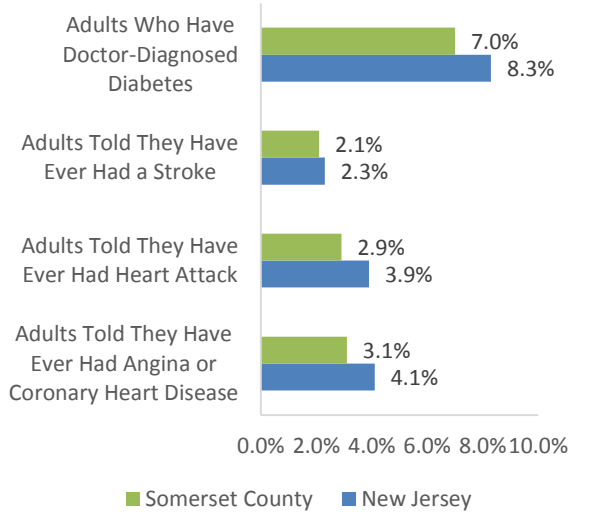
"Heart disease, blood pressure, cancer – all are also health issues here." – Key informant interview participant

Figure 31: Prevalence of Cholesterol and Blood Pressure, Somerset County and New Jersey, 2011



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS). New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD) [online]

Figure 32: Prevalence of Diabetes and Heart Disease, Somerset County and New Jersey 2012

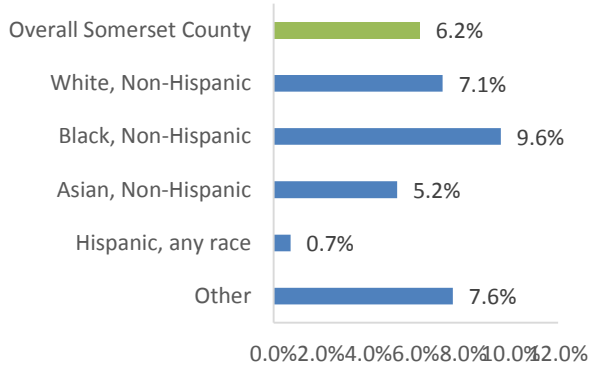


DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS). New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD) [online].

When asked about the prevalence of chronic disease in the community, respondents most frequently pointed to a rise in the number of people with diabetes, which was seen as connected to today's fast-paced lifestyle, not eating healthy foods, eating out, and sedentary lifestyle. Several reported that health concerns like high blood pressure and diabetes are more prevalent among minority populations. Health providers, especially those who serve lower-income patients, reported rising rates of obesity, heart disease, asthma, and diabetes in their patient populations as well as a rise in the prevalence of multiple chronic diseases. As one interviewee shared, *"chronic disease is a big issue here…we see a lot of diabetes, congestive heart failure, and chronic obstructive pulmonary diseases (COPD)."*

Figure 31 illustrates that, compared to New Jersey, a slightly lower percentage of Somerset County residents have been told they have high cholesterol or high blood pressure. Similarly, as shown in Figure 32, rates of diabetes, stroke, heart attack, and heart disease are lower in Somerset County compared to New Jersey. Nevertheless, 7% of adults in Somerset County have been diagnosed with diabetes, and 3.1% have angina or coronary heart disease.

Figure 33: Percent of Survey Respondents Who Have Been Diagnosed With Diabetes, by Race/Ethnicity, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015
NOTE: Other includes Middle Eastern, Non-Hispanic; American Indian/Native American, Non-Hispanic; Other. Non-Hispanic; Two or more races, Non-Hispanic

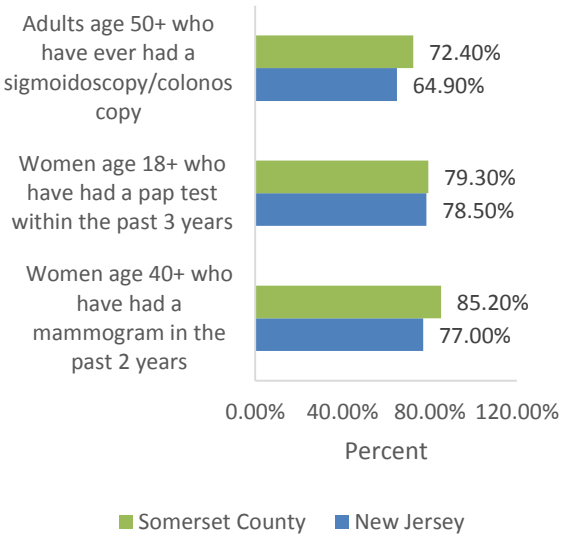
Figure 33 shows that 6.2% of 2015 Somerset County community health assessment survey respondents reported that a doctor, nurse or other health professional has ever told them they have diabetes, compared to 8.3% in 2011 and 8.6% in 2006. In the 2015 survey, rates of diabetes diagnosis were higher for Black, non-Hispanic respondents (9.6%) and White, non-Hispanic respondents (7.1%) compared to Asian, non-Hispanic respondents (5.2%) and Hispanic respondents (0.7%).

Among survey respondents who have diabetes, only 27.6% reported having ever taken a course on how to manage diabetes. However, when asked about programming for chronic disease, interview and focus group participants reported that there are several including a diabetes self-management group for seniors offered by the Somerset County Aging.

Cancer

Issues related to cancer did not emerge as a prominent concern across the interviews and focus groups. A couple of participants noted that, due in part to industry in the region, cancer appears to be more prevalent especially among older people. Some perceived this to be a statewide issue. Locally, however, some respondents noted that lung cancer rates in the region are high due to a former asbestos plant located in Manville.

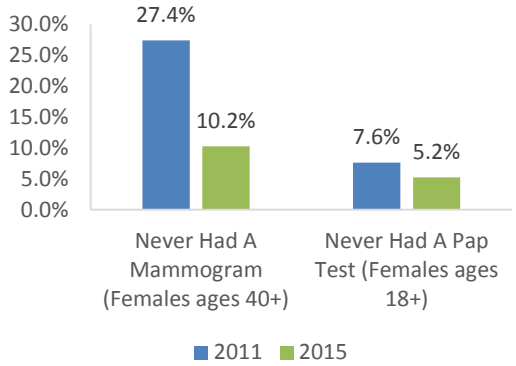
Figure 34: Selected Cancer Screenings, New Jersey and Somerset County, 2012



DATA SOURCE: NJ: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012; Somerset County: New Jersey Behavioral Risk Factor Survey (NJBRFS). New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD) [online]. Accessed at http://nj.gov/health/shad on 6/26/2015.

Figure 34 illustrates that, compared to New Jersey as a whole, rates of screenings for colorectal cancer, breast cancer, and cervical cancer are slightly higher in Somerset County.

Figure 35: Percent of Female Survey Respondents Who Have Never Had a Mammogram and/or Pap Test, 2011 and 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2011 and 2015

Figure 35 shows that the percent of female community health assessment survey respondents age 40+ who have never had a mammogram decreased from 27.4% in 2011 to 10.2% in 2015, and the percent who have never had a pap test decreased from 7.6% in 2011 to 5.2% in 2014.

Table 8: Age-Adjusted Cancer Incidence and Death Rates

Geography	Age-Adjusted Invasive Cancer Incidence Rate per 100,000, 2008 - 2012	Age-Adjusted Date Rate due to Cancer per 100,000, 2011
New Jersey	495.8	164.7
Somerset County	528.0	158.1

DATA SOURCE: Incidence Rates: New Jersey State Cancer Registry; Death Rates: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and National Center for Health Statistics and U.S. Census Bureau, as reported by the New Jersey State Health Assessment Data (NJSHAD)

Table 8 shows that, while the cancer incidence rate in Somerset County (528) is higher than the rate in New Jersey (495.8), the death rate due to cancer in Somerset County (158.1) is lower than cancer death rate statewide (164.7).

Asthma

Asthma did not emerge as a pressing health concern during the interview and focus group discussions. The hospitalization rate due to asthma in Somerset County (8.5 per 10,000 residents) is lower than that for the state of New Jersey (15.4 per 10,000 residents) (Table 9).

Table 9: Hospitalizations Due to Asthma, Age-Adjusted Rates per 10,000 Residents, 2013

Geography	Hospitalization Rate
New Jersey	15.4
Somerset County	8.5

DATA SOURCE: Office of Health Care Quality and Assessment, New Jersey Department of Health and United States Census Bureau, as reported by the New Jersey State Health Assessment Data (NJSHAD)

However, it should be noted that within Somerset County, asthma emergency department visit rates vary by racial/ethnic groups. For example, the asthma emergency department visit rate for non-Hispanic black residents in Somerset County is 4.4 times the rate for non-Hispanic white residents, and 2.3 times the rate for Hispanic residents[8].

[8] New Jersey Department of Health. New Jersey Asthma Awareness and Education Program. *Asthma in New Jersey* 2013.

Behavioral Health

Behavioral health issues, including mental health and substance abuse, were raised by a majority of interview and focus group participants.

Mental Health

> *"There is also a stigma around mental health. There is stigma everywhere, but in a more affluent community, you don't want to be that person."*– Key informant interview participant

> *"Mental health is something that a lot of people don't discuss. Especially within communities like ours, the African American community. Mental illness is something you are ashamed of—it is considered a weakness. The weakness, though, is that you are not reaching out for help."* – Focus group participant

Mental health concerns emerged as one of the most significant health concerns in the area according to interviewees and focus group members.

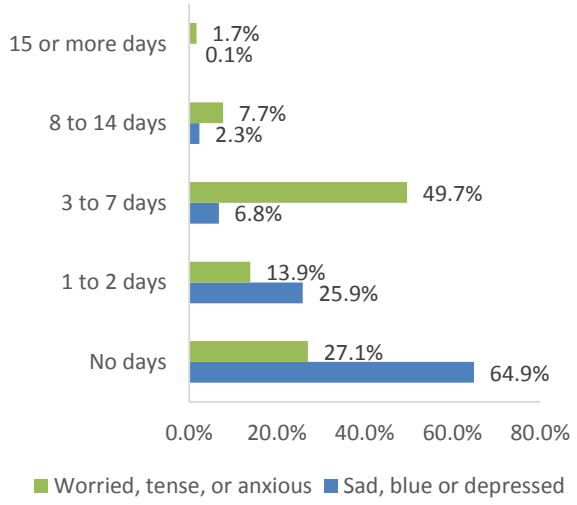
Adult Behavioral Health

Key informant interviewees and focus group participants most frequently mentioned concerns about anxiety and depression, which come from what one person described as living in *"high achieving, dual-income families."* Respondents identified several factors contributing to mental health concerns among adults including technology, financial and job pressures, family break-ups, and corporate downsizing that accompanied the 2008 recession. A couple of respondents reported that natural disasters, such as Hurricane Sandy, have undermined a sense of security, further contributing to anxiety and stress. In addition, a couple of provider respondents shared that they have observed rising rates of trauma among those with mental health issues, often attributed to past sexual abuse and for, recent immigrants, traumatic events in their country of origin. As shown above in Table 6, the leading cause of inpatient hospitalizations at RWJUH Somerset among adult patients, age 18 – 64, who are Somerset County residents is "major depressive affective disorder".

"In a more affluent community, there is pressure to keep up with the Joneses. No one wants to admit mental health issues or substance abuse." – Key informant interview

Seniors were also singled out by several respondents for mental health concerns, in particular depression that can come with the loss of loved ones and friends, lack of mobility and energy, and increasing isolation.

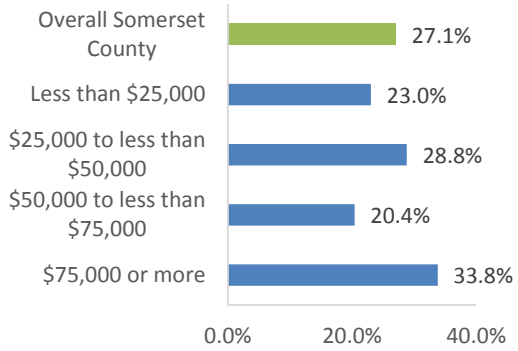
Figure 36: Adult Mental Health in Past 30 Days, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

Figure 36 shows the percent of 2015 Somerset County community health assessment survey respondents who reported feeling worried, tense or anxious, and/or sad, blue, or depressed in the past 30 days. Among survey respondents, while 64.9% did not feel sad, blue or depressed at all in the past 30 days, only 27.1% did not feel worried, tense or anxious in the past 30 days. Almost half of the respondents (49.7%) felt worried, tense or anxious 3 to 7 days in the past 30 days.

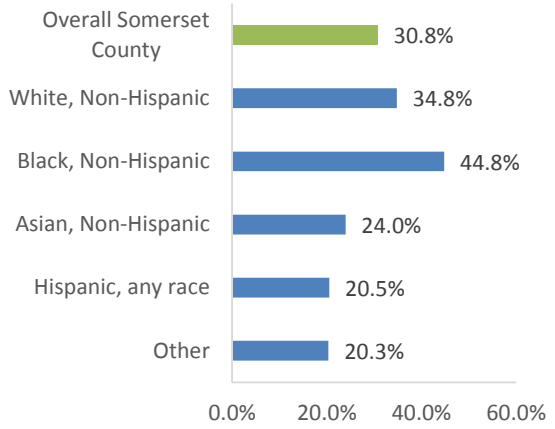
Figure 37: Adults Who Report No Days Feeling Worried, Tense or Anxious in Past 30 Days by Income, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

Figure 37 shows the percent of 2015 Somerset County community health assessment survey respondents who reported that they did not feel worried, tense or anxious at all in the past month. When comparing results by income level, more respondents in the highest income bracket ($75,000 or more annual income) reported no days of worry, tension or anxiety compared to respondents from all other income brackets.

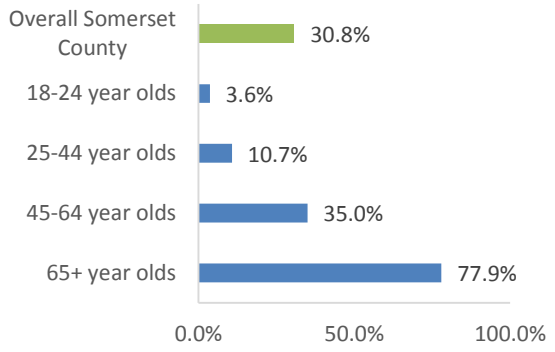
Figure 38: Percent of Survey Respondents Whose Doctor or Other Healthcare Provider Has Ever Talked to Them About Mental Health, by Race/Ethnicity, Somerset County, 2015*



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015
NOTE: Other includes Middle Eastern, Non-Hispanic; American Indian/Native American, Non-Hispanic; Other. Non-Hispanic; Two or more races, Non-Hispanic
* Statistically significant $p < 0.05$

Figure 38 shows that, overall, 30.8% of respondents to the 2015 Somerset County community health assessment survey reported that their doctor or other healthcare provider had ever talked to them about mental health. Asian, non-Hispanic (24.0%) and Hispanic (20.5%) respondents reported lower rates of mental health discussions with healthcare providers.

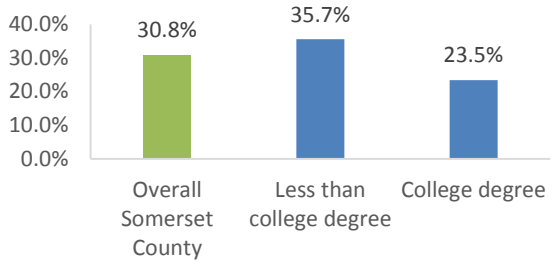
Figure 39. Percent of Survey Respondents Whose Doctor or Other Healthcare Provider Has Ever Talked to Them About Mental Health, by Age, Somerset County, 2015*



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015
* Statistically significant $p < 0.05$

Figure 39 shows that out of the respondents to the 2015 Somerset County community health assessment survey, far fewer 18 to 24 year olds said they spoke with a healthcare provider about mental health (3.6%) compared to respondents of all other age groups.

Figure 40: Percent of Survey Respondents Whose Doctor or Other Healthcare Provider Has Ever Talked to Them About Mental Health, by Education, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

Figure 40 shows that a higher percentage of the respondents to the 2015 Somerset County community health assessment survey who had less than a college education reported that they had talked with a provider about mental health (35.7%) compared to respondents who had at least a college degree (23.5%).

Table 10: Suicide Deaths per 100,000 Population, Age-Adjusted, 2009 - 2011

Geography	Deaths per 100,000 Population
New Jersey	7.3
Somerset County	6.1

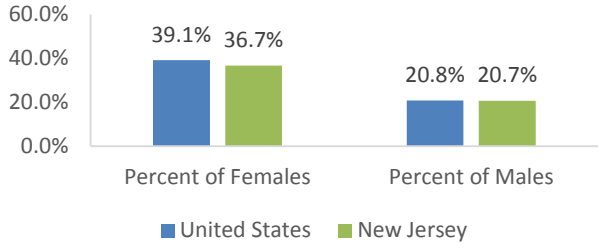
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Population Estimates, State Data Center, New Jersey Department of Labor and Workforce Development, as reported by the New Jersey State Health Assessment Data (NJSHAD)

The topic of suicide was not raised often during the focus groups and interviews. Table 10 shows that the suicide death rate in Somerset County (6.1) is lower than that for New Jersey overall (7.3).

Child and Youth Behavioral Health

Among young people, pressure to achieve, in both academics and sports, and overstimulation and lack of rest have led to increased rates of depression and anxiety among youth, according to key informant and focus group participants.

Figure 41: Percent of High School Youth Who Felt Sad or Hopeless for Two Weeks Straight in Past 12 Months, New Jersey and United States, 2013



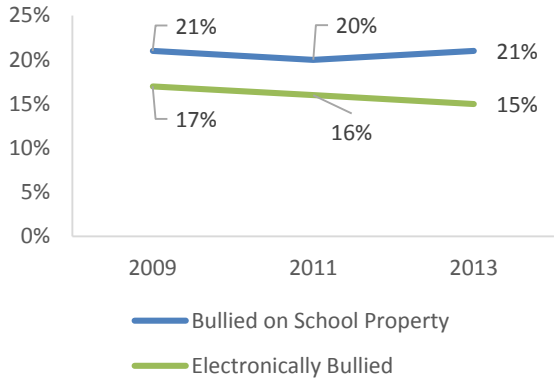
DATA SOURCE: Youth Risk Behavior Surveillance System, 2013

Figure 41 shows that, in both New Jersey and the United States, the percentage of high school students who felt sad or depressed is generally higher for females compared to males.

Another topic that was raised repeatedly in focus groups with parents is the high rates of ADHD and ADD diagnoses in children and youth, especially boys. Many parents reported that they believed young people are being over-diagnosed and overmedicated and that this is exacerbated by both the competitive nature of the community and the fact that insurance often reimburses for medication, but not for counseling. As one parent focus group member queried, *"I feel like they are over diagnosing ADHD. Why not stop drugging them up and see what you can do without the drugs?"* Finally, a few respondents expressed concern about eating disorders in Somerset County, particularly among teen girls.

"Kids are seeing psychiatrists for depression and anxiety. I have a lot of friends whose kids see a psychiatrist on a regular basis."
– Focus group participant

Figure 42: Percent of Youth Reporting Being Bullied, New Jersey, 2009 – 2013



DATA SOURCE: New Jersey Student Health Survey, New Jersey Department of Education, 2013

Bullying was also reported to be a concern among youth, by both adult and youth focus group members. Several pointed to the rise in bullying through social media. According to respondents, this is a concern shared across communities in New Jersey and schools were reported to be proactive on this issue (the New Jersey has a statewide bullying policy). As one provider and interviewee observed, *"it seems like [bullying] is a problem every school district is really trying to work on."* Figure 42 shows that, in New Jersey, the percent of youth reporting being bullied on school property and being electronically bullied has remained relatively stable between 2009 and 2013.

Barriers to Addressing Mental Health Issues

Interview and focus group participants frequently noted that there is a need for more mental health providers in the area (see "Challenges to Accessing Health Care Services" section below for more information on the availability of mental health providers).

One of the barriers to effectively addressing mental health concerns, according to respondents, is stigma. As one participant in the African American focus group shared, *"mental health is something that a lot of people don't discuss...mental illness is something you are ashamed of, it is seen as a weakness."* This attitude, which cuts across demographic and economic groups, creates a substantial challenge to both recognizing mental health issues and seeking help for them.

Respondents did report, however, that there are several efforts underway to enhance understanding of mental health issues. Several reported that they have been trained in Mental Health First Aid, a national program that teaches community members and first responders how to help people developing a mental illness or in a crisis.[9]

[9] For more information on Mental Health First AID USA, managed by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health, see: http://www.mentalhealthfirstaid.org/cs/

Overall, assessment focus group and interview respondents perceived schools as being less effective in addressing mental health concerns among children and youth than they could be. As one key informant described, *"there is a 'don't ask, don't tell' policy [around mental health issues]."* Several reported that parental attitudes play a key role in how mental health issues are addressed within schools and that there is substantial stigma associated with mental health issues in the community. As a result, one provider explained, parents tend to focus on medical issues and solutions rather than those with mental health issues. As one interviewee observed, *"It is easier for parents to buy into something medical than something else."*

Substance Use and Abuse

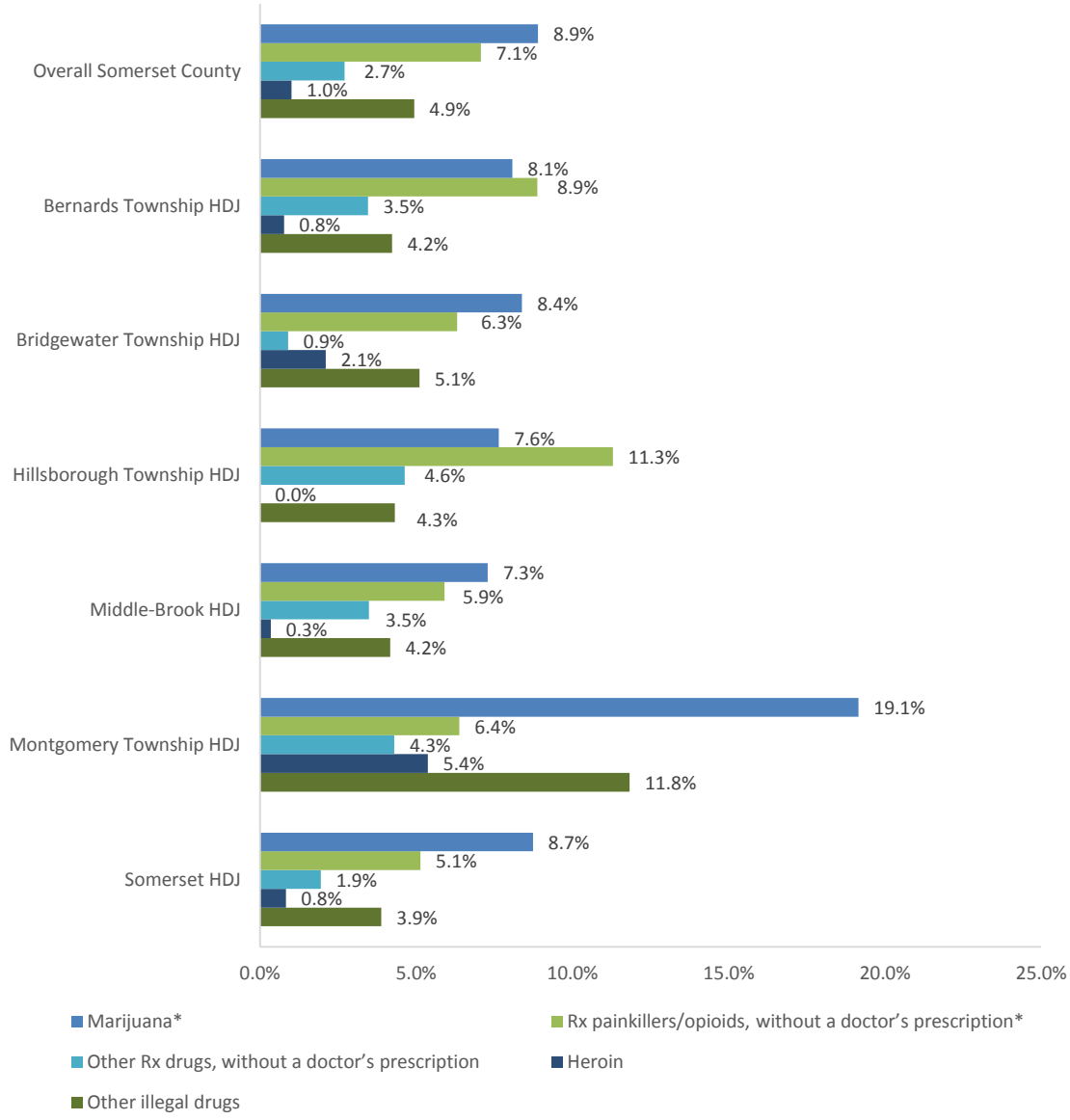
> *"The veneer of well-being often forces us to deny that there are any underlying problems such as substance abuse, which there is."* – Focus group participant
>
> *"[Somerset County is an] affluent community with a lot of time, lots of money, a lot in the way of alcohol and drug abuse."* – Focus group participant

Substance use was cited as another challenge for the community and one that, according to respondents, has become more problematic in recent years. Opiate-based drugs, both prescription and heroin, were frequently mentioned as the biggest concern and the number of heroin overdose deaths is rising according to respondents. Respondents also noted a rise in co-occurring substance use and mental health disorders.

Focus group members and interviewees shared several reasons for the rise in substance use including stress, mental health issues, a declining economy, rising rates of prescription drugs, and wealth that results in easy access. In addition, interviewees and focus group participants reported that the region's proximity to Newark and Philadelphia means that drugs are easily available in the community. As one focus group participant explained, *"there is wealth and money and there is access, so there is abuse."*

Figure 43 below shows the percent of 2015 Somerset County community health assessment survey respondents who indicated they had used specified substances in the past year. Overall, 8.9% of respondents reported using marijuana and 7.1% of respondents reported using prescription painkillers or opioids with a doctor's prescription. However, there is variation in reported substance use by municipality. For example, 19.1% of respondents from Montgomery Township reported using marijuana, while 11.3% of respondents from Hillsborough Township reported using prescription painkillers or opioids with a doctor's prescription.

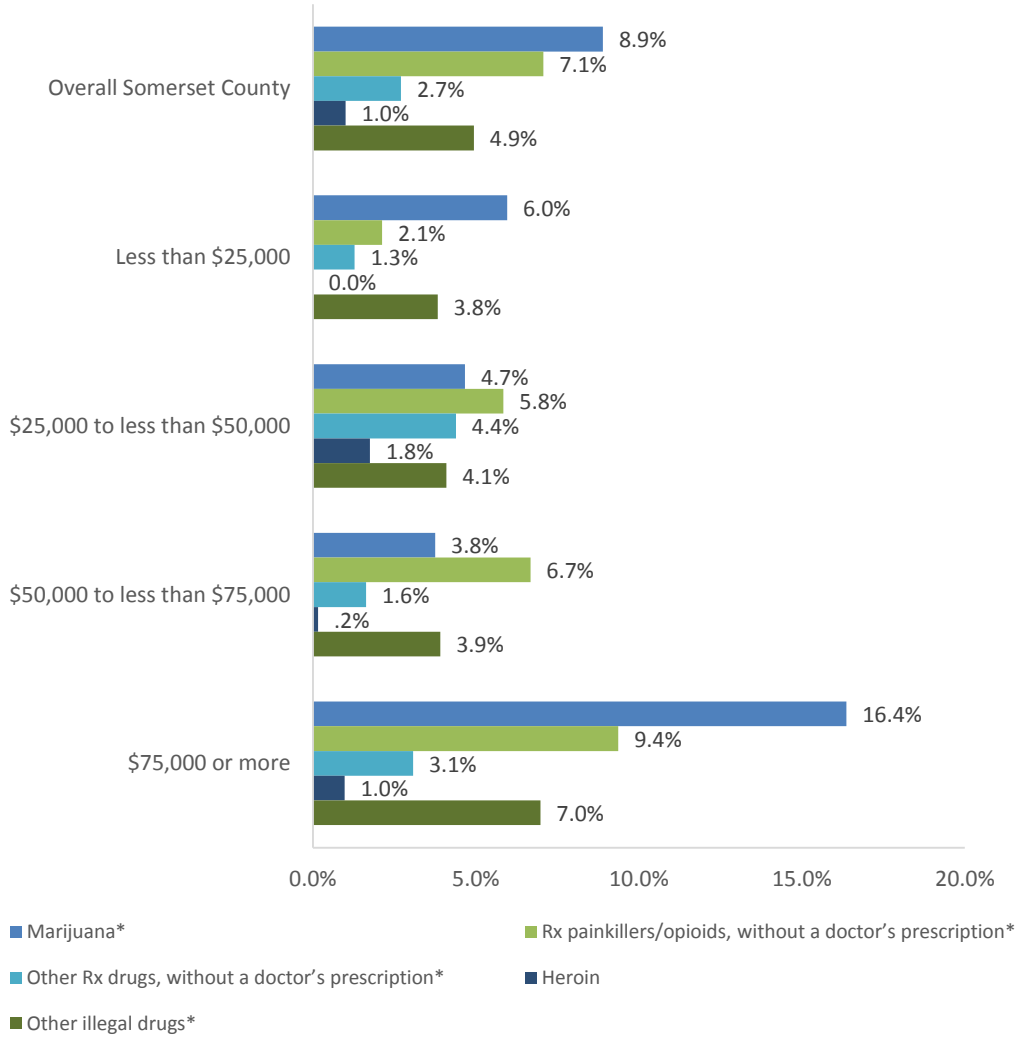
Figure 43: Substance Abuse in the Past Year by Health Department Jurisdiction, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015
* Statistically significant $p < 0.05$

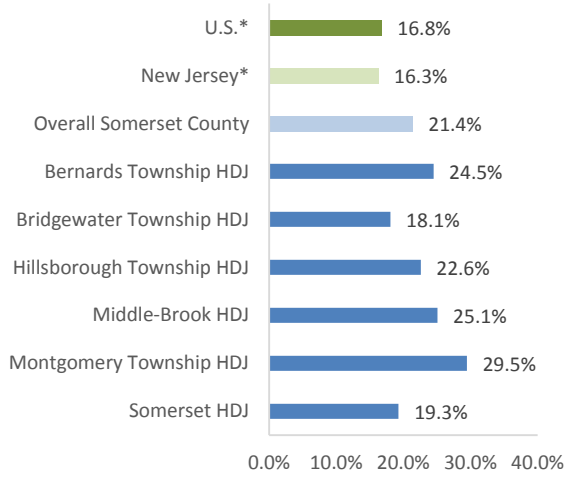
Among the 2015 Somerset County community health assessment survey respondents, the type of substance used varied by income. For example, as shown in Figure 44, a higher percentage of respondents whose incomes annual incomes were $75,000 or higher indicated that in the past year they had used marijuana (16.4%) and prescription painkillers or opioids (9.4%) compared to respondents from other income categories.

Figure 44: Substance Abuse in the Past Year by Income, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015
* Statistically significant $p < 0.05$

Figure 45: Percent Self-Reported Binge Drinking At Least Once in Past Month, U.S., New Jersey, Somerset County, and Health Department Jurisdiction, 2013 and 2015



DATA SOURCE: U.S. and New Jersey data: New Jersey and U.S. data: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2013. Somerset County and Health Department Jurisdiction data: Somerset County Community Health Needs Assessment Survey, 2015
NOTE: *Data for U.S. and New Jersey is from 2013; Data from Somerset County is from 2015.

Figure 45 shows the percent of 2015 Somerset County community health assessment survey respondents who reported binge drinking (5 drinks on at least one occasion for men and 4 drinks on at least one occasion for women) in the past 30 days. This chart also compared Somerset County data to 2013 New Jersey and national data. Overall, in Somerset County, 21.4% of respondents indicated they had engaged in binge drinking at least once in the past month. While this percentage is lower than the respondents in the 2011 Somerset County healthy survey who reported binge drinking (25.5%), it is higher than the percentage of adults in New Jersey (16.3%) and the U.S. (16.8%) who in 2013 reported binge drinking in the last month.

Table 11: Percent Self-Report Binge Drinking At Least Once in Past Month by Race/Ethnicity, Somerset County, 2015

Overall Somerset County	21.4%
White, Non-Hispanic	20.2%
Black, Non-Hispanic	7.3%
Asian, Non-Hispanic	15.5%
Hispanic, any race	60.7%
Other race, Non-Hispanic	3.1%

DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015
NOTE: Other includes Middle Eastern, Non-Hispanic; American Indian/Native American, Non-Hispanic; Other. Non-Hispanic; Two or more races, Non-Hispanic

Table 11 shows the percent of self-reported binge drinking among Somerset County community health survey respondents by race/ethnicity. The percent of Hispanic respondents reporting binge drinking in the past month (60.7%) is substantially higher than the percent of other races reporting binge drinking.

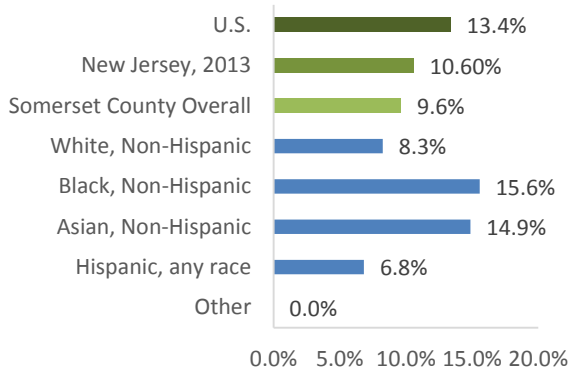
Table 12: Percent Self-Report Binge Drinking At Least Once in Past Month by Age, Somerset County, 2015

Overall Somerset County	21.4%
18 – 24 year olds	44.1%
25 – 44 year olds	38.8%
45 – 64 year olds	8.6%
65+ year olds	0.0%

DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

Table 12 shows the percent of self-reported binge drinking among Somerset County community health survey respondents by age. The percent of respondents reporting binge drinking consistently declines as age increases, with 44.1% of 18 – 24 year olds reporting binge drinking and 0% of adults ages 65 and older reporting binge drinking.

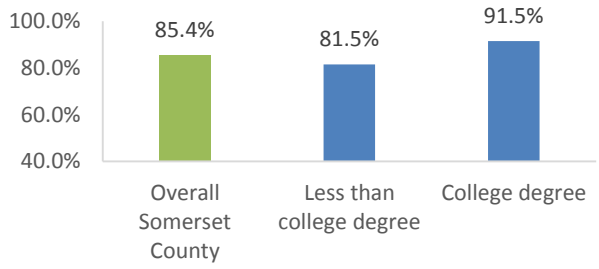
Figure 46: Current Smokers, Smoke Every Day, U.S. (2013), New Jersey (2013), and Somerset County Overall* and by Race/Ethnicity (2015)



DATA SOURCE: U.S. and New Jersey: 2013 Behavioral Risk Factor Surveillance System; Somerset County: Somerset County Community Health Needs Assessment Survey, 2015
NOTE: Data for the U.S. and New Jersey is from 2013, while Somerset County data is from 2015
NOTE: Other includes Middle Eastern, Non-Hispanic; American Indian/Native American, Non-Hispanic; Other. Non-Hispanic; Two or more races, Non-Hispanic
* Statistically significant $p < 0.05$

Figure 46 shows that, overall, the percent of 2015 Somerset County community health assessment survey respondents who reported smoking every day was 9.6%, lower than the percent of current smokers in 2013 New Jersey (10.6%) and the U.S. (13.4%) overall. However, Black, non-Hispanic (15.6%) and Asian, non-Hispanic (14.9%) survey respondents reported comparatively higher rates of current, every day smoking.

Table 13: Percent of Non-Smokers by Education, Somerset County, 2015



DATA SOURCE: U.S. and New Jersey: 2013 Behavioral Risk Factor Surveillance System; Somerset County: Somerset County Community Health Needs Assessment Survey, 2015

Overall in Somerset County, 85.4% of 2015 Somerset County community health assessment survey respondents reported that they do not smoke at all (Table 13). A higher percentage of respondents with a college degree or higher reported that they do not smoke (91.5%) compared to respondents with less than a college education (81.5) (Table 13).

Youth Substance Use

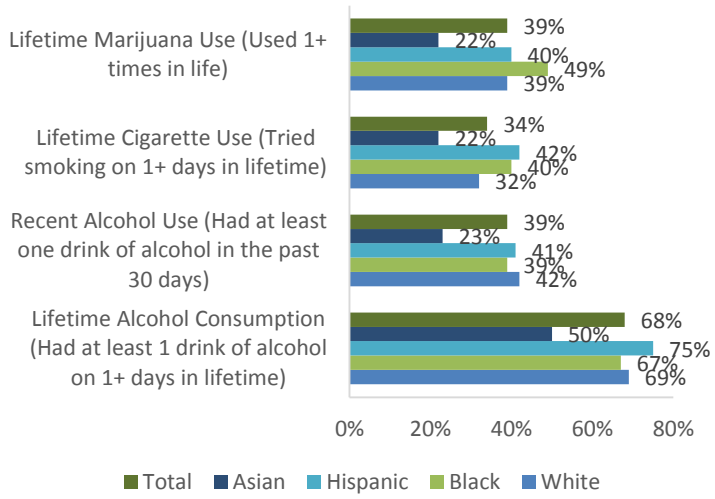
A concern shared by many residents are rising rates of substance abuse among youth. Substance use, according to some providers, is beginning much earlier. As one social service provider and interviewee explained, *"we have a campaign right now talking about 12 year-olds abusing drugs, getting them out of their parents' and family members' medicine cabinets."* This, according to some respondents, has also meant more involvement of younger people in the criminal justice system, at a younger age.

Alcohol, tobacco, and substance use among youth were identified as significant concerns among Somerset County focus group and interview respondents.

Respondents also reported that alcohol use was a substantial concern in the community, including underage drinking. This year, municipal alliances across the state of New Jersey have identified alcohol abuse as a problem to address; schools also offer educational programs around alcohol and use of other substances. There is also a hosting law in place, although according to one respondent, this is enforced voluntarily by municipality and a couple of respondents reported that there is social acceptability of youth drinking in their parents' homes. As one focus group member shared, *"we do have a hosting law—and there has been a lot of advertising around this. But parents do let children drink in their houses."*

According to residents, marijuana is less of a concern among youth than alcohol and opiate-based drugs. However, a few respondents reported that due to recent decriminalization efforts, youth are receiving unclear messages about marijuana. As one focus group participant put it, *"kids are really confused about marijuana – is it legal or not legal?"* Several respondents also reported that the rise of e-cigarettes among young people has been a growing concern with growing numbers of vapor shops, in part because young people do not see them as having health consequences like traditional cigarettes and thus are more likely to use them. As one focus group member shared, *"You don't see kids smoking cigarettes, you see them smoking e-cigarettes."*

Figure 47: High School Youth Substance Abuse by Race/Ethnicity, New Jersey, 2013



DATA SOURCE: New Jersey Student Health Survey, New Jersey Department of Education, 2013

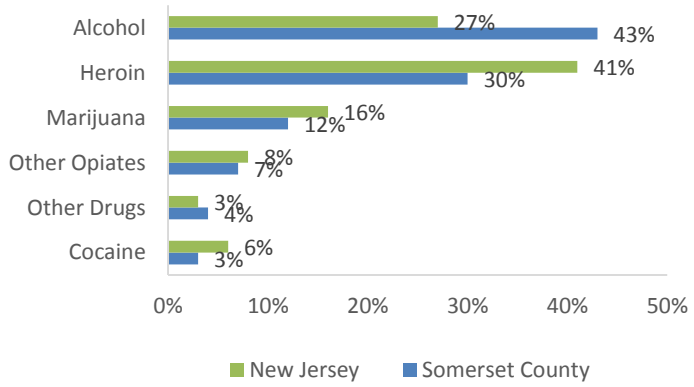
Figure 47 shows substance abuse rates among New Jersey high school students by race/ethnicity. Overall, 68% of high school youth in New Jersey have consumed alcohol in their lifetime, and 39% have used marijuana. In comparison to other racial/ethnic subgroups, Asian high school students have lower rates of marijuana, cigarette, and alcohol use.

Available Substance Use Services

According to focus group members and interviewees, Somerset County has a number of efforts and services in place to address substance use challenges. Like many communities, first responders in Somerset now carry Narcan to reverse opiate overdoses. However, Narcan administration is not paired with mandatory treatment, making it difficult to address longer-term addiction problems. The region also has an extensive Drop Box program for prescription drugs with five locations throughout Somerset.

Despite these efforts, when asked about substance abuse services and supports, respondents overall, felt as though there were too few to meet the need. As one key informant stated, "*there is a whole list, but there are never enough substance use services.*" Several respondents identified a need for more smoking cessation programs in the state, and also for more substance use education programs. Respondents also acknowledged that a lack of awareness about substance abuse issues, and also stigma associated with these issues, can prevent residents from seeking treatment.

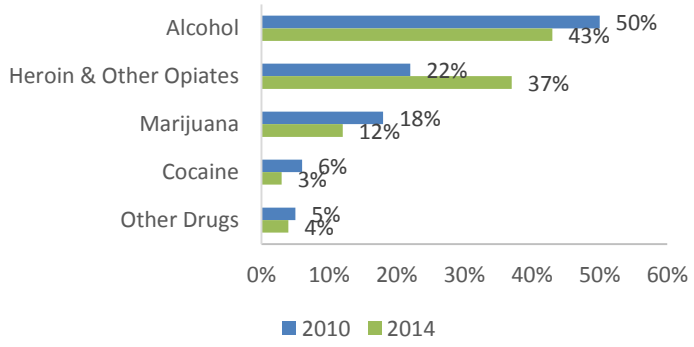
Figure 48: Substance Use Treatment Admissions, Primary Drug, Somerset County and New Jersey, Jan. – Dec. 2014



DATA SOURCE: New Jersey Substance Abuse Monitoring System (NJ-SAMS), Department of Human Services, Division for Mental Health and Addiction Services, 2014

Figure 48 shows the primary drugs for substance abuse treatment admissions in New Jersey and Somerset County in 2014. For both New Jersey and Somerset County, alcohol and heroin are the most common primary drugs leading to treatment admissions. However, the percentage of treatment admissions attributable to alcohol is higher in Somerset County (43%) compared to New Jersey as a whole (27%).

Figure 49: Substance Use Treatment Admissions, Primary Drug, Somerset County, 2010 and 2014



DATA SOURCE: 2010: New Jersey Department of Human Services, Division of Addiction Services, Statistical Reports, Substance Abuse Overview. 2014: New Jersey Substance Abuse Monitoring System

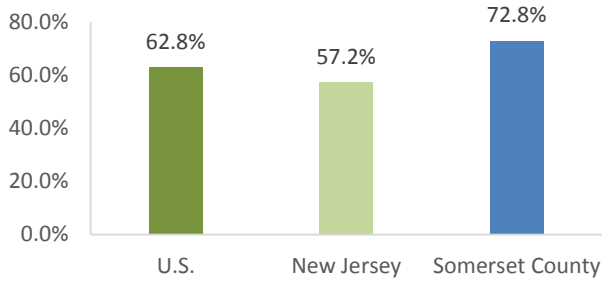
Figure 49 shows the primary drug attributable to substance abuse treatment admissions in Somerset County in 2010 and 2014. While the proportion of treatment admissions for alcohol abuse has declined slightly, from 50% in 2010 to 43% in 2014, the proportion of admissions for heroin and other opiates has increased from 22% to 37%.

(NJ-SAMS), Department of Human Services, Division for Mental Health and Addiction Services.

Immunization and Infectious Disease

Interview and focus group participants did not raise concerns related to immunizations or infectious disease.

Figure 50: Percent of Adults Aged 65+ Who Have Had Flu Shot or Vaccine in Past Year, U.S., New Jersey and Somerset County, 2013 and 2015



DATA SOURCE: U.S. and New Jersey data: New Jersey and U.S. data: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2013. Somerset County and Health Department Jurisdiction data: Somerset County Community Health Needs Assessment Survey, 2015
NOTE: *Data for U.S. and New Jersey is from 2013; Data from Somerset County is from 2015.

Overall, 34% of 2015 Somerset County community health assessment survey respondents reported that they had had a flu shot or vaccine in the past year. However, Figure 50 shows that, among survey respondents aged 65 and older (the standard population for this question in the national BRFSS survey), 72.8% of respondents indicated that they had had a flu shot or vaccine in the past year. In 2013 (the most recent year for which New Jersey and United States data is available), fewer adults aged 65 older in New Jersey (57.2%) and the U.S. (62.8%) reported having a flu shot or vaccine in the past year.

Table 14: Infectious Disease Rates, New Jersey and Somerset County, 2014

	New Jersey	Somerset County
HIV	427.8	180.3
Gonorrhea	78.7	27.5
Syphilis	2.6	2.4
Chlamydia	317.9	172.4

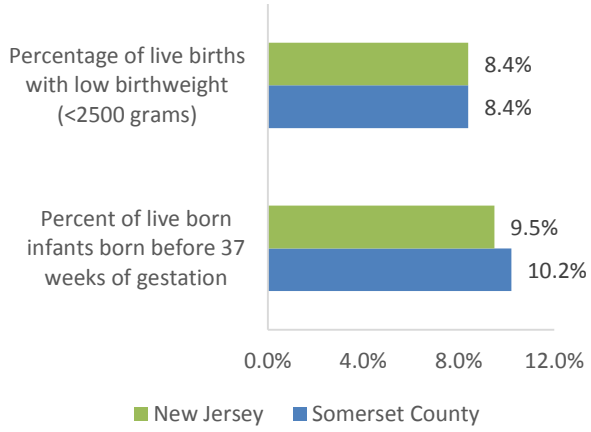
DATA SOURCE: NJ Communicable Disease Reporting & Surveillance System. Rates calculated using 1-year population estimates from 2013 American Community Survey

Table 14 shows that rates of HIV, gonorrhea, syphilis, and chlamydia in Somerset County are lower than those for New Jersey overall. For example, the HIV rate in Somerset County is 180.3 compared to 427.8 in New Jersey.

Maternal and Child Health

"We hardly ever see a pregnancy in the teenage population." – Focus group participant

Figure 51: Percentage of Preterm Births and Low Birthweight Births, New Jersey and Somerset County, 2011



DATA SOURCE: Preterm Births: Health Indicators Warehouse 2004-2010, as reported in County Health Rankings & Roadmaps; Low Birth Weight: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, as reported by the New Jersey State Health Assessment Data (NJSHAD)

In general, concerns about teenage pregnancy and sexual health were not a prominent theme in focus groups or interviews. In 2011, the adolescent birth rate in Somerset County (5.2 live births per 1,000 females ages 15 – 17) was lower than that for New Jersey overall (8.7 per 1,000 females ages 15 - 17).

Similarly, maternal and child health concerns were not raised by key informant interviewees and focus group participants. Figure 51 below shows that percentage of low birthweight births in Somerset County (8.4%) is equal to the percentage of New Jersey overall, while the percentage of preterm births is slightly higher in Somerset County (10.2%) compared to New Jersey overall (9.5%).

Environmental Health

Concerns about environmental quality were not discussed during the qualitative data collection. However, "environmental issues" were rated as a high priority health issue by 2015 Somerset County community health assessment survey respondents, especially among Hispanic respondents (see the section below on "Assessment Respondents' Vision For the Future" for more information on priority health issues).

Table 15: Drinking Water Violations, New Jersey and Somerset County, FY2013 – FY2014

Geography	% of population potentially exposed to water exceeding a violation limit during the past year
New Jersey	6%
Somerset County	49%

DATA SOURCE: Safe Drinking Water Information System (SDWIS), as reported in County Health Rankings & Roadmaps

Table 15 shows that the percent of the population in Somerset County (49%) potentially exposed to drinking water violations is substantially higher than the percent in New Jersey overall (6%). In November 2013, the NJ Department of Environmental Protection, assisted by the Environmental Protection Agency, investigated the New Brunswick Water Department, which serves Franklin Township in Somerset County, and found that between early 2010 and spring 2013 water quality reports were falsified and tests were incorrectly calculated[10]. These incorrect and false tests may have contributed to the high rate of exposure in Somerset County to water exceeding violation limits.

Table 16: Air Pollution, New Jersey and Somerset County, 2011

Geography	Average Daily Density of Fine Particulate Matter, Micrograms per Cubic Meter, 2011
New Jersey	11.3
Somerset County	11.3

DATA SOURCE: CDC WONDER Environmental data, 2011, as reported in County Health Rankings & Roadmaps

Table 16 below shows that rates of fine particulate matter, a type of particle pollution that can cause health problems, in New Jersey and Somerset County are similar. The average daily density of fine particulate matter in New Jersey and Somerset County, 11.3 micrograms per cubic meter, meets the National Ambient Air Quality Standards of being less than 12 micrograms per cubic meter on average[11].

Oral Health

Table 17: Dentist Ratio, New Jersey and Somerset County, 2013

Geography	Ratio of population to dentists
New Jersey	1,240 : 1
Somerset County	1,102 : 1

DATA SOURCE: Area Health Resource File/National Provider Identification file, 2013, as reported in County Health Rankings & Roadmaps

Although not mentioned by many respondents, oral health was described as a need by a couple of service providers who reported challenges to getting low-cost dental services for their clients. One reason for this shared by respondents was that few dentists are willing to accept Medicaid. Table 17 below shows that the ratio of population to dentists is higher in New Jersey compared to Somerset County.

[10] City of New Brunswick, Water Quality Update: Important Information About Your Drinking Water, November 27, 2013. Accessed 8/10/15: http://thecityofnewbrunswick.org/water-utility/wp-content/uploads/sites/12/2014/04/NBWD-PN-11.27.13.pdf

[11] United State Environmental Protection Agency, National Ambient Air Quality Standards (NAAQS), Accessed 8/10/15: http://www.epa.gov/air/criteria.html

Elder Health and Caregiver Needs

"As the number of seniors increase, we need to think about what their needs are." – Key informant interview participant

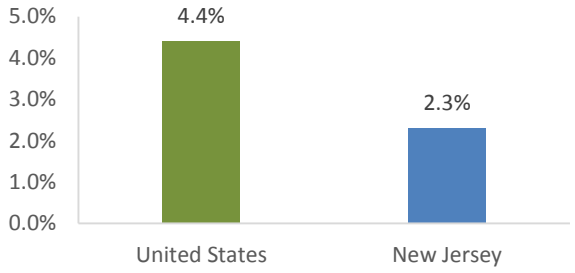
"Patients are dealing with their co-morbidities but also dealing with isolation. Nurses might be the only one people are seeing. That is one of our strongest challenges. There is more of a psycho-social component." – Key informant interview participant

With Somerset County population projections showing rapid growth among those 65+ years old, addressing senior needs were seen as vitally important.

Several key informant interview and focus group respondents singled out health concerns among seniors as a particular area of concern in the community. As they age, seniors face increasing isolation, as families live further away and elders become less mobile. It has also become difficult for seniors to remain in their own homes and communities and "age in place." Concerns that social isolation as well as grief were mentioned as contributing factors to mental health and substance use issues among seniors. As one community social service provider and key informant remarked, *"Drug abuse among the elderly is a concern but it's subtle. I do think it's out there. There are things going on. There is depression. They use pills and alcohol."*

Other concerns identified by respondents for seniors include access to dental care, falls prevention, and medication management. A couple of respondents expressed concerns about elder neglect and abuse and a rise in the need for adult protective services. Respondents also mentioned that seniors may be more economically vulnerable, and have trouble affording their medications and healthy foods. As one interviewee explained, *"people own their homes but they are unable to meet their needs financially."*

Figure 52: Percent of Nursing Home Beds That Are Alzheimer's Special Care Unit Beds, 2014



DATA SOURCE: Alzheimer's Association. 2015 Alzheimer's Disease Facts and Figures. Accessed at http://www.alz.org/images/nj/facts2015_report.pdf on 9/1/15

Alzheimer's was also mentioned by a few interview participants. For example, one interviewee stated that "*One major piece, though, Is Alzheimer's…. there are not enough services and not enough understanding of this, especially when it happens to younger people."* The number of Americans age 65 and older with Alzheimer's in New Jersey is projected to increase from 170,000 in 2015 to 210,000 in 2025, a change of 23.5%[12]. Figure 52 shows that, as of 2014, 2.3% of nursing home beds are designated as Alzheimer's special care units in New Jersey, which is lower than the percent of designated beds for the U.S. overall (4.4%).

[12] Alzheimer's Association. 2015 Alzheimer's Disease Facts and Figures. Accessed at http://www.alz.org/images/nj/facts2015_report.pdf on 9/1/15.

Respondents reported that Somerset has many excellent services for seniors (including a network of seven senior centers that provide recreational, educational, social, and meals programs for seniors; the United Way Caregiver Coalition; Meals on Wheels; etc.). However, respondents noted that there are fewer caregivers, home health aides, and home care providers than what it seems like are needed. As one provider and key informant shared, "*There is a huge aging population in this community and there do not seem to be enough healthcare providers for home care and in the community that are able to really support the aging in place process.*" The United Way of Northern New Jersey's Caregiver's Coalition recently conducted a survey with caregivers; survey results are projected to be released in 2015, and may provide additional data on caregiver needs.

Health Care Access and Utilization

Resources and Use of Health Care Services

"This area is full of doctors. Every kind of care – you can get here. There are many doctors to choose from." – Key informant interview participant

"I'm really happy to have RWJUH-Somerset and St. Peter's Hospital right near us. And all my doctors are real close by." – Focus group participant

Somerset County health services were seen as high quality and comprehensive, although some residents experience challenges with access.

Overall, respondents reported positive perceptions about the health services in the region, describing them as "excellent," "available," and "comprehensive." A couple of respondents reported that private primary care and specialty practices are increasingly merging into medical groups associated with hospitals; respondents found these merges to be convenient, but did note that they sometimes made it difficult for patients to simultaneously seek care at practices associated with different hospitals (for example, seeking primary care at one practice and specialty care at another practice affiliated with a different hospital).

Table 18: Primary Care Physician Ratio, New Jersey and Somerset County, 2012

Geography	Ratio of population to primary care physicians
New Jersey	1,168 : 1
Somerset County	934 : 1

DATA SOURCE: Area Health Resource File/American Medical Association, 2012, as reported in County Health Rankings & Roadmaps

Table 18 shows that the ratio of number of residents to primary care physicians is lower in Somerset County compared to New Jersey, indicating that there are more physicians per population in the area.

Several respondents reported that they increasingly use drugstore-based clinics, like the Minute Clinic© at CVS, for their medical needs. As one key informant shared, *"One of the strengths those med clinics have….[is that] they can triage you and take care of most needs, at a more affordable rate than the ER."*

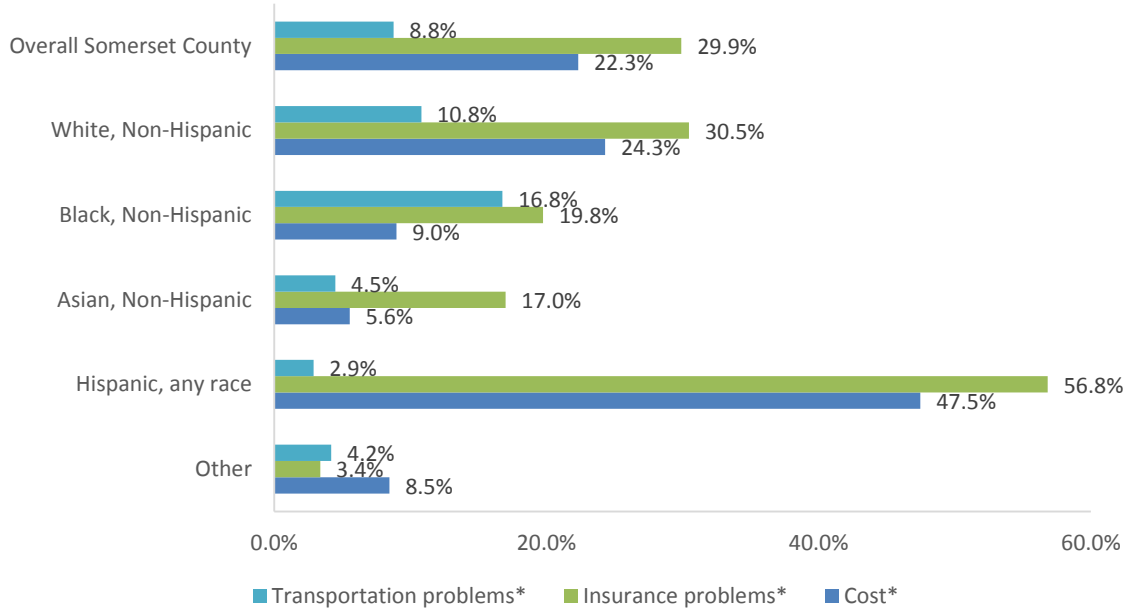
A few key informant interviewees also reported that New Jersey is transitioning to a Medicaid managed care model from a fee-for-service model. Interviewees reported that this transition has resulted in concern among provider organizations about contracting, and confusion among patients around health insurance.

Challenges to Accessing Health Care Services

Although there are many health care facilities in the Somerset County region, focus group members and interviewees reported that some populations, especially lower-income and undocumented individuals, face challenges to accessing health care services, and that overall there is a need for certain types of services, such as mental health and substance abuse services.

Figure 53 below shows the percent of 2015 Somerset County community health assessment survey respondents who could not see a doctor due to transportation, insurance, and /or cost issues by race/ethnicity. Overall, insurance (29.9%) and cost (22.3%) are greater barriers than transportation (8.8%). These barriers are especially pronounced for Hispanic respondents, 56.8% of whom indicted insurance issues were a barrier and 47.5% of whom indicated cost issues were a barrier (Figure 53). More details on transportation, insurance, and affordability issues are provided below.

Figure 53: Reasons Could Not See A Doctor in Past 12 Months by Race/Ethnicity, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015
* Statistically significant $p < 0.05$

Availability of Specialty Care, Including Mental Health Providers

> *"Somerset has a higher number of [mental health] providers per person compared to other counties. But still it's seems like a 3-week wait to see [an] outpatient psychiatrist in the community once [a patient is] released."* – Key informant participant

> *"The age of severe mental health issues seems to be getting younger – and there's nowhere for them to go."* – Key informant participant

Interviewees and focus group participants generally reported that, while mental health services are available in Somerset County, there is a need for more services that are available to everyone. As one interviewee shared, *"the trouble is getting in and paying."* Respondents described long waits for mental health services, and disruptions in care and medication as patients leave in-patient services but are delayed connecting to a community-based service.

Respondents stated that, while there are many private mental health providers in Somerset County, an increasing number do not seem to accept insurance, and are thus out of reach for all but the most affluent patients. Medicaid reimbursement rates for mental health services are low, and while

medication may often be reimbursed, counseling is not, leading some to observe that people are being overmedicated. Respondents also reported that finding mental health services for children and youth was particularly difficult as there are fewer psychiatrists and psychologists for this age group.

A few respondents also mentioned difficulty finding specialty providers, for example breast cancer surgeons, who accept Medicaid or uninsured patients.

Obtaining and Navigating Health Insurance

> *"Insurance companies say who you can see. You have to know what you are doing. Call the insurance company. I made a mistake recently around the out-of-network issue."* – Focus group participant

> *"The insurance companies dictate the length of care, and this is a problem."* – Key informant interview participant

When asked about health insurance, respondents expressed mixed opinions. Some noted that obtaining health insurance is a challenge for some people, even with the Affordable Care Act (ACA). As one provider and interviewee observed, *"Most people get their insurance through employment and lower income people are not employed by employers who have health insurance."*

Length and quality of insurance coverage are additional challenges related to accessing health care, according to interviewees and focus group members. The most frequently mentioned challenge was coverage for services like mental health where the number and type of visits is often limited by health insurance companies. As mentioned above, assessment focus group and interview respondents reported that a growing number of private mental health providers seem to no longer take insurance or treat patients once their insurance coverage runs out. As one mental health provider and interviewee explained, "*there are people who need [mental health] treatment but they can't find providers who will take their insurance. So the only people getting treatment are those who can pay."* According to respondents, similar challenges of coverage exist for dietician and physical therapy services. Finally, delays in approvals for covered services by health insurance companies creates challenges for patients, according to respondents.

Respondents also reported that many people, especially seniors, face challenges navigating healthcare and health insurance. Some noted that this is particularly challenging for caregivers with elderly parents. As one focus group participant explained, *"we have to quarterback mom's health issues and it's a full-time job…Just keeping track of it and advocating is hard."*

Affordability of Health Care Services

> *"Medications are very expensive. People shop around. However, no one is helping people to manage their medications and there is a lot of mixing of drugs."* – Key informant interview participant

The cost of healthcare was also reported to be a challenge to accessing healthcare. Interviewees and focus group participants discussed high deductibles and co-pays, some of which was reported to have increased since the implementation of the Affordable Care Act. The consequence, several shared, is that people decide not to get health care or have trouble affording medications. In the 2015 Somerset County community health assessment survey, 6% of respondents indicated that in the last year they needed a prescribed medication but could not obtain it due to cost.

Transportation

> *"You need to reserve way in advance for the current transportation service. It's really hard to line up the doctor's appointment and the ride service."* – Focus group participant

As discussed earlier, transportation is seen as one of the greatest challenges for the region for those who do not have private vehicles. This, according to respondents, substantially affects access to healthcare for some people. While some options for transportation to health care services do exist, appointments for these services need to be made ahead of time. Additionally, no transportation is provided to regular services such as dialysis, leaving some patients to rely on taxis and their associated costs.

Provider Communication and Cultural Competency

While a couple of provider interviewees reported that they have bi-lingual staff (Spanish-speaking) and access to interpretation services, language access was reported to be a concern among some interviewees and focus group members. Some education programs cannot be offered because there are no bi-lingual providers. As one provider and interviewee shared, *"the County offers a Stanford Chronic Disease Program for the public but they do not have a Spanish-speaking leader."*

Awareness of Services

While the community has substantial health and social services resources, several respondents reported that people are not always aware of the range of services that are available to them. As one key informant interviewee noted, *"There could be better use of all the services that there are. There are a lot of groups and coalitions, and great things that are available here. There needs to be more awareness of what is available and need to connect them better to the folks who actually need it."*

Quality of Care

Overall, respondents indicated that Somerset County residents have access to high quality health care. The one specific concern related to quality shared by several respondents was that doctors tend to over-prescribe medication. One focus group member shared her challenge, *"finding a good doctor who does not throw a pill at you. I am very discouraged."*

<u>Influence of Affordable Care Act on Healthcare Access</u>

> *"Access to doctors is an issue when people are losing insurance. That climate makes it more difficult. People are confused by the ACA. That is creating a challenge."* — Key informant interview participant

A topic of frequent conversation in interviews and focus groups was the impact of the Affordable Care Act (ACA). While the ACA has resulted in increased access to health insurance for many, challenges remain, according to respondents, many of whom also acknowledged that the program is still in its early stages. One of the most significant challenges has been patients' lack of understanding about the differences across insurance plans. One consequence, according to respondents, has been that patients have selected insurance with lower premiums but high deductibles and co-pays. As a result, a couple of

respondents observed, some people have not been accessing preventive care. Other plans had higher-than-expected premiums. While overall, people believed that ACA enrollment counselors have been successful, they have not helped people negotiate health insurance issues once people are enrolled. Nonetheless, most respondents reported that they did believe that the number of people insured has increased with the ACA. As one focus group member stated, *"more people have gotten insurance through Obamacare."* Undocumented residents, however, continue to be uninsured.

COMMUNITY RESOURCES AND STRENGTHS TO POTENTIALLY ADDRESS IDENTIFIED NEEDS

Focus group and interview participants identified a variety of strengths and assets of Somerset County.

Assessment respondents highlighted a number of Somerset County's strengths, including: its schools, recreational spaces, social services, health organizations, governmental agencies, and engaged community residents.

Location and Outdoor Spaces

> *"I like the mixture scenery-wise: urban, suburban, rural, all within a 10-mile radius. You have a city area and then can walk out in to a country. You can jump on a train and go to the city."* – Focus group participant

Many respondents identified Somerset County's location and outdoors spaces as assets. As one interviewee described, *"it's the best of both worlds—rural and urban."* Convenience to highways and economic centers, although sometimes difficult to access due to traffic, were mentioned as strong geographic assets by many interviewees and focus group members. Youth focus group members, for example, appreciated the close proximity of many things. Others reported that they valued the region's green spaces, farmland, and quieter areas.

Economic Resources and Excellent Schools

Several respondents noted that, because Somerset County is overall a high income community, it has both a strong infrastructure of services and programs as well as great schools. Respondents noted that these characteristics are a draw for both residents and business to move to and stay in the County.

Supportive and Effective Local Government

Several respondents noted and appreciated the support of local government, including supportive Freeholders, the actions of the Healthier Somerset Coalition, the Mayor's Wellness Initiative, and local efforts around a Complete Street policy.

Strong Social Service Organizations and Programs

> *"It seems to be dense with services but often we are not really sure how to connect them."* – Key informant interview participant

Respondents praised the services and programs in the community which were described as both plentiful and of high quality. Examples of strong social service organizations and programs mentioned by respondents included the county-run mental health system (Somerset County is one of two counties in the state with this model), youth services programming through the Youth Services Commission, the Somerset County Office on Aging & Disability, and the YMCA, among others. Several members reported that programs are high quality across the board, not just for certain segments of the population. Several also mentioned the efforts of different coalitions including the Healthier Somerset Coalition and the United Way's Caregiver Coalition.

Perspectives on the level of coordination across organizations were mixed. Some respondents reported collaboration to be strong. As one interviewee stated, *"in terms of human services, we have large systems in the county that are well put together, well-funded, and well-coordinated."* Others, however, did not share this view and stated that coordination and collaboration could be improved such as one interviewee who shared, *"there is a lot of infrastructure but it is not coordinated."*

Community Cohesion and Volunteerism

Residents described their communities as "friendly" and "tight-knit." They reported high rates of volunteerism in schools and the community as well as a strong faith community. As one interviewee noted, *"There are high levels of volunteerism, people like to give back. They are very willing and open to help."*

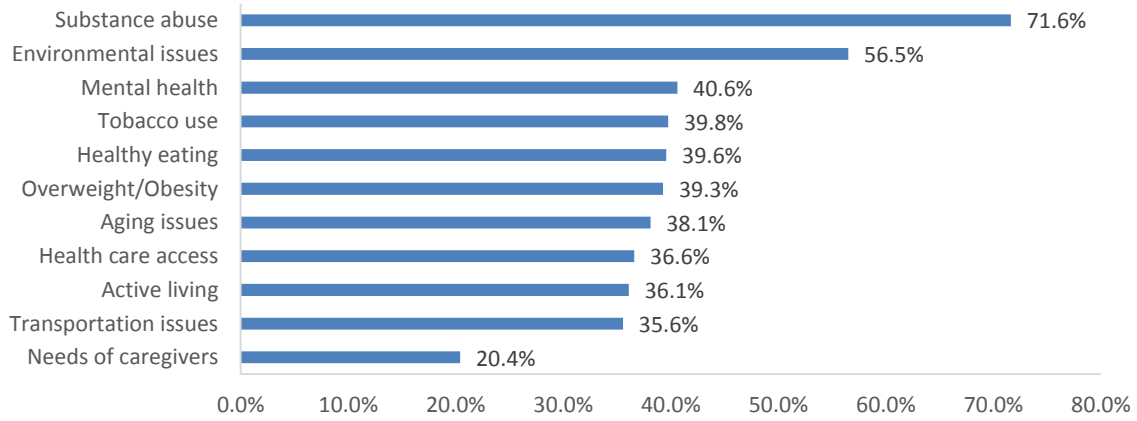
Health Care Services and Providers

As mentioned earlier, in general, respondents felt that high quality health care services are available locally, though certain types of services (e.g. mental health services) are harder to access especially for certain populations.

ASSESSMENT RESPONDENTS' VISION FOR THE FUTURE

The 2015 Somerset County community health assessment survey respondents were asked to rank a number of issues as high, medium, or low priority for future funding and resources. Figure 54 shows the percent of survey respondents who ranked each topic as a high priority. Substance abuse issues (71.6%), environmental issues (56.5%), and mental health issues (40.6%) were the most commonly ranked issues as "high priority". These were followed by a number of risk-related behaviors: tobacco use, healthy eating, and overweight/obesity.

Figure 54: Health Topics Considered as "High Priority" among Survey Respondents, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

Table 19 below shows that patterns were generally similar by geography.

Table 19: High Priority Health Topics by Health Department Jurisdiction, Somerset County, 2015

	Bernards Township HDJ	Bridgewater Township HDJ	Hillsborough Township HDJ	Middle-Brook HDJ	Montgomery Township HDJ	Somerset HDJ
Substance abuse, such as abuse of alcohol and other drugs	74.9%	72.2%	72.5%	71.8%	68.8%	70.5%
Environmental issues such as water and air quality	52.5%	48.5%	59.1%	62.6%	67.7%	56.8%
Mental health	42.6%	44.7%	42.2%	41.7%	39.8%	37.2%
Tobacco use*	32.9%	43.8%	37.3%	36.8%	34.4%	42.6%
Healthy eating*	31.8%	35.6%	45.5%	46.9%	48.9%	38.0%
Overweight/obesity	40.9%	38.7%	37.0%	43.1%	39.4%	38.7%
Issues related to aging such as Alzheimer's or falls (Aging issues)	32.8%	37.2%	38.0%	41.2%	43.0%	37.3%
Health care access	31.3%	33.8%	34.7%	39.7%	33.3%	39.1%
Active living, such as making it easier to walk, bike, and visit parks	32.8%	40.4%	34.4%	33.8%	30.1%	36.8%
Transportation issues	35.1%	39.0%	31.7%	29.8%	34.4%	37.7%
The needs of caregivers*	20.5%	18.9%	23.1%	22.8%	26.9%	18.5%

DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015
* Statistically significant p < 0.05

Table 20 below shows that, overall, in each racial/ethnic sub-group, substance abuse was rated a high priority by the highest percentage of respondents. However, there is some variation in high priority health topics by race/ethnicity. For example, 77.3% of Hispanic respondents rated environmental issues as a high priority, compared to less the 55% of respondents who self-identify as other races or ethnicities. 60.1% of Asian respondents rated mental health as a high priority issue, compared to less the 45% of respondents who self-identify as other races or ethnicities.

Table 20: High Priority Health Topics by Race/Ethnicity, Somerset County, 2015

	White, Non-Hispanic	Black, Non-Hispanic	Asian, Non-Hispanic	Hispanic, any race	Other race, non-Hispanic
Substance abuse*	70.3%	56.6%	74.7%	79.8%	79.7%
Environmental issues*	53.4%	36.5%	51.2%	77.3%	83.1%
Mental health	37.3%	42.2%	60.1%	19.8%	65.3%
Tobacco use*	41.4%	46.7%	32.5%	40.6%	30.5%
Healthy eating*	37.4%	27.5%	35.4%	48.2%	68.6%
Overweight/Obesity*	36.6%	40.7%	56.6%	18.0%	66.1%
Aging issues*	38.1%	46.1%	37.8%	22.0%	66.9%
Health care access*	35.9%	46.1%	35.4%	21.2%	68.9%
Active living*	39.3%	43.7%	26.7%	35.6%	22.9%
Transportation issues*	38.7%	43.4%	30.6%	30.9%	19.5%
Needs of caregivers*	21.4%	5.4%	10.7%	42.4%	7.6%

DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015
NOTE: Other includes Middle Eastern, Non-Hispanic; American Indian/Native American, Non-Hispanic; Other. Non-Hispanic; Two or more races, Non-Hispanic
* Statistically significant p < 0.05

The sections below provide areas where community health assessment focus group and interview respondents saw opportunities and needs for future policies, programs, and services in Somerset County.

Behavioral Health Services

> *"I would love to see people talking more about mental health in a positive way... So that people every 6 months go to the dentist, every year go to a physical, [and] every 6 months check in with a behavioral specialist."* – Key informant interview participant

Of all needed services, mental health services and substance abuse services were those identified as most needed in the community. As mentioned earlier, respondents described a need for more behavioral health providers who accept Medicaid. Specific types of needed behavioral health services mentioned included: services for children, including to address academic-related stress; services to address eating disorders; services that are able to address co-occurring disorders of mental illness and substance use; and smoking cessation programs.

Respondents also suggested that broader community education about mental health would help reduce stigma. This broader education and outreach could include parenting and youth programs. Several

respondents also thought more should be done to educate health and social service providers about mental health issues. This included training primary care providers, police officers, and teachers in Mental Health First Aid and Mental Health First Aid for Youth.

Healthy Living and Disease Prevention

> *"They need to have more workshops for those in the community who have health issues."* – Focus group participant
>
> *"Diabetes is just going to keep getting worse unless we start educating the community."* – Key informant interviewee

One theme that emerged frequently was the need for more community education, at the appropriate health literacy level, on health and prevention, and specifically around diabetes and obesity. Respondents discussed challenges to finding the time to prepare healthy food, and suggested that more classes on purchasing and preparing quick, healthy meals would be helpful.

Another prominent theme was a desire for more wellness programming. Worksites were seen as key partners in this. As one interviewee stated, *"for businesses interested in controlling health care costs, smoking and obesity programs can help. Flu shots reduce absenteeism."* Respondents also expressed a need for more low-cost physical activity opportunities for youth not involved in school sports.

Suggestions for policy and environmental changes included being more proactive around complete streets implementation, including policies around maintaining bike and pedestrian-friendly streets; improving school foods; and encouraging mass transit.

Services for Seniors

Focus group and interview respondents commented that more services were needed for seniors, especially as the population ages. Respondents expressed that it was important for Somerset County to have more wellness programming include exercise programs, education around dementia and Alzheimer's, opportunities for social activities, and expansion of transportation options. Respondents also recommended continued caregiver supports and services, and for more services around home health to keep down hospital readmission rates. Finally, respondents discussed a need for providing assistance to seniors around navigating health insurance.

Activities for Youth

Respondents, including youth focus group participants, expressed a desire for more activities for local youth, especially for those who do not play competitive sports. Suggestions included youth clubs and adventure programming, engaging camps for older students, and affordable programming for middle school students. Youth focus group members expressed a desire for jobs and things to do when it is cold outside. As one youth focus group participant stated, *"we need activities when it's cold outside. Games and sports – have something like that during the winter, so people actually do something instead of staying home on their phones. Snowball fights. Ice skating center. Bridgewater has one."* Respondents also mentioned a need for teaching youth life skills, and also addressing academic-related stress and providing alternative opportunities for youth who may not pursue a four-year college education.

Enhanced Collaboration and Greater Awareness of Existing Services

Although not a prominent theme broadly, a few community organizational interviewees spoke about a desire for greater collaboration across the many health and human service organizations that work in Somerset County, especially for those working with high risk populations. One respondent expressed this as "*these agencies need to know each other—know what is happening in other parts of the county and outside the county. Services their clients need that they are not able to provide."* Respondents also mentioned a need for raising awareness about already existing services, such as free screening services.

Cultural Competence and Increased Language Access for Non-English Speakers

> *"We would like to see more programs for adults and children in Spanish."* – Focus Group participant

Some respondents mentioned a need for more language access for non-English speakers. This includes increasing the number of bi-lingual providers and available interpreters in health care settings, and offering more health education programs for Spanish speakers.

SUMMARY OF IDENTIFIED COMMUNITY HEALTH NEEDS

Through a review of the secondary social, economic, and epidemiological data as well as a telephone survey and discussions with community residents and stakeholders, this assessment report examines the current health status of Somerset County residents and its subpopulations, identifies current priority health issues and emerging health concerns, and explores community strengths, resources, and gaps in services to help inform future programming, funding, and policy priorities. Several overarching themes emerged from this synthesis:

- ***Although Somerset County is overall a highly educated, high-income community, pockets of vulnerable populations exist***. ***Transportation and affordability are key concerns for many residents***. Somerset County overall is a safe, affluent community with excellent schools and a strong infrastructure. However, participants raised concerns about rising housing and other costs in the area, and noted that in particular seniors and young, working families have difficulty making ends meet. Survey data shows that Hispanic residents in particular have trouble finding affordable housing in the area. Many respondents also noted that public transportation is very limited in the area, and cited this as a potential barrier for certain residents to access health care, recreation, and social services.

- ***Mental health and substance abuse issues were considered priority health issues, and a need for additional services was noted.*** A majority of participants stated that behavioral health issues are of key concern for the area. Participants noted that, as a wealthy community, Somerset County has the means to afford substances. Abuse of alcohol, opioids and heroin were described. Many participants also described concerns related to mental health, which sometimes co-occur with substance abuse disorders. Participants described issues of anxiety, stress and depression for adults, and also noted that seniors and young children have unique mental health needs. Stigma and a lack of mental health providers, especially those who accept Medicaid and/or the uninsured, prevent residents from obtaining the mental health care they need.

- ***While Somerset County is perceived to be a health-conscious community, more can be done to encourage physical activity and healthy eating.*** Respondents praised Somerset County's parks system and other recreational opportunities, but a need was expressed for more physical activity opportunities for youth not involved in organized sports. Respondents cited a high density of fast food restaurants and a lack of time for meal preparation as barriers to healthy eating, and expressed a desire for more education around healthy eating. While rates of overweight/obesity in Somerset County are similar to those for the state of New Jersey, residents felt that more could be done in their community to encourage healthy eating and active living.

- ***Overall Somerset County has a strong health care infrastructure, but could benefit from additional services for seniors especially as the population ages.*** In general, respondents felt that high quality health care is available in Somerset County. Health insurance concerns, including confusion around coverage and limitations around the type and frequency of covered services, were discussed. Respondents praised the social services available for seniors, but noted that more support is needed around home health care for seniors.

- ***Somerset County has a wealth of social service organizations and programs, though some expressed a need for stronger connections amongst services and also greater awareness and***

reach throughout the community. Both service providers and residents praised the availability of social service organizations and programs provided through local government, non-profits, and health care institutions. Some participants commented that these organizations themselves could be better connected, and that more could be done to raise awareness about services within the community so as to maximize their reach.

PRIORITIZATION OF NEEDS

Process and Criteria for Prioritization

Issues and Themes Identified in the Community Health Assessment

In June 2015, a summary of preliminary findings from the *2015 Somerset County Community Health Needs Assessment* was presented to the Healthier Somerset coalition and partners for further discussion. The following themes emerged most frequently from a review of the available data and were considered in the selection of the CHIP health priorities:

Substance Abuse
Issues: Opiates (Rx drugs and heroin), marijuana, alcohol

Environmental Issues

Tobacco Use

Issues Related to Aging

Healthy Eating

Mental and Behavioral Health
Issues: Stress, anxiety, depression, stigma, trauma, bullying

Overweight/ Obesity

Health Care Access
Issues: Availability of providers, especially for mental health, physical therapy, and nutrition; health insurance costs

Active Living

Transportation Issues

Caregiver Needs

Chronic Disease
Issues: heart disease, cancer, diabetes, asthma

Process to Set Health Priorities

HRiA presented a rating tool for prioritization populated with twelve key health issues that were identified through the health assessment. Following a group discussion, participants identified three additional key health issues. Participants used the rating tool to rate each health issue based a set of criteria provided: 1=low, 2=medium, 3=high, 4=very high.

RELEVANCE *How Important Is It?*	**APPROPRIATENESS** *Should We Do It?*	**IMPACT** *What Will We Get Out of It?*	**FEASIBILITY** *Can We do It?*
- Burden (magnitude and severity, economic cost; urgency of the problem) - Community concern - Focus on equity and accessibility	- Ethical and moral issues - Human rights issues - Legal aspects - Political and social acceptability - Public attitudes and values	- Effectiveness - Coverage - Builds on or enhances current work - Can move the needle and demonstrate measureable outcomes - Proven strategies to address multiple wins	- Community capacity - Technical capacity - Economic capacity - Political capacity/will - Socio-cultural aspects - Ethical aspects - Can identify easy short-term wins

Participants calculated an overall rating for each health issue by adding their four ratings and entering the total overall rating in the Total Rating column. While active living, healthy eating, and overweight/ obesity are interrelated issues, participants chose to keep them separate during the voting process. Each participant received four dots stickers and were asked to place their dots on the four key health issues

that received the four highest overall Total Ratings on their rating worksheet. Participants used their personal judgment to break any ties. The results of the dot voting process are depicted in the table below. Similar health issues receiving a high number of votes were combined to arrive at the four priorities indicated.

Key Health Issues	Votes
1. Tobacco use	3
2. Transportation issues	3
3. Well-being (added by participants)	3
4. Housing (added by participants)	4
5. Environmental issues (such as water and air quality)	6
6. Needs of caregivers	7
7. Infectious Disease (added by participants)	8
8. Active living (such as making it easier to walk, bike, and visit parks)	9
9. Issues related to aging (such as Alzheimer's or falls)	9
10. Overweight/obesity	**11**
11. Substance abuse (such as abuse of alcohol and other drugs)	**12**
12. Healthy eating	**13**
13. Health care access	**16**
14. Chronic Disease (management & treatment)	**19**
15. Mental health	**21**

Prioritized Community Health Needs

The final priorities were selected by participants. After further discussion, some key health issues from the rating exercise (e.g. healthy eating and overweight/obesity; mental health and substance abuse) were combined in the priorities and goals statements. The final priorities are as follows:

Final Priorities:

1. Mental Health and Substance Abuse
2. Healthy Eating and Overweight/Obesity
3. Chronic Disease (Management and Treatment)
4. Health Care Access

Priorities and Goal Statements

Participants moved into four self-selected break-out groups to draft and refine goal statements for each of the priorities:

Priority Area		Goal Statement
Priority Area 1: Mental Health and Substance Abuse	**Goal 1:**	Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents.
Priority Area 2: Obesity	**Goal 2:**	Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change.
Priority Area 3: Chronic Disease	**Goal 3:**	Reduce the impact of chronic disease through prevention, management, and education to improve quality of life.
Priority Area 4: Access to Care	**Goal 4:**	To improve the access to and awareness of health care services for those living and working in Somerset County, including underserved populations.

APPENDIX A. DOCUMENTATION OF COLLABORATIVE PROCESS FOR DEVELOPMENT OF COMMUNITY HEALTH ASSESSMENT

Healthier Somerset partners:

- American Diabetes Association
- Anew Wellness LLC
- Carrier Clinic
- Central Jersey Family Health Consortium
- Community Visiting Nurse Association
- The Courier News
- EmPoWER Somerset
- Final Touch Plantscaping LLC
- Greater Somerset Public Health Partnership
- Middle Earth
- Morris-Somerset Regional Chronic Disease Committee
- Natural Medicine & Rehabilitation
- Office of the Somerset Executive County Superintendent of Schools
- The Oscar & Ella Wilf Campus for Senior Living
- Powerhouse Gym
- Richard Hall Mental Health Center
- Ridewise TMA
- Robert Wood Johnson University Hospital Somerset
- Rutgers Cooperative Extension
- Sanofi US
- Somerset County Board of Chosen Freeholders
- Somerset County Business Partnership
- Somerset County Finance Department
- Somerset County Health Department
- Somerset County Health Officers Association:
    - Somerset County Department of Health
    - Bernards Township Health Department
    - Branchburg Township Health Department
    - Bridgewater Township Health Department
    - Hillsborough Township Health Department
    - Middle-Brook Regional Health Commission
    - Montgomery Township Health Department
- Somerset County Office on Aging and Disability Services
- Somerset County Office of Youth Services
- Somerset County Wellness Committee
- Somerset County YMCA
- United Way of Northern New Jersey
- Verizon Wireless
- Visiting Nurse Association of Somerset Hills
- Zufall Health

2015 Somerset CHA Data / Research Subcommittee

Organizations represented:

- Carrier Clinic
- Robert Wood Johnson University Hospital Somerset
- Bernards Township Health Department
- Branchburg Township Health Department
- Middle-Brook Regional Health Commission
- Montgomery Township Health Department
- Somerset County Department of Health

Dates of meetings:

- 2/13/15 (kick-off meeting with full Healthier Somerset coalition)
- 3/19/15
- 4/2/15
- 4/30/15
- 6/11/15
- 6/16/15 (Data presentation and first CHIP Planning Session with full Healthier Somerset coalition)7/9/15
- 7/13/15
- 8/25/15

APPENDIX B: MUNICIPALITIES WITHIN EACH OF THE 7 SOMERSET COUNTY HEALTH DEPARTMENT JURISDICTIONS

Health Department Jurisdiction	Municipalities Covered
Somerset County Department of Health	Bedminster, Far Hills, Franklin, Manville, North Plainfield, Raritan, Somerville
Bernards Township Department of Health	Bernards, Bernardsville, Peapack-Gladstone
Branchburg Health Department	Branchburg
Bridgewater Township Department of Health and Human Services	Bridgewater
Hillsborough Township Department of Health	Hillsborough, Millstone Borough
Middle-Brook Regional Health Commission	Bound Brook, Green Brook, South Bound Brook, Warren, Watchung
Montgomery Township Department of Health	Montgomery, Rocky Hill

APPENDIX C. FULL LIST OF FOCUS GROUP AND INTERVIEW SECTORS

Organizations involved in focus group recruitment:

1. Bentley Community Services, Inc. (Focus group conducted 4/16/15)
2. EmPoWER Somerset (Focus group conducted 4/14/15)
3. Middle Earth (2 focus groups conducted on 4/16/15)
4. Somerset County YMCA (Focus group conducted 4/16/15)
5. Quail Brook Senior Center (Focus group conducted 4/13/15)

List of Key Informant Interviewee Organizations and Dates of Interviews:

Organization	Date of Interview
1. Carrier Clinic	4/14/15
2. Community Visiting Nurse Association of Somerset County	4/14/15
3. Crawford House	4/14/15
4. EmPoWER Somerset	4/15/15
5. Family & Community Services of Somerset County	5/19/15
6. Morris-Somerset Regional Chronic Disease Coalition	5/27/15
7. Richard Hall Community Mental Health Center	5/6/15
8. Samaritan Homeless Interim Program (SHIP)	4/14/15
9. Somerset County Asian American Heritage Month Celebration Committee Leaders	4/13/15
10. Somerset County Business Partnership	4/16/15
11. Somerset County Department of Human Services	5/4/15
12. Somerset County Office on Aging and Disability Services	5/14/15
13. Somerset County Health Officers	4/17/15
14. Somerset County Prosecutor's Office	4/13/15
15. Somerset County School Nurses Association	5/6/15
16. United Way	5/6/15
17. YMCA	5/4/15
18. Zarephath Christian Church / Health Center	5/11/15
19. Zufall Health Center	5/1/15

APPENDIX D. 2015 SOMERSET COUNTY COMMUNITY HEALTH ASSESSMENT TELEPHONE SURVEY WEIGHTED RESULTS OVERALL AND BY HEALTH DEPARTMENT JURISDICTION

Table 1. HEALTH STATUS

	Overall Somerset County (N=1,998)	Somerset HDJ (N=712)	Bernards Township HDJ (N=269)	Branchburg HDJ (N=34)	Bridgewater Township HDJ (N=321)	Hillsborough Township HDJ (N=298)	Middle-Brook HDJ (N=267)	Montgomery Township HDJ (N=97)
Perceived general health								
Very Good/Excellent	53.9%	55.4%	49.8%	51.4%	52.9%	52.5%	54.1%	64.5%
Good	33.3%	30.7%	40.9%	31.4%	34.2%	34.2%	31.4%	32.3%
Fair/Poor	12.8%	13.9%	9.3%	17.1%	12.9%	13.3%	14.5%	3.2%

Table 2. NUTRITION, PHYSICAL ACTIVITY, WEIGHT

	Overall Somerset County (N=1,998)	Somerset HDJ (N=712)	Bernards Township HDJ (N=269)	Branchburg HDJ (N=34)	Bridgewater Township HDJ (N=321)	Hillsborough Township HDJ (N=298)	Middle-Brook HDJ (N=267)	Montgomery Township HDJ (N=97)
Vegetable servings per day								
None	4.5%	5.8%	5.0%	0.0%	2.1%	3.7%	6.2%	1.1%
1-2 servings	57.5%	56.3%	62.9%	63.9%	59.6%	55.5%	56.4%	54.8%
3-4 servings	31.3%	31.8%	26.6%	30.6%	30.8%	31.2%	32.0%	37.6%
5 or more servings	6.7%	6.1%	5.4%	5.6%	7.5%	9.6%	5.5%	6.5%
Participation in any physical activity/exercise								
Yes	71.3%	70.0%	75.0%	55.6%	67.6%	69.9%	78.7%	72.0%
No	28.7%	30.0%	25.0%	44.4%	32.4%	30.1%	21.3%	28.0%
Participation in moderate physical activity/exercise								
Yes	62.0%	61.0%	66.8%	41.7%	60.7%	62.6%	61.7%	67.7%
No	38.0%	39.0%	33.2%	58.3%	39.3%	37.4%	38.3%	32.3%
Participation in vigorous physical activity/exercise								
Yes	52.4%	50.7%	58.1%	36.1%	53.0%	51.7%	55.0%	50.0%
No	47.6%	49.3%	41.9%	63.9%	47.0%	48.3%	45.0%	50.0%
BMI status								
Underweight	0.1%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Normal/healthy weight	45.2%	45.2%	44.3%	31.4%	44.4%	52.3%	43.2%	38.0%
Overweight	46.9%	45.2%	47.4%	65.7%	48.1%	41.9%	47.7%	59.8%
Obese	7.8%	9.2%	8.3%	2.9%	7.4%	5.7%	9.1%	2.2%

Table 3. SOCIAL DETERMINANTS

	Overall Somerset County (N=1,998)	Somerset HDJ (N=712)	Bernards Township HDJ (N=269)	Branchburg HDJ (N=34)	Bridgewater Township HDJ (N=321)	Hillsborough Township HDJ (N=298)	Middle-Brook HDJ (N=267)	Montgomery Township HDJ (N=97)
Income meets living expenses								
Never	4.0%	3.0%	5.0%	5.4%	6.3%	6.3%	1.4%	1.1%
Rarely	20.2%	23.2%	18.2%	43.2%	19.5%	17.8%	15.2%	16.1%
Most of the time	46.2%	42.6%	50.4%	29.7%	48.3%	46.2%	49.7%	49.5%
Always	29.7%	31.1%	26.4%	21.6%	25.8%	29.7%	33.8%	33.3%
Housing-related difficulties								
Can't find affordable housing for sale								
Yes	13.7%	14.2%	10.4%	44.4%	15.6%	12.2%	10.3%	10.8%
No	86.3%	85.8%	89.6%	55.6%	84.4%	87.8%	89.7%	89.2%
Can't find affordable housing for rent								
Yes	32.8%	32.5%	26.5%	47.2%	34.5%	33.3%	32.0%	40.9%
No	67.2%	67.5%	73.5%	52.8%	65.5%	66.7%	68.0%	59.1%
Available/affordable housing is poor quality or too small								
Yes	34.2%	34.8%	29.6%	47.2%	30.0%	37.7%	36.2%	34.4%
No	65.8%	65.2%	70.4%	52.8%	70.0%	62.3%	63.8%	65.6%
Can't find accessible housing for my disability and affordable								
Yes	6.9%	6.8%	8.1%	2.8%	9.9%	6.6%	5.2%	3.2%
No	29.2%	30.3%	20.8%	19.4%	25.2%	31.4%	33.3%	39.8%
Not Applicable	63.9%	62.9%	71.2%	77.8%	64.9%	62.0%	61.5%	57.0%

Table 4. SCREENINGS

	Overall Somerset County (N=1,998)	Somerset HDJ (N=712)	Bernards Township HDJ (N=269)	Branchburg HDJ (N=34)	Bridgewater Township HDJ (N=321)	Hillsborough Township HDJ (N=298)	Middle-Brook HDJ (N=267)	Montgomery Township HDJ (N=97)
Mammogram (out of female respondents aged 40+)								
No	10.2%	16.8%	13.8%	12.5%	16.8%	20.8%	17.0%	25.0%
Yes, within the past year	24.6%	31.4%	29.2%	31.3%	21.3%	23.3%	30.6%	18.2%
Yes, within the past 2 years	9.3%	10.3%	9.2%	18.8%	14.2%	12.6%	14.3%	15.9%

	Overall Somerset County (N=1,998)	Somerset HDJ (N=712)	Bernards Township HDJ (N=269)	Branchburg HDJ (N=34)	Bridgewater Township HDJ (N=321)	Hillsborough Township HDJ (N=298)	Middle-Brook HDJ (N=267)	Montgomery Township HDJ (N=97)
Yes, within the past 3 years	27.7%	20.0%	26.9%	12.5%	25.8%	25.2%	14.3%	18.2%
Yes, within the past 5 years	2.9%	3.0%	3.1%	6.3%	3.9%	4.4%	3.4%	6.8%
Yes, 5 or more years ago	25.2%	18.6%	17.7%	18.8%	18.1%	13.8%	20.4%	15.9%
Pap test (out of female respondents aged 18+)								
No	5.2%	4.9%	5.3%	0.0%	3.8%	6.9%	5.4%	4.5%
Yes, within the past year	29.4%	32.2%	25.6%	17.6%	22.4%	30.6%	34.2%	25.0%
Yes, within the past 2 years	14.5%	13.6%	12.8%	35.3%	15.4%	14.4%	13.4%	22.7%
Yes, within the past 3 years	12.1%	11.7%	12.0%	11.8%	15.4%	12.5%	9.4%	11.4%
Yes, within the past 5 years	19.0%	15.7%	24.8%	5.9%	24.4%	20.6%	16.8%	15.9%
Yes, 5 or more years ago	19.8%	22.0%	19.5%	29.4%	18.6%	15.0%	20.8%	20.5%

Table 5. DIABETES

	Overall Somerset County (N=1,998)	Somerset HDJ (N=712)	Bernards Township HDJ (N=269)	Branchburg HDJ (N=34)	Bridgewater Township HDJ (N=321)	Hillsborough Township HDJ (N=298)	Middle-Brook HDJ (N=267)	Montgomery Township HDJ (N=97)
Diabetes diagnosis								
Yes	6.2%	6.2%	4.6%	0.0%	7.8%	4.7%	9.3%	2.1%
Yes, but female told only during pregnancy	0.8%	0.8%	1.5%	0.0%	0.3%	0.3%	1.4%	1.1%
No	89.7%	89.9%	90.8%	91.7%	87.4%	91.0%	86.9%	94.7%
No, pre-diabetes or borderline	3.3%	3.0%	3.1%	8.3%	4.5%	4.0%	2.4%	2.1%
Taken course on diabetes management								
Yes	27.6%	27.5%	7.7%	0.0%	33.3%	40.0%	25.8%	0.0%
No	72.4%	72.5%	92.3%	0.0%	66.7%	60.0%	74.2%	100.0%

Table 6. SMOKING, ALCOHOL, AND OTHER SUBSTANCES

	Overall Somerset County (N=1,998)	Somerset HDJ (N=712)	Bernards Township HDJ (N=269)	Branchburg HDJ (N=34)	Bridgewater Township HDJ (N=321)	Hillsborough Township HDJ (N=298)	Middle-Brook HDJ (N=267)	Montgomery Township HDJ (N=97)
Cigarette use								
Every Day	9.6%	9.3%	14.3%	22.2%	8.7%	8.7%	4.8%	16.1%
Some Days	5.0%	4.6%	3.1%	0.0%	4.2%	7.4%	5.9%	7.5%

	Overall Somerset County (N=1,998)	Somerset HDJ (N=712)	Bernards Township HDJ (N=269)	Branchburg HDJ (N=34)	Bridgewater Township HDJ (N=321)	Hillsborough Township HDJ (N=298)	Middle-Brook HDJ (N=267)	Montgomery Township HDJ (N=97)
Not at All	85.4%	86.2%	82.6%	77.8%	87.1%	83.9%	89.3%	76.3%
Tried to quit smoking in past 12 months								
Yes	55.4%	47.0%	75.6%	22.2%	72.1%	39.6%	61.3%	54.5%
No	44.6%	53.0%	24.4%	77.8%	27.9%	60.4%	38.7%	45.5%
Days per week consumed at least one drink								
None	47.8%	49.2%	43.1%	67.6%	43.3%	49.0%	47.6%	53.6%
1 to 2 days per week	51.4%	50.3%	56.9%	32.4%	55.8%	49.7%	51.7%	43.3%
3 to 4 days per week	0.8%	0.6%	0.0%	0.0%	0.9%	1.3%	0.7%	3.1%
Days in past 30 days consumed at least one drink								
None	22.8%	24.3%	24.2%	35.3%	22.4%	24.2%	16.5%	19.6%
1 to 2 days per month	59.9%	59.3%	58.7%	58.8%	62.6%	56.7%	63.7%	57.7%
3 to 7 days per month	17.2%	16.4%	16.7%	5.9%	15.0%	19.1%	19.9%	22.7%
8 to 14 days per month	0.05%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%
Consumed 5 or more drinks (4 for women) in past 30 days								
None	78.6%	80.7%	75.5%	90.9%	81.9%	77.4%	74.9%	70.5%
Once	17.2%	15.2%	19.6%	9.1%	14.1%	17.7%	21.5%	23.1%
Twice	3.5%	3.7%	3.9%	0.0%	3.2%	4.0%	2.7%	3.8%
3 to 4 times	0.7%	0.4%	0.5%	0.0%	0.8%	0.9%	0.9%	2.6%
5 or more times	0.1%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%
Substance use in past 12 months								
Marijuana								
Yes	8.9%	8.7%	8.1%	21.6%	8.4%	7.6%	7.3%	19.1%
No	91.1%	91.3%	91.9%	78.4%	91.6%	92.4%	92.7%	80.9%
Prescription painkillers without R_x								
Yes	7.1%	5.1%	8.9%	13.9%	6.3%	11.3%	5.9%	6.4%
No	92.9%	94.9%	91.1%	86.1%	93.7%	88.7%	94.1%	93.6%
Other prescription painkillers without R_x								
Yes	2.7%	1.9%	3.5%	0.0%	0.9%	4.6%	3.5%	4.3%
No	97.3%	98.1%	96.5%	100.0%	99.1%	95.4%	96.5%	95.7%
Heroin								
Yes	1.0%	0.8%	0.8%	0.0%	2.1%	0.0%	0.3%	5.4%
No	99.0%	99.2%	99.2%	100.0%	97.9%	100.0%	99.7%	94.6%
Other illegal drugs								

	Overall Somerset County (N=1,998)	Somerset HDJ (N=712)	Bernards Township HDJ (N=269)	Branchburg HDJ (N=34)	Bridgewater Township HDJ (N=321)	Hillsborough Township HDJ (N=298)	Middle-Brook HDJ (N=267)	Montgomery Township HDJ (N=97)
Yes	4.9%	3.9%	4.2%	21.6%	5.1%	4.3%	4.2%	11.8%
No	95.1%	96.1%	95.8%	78.4%	94.9%	95.7%	95.8%	88.2%

Table 7. MENTAL HEALTH

	Overall Somerset County (N=1,998)	Somerset HDJ (N=712)	Bernards Township HDJ (N=269)	Branchburg HDJ (N=34)	Bridgewater Township HDJ (N=321)	Hillsborough Township HDJ (N=298)	Middle-Brook HDJ (N=267)	Montgomery Township HDJ (N=97)
Days felt sad, blue, or depressed								
No days	64.9%	65.2%	70.4%	58.3%	69.2%	59.8%	61.5%	60.6%
1 to 2 days	25.9%	26.5%	18.7%	25.0%	20.7%	30.2%	30.2%	33.0%
3 to 7 days	6.8%	6.2%	8.2%	11.1%	7.0%	8.0%	5.8%	4.3%
8 to 14 days	2.3%	2.1%	2.7%	5.6%	3.0%	2.0%	2.4%	0.0%
15 or more days	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%
Days felt worried, tense, or anxious								
No days	27.1%	29.6%	31.2%	19.4%	19.8%	24.3%	28.3%	31.2%
1 to 2 days	1392.2%	14.9%	11.2%	27.8%	16.8%	11.3%	12.4%	8.6%
3 to 7 days	49.7%	46.1%	50.4%	41.7%	51.5%	53.5%	53.4%	51.6%
8 to 14 days	7.7%	7.9%	6.5%	11.1%	10.4%	8.0%	4.8%	7.5%
15 or more days	1.7%	1.5%	0.8%	0.0%	1.5%	3.0%	1.0%	1.1%
Discussed with doctor about mental health								
Yes	30.8%	34.1%	26.5%	47.2%	34.5%	25.7%	25.8%	28.0%
No	69.2%	65.9%	73.5%	52.8%	65.5%	74.3%	74.2%	72.0%

Table 8. ADULT IMMUNIZATION

	Overall Somerset County (N=1,998)	Somerset HDJ (N=712)	Bernards Township HDJ (N=269)	Branchburg HDJ (N=34)	Bridgewater Township HDJ (N=321)	Hillsborough Township HDJ (N=298)	Middle-Brook HDJ (N=267)	Montgomery Township HDJ (N=97)
Flu vaccine in past 12 months (out of respondents aged 65+)								
Yes	72.8%	66.0%	60.7%	100.0%	87.3%	75.0%	81.8%	64.7%
No	27.2%	34.0%	39.3%	0.0%	12.7%	25.0%	18.2%	35.3%
Discussed with doctor about adult immunizations in past 2 years								
Yes	18.4%	19.9%	13.5%	30.6%	23.1%	15.0%	16.2%	15.1%

	Overall Somerset County (N=1,998)	Somerset HDJ (N=712)	Bernards Township HDJ (N=269)	Branchburg HDJ (N=34)	Bridgewater Township HDJ (N=321)	Hillsborough Township HDJ (N=298)	Middle-Brook HDJ (N=267)	Montgomery Township HDJ (N=97)
No	81.6%	80.1%	86.5%	69.4%	76.9%	85.0%	83.8%	84.9%

Table 9. HEALTH COVERAGE

	Overall Somerset County (N=1,998)	Somerset HDJ (N=712)	Bernards Township HDJ (N=269)	Branchburg HDJ (N=34)	Bridgewater Township HDJ (N=321)	Hillsborough Township HDJ (N=298)	Middle-Brook HDJ (N=267)	Montgomery Township HDJ (N=97)
Health care coverage								
Yes	75.9%	76.1%	81.1%	75.0%	77.2%	73.8%	74.5%	63.4%
No	24.1%	23.9%	18.9%	25.0%	22.8%	26.2%	25.5%	36.6%
Reasons could not see doctor in past 12 months								
Cost								
Yes	22.3%	21.1%	19.2%	19.4%	21.3%	22.5%	25.5%	34.4%
No	77.7%	78.9%	80.8%	80.6%	78.7%	77.5%	74.5%	65.6%
Insurance problems								
Yes	29.9%	27.9%	31.5%	36.1%	27.5%	31.4%	30.3%	40.4%
No	70.1%	72.1%	68.5%	63.9%	72.5%	68.6%	69.7%	59.6%
Transportation problems								
Yes	8.8%	10.9%	4.7%	11.1%	6.6%	10.6%	6.5%	9.7%
No	91.2%	89.1%	95.3%	88.9%	93.4%	89.4%	93.5%	90.3%
Reasons could not get prescribed medication in past 12 months								
Cost								
Yes	6.0%	6.3%	1.5%	16.7%	8.1%	7.6%	4.8%	3.2%
No	94.0%	93.7%	98.5%	83.3%	91.9%	92.4%	95.2%	96.8%
Insurance problems								
Yes	4.4%	5.4%	3.8%	8.3%	3.6%	3.3%	2.7%	8.6%
No	95.6%	94.6%	96.2%	91.7%	96.4%	96.7%	97.3%	91.4%
Transportation problems								
Yes	8.7%	10.5%	6.9%	8.3%	7.2%	7.9%	7.9%	7.5%
No	91.3%	89.5%	93.1%	91.7%	92.8%	92.1%	92.1%	92.5%

Table 10. DISASTER PLANNING

	Overall Somerset County (N=1,998)	Somerset HDJ (N=712)	Bernards Township HDJ (N=269)	Branchburg HDJ (N=34)	Bridgewater Township HDJ (N=321)	Hillsborough Township HDJ (N=298)	Middle-Brook HDJ (N=267)	Montgomery Township HDJ (N=97)
Disaster evacuation plan in household								
Yes	57.3%	58.5%	51.5%	50.0%	46.8%	63.7%	63.8%	64.5%
No	42.7%	41.5%	48.5%	50.0%	53.2%	36.3%	36.2%	35.5%
Disaster supply kit in household								
Yes	21.6%	20.9%	19.2%	13.9%	18.3%	25.5%	23.1%	32.3%
No	78.4%	79.1%	80.8%	86.1%	81.7%	74.5%	76.9%	67.7%

Table 11. PRIORITY HEALTH TOPICS

	Overall Somerset County (N=1,998)	Somerset HDJ (N=712)	Bernards Township HDJ (N=269)	Branchburg HDJ (N=34)	Bridgewater Township HDJ (N=321)	Hillsborough Township HDJ (N=298)	Middle-Brook HDJ (N=267)	Montgomery Township HDJ (N=97)
Health topic priorities for county funding/resources								
Overweight/Obesity								
Low priority	5.6%	5.1%	8.1%	8.3%	5.1%	7.6%	3.4%	5.3%
Medium priority	55.1%	56.2%	51.0%	58.3%	56.2%	55.4%	53.4%	55.3%
High priority	39.3%	38.7%	40.9%	33.3%	38.7%	37.0%	43.1%	39.4%
Healthy eating								
Low priority	18.9%	20.5%	20.5%	18.9%	19.2%	16.8%	16.6%	13.0%
Medium priority	41.6%	41.5%	47.7%	45.9%	45.2%	37.6%	36.6%	38.0%
High priority	39.6%	38.0%	31.8%	35.1%	35.6%	45.5%	46.9%	48.9%
Active living								
Low priority	9.8%	10.8%	12.0%	5.6%	7.5%	7.9%	9.7%	11.8%
Medium priority	54.1%	52.4%	55.2%	47.2%	52.1%	57.6%	56.6%	58.1%
High priority	36.1%	36.8%	32.8%	47.2%	40.4%	34.4%	33.8%	30.1%
Mental health								
Low priority	4.2%	3.9%	6.6%	2.7%	3.0%	4.0%	4.8%	3.2%
Medium priority	55.2%	58.9%	50.8%	59.5%	52.3%	53.8%	53.4%	57.0%
High priority	40.6%	37.2%	42.6%	37.8%	44.7%	42.2%	41.7%	39.8%
Substance abuse								
Low priority	10.6%	10.3%	8.9%	10.8%	8.7%	10.3%	13.7%	16.1%
Medium priority	17.7%	19.1%	16.2%	21.6%	19.2%	17.2%	14.4%	15.1%
High priority	71.6%	70.5%	74.9%	67.6%	72.2%	72.5%	71.8%	68.8%

	Overall Somerset County (N=1,998)	Somerset HDJ (N=712)	Bernards Township HDJ (N=269)	Branchburg HDJ (N=34)	Bridgewater Township HDJ (N=321)	Hillsborough Township HDJ (N=298)	Middle-Brook HDJ (N=267)	Montgomery Township HDJ (N=97)
Tobacco use								
Low priority	21.8%	20.5%	30.2%	22.2%	22.8%	19.1%	19.9%	18.3%
Medium priority	38.5%	36.9%	36.8%	27.8%	33.3%	43.6%	43.3%	47.3%
High priority	39.8%	42.6%	32.9%	50.0%	43.8%	37.3%	36.8%	34.4%
Aging issues								
Low priority	20.2%	20.4%	17.8%	11.1%	21.9%	22.4%	18.6%	23.7%
Medium priority	41.7%	42.3%	49.4%	36.1%	40.8%	39.6%	40.2%	33.3%
High priority	38.1%	37.3%	32.8%	52.8%	37.2%	38.0%	41.2%	43.0%
Needs of caregivers								
Low priority	21.8%	20.7%	30.1%	22.2%	22.8%	19.1%	20.0%	18.3%
Medium priority	57.8%	60.8%	49.4%	63.9%	58.3%	57.8%	57.2%	54.8%
High priority	20.4%	18.5%	20.5%	13.9%	18.9%	23.1%	22.8%	26.9%
Environmental issues								
Low priority	4.4%	5.5%	3.1%	2.8%	5.1%	3.3%	3.5%	4.3%
Medium priority	39.1%	37.7%	44.4%	44.4%	46.4%	37.6%	33.9%	28.0%
High priority	56.5%	56.8%	52.5%	52.8%	48.5%	59.1%	62.6%	67.7%
Transportation issues								
Low priority	6.7%	7.2%	6.9%	8.3%	6.3%	5.9%	7.3%	5.4%
Medium priority	57.7%	55.2%	57.9%	50.0%	54.7%	62.4%	63.0%	60.2%
High priority	35.6%	37.7%	35.1%	41.7%	39.0%	31.7%	29.8%	34.4%
Health care access								
Low priority	7.4%	7.3%	8.5%	5.4%	7.8%	8.3%	6.2%	4.3%
Medium priority	56.0%	53.6%	60.2%	51.4%	58.4%	57.1%	54.1%	62.4%
High priority	36.6%	39.1%	31.3%	43.2%	33.8%	34.7%	39.7%	33.3%

APPENDIX 6

SOMERSET COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2016

Healthier Somerset

Somerset County, NJ Community Health Improvement Plan (CHIP)

January 2016

Dear Somerset County Friends,

We are pleased to present the 2016-2019 Community Health Improvement Plan (CHIP) for Somerset County. The plan is a response to a Community Health Needs Assessment (CHNA), a process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community. The data collected in the CHNA has been reviewed, analyzed, and discussed by stakeholders across the county who comprise *Healthier Somerset,* a coalition of representatives from healthcare, government, business, education, non-profit organizations, and faith-based communities in Somerset County. The mission of the coalition is to work collaboratively to improve the health and well-being of all who live and work in Somerset County.

By sharing information and creating alliances among individuals and organizations who are working toward mutual goals, we collectively increase our efforts to create a healthier Somerset County. The health of all who live and work in Somerset County has a direct bearing upon our physical, emotional, and economic wellbeing. As a community, we embrace an agenda that identifies our greatest health needs and sets forth an action plan to address these needs.

We gratefully acknowledge the contributions and support of our partners who assisted in the development of this CHIP. Special recognition is due to Robert Wood Johnson University Hospital Somerset for its generous support for the initial research and for convening *Healthier Somerset.* We also wish to thank the public health officers of Somerset County, including the Somerset County Department of Health; Greater Somerset Public Health Partnership; Somerset County Health Officers Association; and the local health officers from across Somerset County.

As *Healthier Somerset* continues our efforts to make Somerset County the healthiest county in New Jersey, we are confident that our collective efforts will garner greater change than any one individual or organization working alone. We invite and encourage all members of the Somerset County community to join us in our mission.

Sincerely,

The Partners of Healthier Somerset

Table of Contents

EXECUTIVE SUMMARY

It is critical to understand the specific environmental factors in Somerset County -- where and how we live, learn, work, and play, and how they in turn influence our health -- in order to implement the best strategies for community health improvement. To accomplish this goal, the Robert Wood Johnson University Hospital – Somerset, NJ (RWJUH – Somerset) led a comprehensive community health planning effort with the Healthier Somerset Coalition to measurably improve the health of Somerset County residents. This effort included two major phases:

1. A community health needs assessment (CHNA) to identify the health related needs and strengths of Somerset County

2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across Somerset County

The CHNA and CHIP are essential frameworks for guiding future services, programs, and policies for healthcare and public health-serving agencies in the area overall. For nonprofit hospitals like RWJUH-Somerset, the CHNA and the hospital-based strategic implementation plan (SIP) are required to maintain nonprofit status with the IRS, form 990, and deliver community-based programming that is well aligned with and informed by community needs.

The CHNA and CHIP are also required for Somerset County health departments to earn accreditation by the Public Health Accreditation Board (PHAB), a distinction which indicates that these agencies are meeting national standards for public health system performance.

The Healthier Somerset Community Health Improvement Plan was developed over the period February, 2015 - November, 2015, using the key findings from the CHNA, which included qualitative data from focus groups, key informant interviews and a community survey; as well as quantitative data from local, state and national indicators to inform discussions and determine health priority areas. The CHNA is accessible at https://www.co.somerset.nj.us/health/Docs/Somerset%20CHA_DRAFT%20REPORT_8%2025%2015.pdf

To develop a shared vision, plan for improved community health, and help sustain implementation efforts, the Healthier Somerset assessment and planning process engaged hospital leaders, local public health partners, and community based organizations through different avenues.

The Healthier Somerset Coalition, a broadly representative stakeholder group of nearly 50 organizations that included health department leaders, hospital representatives, and community-based organization leaders, was responsible for guiding, participating in, and providing feedback on all aspects of assessment and planning. Coalition members participated in at least one of the key engagement efforts below:

a. The Data Committee, comprised of health department and hospital leadership, was responsible for overseeing and providing input to the community health needs assessment
b. The Planning Committee, comprised of additional health department leaders and hospital representatives, was responsible for overseeing and providing input to the community health improvement plan, including outreach to potential participants; feedback on planning agendas; and feedback on draft components.
c. The Robert Wood Johnson University Hospital - Somerset management team and staff were responsible for convening meetings, reviewing documents and providing overall project management and oversight.

d. The CHIP Workgroups, representing subsets of the broader Healthier Somerset Coalition organized around each health priority area, were responsible for developing the goals, objectives and strategies for the CHIP.
e. The Healthier Somerset Advisory Board, comprised of 13 community representatives from Somerset County, represented diverse sectors including government, non-profit organizations and coalitions, business and industry, health, education, and community services and provided overall strategic leadership for the Coalition.

The Healthier Somerset Coalition met for two half-day, facilitated planning sessions on June 16, 2015 and September 15, 2015 to develop the core elements of the CHIP. In the first planning session, participants responded to and refined draft Vision and Values statements developed during a brainstorming session at the Coalition's CHNA-CHIP kickoff meeting on February 13, 2015. Participants also used common rating criteria and a selection tool to identify the top health priorities for the CHIP and began drafting goal statements for them. In session two, participants continued the planning process and developed objectives and evidence-based strategies for each of the goals. The output of these two half day sessions follows below:

Vision

All residents of Somerset County have an equal opportunity to pursue healthy lifestyles and achieve social, emotional, physical, and spiritual well-being.

With this vision in mind, we intend for this CHIP to provide a clear plan that empowers all who live, work, and play in Somerset County to:

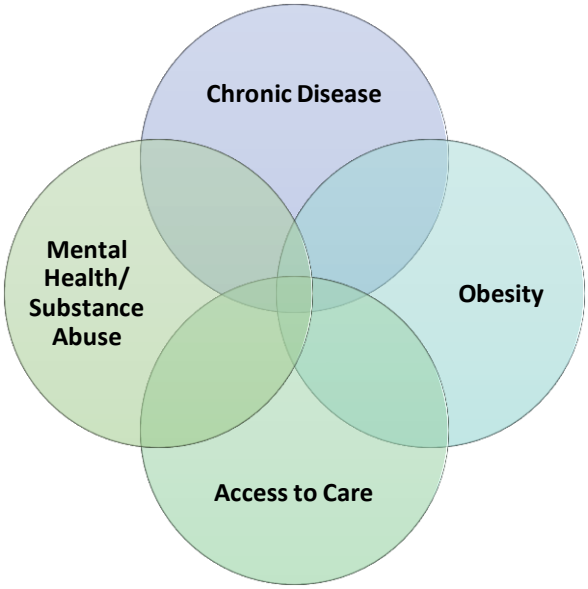
- Achieve a complete, deeper, and broader understanding of the health status of Somerset County's population
- Direct their own health and access community resources to support healthy choices
- Engage as educated, knowledgeable participants in policy, advocacy, and decision-making activities that support the advancement of the community's health

Values

1. **Integrity**: We honor the process, the data/plan itself, and are open throughout the assessment and planning process with all key stakeholders. We are unbiased, transparent, and welcome differences in opinion and approach to build and foster trust among our partners.
2. **Equity**: All community members will be included in our thought process. We will request and use community voices, experiences, and resources in our assessment, plan, and implementation. We talk about the community as a whole, although data will come from inside and outside. We work to make sure all forums and the plan itself are accessible and understandable to community stakeholders. We ensure the needs of vulnerable populations are integrated in our discussions and approaches.
3. **Effectiveness**: We will use a realistic approach and be driven toward making actual change in our community's health and well-being. We will be thoughtful in our discussions but be mindful of timely decision-making and processes. We will seek to be efficient, leveraging effort and expertise and avoiding duplicative processes whenever possible. We will be cost effective and strive to make strategic use of all available resources.
4. **Evaluation**: We will define measurable targets so we can evaluate and be accountable for our results.
5. **Collaboration**: We will foster and enhance partnerships among public health organizations and with community members and organizations. We need and value all contributions and commit to being fully participative and engaged in all assessment, planning, implementation, and evaluation activities related to improving our community's health.
6. **Innovation**: We are forward-thinking and creative in our approach, and accept that this can sometimes be disruptive or uncomfortable when we challenge our old ways of thinking and doing. We will be flexible and adaptable to new approaches and challenges as they arise.

Health Priorities

Mental Health/Substance Abuse, Obesity, Chronic Disease, and Access to Care were identified as the priority health topics for the CHIP. In addition, during the selection process and follow on discussion, participants agreed that Healthy Eating/Active Living should not be a standalone topic, but rather a cluster of related, evidence-based strategies to address three out of the four identified priorities.



Priority Area	Goal Statement
Priority Area 1: Mental Health and Substance Abuse	**Goal 1:** Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents.
Priority Area 2: Obesity	**Goal 2:** Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change.
Priority Area 3: Chronic Disease	**Goal 3:** Reduce the impact of chronic disease through prevention, management, and education to improve quality of life.
Priority Area 4: Access to Care	**Goal 4:** Improve the access to and awareness of health care services for those living and working in Somerset County, including underserved populations.

Healthier Somerset, Somerset County, NJ Community Health Improvement Plan

BACKGROUND

It is critical to understand the specific environmental factors in Somerset County -- where and how we live, learn, work, and play, and how they in turn influence our health -- in order to implement the best strategies for community health improvement. To accomplish this goal, the Robert Wood Johnson University Hospital – Somerset (RWJUH – Somerset) led a comprehensive community health planning effort with the Healthier Somerset Coalition to measurably improve the health of Somerset County residents. This effort included two major phases:

1. A community health needs assessment (CHNA) to identify the health related needs and strengths of Somerset County
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across Somerset County

The CHNA and CHIP are essential frameworks for guiding future services, programs, and policies for healthcare and public health-serving agencies in the area overall. For nonprofit hospitals like RWJUH-Somerset, the CHNA and the hospital-based strategic implementation plan (SIP) are required to maintain nonprofit status with the Internal Revenue Service (IRS), form 990, and deliver community-based programming that is well aligned with and informed by community needs.

The CHNA and CHIP are also required for Somerset County health departments to earn accreditation by the Public Health Accreditation Board (PHAB), a distinction which indicates that these agencies are meeting national standards for public health system performance.

I. OVERVIEW OF THE COMMUNITY HEALTH IMPROVEMENT PLAN

A. What Is a Community Health Improvement Plan?

A Community Health Improvement Plan, or CHIP, is a data-driven, collective, action-oriented strategic plan that outlines the priority health issues for a defined community, and how these issues will be addressed, including strategies and measures, to ultimately improve the health of the community. CHIPs are created through a community-wide, collaborative planning process that engages partners and organizations to develop, support, and implement the plan. A CHIP is intended to serve as a vision for the health of the community and a framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement.[1]

Building upon the key findings and themes identified in the Community Health Needs Assessment (CHNA), the CHIP:

- Identifies priority issues for action to improve community health
- Outlines an implementation and improvement plan with performance measures for evaluation
- Guides future community decision-making related to community health improvement

[1] As defined by the Health Resources in Action, Strategic Planning Department, 2012

The CHNA and CHIP are essential frameworks for guiding future services, programs, and policies for healthcare and public health-serving agencies in the area overall. For nonprofit hospitals like RWJUH-Somerset, the CHNA and the hospital-based strategic implementation plan (SIP) are required to maintain nonprofit status with the IRS, form 990, and deliver community-based programming that is well aligned with and informed by community needs.

The CHNA and CHIP are also required for Somerset County health departments to earn accreditation by the Public Health Accreditation Board (PHAB), a distinction which indicates that these agencies are meeting national standards for public health system performance.

B. How To Use The CHIP

A CHIP is designed to be a broad, strategic framework for community health, and should be modified and adjusted as conditions, resources, and external environmental factors change. It is developed and written in a way that engages multiple perspectives so that all community groups and sectors – private and nonprofit organizations, government agencies, academic institutions, community- and faith-based organizations, and citizens – can unite to improve the health and quality of life for all people who live, work, learn, and play in Somerset County. We encourage you to review the priorities and goals, reflect on the suggested strategies, and consider how you can participate in this effort, in whole or in part, as either an independent contributor or as a member of a health-focused agency, organization, or group. Consider: How do your current plans align with the CHIP? How can your future plans align with the CHIP?

C. Relationship Between the CHIP and Other Guiding Documents and Initiatives

The CHIP was designed to complement and build upon other guiding documents, plans, initiatives, and coalitions already in place to improve the public health of Somerset County. Rather than conflicting with or duplicating the recommendations and actions of existing frameworks and coalitions, the participants of the CHIP planning process identified potential partners and resources already engaged in these efforts wherever possible. Examples include: EmPoWER Somerset, Community in Crisis, and the Regional Chronic Disease Coalition for Morris & Somerset County (RCDC), as well as local hospitals and health departments.

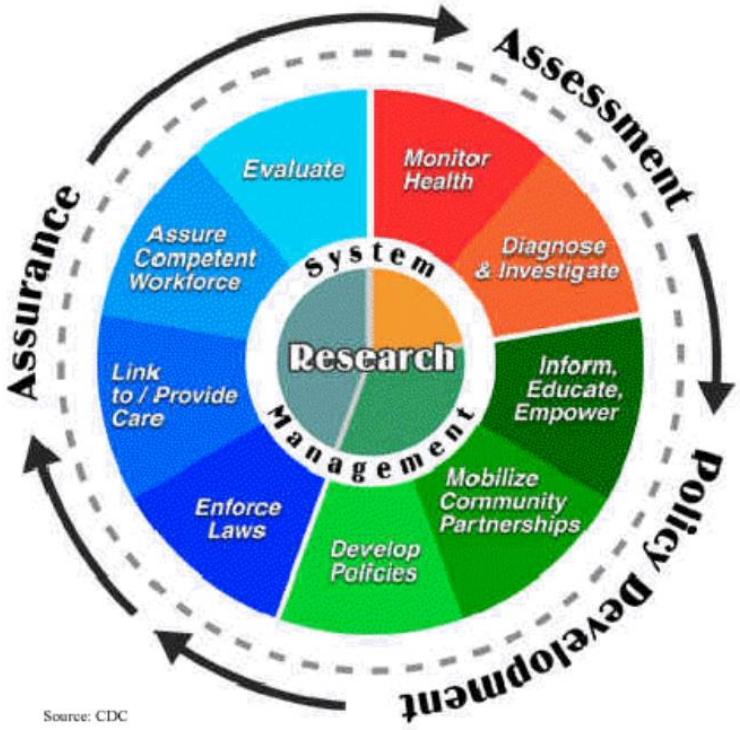
D. Methods

To develop the CHIP, RWJUH-Somerset was the convening organization that brought together community residents and the area's influential leaders in healthcare, community organizations, and other key sectors, such as transportation, mental health, local government, and social services. Following the guidelines of the National Association of County and City Health Officials (NACCHO), the community health improvement process was designed to integrate and enhance the activities of many organizations' contributions to community health improvement, building on current assets, enhancing existing programs and initiatives, and leveraging resources for greater efficiency and impact.

The assessment/planning/implementation/evaluation/reassessment process is a continuous cycle of improvement that seeks to "move the needle" on key health priorities over the course of time. The cyclical nature of the Core Public Health Functions is illustrated below in **Error! Reference source not found.**.

The next phase of the CHIP will involve broad implementation of the strategies through an annual action plan identified from the CHIP, and monitoring/evaluation of the CHIP's short-term and long-term outcome indicators through reporting on these annual plans.

Figure 1: The Cyclical Nature of the Core Public Health Functions



Source: Centers for Disease Control and Prevention (CDC), Ten Essential Public Health Services

II. PROCESS FROM ASSESSMENT TO PLANNING

The Healthier Somerset Community Health Improvement Plan was developed over the period February, 2015-November, 2015, using the key findings from the CHNA, which included qualitative data from focus groups, key informant interviews and a community survey; as well as quantitative data from local, state and national indicators to inform discussions and determine health priority areas. The CHNA is accessible at http://healthiersomerset.org/Somerset%20CHA_REPORT_090615.pdf

Similar to the process for the Community Health Needs Assessment (CHNA), the CHIP utilized a participatory, collaborative approach guided in part by elements of the Mobilization for Action through Planning and Partnerships (MAPP) process.[2] MAPP, a comprehensive, community-driven planning process for improving health, is a strategic framework that many community health coalitions across the country have employed to

[2] Advanced by the National Association of County and City Health Officials (NACCHO), MAPP's vision is for communities to achieve improved health and quality of life by mobilizing partnerships and taking strategic action. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. More information on MAPP can be found at: http://www.naccho.org/topics/infrastructure/mapp/

help direct their planning efforts. MAPP comprises rigorous assessment as the foundation for planning, and includes the identification of strategic issues and goal/strategy formulation as prerequisites for action. Since health needs are constantly changing as a community and its context evolve, the cyclical nature of the MAPP planning/ implementation/ evaluation/ correction process allows for the periodic identification of new priorities and the realignment of activities and resources to address them.

To develop a shared vision, plan for improved community health, and help sustain implementation efforts, the Healthier Somerset assessment and planning process engaged hospital leaders, local public health partners, and community based organizations through different avenues.

Healthier Somerset, a coalition of 55 organizations that includes health department leaders, hospital representatives, and community-based organization leaders, was responsible for guiding, participating in, and providing feedback on all aspects of assessment and planning. Coalition members participated in at least one of the key engagement efforts below:

a. The Data Committee, comprised of health department and hospital leadership, was responsible for overseeing and providing input to the community health needs assessment
b. The Planning Committee, comprised of additional health department leaders and hospital representatives, was responsible for overseeing and providing input to the community health improvement plan, including outreach to potential participants; feedback on planning agendas; and feedback on draft components.
c. The Robert Wood Johnson University Hospital - Somerset Management Team and staff was responsible for convening meetings, reviewing documents and providing overall project management and oversight.
d. The CHIP Workgroups, representing subsets of the broader Healthier Somerset Coalition organized around each health priority area, was responsible for developing the goals, objectives and strategies for the CHIP.
e. The Healthier Somerset Advisory Board, comprised of 13 community representatives from Somerset County, represented diverse sectors including government, non-profit organizations and coalitions, business and industry, health, education, and community services and provided overall strategic leadership for the Coalition.

In 2015, the Robert Wood Johnson University Hospital-Somerset (RWJUH-Somerset) engaged Health Resources in Action (HRiA), a non-profit public health organization located in Boston, MA, as a consultant partner to provide strategic guidance and facilitation of the CHNA-CHIP process, collect and analyze data, and develop the resulting reports and plan. HRiA has extensive experience developing health assessments and health improvement plans locally, regionally, and nationally, including state-level plans in Massachusetts, Connecticut, and New Hampshire. Over the past two years, HRiA has assisted both local and State health departments in meeting the required assessment and planning standards for Public Health Accreditation Board (PHAB) accreditation.

On February 13, 2015, HRiA facilitated a kick-off meeting with the Advisory Board and Healthier Somerset Coalition to review the assessment and planning processes, timelines, and roles; identify key stakeholders to engage in these processes; and begin brainstorming concepts for Vision and Values statements to become the strategic foundation for the CHIP.

The Healthier Somerset coalition met for two half-day planning sessions facilitated by HRiA consultants on June 16, 2015 and September 15, 2015 to develop the core elements of the CHIP. In the first planning session, HRiA presented an overview of the CHNA methodology and shared key findings from the CHNA. Participants then responded to and refined draft Vision and Values statements developed during the kickoff meeting in February. Participants used a ranking/rating selection tool with common criteria and were led through a multi-voting process with dots to identify the top health priorities for the CHIP. Session one concluded with participants self-selecting to CHIP priority area work groups and creating draft and final goal statements for their priority area, after incorporating structured feedback from other work groups (see Appendix B for a copy of the rating/ranking tool).

In the second planning session, CHIP priority area work groups continued developing draft and final objectives, and draft evidence-based strategies and potential partners, for each of the CHIP priorities. Working group participants were provided sample evidence-based strategies from a variety of resources including The Community Guide to Preventive Services, County Health Rankings, Healthy People 2020, and the National Prevention Strategy. Indicators for each objective were identified based on data available from the CHNA (including County Health Rankings and BRFSS data), using whenever possible targets outlined in Healthy People 2020 (HP2020). HP2020 is the federal government's prevention agenda for building a healthier nation. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. The vision of Healthy People 2020 is to have a society in which all people live long, healthy lives. CDC and the National Heart, Lung, and Blood Institute are leading a group of federal partners to track the nation's Healthy People 2020 objectives to combat heart disease and stroke. In addition to defining and tracking heart disease and stroke objectives, Healthy People 2020 includes clinical recommendations, community interventions, and consumer information related to heart disease and stroke.

The draft CHIP was completed and disseminated to subject matter experts from Healthier Somerset for review and feedback. This feedback was incorporated into the final draft of the CHIP.

III. COMMUNITY HEALTH IMPROVEMENT PLAN COMPONENTS

A. Vision and Values

The Healthier Somerset Coalition recognized that it was important to outline a compelling and inspirational vision, and to identify a set of shared values that would support the planning process and the CHIP itself. The Coalition and Advisory Body/Steering Committee participated in a brainstorming session at the CHNA-CHIP kickoff meeting in February and then refined the following Vision and Values for the CHIP:

Vision

All residents of Somerset County have an equal opportunity to pursue healthy lifestyles and achieve social, emotional, physical, and spiritual well-being.

With this vision in mind, we intend for this CHIP to provide a clear plan that empowers all who live, work, and play in Somerset County to:

- Achieve a complete, deeper, and broader understanding of the health status of Somerset County's population
- Direct their own health and access community resources to support healthy choices
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Values

1. **Integrity**: We honor the process, the data/plan itself, and are open throughout the assessment and planning process with all key stakeholders. We are unbiased, transparent, and welcome differences in opinion and approach to build and foster trust among our partners.
2. **Equity**: All community members will be included in our thought process. We will request and use community voices, experiences, and resources in our assessment, plan, and implementation. We talk about the community as a whole, although data will come from inside and outside. We work to make sure all forums and the plan itself are accessible and understandable to community stakeholders. We ensure the needs of vulnerable populations are integrated in our discussions and approaches.
3. **Effectiveness**: We will use a realistic approach and be driven toward making actual change in our community's health and well-being. We will be thoughtful in our discussions but be mindful of timely decision-making and processes. We will seek to be efficient, leveraging effort and expertise and avoiding duplicative processes whenever possible. We will be cost effective and strive to make strategic use of all available resources.
4. **Evaluation**: We will define measurable targets so we can evaluate and be accountable for our results.
5. **Collaboration**: We will foster and enhance partnerships among public health organizations and with community members and organizations. We need and value all contributions and commit to being fully participative and engaged in all assessment, planning, implementation, and evaluation activities related to improving our community's health.
6. **Innovation**: We are forward-thinking and creative in our approach, and accept that this can sometimes be disruptive or uncomfortable when we challenge our old ways of thinking and doing. We will be flexible and adaptable to new approaches and challenges as they arise.

B. Development of Data-Based Community Identified Health Priorities

On June 15, 2015 a summary of the CHNA findings was presented to Healthier Somerset for further discussion.

The following themes emerged most frequently from review of the available data and were considered in the selection of the CHIP health priorities:

- Active living (such as making it easier to walk, bike, and visit parks)
- Environmental issues (such as water and air quality)
- Health care access
- Healthy eating
- Issues related to aging (such as Alzheimer's or falls)
- Mental health
- Needs of caregivers
- Overweight/obesity
- Substance abuse (such as abuse of alcohol and other drugs)
- Tobacco use
- Transportation issues

HRiA presented a rating tool for prioritization populated with eleven key health issues that were identified through the health assessment. Following a group discussion, participants identified four additional key health issues.

- *Chronic Disease*
- *Infectious Disease*
- *Housing*
- *Well-being*

Participants used a rating tool to rate each health issue based on the following common criteria, where 1=low, 2=medium, 3=high, 4=very high. See Appendix B for the rating tool used.

Selection Criteria			
RELEVANCE How Important Is It?	**APPROPRIATENESS** Should We Do It?	**IMPACT** What Will We Get Out of It?	**FEASIBILITY** Can We do It?
- Burden (magnitude and severity ; economic cost; urgency) of the problem - Community concern - Focus on equity and accessibility	- Ethical and moral issues - Human rights issues - Legal aspects - Political and social acceptability - Public attitudes and values	- Effectiveness - Coverage - Builds on or enhances current work - Can move the needle and demonstrate measureable outcomes - Proven strategies to address multiple wins	- Community capacity - Technical capacity - Economic capacity - Political capacity/will - Socio-cultural aspects - Ethical aspects - Can identify easy short-term wins

Participants calculated an overall rating for each health issue by adding their four ratings and entering the total overall rating in the Total Rating column. Each participant received four sticker dots and was asked to place their dots on the four key health issues that received the four highest overall Total Ratings on their rating

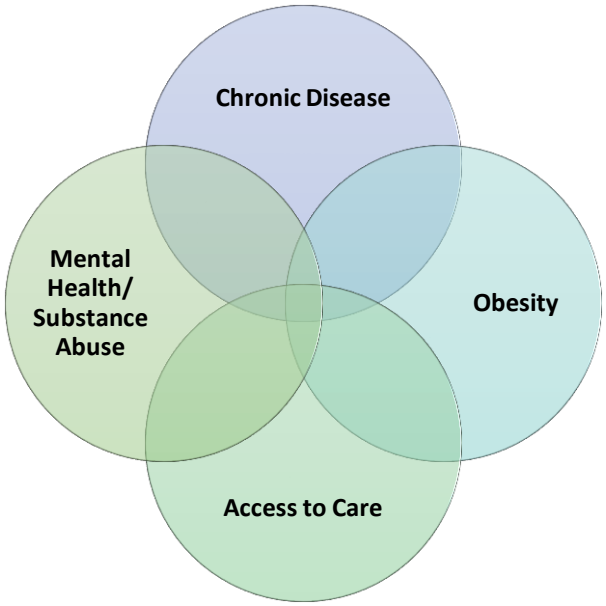
worksheet. Participants used their personal judgment to break any ties. The results of the dot voting process are depicted in the table below.

Key Health Issues	Votes
1. Tobacco use	3
2. Transportation issues	3
3. Well-being (added by participants)	3
4. Housing (added by participants)	4
5. Environmental issues (such as water and air quality)	6
6. Needs of caregivers	7
7. Infectious Disease (added by participants)	8
8. Active living (such as making it easier to walk, bike, and visit parks)	9
9. Issues related to aging (such as Alzheimer's or falls)	9
10. Overweight/obesity	**11**
11. Substance abuse (such as abuse of alcohol and other drugs)	**12**
12. Healthy eating	**13**
13. Health care access	**16**
14. Chronic Disease (management & treatment)	**19**
15. Mental health	**21**

Following group discussion, similar health issues receiving a high number of votes were combined to arrive at the four final priorities depicted below.

Somerset County Priority Areas
Priority Area 1: Mental Health and Substance Abuse
Priority Area 2: Obesity
Priority Area 3: Chronic Disease
Priority Area 4: Access to Care

Mental Health/Substance Abuse, Obesity, Chronic Disease, and Access to Care were identified as the priority health topics for the CHIP. In addition, during the selection process and follow on discussion, participants agreed that Healthy Eating/Active Living should not be a standalone topic, but rather a cluster of related, evidence-based strategies to address three out of the four identified priorities.



The June 15th planning session included a facilitated exercise where participants moved into one of four self-selected break-out groups to draft and refine goal statements for each of the priorities.

Priority Area	Goal Statement	
Priority Area 1: Mental Health and Substance Abuse	**Goal 1:**	Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents.
Priority Area 2: Obesity	**Goal 2:**	Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change.
Priority Area 3: Chronic Disease	**Goal 3:**	Reduce the impact of chronic disease through prevention, management, and education to improve quality of life.
Priority Area 4: Access to Care	**Goal 4:**	Improve the access to and awareness of health care services for those living and working in Somerset County, including underserved populations.

C. CHIP Objectives, Indicators, Partners, and Strategies

On September 15th, Healthier Somerset reconvened for a four-hour planning session to develop objectives, indicators, potential partners, and strategies for each of the goals under the four priority areas of the CHIP. See Appendix A for a list of workgroup participants and affiliations.

HRiA provided sample evidence-based strategies from a variety of resources including *The Community Guide to Preventive Services, County Health Rankings*, *Healthy People 2020*, and the *National Prevention Strategy* for the strategy setting sessions.

Following the planning sessions, subject matter experts from RWJUH-Somerset, partner health departments, as well as HRiA consultants reviewed the draft output from the workgroups and edited material for clarity, consistency, and evidence base. This feedback has been incorporated into the final versions of the CHIP contained in this report.

IV. COMMUNITY HEALTH IMPROVEMENT PLAN

Real, lasting community change stems from critical assessment of current conditions, an aspirational framing of the desired future, and a clear evaluation of whether efforts are making a difference. Outcome indicators tell the story about where a community is in relation to its vision, as articulated by its related goals, objectives, and strategies. Targets for identified outcome indicator are based on *Healthy People 2020* targets using baseline data provided in the Community Health Needs Assessment. Where no data were readily available, objectives were noted as "Developmental" and a primary strategy will be to collect and analyze data and determine a baseline for successive annual comparisons.

The following pages outline the Goals, Objectives, Strategies, Potential Outcomes Indicators, and Potential Partners/Resources for the four health priority areas outlined in the CHIP. See Appendix C for a glossary of terms used in the CHIP.

A. Priority Area 1: Mental Health and Substance Abuse

Goal 1: Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents.

Objectives and Strategies

1.1: Increase the total number of trainers able to educate the community on Mental Health First Aid* by 2017.

* *Mental Health First Aid* is a national program to teach the skills to respond to the signs of mental illness and substance use.

1.1.1 Collect and analyze data and determine a baseline for successive annual comparisons.

1.1.2 Identify and secure possible funding sources for Mental Health First Aid trainers and participants.

1.1.3 Recruit potential trainers from community-based organizations working with underserved populations (Senior Centers, Multi-cultural, etc.).

Outcome Indicator: Number of trainers able to educate the community on Mental Health First Aid

1.2: Increase the number of people trained in Mental Health First Aid by 2020 by 5%.

1.2.1 Collect and analyze data and determine a baseline for successive annual comparisons. (Year 1)

1.2.2 Design and conduct promotion and outreach to increase awareness and enrollment in training. (Year 2-3)

1.2.3 Identify and secure funding to support participation in training. (Year 2-3).

Outcome Indicator: Number of people trained in Mental Health First Aid

1.3: Increase awareness among primary care physicians of mental health/substance abuse issues by 10% by 2020.

1.3.1 Collect and analyze data and determine a baseline for successive annual comparisons. (Year 1).

1.3.2 Provide education through grand rounds and 'Do No Harm' symposiums. (Year 2).

1.3.3 Provide Primary Care Physicians with local resources and referrals for Mental Health/Substance Abuse. (Year 2-3).

1.3.4 Design and conduct outreach and education to medical schools on Mental Health/Substance Abuse. (Year 2-3).

1.3.5 Establish and promote use of a consistent Mental Health/Substance Abuse evidence-based screening tool. (Year 3).

Outcome Indicators: Level of awareness among primary care physicians.

Number of primary care physicians using a consistent Mental Health/Substance Abuse evidence-based screening tool.

1.4: Enhance municipal/health alliances to advocate for the integration of Mental Health/Substance Abuse and Primary Care by 2020.

1.4.1 Collect and analyze data and determine a baseline for successive annual comparisons. (Year 1).

1.4.2 Increase outreach to Mental Health/Substance Abuse/Primary Care to attend established alliances; convene quarterly 'think tank' meetings. (Year 1).

1.4.3 Identify and apply for grant funding that is based on collaborative partnerships. (Year 2).

1.4.4 Promote collaborative Mental Health/Substance Abuse/Primary Care best practices. (Year 2).

1.4.5 Establish advocacy work groups to promote and secure funding. (Year 3)

Outcome Indicator: Number of municipal/health alliances

1.5: Increase awareness of Mental Health/Substance Abuse services, wellness programs, and resources in Somerset County by 2017.

1.5.1 Collect and analyze data and determine a baseline for successive annual comparisons. (Year 1).

1.5.2 Design and conduct outreach to Parent Teacher Organizations (PTO) in Somerset County.

1.5.3 Establish collaboration/integration of 'No More Whispers' campaign.

1.5.4 Establish, promote and distribute signs and symptoms poster campaign in multiple languages to multiple community-based venues/sites.

1.5.5 Print and distribute Mental Health/Substance Abuse resources and services in multiple languages.

1.5.6 Promote synergy of mind, body wellness as a prevention mechanism.

Outcome Indicator: Number of people aware of services, wellness programs and other resources

Potential Resources/Partners

- +-*Anew Wellness, Inc.
- Carrier Clinic
- Community in Crisis
- Crisis Intervention Training for Law Enforcement
- Easter Seals
- EmPoWER Somerset
- Family support organizations
- Johnson & Johnson
- Mental Health Association of Somerset County
- Municipal Alliances
- National Alliance on Mental Illness
- Psychiatric Emergency Screening Services (PESS)
- Public and private mental health and substance abuse providers
- Richard Hall Mental Health Center
- Rutgers University Behavioral Health Care Somerset County website
- Schools (school nurses and wellness teams) involved in mental health and substance abuse
- Somerset County Department of Human Services
- United Way
- YMCA

B. Priority Area 2: Obesity

Goal 2: Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change.

Objectives and Strategies

2.1: By 2017, increase by 10% the pounds of fresh fruit and vegetables available in food banks, food pantries and co-ops through partnerships with local producers and community gardens.

2.1.1 Create a master list of all food pantries in Somerset County.

2.1.2 Design and execute a survey to ascertain the current fresh food distribution per month.

Survey: (1) food banks, food pantries, and co-ops; and (2) local producers and community garden.

2.1.3 Recruit public health interns to provide support around conducting survey and interviews, and developing and implementing the distribution plan.

2.1.4 Conduct interviews to learn more about barriers to fresh food distribution (e.g. transportation, weight, perishability, etc.).

Interview: (1) food bank, food pantry and/ or co-op staff; and (2) local producers.

2.1.5 Develop strategies for a distribution plan from vendors to food banks / pantries / co-ops, and from food banks / pantries / co-ops to individuals. Prioritize barriers that will be addressed and define scope of distribution plan.

Outcome Indicators: Total pounds of fresh fruit available in food banks.

Total pounds of fresh fruit available in food pantries.

Total pounds of fresh fruit available in co-ops.

2.2: Increase the percentage of youth and adults who are getting the daily recommended serving of fruits and vegetables by 2019.

2.2.1 Promote the inclusion of increased fresh fruits and vegetables at food pantries.

2.2.2 Identify farmers markets for advertising/social media/vouchers.

2.2.3 Conduct community-based classes to demonstrate uses for unfamiliar fruits and vegetables.

2.2.4 Promote school and community gardens, farm to school, and offer more food tastings at school.

2.2.5 Include health information with food sources.

2.2.6 Encourage physicians to write prescriptions for fruits and vegetables and provide vouchers for purchase.

Outcome Indicators: Percentage of youth (grades 9-12) who are getting the daily recommended serving of fruits and vegetables.

Percentage of and adults (age 18 and older) who are getting the daily recommended serving of fruits and vegetables.

2.3: By 2019, increase by 5% the number of people reached by educational initiatives on healthy food choices, preparation and eating.

2.3.1 Collect and analyze data and determine a baseline for successive annual comparisons.

2.3.2 Identify and document partners (e.g. SNAP-Ed at Rutgers Cooperative, etc.) and resources for print and digital communication (e.g. newspapers, newsletters, etc.).

2.3.3 Develop a plan to coordinate sharing and tracking of information. Start with a pilot.

2.3.4 Identify opportunities for increasing reach of and sharing information about existing educational initiatives, and develop a communications plan.

Outcome Indicators: Number of people attending educational programs.

Number of newsletter recipients.

Number of website visitors.

2.4: By 2019, increase by 3% the respondents in Somerset County who participate in any physical activity.

2.4.1 Identify existing resources for worksite wellness.

2.4.2 Tap into Somerset County Business Partnership and New Jersey Department of Health. Resources / suggestions for worksite wellness might include nominating employee captains and implementing “Big Sister” mentoring (where a large business would mentor a small business around worksite wellness). Frame around cost savings.

2.4.3 Collect and re-deploy existing information on simple tips for exercise and movement. For example, collect information about helpful apps (on drinking water, stretching, etc.) and distribute this information via Pinterest and local recreation departments.

Outcome Indicator: Number of respondents who participated in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise, as identified in 2019 Community Health Needs Assessment.

2.5: By 2017, increase the awareness of the existing built environment for biking and walking (e.g. sidewalks, walking trails, Complete Streets, and biking lanes).

2.5.1 Collect and analyze data and determine a baseline for successive annual comparisons.

2.5.2 Increase signage around biking, running and walking.

2.5.3 Provide countywide education on strategies for safe, active living in population-dense places.

2.5.4 Identify all walking paths in the county (where they start, where to park, how long they are, etc.). Create a centralized information source for the entire County. Outreach to Graphic Information Systems (GIS) group that may be able to work on this, and connect with the Tourism Board regarding the ability to publicize the information through their "10 Things to do in Somerset County" e-mail.

Outcome Indicators: *Number of signs.*

Number of maps.

Knowledge of infrastructure.

Increase in use of bikes for transportation to work.

Number of municipalities that adopt Complete Streets resolution.

Potential Resources/Partners

- Coordinated school health programs
- Community gardens
- EmPoWER Somerset
- Farmers markets
- Greater Somerset Public Health Partnership
- Mayor's Wellness Campaign
- RideWise TMA
- Rutgers Cooperative Extension
- Rutgers University
- ShapingNJ
- Somerset County Business Partnership
- Somerset County Park Commission
- Somerset County Wellness Committee
- Somerset-Morris Regional Chronic Disease Coalition
- Somerset County YMCA

C. Priority Area 3: Chronic Disease

Goal 3: Reduce the impact of chronic disease through prevention, management, and education to improve quality of life.

Objectives and Strategies

3.1: Increase the number of family caregivers connected to resources/support.

3.1.1 Collect and analyze data and determine a baseline for successive annual comparisons.

3.1.2 Educate general population on Caregivers Coalition (especially groups within Healthier Somerset) – need coalition support.

3.1.3 Inventory and disseminate educational materials at multiple gatherings and settings in the community.

3.1.4 Provide information cards for healthcare providers to give to patients (difficulty getting all providers to have in office).

3.1.5 Add link on hospital website.

3.1.6 Develop and conduct public service announcements and promote through the general media.

3.1.7 Develop a larger campaign to get in to doctor's offices.

3.1.8 Engage the faith-based community in promotion and support efforts.

Outcome Indicators: Number of family caregivers connected to resources/support

3.2: Increase the number of participants in educational and supportive programs by [date].

3.2.1 Collect and analyze data and determine a baseline for successive annual comparisons.

3.2.2 Identify criteria for selecting and evaluating potential educational and support programs to recommend (support groups, self-management, employee wellness, referrals to prevention alternatives).

3.2.3 Select six (6) high impact programs and promote them (strategies will differ by program).

3.2.4 Identify referral sources that channel people to those programs (doctors' offices, work sites, faith-based organizations).

3.2.5 Identify organizations for preventive care and promote.

3.2.6 Raise awareness – where do people get info, referrals and self-referral: web/social media, office of aging, disabilities, senior centers, libraries, schools.

3.2.7 Look at existing app/websites for conditions.

3.2.8 Work with programs to gather information about referrals and selection/contact (i.e., ask – how did you hear about us?).

3.2.9 Include information about programs via 211.

Outcome Indicators: Number of participants in support groups.

Number of participants in employee wellness program.

Number of participants in self-management groups.

Number of participants in prevention programs.

Number of referrals to alternative methods.

3.3: Increase the number of people who are screened for Chronic Disease risk factors and referred as appropriate.

3.3.1 Collect and analyze data and determine a baseline for successive annual comparisons.

3.3.2 Increase connections/collaborations between community settings/groups and the hospitals who do the screenings (funding as a part of it).

3.3.3 Hold annual wellness event and/or add screening to existing events.

3.3.4 Educate primary care physicians on importance of pre-"condition" results and recommending action to address them.

3.3.5 Develop and conduct a social media campaign to encourage people to get tested for chronic disease factors.

3.3.6 Collaborate with Robert Wood Johnson (RWJ) and Medical Associations to get doctors to be available for referrals from community screenings.

Outcome Indicators: Number of people screened for hypertension

Number of people screened for diabetes

Number of people screened for cholesterol

3.4: Increase healthcare providers' awareness of cultural sensitivity and diversity (beyond language).

3.4.1 Collect and analyze data and determine a baseline for successive annual comparisons.

3.4.2 Identify which agencies/organizations work with diverse populations (define cultural sensitivity and diversity. Diversity = race, gender, language, LGBT, etc. – cultural responsiveness).

3.4.3 Develop and conduct webinars for target audiences, provide incentives for providers.

3.4.4 Add presentations on cultural sensitivity to existing conferences and assign/grant. CEU's that are recognized.

3.4.5 Work with community college, residency programs, and internship programs to train diversity of students on cultural sensitivity.

3.4.6 Target pockets of "minority" populations.to increase awareness of chronic disease in their communities.

Outcome Indicators: Number of providers trained/attended.

Number of providers who access the resource list.

See also Obesity Objective 2.2 on the percentage of youth and adults who are getting the daily recommended serving of fruits and vegetables

Potential Resources/Partners

- American Diabetes Association
- Cancer Support Center of Central New Jersey
- Community gardens
- Somerset County's corporate community
- Dept. of Agriculture
- Departments of Health
- Faith-based organizations
- Family and Community Health Services (FCHS) (Rutgers)
- Food pantries
- Hospitals and Healthcare System
- Somerset County Office on Aging and Disabilities
- Public Schools
- Regional Chronic Disease Coalition for Morris & Somerset County (RCDC)
- Rutgers Coop
- Sodexo – School Food Services
- United Way Care Givers Association
- University and Colleges (Rutgers), Community Colleges

D. Priority Area 4: Access to Care

Goal 4: Improve the access to and awareness of health care services for those living and working in Somerset County, including underserved populations.

Objectives and Strategies

4.1: Increase the utilization of existing primary care services in Somerset County by 10%.

4.1.1 Work with Primary Care sites to access and analyze transportation patterns and existing transportation resources (look at patient satisfaction surveys).

4.1.2 Train primary care physician site staff on available transportation resources.

4.1.3 Educate at the community level by giving up to date transportation and health services information to 211.

Outcome Indicators: *Proportion of persons with a usual primary care provider.*

Proportion of persons of all ages who have a specific source of ongoing care.

4.2: Create a network of Community Health Workers who represent the diverse populations in our community.

4.2.1 Define Community Health Worker title and job description.

4.2.2 Assess existing community health workers (CHWs) (use existing survey), including volunteer, lay health workers, etc. for coverage, satisfaction level, training needs, etc.

4.2.3 Identify gaps in services and geographic areas.

4.2.4 Identify partners (work group).

4.2.5 Identify funding to support development of network.

Outcome Indicators: *Number of Community Health Workers*

Diversity of Community Health Workers

4.3: Increase opportunities to address barriers to health insurance navigation for underserved community members.

4.3.1 Collect and analyze data and determine a baseline for successive annual comparisons.

4.3.2 Identify key barriers to health insurance navigation for targeted populations (focus groups, survey, other).

4.3.3 Educate community members on resources and supports

4.3.4 Conduct marketing promotion/media (radio, billboards, and social media).

4.3.5 Identify funding opportunities and grants.

4.3.6 Identify key policy and systems barriers; form advocacy group(s) to address them.

Outcome Indicators: Number of resources to improve health insurance navigation for underserved community members.

Potential Resources/Partners

- Catholic Charities
- First Baptist Church of Lincoln Gardens, Somerset NJ
- Franklin Township Food Bank
- Jewish Family Services
- Martin Luther King Jr Youth Center
- Matheny Developmental Services
- Pharmaceutical assistance programs
- Resource Center of Somerset County
- Richard Hall Mental Health Center
- Robert Wood Johnson University Hospital- Somerset
- Samaritan Homeless Interim program (SHIP)
- Somerset County Office of Human Services
- Somerset County Food Bank Network
- Somerset County Office on Aging and Disabilities
- United Way of Northern New Jersey
- Zarephath
- Zufall Health Services

V. NEXT STEPS

The components included in this report represent the strategic framework for a data-driven, Community Health Improvement Plan. Healthier Somerset, including the core agencies, CHIP workgroups, partners, stakeholders, and community residents, will continue finalizing the CHIP by prioritizing objectives and related strategies for the first year of implementation, developing specific 1-year action steps, assigning lead responsible parties, and identifying resources for each priority area (see Appendix D for Action Plan Template). An annual CHIP progress report will illustrate performance and will guide subsequent annual implementation planning.

VI. SUSTAINABILITY

As part of the action planning process, partners and resources will be solidified to ensure successful CHIP implementation and coordination of activities and resources among key partners in Somerset County. The Advisory Board will continue to serve as the executive oversight for the improvement plan, progress, and process.

VII. ACKNOWLEDGEMENTS

The dedication, expertise, and leadership of the following agencies and people made the 2015 Robert Wood Johnson University Hospital - Somerset Community Health Improvement Plan a collaborative, engaging, and substantive plan that will guide our community in improving the health and wellness for the residents of Somerset County. Special thanks to all of you.

CHIP community member and agency workgroup members: Your insight, dedication, and expertise are unparalleled. We look forward to our continued partnership.

We are deeply appreciative of the dedication, expertise, and leadership of the people and agencies that contributed to the 2015 Healthier Somerset Community Health Improvement Plan. Our efforts to build a lasting Culture of Health in Somerset County would not be possible without your ongoing enthusiasm and support.

Appendices

APPENDIX A: PARTICIPANTS IN THE CHIP PROCESS

Healthier Somerset Advisory Board 2015

Serena Collado, RWJ Somerset, Convener
Valerie Barber, Verizon Wireless Worksite Wellness task force co-chair
Stephanie Carey, Somerset County Health Officers Association
Erica Ferry, Sanofi US
Laura Forgione, Greater Somerset Public Health Partnership
Paul Grzella, The Courier News
Mike Kerwin, Somerset County Business Partnership
Mary Lacoff, RWJ Somerset, Worksite Wellness task force co-chair
Paul Masaba, Health Officer, Somerset County, NJ
Rebecca Perkins, Healthier Somerset Project Manager
Linda Rapacki, RideWise Policy task force co-chair
Kristen Schiro, Schools task force chair
Lucille Talbot, Policy task force co-chair
Hon. Patricia Walsh, Somerset County Freeholder

Planning Session Participants

Priority Area	Participants	6/15/15	9/15/15
Priority Area 1: Mental Health and Substance Abuse	Tim Wolf	x	
	Zach Taylor	x	
	Mariam Merced	x	
	Priscilla Schmitt	x	
	Pat Walsh	x	
Priority Area 2: Obesity	Cheryl Komline	x	x
	Kristin Schiro	x	
	Ruth Prothero	x	x
	Linda Rapacki	x	x
	Valerie Barber	x	x
	Carolyn Seracka	x	
	Erika Lannaman	x	
	Stephanie Carey	x	
	Sarah Walker	x	x
	Theresa Hanntz	x	x
	Ben Strong	x	
	Lucy Forgione		x

Priority Area	Participants	6/15/15	9/15/15
Priority Area 3: Chronic Disease	Erica Ferry	x	
	Debbie McGarity	x	
	Stephanie Howland	x	x
	Karen Isky	x	
	Paul Masaba	x	x
	Caitlin Witucki	x	x
	Audrey Taffet	x	
	Lucille Young-Talbot	x	
	Linda Frey	x	
	Lux Maria Gomer		x
	Peter Ruccione		x
	Sean Tyndall		x
	Daryl Minch		x
	Stephanie Carey		x
	Allison Lacko		x
Priority Area 4: Access to Care	Michéle Samarya-Timm	x	x
	Phyllis Friedman	x	
	Paulann Pierson	x	
	Mary Lacoff	x	
	Takeena Deas	x	
	Ben Strong		x
	Zach Taylor		x
	Isharni Amin		x
	Siobhan Spano		x
	Fran Palm		x

Subject Matter Expert Reviewers

Greater Somerset Public Health Partnership
Middle-Brook Regional Health Commission
Somerset County Department of Health
Somerset County Heath Officers Association

Consultant Advisors

Health Resources in Action, Inc.

Community Partners/Hosts

Robert Wood Johnson University Hospital - Somerset

APPENDIX B: PRIORITIZATION TOOL

Step 1: Rate Priorities Using the following Criteria

Instructions:Rate each health issue based on how well it meets each of the criteria provided:
1=low, **2**=medium, **3**=high, **4**=very high

Health Resources in Action
Advancing Public Health and Medical Research

Key Health Issues	Selection Criteria				Total Rating
	RELEVANCE *How Important Is It?*	**APPROPRIATENESS** *Should We Do It?*	**IMPACT** *What Will We Get Out of It?*	**FEASIBILITY** *Can We do It?*	**Step 2:** Add the four ratings to determine the total rating
	- Burden (magnitude and severity ; economic cost; urgency) of the problem - Community concern - Focus on equity and accessibility	- Ethical and moral issues - Human rights issues - Legal aspects - Political and social acceptability - Public attitudes and values	- Effectiveness - Coverage - Builds on or enhances current work - Can move the needle and demonstrate measureable outcomes - Proven strategies to address multiple wins	- Community capacity - Technical capacity - Economic capacity - Political capacity/will - Socio-cultural aspects - Ethical aspects - Can identify easy short-term wins	
1. Active living (such as making it easier to walk, bike, and visit parks)					
2. Environmental issues (such as water and air quality)					
3. Health care access					
4. Healthy eating					
5. Issues related to aging (such as Alzheimer's or falls)					
6. Mental health					
7. Needs of caregivers					
8. Overweight/obesity					
9. Substance abuse (such as abuse of alcohol and other drugs)					
10. Tobacco use					
11. Transportation issues					
Added by participants:					
1. Chronic Disease					
2. Infectious Disease					
3. Housing					
4. Well-being					

APPENDIX C: GLOSSARY OF TERMS

Built Environment: Man-made surroundings that include buildings, public resources, land use patterns, the transportation system, and design features.

Community Health Improvement Plan (CHIP): Action-oriented strategic plan that outlines the priority health issues for a defined community, and how these issues will be addressed.

Complete Streets: Streets that are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities.

Cultural Competence: Set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals that enables effective interactions in a cross-cultural framework

Evidence-based Method: Strategy for explicitly linking public health or clinical practice recommendations to scientific evidence of the effectiveness and/or other characteristics of such practices

Goals: Identify in broad terms how the efforts will change things to solve identified problems

Health Equity/Social Justice: When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

Health Literacy: Degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions.

Mental Health First Aid is a national program to teach the skills to respond to the signs of mental illness and substance use.

Objectives: Measurable statements of change that specify an expected result and timeline, objectives build toward achieving the goals

Percentages: All percentages are relative; absolute change as a percentage of the baseline value

Performance Measures: Changes that occur at the community level as a result of completion of the strategies and actions taken

Priority Areas: Broad issues that pose problems for the community

Strategies: Action-oriented phrases to describe how the objectives will be approached

Action Planning Terms

Resources Needed: Include all resources needed for this strategy. (Examples: funding, staff time, space needs, supplies, technology, equipment, and key partners)

Monitoring/Evaluation Approaches: The approaches you will use to track and monitor progress on strategies and activities (e.g., quarterly reports, participant evaluations from training)

Action Steps: The activities outline the steps you will take to achieve each strategy. It is best to arrange activities chronologically by start dates.

Organization(s) Responsible: Identify by name the key person(s) or organization(s) that will lead, manage, and implement the activities for each strategy, including initiating the activity, providing direction for the work, and monitoring progress.

Outcome (Products) or Results: Describe the direct, tangible and measurable results of the activity (e.g., a product or document, an agreement or policy, number of participants).

Time Line: Check off the projected quarter of completion for each activity

APPENDIX D: ACTION PLAN TEMPLATES

Year 1 Action Plan			
PRIORITY AREA 1: Mental Health and Substance Abuse			
Goal 1: Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents.			
Objective 1.1: Increase the total number of trainers able to educate the community on Mental Health First Aid* by 2017. * *Mental Health First Aid* is a national program to teach the skills to respond to the signs of mental illness and substance use.			
Selected Outcome Indicators:	**Baseline**	**2020 Target**	**Data Source**
• Number of trainers able to educate the community on Mental Health First Aid	Developmental	50% over baseline	Surveys
Partners for This Objective:			
• Anew Wellness, Inc. • Carrier Clinic • Community in Crisis • Crisis Intervention Training for Law Enforcement • Easter Seals • EmPoWER Somerset • Family support organizations • Johnson & Johnson • Mental Health Association of Somerset County • Municipal Alliances • National Alliance on Mental Illness • Psychiatric Emergency Screening Services (PESS) • Public and private mental health and substance abuse providers • Richard Hall Mental Health Center • Rutgers University Behavioral Health Care Somerset County website • Schools (school nurses and wellness teams) involved in mental health and substance abuse • Somerset County Department of Human Services • United Way • YMCA			
Resources Required (human, partnerships, financial, infrastructure or other)			
•			
Monitoring/Evaluation Approaches			
•			

Year 1 Action Plan										
PRIORITY AREA 1: Mental Health and Substance Abuse										
Goal 1: Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents.										
Objective 1.1: Increase the total number of trainers able to educate the community on Mental Health First Aid* by 2017. * *Mental Health First Aid* is a national program to teach the skills to respond to the signs of mental illness and substance use.										
Strategies		**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y2**	**Y3**
					Q 1	**Q 2**	**Q 3**	**Q 4**		
1.1.1	Collect and analyze data and determine a baseline for successive annual comparisons.									
1.1.2	Identify and secure possible funding sources for Mental Health First Aid trainers and participants.									
1.1.3	Recruit potential trainers from community-based organizations working with underserved populations (Senior Centers, Multi-cultural, etc.).									

Year 1 Action Plan			
PRIORITY AREA 1: Mental Health and Substance Abuse			
Goal 1: Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents.			
Objective 1.2: Increase the number of people trained in Mental Health First Aid by 2020 by 5%.			
Selected Outcome Indicators:	**Baseline**	**2020 Target**	**Data Source**
• Number of people trained in Mental Health First Aid	Developmental	5% over baseline	Surveys
Partners for This Objective:			
• Anew Wellness, Inc. • Carrier Clinic • Community in Crisis • Crisis Intervention Training for Law Enforcement • Easter Seals • EmPoWER Somerset • Family support organizations • Johnson & Johnson • Mental Health Association of Somerset County • Municipal Alliances • National Alliance on Mental Illness • Psychiatric Emergency Screening Services (PESS) • Public and private mental health and substance abuse providers • Richard Hall Mental Health Center • Rutgers University Behavioral Health Care Somerset County website • Schools (school nurses and wellness teams) involved in mental health and substance abuse • Somerset County Department of Human Services • United Way • YMCA			
Resources Required (human, partnerships, financial, infrastructure or other)			
•			
Monitoring/Evaluation Approaches			
•			

Year 1 Action Plan										
PRIORITY AREA 1: Mental Health and Substance Abuse										
Goal 1: Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents.										
Objective 1.2: Increase the number of people trained in Mental Health First Aid by 2020 by 5%.										
Strategies		**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y2**	**Y3**
					Q 1	**Q 2**	**Q 3**	**Q 4**		
1.2.1	Collect and analyze data and determine a baseline for successive annual comparisons. (Year 1)									
1.2.2	Design and conduct promotion and outreach to increase awareness and enrollment in training. (Year 2-3)								x	x
1.2.3	Identify and secure funding to support participation in training. (Year 2-3).								x	x

Year 1 Action Plan			
PRIORITY AREA 1: Mental Health and Substance Abuse			
Goal 1: Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents.			
Objective 1.3: Increase awareness among primary care physicians of mental health/substance abuse issues by 10% by 2020.			
Selected Outcome Indicators:	**Baseline**	**2020 Target**	**Data Source**
• Level of awareness among primary care physicians	Developmental	10% over baseline	Surveys
• Number of primary care physicians using a consistent Mental Health/Substance Abuse evidence-based screening tool	Developmental	10% over baseline	Surveys
Partners for This Objective:			
• Anew Wellness, Inc. • Carrier Clinic • Community in Crisis • Crisis Intervention Training for Law Enforcement • Easter Seals • EmPoWER Somerset • Family support organizations • Johnson & Johnson • Mental Health Association of Somerset County • Municipal Alliances • National Alliance on Mental Illness • Psychiatric Emergency Screening Services (PESS) • Public and private mental health and substance abuse providers • Richard Hall Mental Health Center • Rutgers University Behavioral Health Care Somerset County website • Schools (school nurses and wellness teams) involved in mental health and substance abuse • Somerset County Department of Human Services • United Way • YMCA			
Resources Required (human, partnerships, financial, infrastructure or other)			
•			
Monitoring/Evaluation Approaches			
•			

Year 1 Action Plan											
PRIORITY AREA 1: Mental Health and Substance Abuse											
Goal 1: Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents.											
Objective 1.3: Increase awareness among primary care physicians of mental health/substance abuse issues by 10% by 2020.											
Strategies		**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y2**	**Y3**
					Q 1	**Q 2**	**Q 3**	**Q 4**		
1.3.1	Collect and analyze data and determine a baseline for successive annual comparisons. (Year 1).									
1.3.2	Provide education through grand rounds and 'Do No Harm' symposiums. (Year 2).								x	
1.3.3	Provide Primary Care Physicians with local resources and referrals for Mental Health/Substance Abuse. (Year 2-3).								x	x
1.3.4	Design and conduct outreach and education to medical schools on Mental Health/Substance Abuse. (Year 2-3).								x	x
1.3.5	Establish and promote use of a consistent Mental Health/Substance Abuse evidence-based screening tool. (Year 3).									x

Year 1 Action Plan			
PRIORITY AREA 1: Mental Health and Substance Abuse			
Goal 1: Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents.			
Objective 1.4: Enhance municipal/health alliances to advocate for the integration of Mental Health/Substance Abuse and Primary Care by 2020			
Selected Outcome Indicators:	**Baseline**	**2020 Target**	**Data Source**
• Number of municipal/health alliances	Twenty	Twenty-one	Surveys
Partners for This Priority Area:			
• Anew Wellness, Inc. • Carrier Clinic • Community in Crisis • Crisis Intervention Training for Law Enforcement • Easter Seals • EmPoWER Somerset • Family support organizations • Johnson & Johnson • Mental Health Association of Somerset County • Municipal Alliances • National Alliance on Mental Illness • Psychiatric Emergency Screening Services (PESS) • Public and private mental health and substance abuse providers • Richard Hall Mental Health Center • Rutgers University Behavioral Health Care Somerset County website • Schools (school nurses and wellness teams) involved in mental health and substance abuse • Somerset County Department of Human Services • United Way • YMCA			
Resources Required (human, partnerships, financial, infrastructure or other)			
•			
Monitoring/Evaluation Approaches			
•			

Year 1 Action Plan										
PRIORITY AREA 1: Mental Health and Substance Abuse										
Goal 1: Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents.										
Objective 1.4: Enhance municipal/health alliances to advocate for the integration of Mental Health/Substance Abuse and Primary Care by 2020										
Strategies	**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y 2**	**Y3**
				Q 1	**Q 2**	**Q 3**	**Q 4**		
1.4.1 Collect and analyze data and determine a baseline for successive annual comparisons. (Year 1).									
1.4.2 Increase outreach to Mental Health/Substance Abuse/Primary Care to attend established alliances; convene quarterly 'think tank' meetings. (Year 1).									
1.4.3 Identify and apply for grant funding that is based on collaborative partnerships. (Year 2).								x	
1.4.4 Promote collaborative Mental Health/Substance Abuse/Primary Care best practices. (Year 2).								x	
1.4.5 Establish advocacy work groups to promote and secure funding. (Year 3)									x

Year 1 Action Plan			
PRIORITY AREA 1: Mental Health and Substance Abuse			
Goal 1: Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents.			
Objective 1.5: Increase awareness of Mental Health/Substance Abuse services, wellness programs, and resources in Somerset County by 2017.			
Selected Outcome Indicators:	**Baseline**	**2020 Target**	**Data Source**
• Number of people aware of services, wellness programs and other resources	Developmental	20% over baseline	Surveys
Partners for This Priority Area:			
• Anew Wellness, Inc. • Carrier Clinic • Community in Crisis • Crisis Intervention Training for Law Enforcement • Easter Seals • EmPoWER Somerset • Family support organizations • Johnson & Johnson • Mental Health Association of Somerset County • Municipal Alliances • National Alliance on Mental Illness • Psychiatric Emergency Screening Services (PESS) • Public and private mental health and substance abuse providers • Richard Hall Mental Health Center • Rutgers University Behavioral Health Care Somerset County website • Schools (school nurses and wellness teams) involved in mental health and substance abuse • Somerset County Department of Human Services • United Way • YMCA			
Resources Required (human, partnerships, financial, infrastructure or other)			
•			
Monitoring/Evaluation Approaches			
•			

Year 1 Action Plan										
PRIORITY AREA 1: Mental Health and Substance Abuse										
Goal 1: Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents.										
Objective 1.5: Increase awareness of Mental Health/Substance Abuse services, wellness programs, and resources in Somerset County by 2017.										
Strategies		**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y2**	**Y 3**
					Q 1	**Q 2**	**Q 3**	**Q 4**		
1.5.1	Collect and analyze data and determine a baseline for successive annual comparisons. (Year 1).									
1.5.2	Design and conduct outreach to Parent Teacher Organizations (PTO) in Somerset County.									
1.5.3	Establish collaboration/integration of 'No More Whispers' campaign.									
1.5.4	Establish, promote and distribute signs and symptoms poster campaign in multiple languages to multiple community-based venues/sites.									
1.5.5	Print and distribute Mental Health/Substance Abuse resources and services in multiple languages.									
1.5.6	Promote synergy of mind, body wellness as a prevention mechanism.									

Year 1 Action Plan
PRIORITY AREA 2: Obesity

Goal 2:	**Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change.**			
Objective 2.1:	**By 2017, increase by 10% the pounds of fresh fruit and vegetables available in food banks, food pantries and co-ops through partnerships with local producers and community gardens.**			
Selected Outcome Indicators:		**Baseline**	**2020 Target**	**Data Source**
• Total pounds of fresh fruit and vegetables available in food banks				Countywide survey
• Total pounds of fresh fruit and vegetables available in food pantries				Countywide survey
• Total pounds of fresh fruit and vegetables available in co-ops				Countywide survey
Partners for This Objective:				
• Coordinated school health programs • Community gardens • EmPoWER Somerset • Farmers markets • Greater Somerset Public Health Partnership • Mayor's Wellness Campaign • RideWise TMA • Rutgers Cooperative Extension • Rutgers University • ShapingNJ • Somerset County Business Partnership • Somerset County Park Commission • Somerset County Wellness Committee • Somerset-Morris Regional Chronic Disease Coalition • Somerset County YMCA				
Resources Required (human, partnerships, financial, infrastructure or other)				
•				
Monitoring/Evaluation Approaches				
•				

Year 1 Action Plan										
PRIORITY AREA 2: Obesity										
Goal 2:	**Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change.**									
Objective 2.1:	**By 2017, increase by 10% the pounds of fresh fruit and vegetables available in food banks, food pantries and co-ops through partnerships with local producers and community gardens.**									
Strategies		**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y2**	**Y3**
					Q 1	**Q 2**	**Q 3**	**Q 4**		
2.1.1	Create a master list of all food pantries in Somerset County.									
2.1.2	Design and execute a survey to ascertain the current fresh food distribution per month. Survey: (1) food banks, food pantries, and co-ops; and (2) local producers and community garden.									
2.1.3	Recruit public health interns to provide support around conducting survey and interviews, and developing and implementing the distribution plan.									
2.1.4	Conduct interviews to learn more about barriers to fresh food distribution (e.g. transportation, weight, perishability, etc.). Interview: (1) food bank, food pantry and/ or co-op staff; and (2) local producers.									
2.1.5	Develop strategies for a distribution plan from vendors to food banks / pantries / co-									

Year 1 Action Plan									
PRIORITY AREA 2: Obesity									
Goal 2: Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change.									
Objective 2.1: By 2017, increase by 10% the pounds of fresh fruit and vegetables available in food banks, food pantries and co-ops through partnerships with local producers and community gardens.									
	ops, and from food banks / pantries / co-ops to individuals. Prioritize barriers that will be addressed and define scope of distribution plan.								

Year 1 Action Plan			
PRIORITY AREA 2: Obesity			
Goal 2: Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change.			
Objective 2.2: Increase the percentage of youth and adults who are getting the daily recommended serving of fruits and vegetables by 2019.			
Selected Outcome Indicators:	**Baseline**	**2020 Target**	**Data Source**
• Percentage of youth (grades 9-12) who are getting the daily recommended serving of fruits and vegetables (5 or more)	19% 19.2% for NJ		Youth Risk Behavior Survey (YRBS) 2013 Student Health Survey 2011
• Percentage of adults (age 18+) who are getting the daily recommended serving of fruits and vegetables (5 or more)	26.1% for NJ		Behavioral Risk Factor Surveillance System (BRFSS), State --> county data 2009
Partners for This Objective:			
• Coordinated school health programs • Community gardens • EmPoWER Somerset • Farmers markets • Greater Somerset Public Health Partnership • Mayor's Wellness Campaign • RideWise TMA • Rutgers Cooperative Extension • Rutgers University • ShapingNJ • Somerset County Business Partnership • Somerset County Park Commission • Somerset County Wellness Committee • Somerset-Morris Regional Chronic Disease Coalition • Somerset County YMCA			
Resources Required (human, partnerships, financial, infrastructure or other)			
•			
Monitoring/Evaluation Approaches			
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Year 1 Action Plan											
PRIORITY AREA 2: Obesity											
Goal 2: Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change.											
Objective 2.2: Increase the percentage of youth and adults who are getting the daily recommended serving of fruits and vegetables by 2019.											
Strategies		**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y2**	**Y3**
					Q 1	**Q 2**	**Q 3**	**Q 4**		
2.2.1	Promote the inclusion of increased fresh fruits and vegetables at food pantries.									
2.2.2	Identify farmers markets for advertising/social media/vouchers.									
2.2.3	Conduct community-based classes to demonstrate uses for unfamiliar fruits and vegetables.									
2.2.4	Promote school and community gardens, farm to school, and offer more food tastings at school.									
2.2.5	Include health information with food sources.									
2.2.6	Encourage physicians to write prescriptions for fruits and vegetables and provide vouchers for purchase.									

Year 1 Action Plan			
PRIORITY AREA 2: Obesity			
Goal 2: Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change.			
Objective 2.3: By 2019, increase by 5% the number of people reached by educational initiatives on healthy food choices, preparation and eating.			
Selected Outcome Indicators:	**Baseline**	**2020 Target**	**Data Source**
• Number of people attending educational programs	Developmental		
• Reach of communications (number of newsletter recipients, website hits, etc.)	Developmental		
Partners for This Objective:			
• Coordinated school health programs • Community gardens • EmPoWER Somerset • Farmers markets • Greater Somerset Public Health Partnership • Mayor's Wellness Campaign • RideWise TMA • Rutgers Cooperative Extension • Rutgers University • ShapingNJ • Somerset County Business Partnership • Somerset County Park Commission • Somerset County Wellness Committee • Somerset-Morris Regional Chronic Disease Coalition • Somerset County YMCA			
Resources Required (human, partnerships, financial, infrastructure or other)			
•			
Monitoring/Evaluation Approaches			
•			

Year 1 Action Plan										
PRIORITY AREA 2: Obesity										
Goal 2: Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change.										
Objective 2.3: By 2019, increase by 5% the number of people reached by educational initiatives on healthy food choices, preparation and eating.										
Strategies		**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y2**	**Y3**
					Q 1	**Q 2**	**Q 3**	**Q 4**		
2.3.1	Collect and analyze data and determine a baseline for successive annual comparisons.									
2.3.2	Identify and document partners (e.g. SNAP-Ed at Rutgers Cooperative, etc.) and resources for print and digital communication (e.g. newspapers, newsletters, etc.).									
2.3.3	Develop a plan to coordinate sharing and tracking of information. Start with a pilot.									
2.3.4	Identify opportunities for increasing reach of and sharing information about existing educational initiatives, and develop a communications plan.									

Year 1 Action Plan			
PRIORITY AREA 2: Obesity			
Goal 2: Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change.			
Objective 2.4: By 2019, increase by 3% the respondents in Somerset County who participate in any physical activity.			
Selected Outcome Indicators:	**Baseline**	**2020 Target**	**Data Source**
• Respondents who participated in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise	71.3% indicated "Yes"	74.3%	2015 Somerset County community health assessment survey question that asked Future: Behavioral Risk Factor Surveillance System (BRFSS)
Partners for This Objective:			
• Coordinated school health programs • Community gardens • EmPoWER Somerset • Farmers markets • Greater Somerset Public Health Partnership • Mayor's Wellness Campaign • RideWise TMA • Rutgers Cooperative Extension • Rutgers University • ShapingNJ • Somerset County Business Partnership • Somerset County Park Commission • Somerset County Wellness Committee • Somerset-Morris Regional Chronic Disease Coalition • Somerset County YMCA			
Resources Required (human, partnerships, financial, infrastructure or other)			
•			
Monitoring/Evaluation Approaches			
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Year 1 Action Plan										
PRIORITY AREA 2: Obesity										
Goal 2: Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change.										
Objective 2.4: By 2019, increase by 3% the respondents in Somerset County who participate in any physical activity.										
Strategies		**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y2**	**Y3**
					Q 1	**Q 2**	**Q 3**	**Q 4**		
2.4.1	Identify existing resources for worksite wellness.									
2.4.2	Tap into Somerset County Business Partnership and New Jersey Department of Health. Resources / suggestions for worksite wellness might include nominating employee captains and implementing “Big Sister” mentoring (where a large business would mentor a small business around worksite wellness). Frame around cost savings.									
2.4.3	Collect and re-deploy existing information on simple tips for exercise and movement. For example, collect information about helpful apps (on drinking water, stretching, etc.) and distribute this information via Pinterest and local recreation departments.									

Year 1 Action Plan			
PRIORITY AREA 2: Obesity			
Goal 2: Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change.			
Objective 2.5: By 2017, increase the awareness of the existing built environment for biking and walking (e.g. sidewalks, walking trails, Complete Streets, and biking lanes).			
Selected Outcome Indicators:	**Baseline**	**2020 Target**	**Data Source**
• Number of signs	Developmental		Audit of signage
• Number of maps	Developmental		
• Knowledge of infrastructure	Developmental		Survey about knowledge of what infrastructure exists
• Increase in use of bikes for transportation to work	Developmental		US Department of Commerce, Bureau of the Census, American Fact Finder, 2009 - 2013 American Community Survey
• Number of municipalities that adopt Complete Streets resolution	8/21 municipalities		
Partners for This Objective:			
• Coordinated school health programs • Community gardens • EmPoWER Somerset • Farmers markets • Greater Somerset Public Health Partnership • Mayor's Wellness Campaign • RideWise TMA • Rutgers Cooperative Extension • Rutgers University • ShapingNJ • Somerset County Business Partnership • Somerset County Park Commission • Somerset County Wellness Committee • Somerset-Morris Regional Chronic Disease Coalition • Somerset County YMCA			
Resources Required (human, partnerships, financial, infrastructure or other)			
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Year 1 Action Plan										
PRIORITY AREA 2: Obesity										
Goal 2: Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change.										
Objective 2.5: By 2017, increase the awareness of the existing built environment for biking and walking (e.g. sidewalks, walking trails, Complete Streets, and biking lanes).										
Monitoring/Evaluation Approaches										
•										
Strategies		**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y2**	**Y3**
					Q 1	**Q 2**	**Q 3**	**Q 4**		
2.5.1	Collect and analyze data and determine a baseline for successive annual comparisons.									
2.5.2	Increase signage around biking, running and walking.									
2.5.3	Provide countywide education on strategies for safe, active living in population-dense places.									
2.5.4	Identify all walking paths in the county (where they start, where to park, how long they are, etc.). Create a centralized information source for the entire County. Outreach to Graphic Information Systems (GIS) group that may be able to work on this, and connect with the Tourism Board regarding the ability to publicize the information through their “10 Things to do in Somerset County” e-mail.									

Year 1 Action Plan			
PRIORITY AREA 3: Chronic Disease			
Goal 3: Reduce the impact of chronic disease through prevention, management, and education to improve quality of life.			
Objective 3.1: Increase the number of family caregivers connected to resources/support.			
Selected Outcome Indicators:	**Baseline**	**2020 Target**	**Data Source**
• Number of family caregivers connected to resources/support	Developmental		
Partners for This Objective:			
• American Diabetes Association • Cancer Support Center of Central New Jersey • Community gardens • Somerset County's corporate community • Dept. of Agriculture • Departments of Health • Faith-based organizations • Family and Community Health Services (FCHS) (Rutgers) • Food pantries • Hospitals and Healthcare System • Somerset County Office on Aging and Disabilities • Public Schools • Regional Chronic Disease Coalition for Morris & Somerset County (RCDC) • Rutgers Coop • Sodexo – School Food Services • United Way Care Givers Association • University and Colleges (Rutgers), Community Colleges			
Resources Required (human, partnerships, financial, infrastructure or other)			
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Monitoring/Evaluation Approaches			
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Year 1 Action Plan										
PRIORITY AREA 3: Chronic Disease										
Goal 3: Reduce the impact of chronic disease through prevention, management, and education to improve quality of life.										
Objective 3.1: Increase the number of family caregivers connected to resources/support.										
Strategies		**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y2**	**Y3**
					Q 1	**Q 2**	**Q 3**	**Q 4**		
3.1.1	Collect and analyze data and determine a baseline for successive annual comparisons.									
3.1.2	Educate general population on Caregivers Coalition (especially groups within Healthier Somerset) – need coalition support.									
3.1.3	Inventory and disseminate educational materials at multiple gatherings and settings in the community.									
3.1.4	Provide information cards for healthcare providers to give to patients (difficulty getting all providers to have in office).									
3.1.5	Add link on hospital website.									
3.1.6	Develop and conduct public service announcements and promote through the general media.									
3.1.7	Develop a larger campaign to get in to doctor's offices.									
3.1.8	Engage the faith-based community in promotion and									

Year 1 Action Plan									
PRIORITY AREA 3: Chronic Disease									
Goal 3: Reduce the impact of chronic disease through prevention, management, and education to improve quality of life.									
Objective 3.1: Increase the number of family caregivers connected to resources/support.									
support efforts.									

Year 1 Action Plan			
PRIORITY AREA 3: Chronic Disease			
Goal 3: Reduce the impact of chronic disease through prevention, management, and education to improve quality of life.			
Objective 3.2: Increase the number of participants in educational and supportive programs by [date].			
Selected Outcome Indicators:	**Baseline**	**2020 Target**	**Data Source**
• Number of participants in support groups	Developmental		
• Number of participants in employee wellness program	Developmental		
• Number of participants in self-management groups	Developmental		
• Number of participants in prevention programs	Developmental		
• Number of referrals to alternative methods	Developmental		
Partners for This Objective:			
• American Diabetes Association • Cancer Support Center of Central New Jersey • Community gardens • Somerset County's corporate community • Dept. of Agriculture • Departments of Health • Faith-based organizations • Family and Community Health Services (FCHS) (Rutgers) • Food pantries • Hospitals and Healthcare System • Somerset County Office on Aging and Disabilities • Public Schools • Regional Chronic Disease Coalition for Morris & Somerset County (RCDC) • Rutgers Coop • Sodexo – School Food Services • United Way Care Givers Association • University and Colleges (Rutgers), Community Colleges			
Resources Required (human, partnerships, financial, infrastructure or other)			
•			
Monitoring/Evaluation Approaches			
•			

Year 1 Action Plan										
PRIORITY AREA 3: Chronic Disease										
Goal 3: Reduce the impact of chronic disease through prevention, management, and education to improve quality of life.										
Objective 3.2: Increase the number of participants in educational and supportive programs by [date].										
Strategies	**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y2**	**Y3**
				Q 1	**Q 2**	**Q 3**	**Q 4**		
3.2.1 Collect and analyze data and determine a baseline for successive annual comparisons.									
3.2.2 Identify criteria for selecting and evaluating potential educational and support programs to recommend (support groups, self-management, employee wellness, referrals to prevention alternatives).									
3.2.3 Select six (6) high impact programs and promote them (strategies will differ by program).									
3.2.4 Identify referral sources that channel people to those programs (doctors' offices, work sites, faith-based organizations).									
3.2.5 Identify organizations for preventive care and promote.									
3.2.6 Raise awareness – where do people get info, referrals and self-referral: web/social media, office of aging, disabilities, senior centers, libraries, schools.									
3.2.7 Look at existing app/websites									

Year 1 Action Plan										
PRIORITY AREA 3: Chronic Disease										
Goal 3: Reduce the impact of chronic disease through prevention, management, and education to improve quality of life.										
Objective 3.2: Increase the number of participants in educational and supportive programs by [date].										
	for conditions.									
3.2.8	Work with programs to gather information about referrals and selection/contact (i.e., ask – how did you hear about us?).									
3.2.9	Include information about programs via 211.									

Year 1 Action Plan			
PRIORITY AREA 3: Chronic Disease			
Goal 3: Reduce the impact of chronic disease through prevention, management, and education to improve quality of life.			
Objective 3.3: Increase the number of people who are screened for Chronic Disease risk factors and referred as appropriate			
Selected Outcome Indicators:	**Baseline**	**2020 Target**	**Data Source**
• Number of people screened for hypertension	Developmental		
• Number of people screened for diabetes	Developmental		
• Number of people screened for cholesterol	Developmental		
Partners for This Objective:			
• American Diabetes Association • Cancer Support Center of Central New Jersey • Community gardens • Somerset County's corporate community • Dept. of Agriculture • Departments of Health • Faith-based organizations • Family and Community Health Services (FCHS) (Rutgers) • Food pantries • Hospitals and Healthcare System • Somerset County Office on Aging and Disabilities • Public Schools • Regional Chronic Disease Coalition for Morris & Somerset County (RCDC) • Rutgers Coop • Sodexo – School Food Services • United Way Care Givers Association • University and Colleges (Rutgers), Community Colleges			
Resources Required (human, partnerships, financial, infrastructure or other)			
•			
Monitoring/Evaluation Approaches			
•			

Year 1 Action Plan										
PRIORITY AREA 3: Chronic Disease										
Goal 3: Reduce the impact of chronic disease through prevention, management, and education to improve quality of life.										
Objective 3.3: Increase the number of people who are screened for Chronic Disease risk factors and referred as appropriate										
Strategies	**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y2**	**Y3**
				Q 1	**Q 2**	**Q 3**	**Q 4**		
3.3.1 Collect and analyze data and determine a baseline for successive annual comparisons.									
3.3.2 Increase connections/collaborations between community settings/groups and the hospitals who do the screenings (funding as a part of it).									
3.3.3 Hold annual wellness event and/or add screening to existing events.									
3.3.4 Educate primary care physicians on importance of pre-“condition” results and recommending action to address them.									
3.3.5 Develop and conduct a social media campaign to encourage people to get tested for chronic disease factors.									
3.3.6 Collaborate with Robert Wood Johnson (RWJ) and Medical Associations to get doctors to be available for referrals from community screenings.									

Year 1 Action Plan			
PRIORITY AREA 3: Chronic Disease			
Goal 3: Reduce the impact of chronic disease through prevention, management, and education to improve quality of life.			
Objective 3.4: Increase healthcare providers' awareness of cultural sensitivity and diversity (beyond language).			
Selected Outcome Indicators:	**Baseline**	**2020 Target**	**Data Source**
• Number of providers trained/attended	Developmental		Survey (existing)?
• Number of providers who access the resource list	Developmental		Survey (existing)?
Partners for This Objective:			
• American Diabetes Association • Cancer Support Center of Central New Jersey • Community gardens • Somerset County's corporate community • Dept. of Agriculture • Departments of Health • Faith-based organizations • Family and Community Health Services (FCHS) (Rutgers) • Food pantries • Hospitals and Healthcare System • Somerset County Office on Aging and Disabilities • Public Schools • Regional Chronic Disease Coalition for Morris & Somerset County (RCDC) • Rutgers Coop • Sodexo – School Food Services • United Way Care Givers Association • University and Colleges (Rutgers), Community Colleges			
Resources Required (human, partnerships, financial, infrastructure or other)			
•			
Monitoring/Evaluation Approaches			
•			

Year 1 Action Plan											
PRIORITY AREA 3: Chronic Disease											
Goal 3: Reduce the impact of chronic disease through prevention, management, and education to improve quality of life.											
Objective 3.4: Increase healthcare providers' awareness of cultural sensitivity and diversity (beyond language).											
Strategies		**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y2**	**Y3**
					Q 1	**Q 2**	**Q 3**	**Q 4**		
3.4.1	Collect and analyze data and determine a baseline for successive annual comparisons.									
3.4.2	Identify which agencies/organizations work with diverse populations (define cultural sensitivity and diversity. Diversity = race, gender, language, LGBT, etc. – cultural responsiveness).									
3.4.3	Develop and conduct webinars for target audiences, provide incentives for providers.									
3.4.4	Add presentations on cultural sensitivity to existing conferences and assign/grant. CEU's that are recognized.									
3.4.5	Work with community college, residency programs, and internship programs to train diversity of students on cultural sensitivity.									
3.4.6	Target pockets of "minority" populations.to increase awareness of chronic disease in their communities.									

Year 1 Action Plan			
PRIORITY AREA 4: Access to Care			
Goal 4: Improve the access to and awareness of health care services for those living and working in Somerset County, including underserved populations.			
Objective 4.1: Increase the utilization of existing primary care services in Somerset County by 10%.			
Selected Outcome Indicators:	**Baseline**	**2020 Target**	**Data Source**
• Proportion of persons with a usual primary care provider.			Medical Expenditure Panel Survey (MEPS); Agency for Healthcare Research and Quality (AHRQ).
• Proportion of persons of all ages who have a specific source of ongoing care.			National Health Interview Survey (NHIS), CDC/NCHS
Partners for This Objective:			
• Catholic Charities • First Baptist Church of Lincoln Gardens, Somerset NJ • Franklin Township Food Bank • Jewish Family Services • Martin Luther King Jr Youth Center • Matheny Developmental Services • Pharmaceutical assistance programs • Resource Center of Somerset County • Richard Hall Mental Health Center • Robert Wood Johnson University Hospital- Somerset • Samaritan Homeless Interim program (SHIP) • Somerset County Office of Human Services • Somerset County Food Bank Network • Somerset County Office on Aging and Disabilities • United Way of Northern New Jersey • Zarephath • Zufall Health Services			
Resources Required (human, partnerships, financial, infrastructure or other)			
•			
Monitoring/Evaluation Approaches			
•			

Year 1 Action Plan										
PRIORITY AREA 4: Access to Care										
Goal 4: Improve the access to and awareness of health care services for those living and working in Somerset County, including underserved populations.										
Objective 4.1: Increase the utilization of existing primary care services in Somerset County by 10%.										
Strategies		**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y2**	**Y3**
					Q 1	**Q 2**	**Q 3**	**Q 4**		
4.1.1	Work with Primary Care sites to access and analyze transportation patterns and existing transportation resources (look at patient satisfaction surveys).									
4.1.2	Train primary care physician site staff on available transportation resources.									
4.1.3	Educate at the community level by giving up to date transportation and health services information to 211.									

Year 1 Action Plan			
PRIORITY AREA 4: Access to Care			
Goal 4: Improve the access to and awareness of health care services for those living and working in Somerset County, including underserved populations.			
Objective 4.2: Create a network of Community Health Workers who represent the diverse populations in our community			
Selected Outcome Indicators:	**Baseline**	**2020 Target**	**Data Source**
• Number of Community Health Workers	Developmental		Survey (existing)
• Diversity of Community Health Workers	Developmental		Survey (existing)
Partners for This Objective:			
• Catholic Charities • First Baptist Church of Lincoln Gardens, Somerset NJ • Franklin Township Food Bank • Jewish Family Services • Martin Luther King Jr Youth Center • Matheny Developmental Services • Pharmaceutical assistance programs • Resource Center of Somerset County • Richard Hall Mental Health Center • Robert Wood Johnson University Hospital- Somerset • Samaritan Homeless Interim program (SHIP) • Somerset County Office of Human Services • Somerset County Food Bank Network • Somerset County Office on Aging and Disabilities • United Way of Northern New Jersey • Zarephath • Zufall Health Services			
Resources Required (human, partnerships, financial, infrastructure or other)			
•			
Monitoring/Evaluation Approaches			
•			

Year 1 Action Plan										
PRIORITY AREA 4: Access to Care										
Goal 4: Improve the access to and awareness of health care services for those living and working in Somerset County, including underserved populations.										
Objective 4.2: Create a network of Community Health Workers who represent the diverse populations in our community										
Strategies		**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y2**	**Y3**
					Q 1	**Q 2**	**Q 3**	**Q 4**		
4.2.1	Define Community Health Worker title and job description.									
4.2.2	Assess existing community health workers (CHWs) (use existing survey), including volunteer, lay health workers, etc. for coverage, satisfaction level, training needs, etc.									
4.2.3	Identify gaps in services and geographic areas.									
4.2.4	Identify partners (work group).									
4.2.5	Identify funding to support development of network.									

Year 1 Action Plan			
PRIORITY AREA 4: Access to Care			
Goal 4: Improve the access to and awareness of health care services for those living and working in Somerset County, including underserved populations.			
Objective 4.3: Increase opportunities to address barriers to health insurance navigation for underserved community members			
Selected Outcome Indicators:	**Baseline**	**2020 Target**	**Data Source**
• Number of resources to improve health insurance navigation for underserved community members	Developmental		
Partners for This Objective:			
• Catholic Charities • First Baptist Church of Lincoln Gardens, Somerset NJ • Franklin Township Food Bank • Jewish Family Services • Martin Luther King Jr Youth Center • Matheny Developmental Services • Pharmaceutical assistance programs • Resource Center of Somerset County • Richard Hall Mental Health Center • Robert Wood Johnson University Hospital- Somerset • Samaritan Homeless Interim program (SHIP) • Somerset County Office of Human Services • Somerset County Food Bank Network • Somerset County Office on Aging and Disabilities • United Way of Northern New Jersey • Zarephath • Zufall Health Services			
Resources Required (human, partnerships, financial, infrastructure or other)			
•			
Monitoring/Evaluation Approaches			
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Year 1 Action Plan											
PRIORITY AREA 4: Access to Care											
Goal 4: Improve the access to and awareness of health care services for those living and working in Somerset County, including underserved populations.											
Objective 4.3: Increase opportunities to address barriers to health insurance navigation for underserved community members											
Strategies		**Action Steps**	**Organizations(s) Responsible** L=Lead, M=Manage, I=Implement	**Outcome (Products)** or Results	**Year 1**				**Y2**	**Y3**
					Q 1	**Q 2**	**Q 3**	**Q 4**		
4.3.1	Collect and analyze data and determine a baseline for successive annual comparisons.									
4.3.2	Identify key barriers to health insurance navigation for targeted populations (focus groups, survey, other).									
4.3.3	Educate community members on resources and supports									
4.3.4	Conduct marketing promotion/media (radio, billboards, and social media).									
4.3.5	Identify funding opportunities and grants.									
4.3.6	Identify key policy and systems barriers; form advocacy group(s) to address them.									