SOMERSET COUNTY

Community Health Improvement Plan
2012 - 2015

WWW.HEALTHIERSOMERSET.ORG
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A MESSAGE FROM HEALTHIER SOMERSET

We are pleased to present the 2012-2015 Community Health Improvement Plan (CHIP) for Somerset County. This plan serves as an updated document to the 2007 Somerset County CHIP. The report was prepared after initial health research was collected, analyzed, and discussed by stakeholders across the county who have come together to participate in “Healthier Somerset.”

Formed in 2010, Healthier Somerset is a coalition of representatives from businesses, healthcare, education, faith-based communities, non-profit organizations, and local government in Somerset County working together to improve the overall health of county residents and workers. 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 can collectively increase our efforts to create a healthier Somerset.

Our coalition acknowledges that health is a priority. The health of Somerset County residents 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.

This plan is put forth by Healthier Somerset, and it is based upon extensive research and analysis. We gratefully acknowledge the contributions and support of all who contributed to the development of this CHIP. Special recognition is due to Somerset Medical Center for its generous support for the initial research and for convening the meetings that led to the creation of Healthier Somerset; Sanofi-Aventis Corporation for funding of Healthier Somerset; the Greater Somerset Public Health Partnership; and the local public health departments.

Our collective efforts and our individual knowledge and passion can garner greater change than any one of us working alone. We look forward to working together to make Somerset County the healthiest county in New Jersey.

Sincerely,

The Members of Healthier Somerset
EXECUTIVE SUMMARY

The collective health of a community is a critical element of its physical, emotional, and economic wellbeing. In 2010, Somerset Medical Center commissioned a community health assessment and convened an initial meeting of representatives from businesses, healthcare, education, faith-based communities, non-profit organizations, and local and county government. This meeting led to the creation of “Healthier Somerset,” a comprehensive community health coalition that is working to measurably improve the health of Somerset County, New Jersey residents.

The Community Health Improvement Planning process includes three major components:

1. A Behavioral Risk Factor Surveillance Study (BRFSS) to assess the health needs of Somerset County;
2. A community health assessment (CHA) to analyze the results of the BRFSS and identify the health-related needs and strengths of Somerset County; and
3. 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 full report presents the Community Health Improvement Plan (CHIP), which was developed using the key findings from the BRFSS to inform discussions and select the following data driven priority health issues, goals, and objectives:

<table>
<thead>
<tr>
<th>Master List</th>
<th>Significance (average rating)</th>
<th>Impact (average rating)</th>
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<tbody>
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</table>
PRIORITY AREA 1: MAINTAINING A HEALTHY WEIGHT

GOAL: To reduce the percentage of overweight and obese adults in Somerset County.

PRIORITY AREA 2: CHRONIC DISEASE MANAGEMENT

GOAL: To reduce the incidence and impact of chronic disease in Somerset County.

PRIORITY AREA 3: ACCESS TO CARE/MINORITY ACCESS

GOAL: To increase access to primary health care services for minority communities in Somerset County.

PRIORITY AREA 4: TOBACCO CESSATION

GOAL: To decrease tobacco use across Somerset County.

PRIORITY AREA 5: CAREGIVER NEEDS

GOAL: To strengthen services and resources to caregivers in Somerset County.

PRIORITY AREA 6: MENTAL HEALTH AND SUBSTANCE ABUSE

GOAL: To reduce access to quality mental health and substance abuse prevention, treatment and recovery services for all persons while reducing associated stigma.

PRIORITY AREA 7: INFECTIOUS DISEASE (INCLUDING HIV/AIDS)

GOAL: To reduce infectious disease, including the incidence of HIV/AIDS, in Somerset County.
The Somerset County CHIP is presented as a comprehensive overview of the state of health in Somerset County, New Jersey. It is intended to focus and guide the continuous health improvement process that is carried on by many agencies and organizations throughout the county, with coordination of efforts and information shared through the Healthier Somerset coalition. The plan will continue to evolve as all those involved respond to changing health situations.

We have made a strong attempt to include baseline data for all goals and objectives when possible. Many of the goals and objectives begin with assessment and collection of baseline data, and in these cases, objective outcomes will be measured against the baseline data collected in Year 1 of this plan.
BACKGROUND

The Somerset County Community Health Improvement Plan (CHIP) is the first step toward improving the health of the citizens of our county. It presents a comprehensive overview of the state of health of Somerset County and the goals and objectives created by a broad stakeholder coalition to act upon the findings.

This report follows the 2007 Somerset County CHIP, which was prepared by the Somerset County Governmental Public Health Partnership (GPHP), comprised of local health officers, and the Community Public Health Partnership (CPHP), made up of citizen and private sector organizations. The CHIP was a requirement of State regulation under the revised Public Health Practice Standards for Local Boards of Health in New Jersey. The CHIP process began in 2004, utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) Process.

In 2011, Somerset Medical Center commissioned a Behavioral Risk Factor Surveillance Study (BRFSS) as the first step in an updated Community Health Assessment (CHA) to gather current behavioral health statistics and to hear directly from the residents of Somerset County.

The primary goals of the Community Health Assessment were to:

- Provide baseline measure of key health indicators
- Identify positive and/or negative trending among health status
- Inform health policy and health strategies
- Provide a platform for collaboration among community groups
- Act as resource for individuals and agencies to identify community health needs and priorities
- Assist with community benefit and accreditation requirements
SOMERSET COUNTY PROFILE*

Demographics

- Somerset County’s population has a higher proportion of Asians, particularly those of Asian Indian and Chinese descent, and fewer blacks/African Americans and Hispanics, compared to the state overall. In addition, the proportions of residents 45 to 64 years of age also are proportionately higher than state averages.
- Despite the higher percentage of foreign-born populations in this county as compared to the state, the percentage of limited English proficiency populations is lower.
- The percentage of husband-wife family households in Somerset County, and children living in these family households, are considerably higher compared to the state averages.

Socioeconomics

- Somerset County residents are more likely to have college or graduate/professional degrees compared to the state overall.
- The county’s unemployment rate is lower than the state rate, but has more than tripled during the past decade. Residents are more likely to have management and professional careers, and less likely to be employed in service occupations, sales, production or transportation sectors.
- Somerset County per capita income and median household income are higher than the state, and the county has a proportionately higher number of high-income households and owner-occupied housing units. In addition, the percentage of cost-burdened households, overall and particularly those within $20,000 to $49,000 income range, is higher than the state average and has increased considerably between 2000 and 2009.
- The percentages of people below 100 and 200 percent federal poverty level (FPL) are considerably lower than state averages.
- The number of county residents on government assistance programs -including Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Emergency Assistance Payments (EAP) and the Supplemental Nutrition Assistance Program for Women, Infants and Children (WIC) -increased considerably between 2007 and 2011. The SNAP program in particular experienced a 117 percent increase during this timeframe.
- The percentage of the residents covered by private insurance, overall and particularly by employment-based coverage, is higher than the state overall, while those covered by public/government insurance, overall and specifically by Medicaid, are lower. The rate of uninsured residents, especially adults and those between 50 and 99 percent FPL, also is proportionally lower than the state averages.
Public Safety and Social Environment

- The percentage of children 6-29 months old that are screened for lead poisoning in Somerset County is significantly lower than the state's rate.
- Rates for reported child abuse, as well as children under Division of Youth and Family Services supervision and receiving in-home services, are lower in comparison with the state overall. The county's rates for adult arrests, particularly for drug abuse violations, are lower than the state averages.

Prevention

- Current smokers in Somerset County are more likely to be males, whites and those between 25 and 44 years of age compared to the state overall.
- Heavy drinkers with rates higher than the state averages are predominantly females, Asians and those between 45 and 64 years of age.
- The rate of obesity among Somerset County residents is lower than the state average. Males and whites in this county have higher overweight/obese rates compared to the state.
- The percentages of reported use of preventive services in Somerset County, including those used by Medicare fee-for-service (FFS) beneficiaries in the county, are considerably higher than the state averages.

Health Status

- The birth rate in Somerset County is similar to the state's rate. About 40 percent of these births are delivered through C-sections. The percentage of births to women in this county who are over the age of 34, Asian and foreign-born are notably higher than the state averages. The percentage of women who seek prenatal care during the first trimester is significantly greater than the state. And, the percentage of infants who are exclusively breastfeeding at hospital discharge is higher than the state's rate.
- Somerset County is one of seven counties in the state that does not have enough annual infant deaths to calculate a reliable rate.
- This county's residents are less likely to report fair or poor health than the state average.
- In 2009, certain infectious diseases were reported more frequently in Somerset County than the state overall, including Lyme disease and influenza A.
- Although the rates of the sexually transmitted diseases, including chlamydia, gonorrhea and syphilis are considerably lower in Somerset County than across the state, the rates of these diseases have increased considerably between 2008 and 2010.
• The overall prevalence rate of HIV/AIDS in Somerset County is much lower than the state's rate, but the proportion of AIDS cases specifically is higher. Of the 566 county residents currently living with this condition, the most affected groups are those older than 45 years of age, males and non-Hispanic blacks. Compared to the state, the proportions of non-Hispanic whites and males affected by this condition are higher.

• Incidence rates for all cancer sites combined among blacks and Hispanics is higher in this county than in New Jersey as a whole. Breast cancer and melanomas of the skin affect a higher proportion of people in Somerset County compared to the state overall. Males have higher incidence rates of colon cancer than the state. Certain race and ethnic groups also exhibit higher cancer incidence rates than the state, including whites with breast cancer and melanomas, blacks with lymphoma, prostate and oral cancers, and Hispanics with lymphoma, uterus and colon cancers.

**Healthcare Delivery**

• The county's physician density per 100,000 population is higher than the state's rate, including the total physician supply as well as physicians of primary care, family medicine, internal medicine specialties overall and particularly cardiology, and psychiatry. Emergency department (ED) visit rates for all age groups and for primary care conditions among adults and children are lower than the state’s rates. The most frequently reported primary care conditions for children's ED visits are fever, otitis media, head injury and mental disorders, and for adults they are anxiety disorders, alcohol dependence and mental disorders.

• Adult and children hospital admissions, overall and for ambulatory care-sensitive (ACS) conditions, also are lower in Somerset County as compared to the state.

• The rates for all-cause hospital admissions and 30-day readmissions of Medicare FFS beneficiaries are lower than the state overall.

• The rates of substance abuse treatments for most drugs are lower than the state rates, except for alcohol which is slightly higher.

**Mortality**

• Somerset County's overall mortality rate is considerably lower than the state rate, and has decreased slightly from 2005 to 2007.

• The years of potential life lost per 100,000 people under 75 years of age are significantly lower than the state.

• In 2007, the top three reported causes of death were heart diseases, cancer and cerebrovascular diseases (stroke), although the mortality rates due to these diseases were lower than state averages. Compared to the state, the mortality rates due to influenza and pneumonia were higher.
Overall, mortality rates for all cancer sites combined are lower for all groups, except for blacks, whose rate is significantly higher in the county than for New Jersey as a whole. Breast prostate and lung/bronchus cancer deaths were among the most frequently reported in 2007. The rate among blacks with prostate cancer was higher than the state rate.

**County Health Rankings**

Somerset County ranks 3rd out of New Jersey’s 21 counties in overall health outcomes and 3rd in overall health factors, according to the University of Wisconsin Population Health Institute’s *County Health Rankings* annual report for 2011. The ranking for health outcomes is based on weighted measures of mortality and morbidity. The health factors rankings are based on weighted measures of health behaviors, clinical care, social and economic factors and physical environment. For more information about these rankings and a downloadable database, please go to [www.countyhealthrankings.org/newjersey](http://www.countyhealthrankings.org/newjersey).

*Source: New Jersey Hospital Association*
Community Profile
Somerset County, NJ

SOMERSET COUNTY HOUSING AND POPULATION DEMOGRAPHICS*

SOURCES: U.S. Census Bureau, *Nielsen-Claritas, Inc.

AGE DISTRIBUTION

<table>
<thead>
<tr>
<th>Age Group (in years)</th>
<th>2000*</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17</td>
<td>25.5%</td>
<td>24.7%</td>
<td>23.7%</td>
</tr>
<tr>
<td>18-34</td>
<td>20.1%</td>
<td>17.9%</td>
<td>16.6%</td>
</tr>
<tr>
<td>35-64</td>
<td>34.3%</td>
<td>32.7%</td>
<td>31.9%</td>
</tr>
<tr>
<td>65-74</td>
<td>7.9%</td>
<td>7.0%</td>
<td>6.5%</td>
</tr>
<tr>
<td>75 and over</td>
<td>5.2%</td>
<td>5.5%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

SOURCE: U.S. Census Bureau

HOUSEHOLD INCOME

Median Household Income

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000*</td>
<td>$32,051</td>
</tr>
<tr>
<td>2010</td>
<td>$49,703</td>
</tr>
<tr>
<td>2015</td>
<td>$70,032</td>
</tr>
</tbody>
</table>

Change 2010 - 2015: 9.2%

SOURCE: Nielsen-Claritas, Inc., *U.S. Census Bureau

EDUCATIONAL ATTAINMENT

Highest Level 2010

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No High School Diploma</td>
<td>7.3%</td>
</tr>
<tr>
<td>High School Diploma Only</td>
<td>23.3%</td>
</tr>
<tr>
<td>1 to 3 Years College</td>
<td>20.9%</td>
</tr>
<tr>
<td>Associate Degree</td>
<td>6.2%</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>27.6%</td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>21.2%</td>
</tr>
<tr>
<td>12 or 15 yrs of education</td>
<td>43.3%</td>
</tr>
<tr>
<td>16 or more yrs of education</td>
<td>49.6%</td>
</tr>
</tbody>
</table>

SOURCE: Nielsen-Claritas, Inc.

*Source: Somerset County Business Partnership
METHODOLOGY

In order to meet the goals of the Community Health Assessment, Somerset Medical Center retained the services of Holleran Consulting to conduct a Behavioral Risk Factor Surveillance System (BRFSS) study among its adult community using the CDC BRFSS tool. The BRFSS is a national initiative headed by the Centers for Disease Control and Prevention (CDC) that assesses the health status and risk factors among U.S. citizens.

Healthier Somerset, in coordination with representatives from Holleran, personalized the BRFSS tool to assess the needs of Somerset County. The tool was developed by selecting various core sections and modules from the BRFSS tool and adding individualized questions specific to the Somerset County area. Depending upon respondents’ answers to questions regarding cardiovascular disease, smoking, diabetes, etc., interviews averaged 20 to 30 minutes in length.

A sampling strategy was developed by Holleran and approved by Healthier Somerset. The sampling strategy identified the number of completed surveys needed within each zip code across the county. The final sample (2,059) yields an overall error rate of +/-2.2% at a 95% confidence level. Data collection took place between November 11, 2011 and February 29, 2012.

The majority of the health status information was primary data gathered via a household survey of Somerset County adults. Approximately 2,050 individuals participated in a telephone survey. The survey focused on questions about general health status, preventive screenings, and risky behaviors. Additionally, secondary resources were used to examine statistics such as mortality rates, the leading causes of death, and the social determinants of health (poverty, education, crime, etc.). Specifically, the following data sources were used as part of the assessment:

- 2012 Household Survey
  *(Conducted by Holleran)*
- 2012 County Health Rankings for New Jersey
  *(University of Wisconsin Public Health Institute; Robert Wood Johnson Foundation)*
- 2012 Somerset County Health Profile
  *(Health Research and Educational Trust of New Jersey)*
RESEARCH OBJECTIVES

The research objectives of the assessment were:

1) To gather statistically valid information on the health status of residents in the primary and secondary service areas of Somerset Medical Center.
2) To develop and finalize sampling strategies relevant to target populations.
3) To accurately represent all populations within the target area.
4) To develop accurate comparisons to the State and National baseline of health and quality of life measures to provide trending information for the future.
5) To provide comparisons to previous years’ data to evaluate trending and changes in health status.
6) To interpret the meaning of the data collected so that needs are accurately depicted for area residents.
7) To integrate research findings into community benefit (hospitals), accreditation preparation (public health), and strategic planning activities.
8) To conduct research in a fully confidential manner consistent with the Code of Standards and Ethics promulgated by the Council of American Survey Research Organizations (CASRO).

SUMMARY OF FINDINGS*

Areas of strength and opportunity are identified below. It is important to note that a number of questions on the Somerset County survey did not have comparisons to New Jersey and/or national data because of survey modifications. Those specific areas are not included in the below summary. Additionally, some areas can be debated as to whether or not they are strengths or opportunities, and those areas may not be listed below if they do not clearly appear to be in one category or the other.

*Source: New Jersey Hospital Association
Areas of Strength

The following are areas where Somerset County residents fare better, or healthier, than the State of New Jersey and/or the Nation as a whole.

- **General health:** The proportion of residents in Somerset County reporting “very good” general health is above the proportions throughout New Jersey and Nationally.

- **Anxiety and Depression:** When asked how many days have you had little interest or pleasure in doing things, of those who reported poor mental health and/or physical health, a higher proportion of Somerset County residents reported “no days” compared to the Nation.

- **Days that you felt down, depressed or hopeless:** The proportion of Somerset County residents who reported “no days” was higher compared to the Nation.

- **Diagnosed with anxiety:** The proportion of Somerset County residents who responded “no” to ever having received a diagnosis for anxiety disorder was higher when compared to the rest of the Nation.

- **Depressive disorder:** The proportion of Somerset County residents who responded “no” to ever having received a diagnosis for a depressive disorder was higher when compared to the rest of the Nation.

- **Health care coverage:** Somerset County residents are more likely than residents throughout the rest of the Nation to have some kind of health care coverage.

- **Cost interfering with seeing doctor:** Fewer Somerset County residents indicated they were unable to see a doctor in the previous year because of cost compared to the New Jersey and National statistics.

- **Exercise in previous month:** A higher proportion of Somerset County residents have exercised in the previous month compared to New Jersey and the Nation. The proportion of obese residents, however, is not significantly different from the State and National figures.

- **Daily smoking habits:** The proportion of Somerset County residents who reported smoking “not at all” was higher than both New Jersey and the Nation.

- **Alcohol consumption:** When asked about the number of days per week or per month that at least one alcoholic beverage was consumed, a higher proportion of Somerset County residents reported “none” compared to the State and Nation.
• **Diabetics receiving eye exams:** Residents in Somerset County with diabetes are more likely than diabetics throughout the Nation to have received an eye exam, in which their pupils were dilated, within the past year.

• **Dental visits in previous year:** Somerset County residents are more likely to have been to the dentist in the previous year compared to adults across the State and the Nation. The same was true for the proportion of adults who have received dental cleanings within the past year.

• **Flu shots in previous year:** When asked about receiving a flu shot in the previous year, Somerset County residents are more likely to have had a flu shot in the previous year compared to the rest of the Nation and throughout New Jersey.

• **Mammograms:** Females within Somerset County are more likely to have had a mammogram compared to females throughout New Jersey and the Nation. Additionally, Somerset County females are more likely to have had the mammogram within the past year compared to the Nation.

• **Clinical breast exams:** Females within Somerset County are more likely to have had a clinical breast exam within the past year compared to females throughout the Nation.

• **Pap test:** Females within Somerset County are more likely to have had a pap test within the past year compared to the Nation.

• **Blood stool test:** Compared to the State of New Jersey and the Nation as a whole, Somerset County residents age 50 and over are more likely to have had a blood stool test using a home kit.

• **Sigmoidoscopy & Colonoscopy:** Compared to the State of New Jersey and the Nation as a whole, Somerset County residents age 50 and over are more likely to have had a sigmoidoscopy or colonoscopy.

• **HIV and high risk situations:** When given a list of high-risk situations for HIV infection the proportion of respondents from Somerset County that said they had partaken in such activities within the past year was much lower than the proportion that said yes within the State of New Jersey.

• **Reactions to race at work:** A higher proportion of Somerset County residents who are currently employed felt as though they were treated “the same as other races” at work when compared to the Nation.
**Areas of Opportunity**

The following are areas where Somerset County residents fare worse, or less healthy, than the State of New Jersey and/or the Nation as a whole.

- **Body Mass Index:** Somerset County residents are more likely than residents throughout New Jersey and the Nation to be overweight, according to their Body Mass Index statistics.

- **Physical health:** Compared to the New Jersey and National statistics, a higher proportion of Somerset County residents reported one to seven days of poor physical health within the past 30 days.

- **Mental health:** Compared to the New Jersey and National statistics, a higher proportion of Somerset County residents reported one to seven days of poor mental health within the past 30 days.

- **Physical and mental health:** When asked, “for how many days during the past 30 days did poor physical or mental health keep you from doing your usual activities?” a higher proportion of Somerset County residents reported one to two days, compared to those of New Jersey. The proportion of those who reported three to seven days was higher than both the State and the Nation.

- **Adequate rest or sleep:** A higher proportion of Somerset County residents reported not getting enough rest or sleep for one to two days in the previous month, compared to the State and the Nation. The proportion of those who reported not enough sleep for three to seven days was significantly greater than the State but not the Nation.

- **Alcohol use:** Among those Somerset County residents who consumed alcohol, the proportion of those that had one to two drinks was higher than the State and National proportions.

- **PSA test:** Males 40 and over within Somerset County are less likely than their male counterparts throughout the State and Nation to have had a PSA test.

- **Digital Rectal Exam:** Males age 40 and over within Somerset County are less likely than males throughout the State and Nation to have had a digital rectal exam.

- **Providing care or assistance to others:** A higher proportion of Somerset County residents than the Nation responded “yes” when asked if they had provided care or assistance to a friend or family member within the past 30 days. Of those providing care, a higher proportion was doing so for a non-relative. Care that was being provided was primarily for daily personal activities such as eating and dressing.
DEVELOPING A SHARED VISION AND PLAN

In 2010, Somerset Medical Center convened an initial meeting of representatives from Somerset County businesses, schools, nonprofit organizations, health care providers, government, and faith-based organizations to assess health care needs and to create a collaborative network to address those needs. The coalition known as “Healthier Somerset” was formed as a result of that meeting.

Healthier Somerset was created to improve the health and well being of everyone who lives and works in Somerset County by promoting healthy lifestyles through collaboration among our partners. Its strategic goals are:

- Engage Somerset County in active participation in good health habits
- Increase access to choices that promote healthy lifestyles
- Promote policy changes that improve health

On April 17, 2012, the results of the BRFSS were presented to the Healthier Somerset members and other invited guests. Following the research review, two half-day planning sessions were held.

The initial planning session was held on May 22, 2012 and focused on prioritizing the key health opportunities for Somerset County. Participants were asked to share openly what they perceived to be the needs and areas of opportunity in the county. The following list was developed by the attendees (in no particular order):

- Obesity/Maintaining a Healthy Weight
- Mental Health
- Caregiving Needs
- Alcohol consumption
- Infectious Disease
- Smoking (current smokers)
- Minority Outreach/Access
- Access to care
- Emergency Preparedness
- Physical Environment
- Chronic Disease
Once the master list was compiled, participants were then asked to rate each need based on two criteria: seriousness of the issue and ability to impact the issue. Respondents were asked to rate each issue on a 1 (not at all serious; no ability to impact) through 5 (very serious; great ability to impact) scale. The ratings were gathered instantly and anonymously through an audience response system. Each attendee received a keypad to register their vote. The following table displays the results of the voting exercise:

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</table>

Upon the conclusion of the May 22nd meeting, the list was finalized to ten priority areas, excluding emergency preparedness since it ranked last on the list in terms of significance.

On June 19, 2012, approximately 30 individuals from Somerset County healthcare organizations, health departments, community agencies, and area and social service organizations gathered to begin the development of a Community Health Improvement Plan (CHIP). The planning meeting was a follow-up to the comprehensive countywide community health needs assessment and the previous meeting to prioritize the key community health issues. The goal of the June meeting was to finalize and adopt the key priority areas and to begin goal and objective development for each.
At that time, the group elected to adopt two priority areas for the CHIP: maintaining a healthy weight and prevention and management of chronic disease. The determination to limit Healthier Somerset’s focus to these two areas was based on the desire to maintain manageable initiatives and to impact the health outcomes in a meaningful way. Healthier Somerset recognizes that many agencies and organizations are involved in improving health in Somerset County. The goals of other organizations are included as part of this CHIP, and hopefully they will become part of Healthier Somerset as the coalition matures.

Thus, the 2012-2015 CHIP lays out a three-year, countywide commitment to Somerset County’s priority health issues. Other agencies and organizations are encouraged to review the full set of health issues identified from the health assessment and use that information for internal planning and outreach purposes.
KEY HEALTH PRIORITIES AND OBJECTIVES

PRIORITY AREA 1: MAINTAINING A HEALTHY WEIGHT

More than one-third of U.S. adults (35.7%) are obese. During the past 20 years, there has been a dramatic increase in obesity and overweight adults in the United States.\(^1\) On average, people who are considered obese pay $1,429 (42 %) more in health care costs than normal-weight individuals.\(^2\)

In Somerset County, it is estimated that roughly 145,800 adults are either overweight or obese. This translates into an additional $89,037,260 annually in healthcare expenses for obese residents and an additional $26,039,112 annually for overweight residents in Somerset County. While the household survey did not uncover any gender differences, differences were identified across other demographic groups. For example, 71% of the survey respondents who were African American had a BMI (Body Mass Index) that was considered overweight or obese. Roughly 65% of the Hispanic/Latino residents who were surveyed fell into the overweight or obese categories.

![Body Mass Index Chart]

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Neither overweight nor obese</td>
<td>40%</td>
</tr>
<tr>
<td>Overweight</td>
<td>39%</td>
</tr>
<tr>
<td>Obese</td>
<td>21%</td>
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</table>
The Somerset County household survey asked whether or not the individual was trying to lose weight, not lose weight, or maintain their current weight. The response to this statistic was then compared against the respondent’s BMI figure. The table below shows that about half of those that are obese or overweight are attempting to lose weight.

### BMI Status by % now trying to lose weight

<table>
<thead>
<tr>
<th>Status</th>
<th>Obese</th>
<th>Overweight</th>
</tr>
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<tbody>
<tr>
<td>Yes, trying to lose wt</td>
<td>49.4%</td>
<td>54.9%</td>
</tr>
<tr>
<td>Not trying to lose wt</td>
<td>50.6%</td>
<td>45.1%</td>
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</tbody>
</table>

The availability of childhood obesity statistics for Somerset County is limited, and the statistics above reflect adults only. It is known, however, that the challenge of maintaining a healthy weight is not limited to adulthood. It is estimated that roughly 1 in 3 children in the United States between the ages of 2 and 19 are overweight (obese?) and 1 in 6 are overweight.³

Lack of access to healthy choices in diet and exercise are among the leading causes of obesity in both children and adults. Healthier Somerset created “Healthier You” and “Healthier Families” taskforces to focus on these two areas. Information is critically important in creating good health, and a working group on schools was created to engage Somerset County schools in collecting and reporting Body Mass Index (BMI) data on a regular basis.

Somerset County’s public parks system and county and municipal recreation programs offer many opportunities for daily and weekly exercise and activity. Heightened awareness of the importance of physical activity and options available to Somerset County residents can lead to an increase in the number of children and adults who maintain their weight through physical exercise.

Walking and bicycling are healthy choices but safety for pedestrians and cyclists is of paramount importance. “Complete Streets” are designed and operated to enable safe access for all users – pedestrians, bicyclists, motorists and transit riders of all ages and abilities. Instituting a complete streets policy ensures that agencies routinely design and operate the entire right of way to enable safe access for all users.
PRIORITY AREA 1: MAINTAINING A HEALTHY WEIGHT

GOAL: Improve the health and well-being of the community by reducing the percentage of overweight and obese adults and children in Somerset County.

Objective 1.1:
By January 2016, educate the community on aspects of healthy eating and active living.

Evidence-Based Strategies:

1.1.1: Educate municipal officials on the benefits of promoting healthier lifestyles to the residents of their communities through the Mayors Wellness campaign and increase active municipality program participation by 25 percent from 2 municipalities to 3. (Year 1-3)

1.1.2: Upgrade and maintain the Healthier Somerset website with information on healthy diet and active lifestyle and increase the number of educational events posted by 200 per cent from 0 to 20. (Year 1-3)

1.1.3: Host two new county-wide events under the “Healthier Somerset” banner that offer information and encourage participation by county residents. (Year 1-3)

1.1.4: Increase the number of restaurants participating in the “Take ½ to Go” program by 15 percent from 30 to 35.

Outcome Indicators:

- Number of county residents who participate in two new county-wide “Healthier Somerset” events.
- Increase in unique visits to the Healthier Somerset website by 25 percent from 1200 to 1600.
- Increase in number of “Healthier Somerset” wellness initiatives by 10 percent from 10 to 11.
### Objective 1.2:
**By January 2016, increase awareness in Somerset County schools on the importance of healthy diet and active lifestyles for their students.**

**Evidence-Based Strategies:**

1. **1.2.1:** Assess Somerset County school districts with respect to their policies and practices on healthy diet. (Year 1-2)
2. **1.2.2:** Increase the number of Somerset County school districts that collect and report Body Mass Index (BMI) data on a regular basis by 10 percent from 5 to 6.
3. **1.2.3** Develop and implement policy/policies that respond to the needs identified in the assessment. (Year 2-3)

**Outcome Indicators:**

- Increase in availability of data on childhood/teen obesity in Somerset County by increasing the number of institutions reporting the data 10 per cent from 5 to 6.
- Increase in number of healthy food and beverage policies established in institutions by 20 percent from 10 to 12.

### Objective 1.3:
**By January 2016, increase the number of children and adults who walk and bike regularly.**

**Evidence-Based Strategies:**

1. **1.3.1:** Assess Somerset County municipalities with respect to the number of “complete streets” within the county. (Year 1)
2. **1.3.2** Increase the number of “complete streets” in Somerset County by 15 percent from 3 to 4. (Year 2-3)

**Outcome Indicators:**

- Increase in number of county residents walking and biking regularly by 15 percent from 100 to 115.
- Increase in number of adults who say they were physically active by 10 percent from 77.3 per cent to 85 percent.
- Increased number of municipalities participating in “complete streets” in Somerset County by 100 percent from two participating municipalities to four.

The aim is to utilize existing assets and resources in the community to address the issue of childhood and adult weight.
PRIORITY AREA 2: CHRONIC DISEASE MANAGEMENT

Chronic diseases are diseases of long duration and generally slow progression. Chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are by far the leading cause of mortality in the world, representing 63% of all deaths. Chronic diseases can often be prevented and managed through healthier lifestyles and increased health literacy. Behaviors such as smoking, poor nutritional habits, negligence with preventive screenings and a lack of exercise all contribute to chronic disease.

At Somerset Medical Center, the top four reasons for hospital admission in both 2011 and 2012 were unspecified chest pain, other chest pain, respiratory abnormality, and syncope and collapse (often related to cardiac difficulty). Hospital admissions for both diabetes and asthma increased from 2011 to 2012.

Somerset County cancer rates are slightly lower in Somerset County compared to the average New Jersey rate (442.5 women per 100,000 in Somerset County versus 447.8 women per 100,000 in New Jersey, and 550.4 men per 100,000 in Somerset County versus 584.7 men per 100,000 in New Jersey), but breast cancer was higher in Somerset County compared to the average New Jersey rate (141 women per 100,000 in Somerset County versus 129.7 women per 100,000 in New Jersey).

Recognizing that much of our time is spent at work, Healthier Somerset created a “Healthy Workplace” taskforce to focus on workplace wellness strategies. Workplace wellness programs provide economic benefits for employers with reduced absenteeism and increased productivity from their employees, while employees receive direct benefits in improved health through their participation in the programs.
### PRIORITY AREA 2: CHRONIC DISEASE MANAGEMENT

**GOAL:** To reduce the incidence and impact of chronic disease in Somerset County.

**Objective 2.1:**
By January 2016, increase awareness of chronic disease by providing outreach and educational campaigns focusing on prevention, primary risk factors and early detection.

**Evidence-Based Strategies:**

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<tbody>
<tr>
<td>2.1.1:</td>
<td>Work with local coalitions, public health officers and health care facilities to disseminate information about chronic disease and promote the importance of screenings. (Year 1)</td>
</tr>
<tr>
<td>2.1.2:</td>
<td>Develop or use existing evidence-based curriculum with local health care professionals and agencies to design programs for target populations. (Year 1)</td>
</tr>
<tr>
<td>2.1.3:</td>
<td>Work with recognized state and private agencies, associations, and health care professionals to educate, teach and provide compliance and prevention tools. (Year 2-3)</td>
</tr>
</tbody>
</table>

**Outcome Indicators:**

- Increase in number of organizations/venues providing services by 10 percent from 83 to 91.
- Decrease in emergency room usage, hospitalizations and readmissions for chronic disease by 5 percent from 12,191 in 2012 to 11,581 in 2015.
Objective 2.2:
By January 2016, increase the number of Somerset County employers that have implemented worksite wellness initiatives.

Evidence-Based Strategies:

2.2.1: Assess and compile current worksite wellness initiatives to establish a resource of existing initiatives and examples. (Year 1-2)
2.2.2: Design and implement a plan to raise awareness and educate employers on the benefits of worksite wellness initiatives. (Year 1-2)
2.2.3: Design and implement a recognition program for employer participation. (Year 1-3)

Outcome Indicators:

- Increase in percentage of employers who implement a worksite wellness program by 20 percent from the baseline established in the assessment.
- Increase in participation rates within businesses that offer workplace wellness programs among employee base by 30 percent from an average rate of 35 percent to an average rate of 45 percent.

The aim is to utilize existing assets and resources in the community to address the issue of chronic disease management.
PRIORIT AREA 3: ACCESS TO CARE/MINORITY ACCESS

Because Somerset County is an affluent county, the percentage of Somerset County residents covered by private health insurance overall (particularly by employment-based coverage) is higher than the state overall, while those covered by public/government insurance overall (specifically by Medicaid) is lower. The rate of uninsured residents (especially adults and those between 50 and 99 percent at the federal poverty level (FPL) also is proportionally lower than the state averages.

The economy has taken its toll on Somerset County, however. The county's unemployment rate is lower than the state rate, but has more than tripled during the past decade. Since health insurance in the U.S. is usually received from an employer, more people are at risk of becoming uninsured. Indeed, the numbers show that financial strains increased for many Somerset County residents. The number of county residents on government assistance programs -- including Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Emergency Assistance Payments (EAP) and the Supplemental Nutrition Assistance Program for Women, Infants and Children (WIC) -- increased considerably between 2007 and 2011. The SNAP program in particular experienced a 117 percent increase during this timeframe.

Minority communities in Somerset County experience their own healthcare challenges. Somerset County's population has a higher proportion of Asians, particularly those of Asian Indian and Chinese descent, and fewer blacks/African Americans and Hispanics, compared to the state overall.

Incidence rates for all cancer sites combined among blacks and Hispanics is higher in this county than in New Jersey as a whole. Certain race and ethnic groups also exhibit higher cancer incidence rates than the state, including blacks with lymphoma, prostate and oral cancers, and Hispanics with lymphoma, uterus and colon cancers.
PRIORITY AREA 3: ACCESS TO CARE/MINORITY ACCESS

GOAL: To increase access to primary health care services for minority communities in Somerset County.

Objective 3.1: By January 2016, increase the number of people and venues in underserved areas who have access to primary health care services.

Evidence-Based Strategies:

3.1.1: Develop or use existing evidence-based curriculum with local health care professionals and agencies to design programs for specific underserved target populations/audience. (Year 1)

3.1.2: Identify and partner with organizations that have mobile units to bring services to communities with limited access to health screenings (e.g., mammography mobiles, blood pressure mobiles). (Year 1-2)

Outcome Indicators:

- Increase in number of people served from specific underserved population groups by 5 percent (baseline to be identified in development of programs designed with evidence-based curriculum).
- Decrease in ER use and hospital readmissions in existing vulnerable groups by 5 percent (baseline to be identified in development of programs designed with evidence-based curriculum).
Objective 3.2:
By January 2016, promote cancer awareness, improve knowledge of cancer risks and the widespread adoption of preventive health practices in Somerset County, with an emphasis on minorities, low-income and the uninsured.

Evidence-Based Strategies:

3.2.1: Develop or use existing evidence-based curriculum with local health care professionals and agencies to design programs for specific underserved target populations/audience. (Year 1)

3.2.2: Work with local and regional coalitions and associations, health officers and health care facilities to disseminate information about race-specific cancers and promote the importance of screenings.

Outcome Indicators:

- Increase in number of minority, low-income and uninsured screened for cancer by 5 percent (baseline to be established in Year 1).

Objective 3.3:
By January 2016, promote diabetes awareness and improve knowledge of preventive health practices with an emphasis on high risk minorities.

Evidence-Based Strategies:

3.3.1: Develop or use existing evidence-based curriculum with local health care professionals and agencies to design programs for specific underserved target populations/audience. (Year 1)

3.3.2: Expand existing community initiatives to educate patients. (Year 2)

Outcome Indicators:

- Decrease in ER use, hospitalization, and readmission for diabetes in high-risk minority population (baseline to be established in Year 1).

- Decrease in diabetes incidence in high-risk minority population (baseline to be established in Year 1).

The aim is to utilize existing assets and resources in the community to address the issues of access to care/minority care.
PRIORITY AREA 4: TOBACCO CESSATION

Smoking is a leading cause of preventable cancer, and in Somerset County, among regular smokers -- those who smoke most days or every day -- only about half (50.1%) indicated that they quit smoking for at least one day in the previous year. This is similar to the 2006 percentage (52.2%) cited in the 2007 Community Health Improvement Plan, but below the New Jersey and national figures, which are 58.5% and 59% respectively. Since the average smoker tries four to seven times before successfully quitting for good, quit attempts play a major role in tobacco cessation.

Current smokers in Somerset County are more likely to be males, whites and those between 25 and 44 years of age compared to the state overall. People who smoke are at increased risk for heart attacks, strokes, pulmonary problems, such as bronchitis and emphysema, and many forms of cancer, including lung, mouth, throat, larynx, esophagus, pancreas, bladder, uterine, and some forms of leukemia. Smoking can reduce fertility and cause impotence in men and early menopause in women. Pregnant women have an increased risk of miscarriage and there is a higher rate of perinatal deaths, including SIDS, among infants whose mothers smoke. Smoking contributes to cataract formation and macular degeneration, a progressive eye disease that is the leading cause of blindness.

Smokers who quit notice immediate health benefits, including decreased heart rate and blood pressure. Ex-smokers have more energy and are less likely to be short of breath because they have eliminated their intake of carbon monoxide. Many also report a sharpened sense of smell and taste.

Within the first year, circulation improves and coughing, sinus congestion, and fatigue decrease. Within three to five years, the risks of heart disease are reduced to about the same level as a non-smoker. Over the long term, the risks of cancer gradually diminish.

New Jersey is a leader in restricting smoking in public places, and Somerset County parks are smoke-free. However, the decision to go smoke-free in municipal parks is still left up to municipalities on an individual basis. Reducing the number of public venues where smoking is allowed results in improved lung health and reduced cancer rates for both smokers and non-smokers alike.
PRIORITY AREA 4: TOBACCO CESSATION

GOAL: To decrease tobacco use across Somerset County.

Objective 4.1:
By January 2016, increase awareness by providing outreach and educational campaigns focusing on prevention and cessation.

Evidence-Based Strategies:

4.1.1: Work with schools and youth-based organizations to disseminate information about the health effects of tobacco use. (Year 1)

4.1.2: Increase the number of worksite center quit groups in Somerset County by 50 percent from 6 to 9. (Year 2-3)

4.1.3: Create and implement county wide initiatives to encourage smokers to quit (Somerset County Smokeout Days)

Outcome Indicators:

- Increase in number of teens who identify themselves as tobacco-free (baseline to be established in Year 1).
- Increase in number of worksite center quit groups by 50 percent from 6 to 9.
- Increase in number of smokers who report quit attempts (baseline to be established in Year 1).

Objective 4.2:
By January 2016, increase the number of smoke-free municipal parks in Somerset County.

Evidence-Based Strategies:

4.2.1: Advocate on behalf of smoke-free municipal parks through the Healthier Somerset website, social media, and other media outlets.

4.2.2: Increase the number of municipalities with smoke-free municipal parks in Somerset County by 100 percent from 4 municipalities to 8 municipalities.

Outcome Indicators:

- Increase in number of municipalities with smoke-free municipal parks in Somerset County by 100 per cent from 4 to 8.
- Decrease in smokers in Somerset County (baseline to be established in Year 1).

The aim is to utilize existing assets and resources in the community to address the issue of tobacco cessation.
PRIORITY AREA 5: CAREGIVER NEEDS

The number of unpaid caregivers in this country is growing rapidly. In the last year, approximately 66 million people, or nearly 30 percent of the adult U.S. population is estimated to have served as an unpaid family caregiver.

Somerset County is no exception to this trend. In Somerset County, the estimated number of caregivers is 70,000. A higher proportion of Somerset County residents than the Nation responded “yes” when asked if they had provided care or assistance to a friend or family member within the past 30 days. Of those providing care, a higher proportion was doing so for a non-relative. Care that was being provided was primarily for daily personal activities such as eating and dressing.

Dealing with the stress and strain of caregiving often results in burnout, which is evidenced by depression, ongoing fatigue, and loss of contact with friends, among other symptoms. Caregivers need help to deal with their own needs in order to continue providing the assistance that they give to others.
### PRIORITY AREA 5: CAREGIVER NEEDS

**GOAL:** To strengthen services and resources to caregivers in Somerset County.

#### Objective 5.1:
By January 2016, improve access to information about caregiving and about available and appropriate services to assist caregivers.

**Evidence-Based Strategies:**

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<tbody>
<tr>
<td><strong>5.1.1:</strong></td>
<td>Expand existing community initiatives to educate about available and appropriate services. (Year 1-3).</td>
</tr>
<tr>
<td><strong>5.1.2:</strong></td>
<td>Collaborate with employers, faith-based organizations, and schools to provide targeted information about caregiving and available and appropriate Somerset County services to their audiences. (“sandwich generation,” typically aged 30-50)</td>
</tr>
</tbody>
</table>

**Outcome Indicators:**

- Increase in number of clients accessing caregiver services based on baseline to be established in Year 1.

#### Objective 5.2:
By January 2016, identify and respond to policies and legislation that support caregivers in Somerset County.

**Evidence-Based Strategies:**

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<tbody>
<tr>
<td><strong>5.2.1:</strong></td>
<td>Assess current policies and legislation that impacts caregivers in Somerset County. (Year 1-2)</td>
</tr>
<tr>
<td><strong>5.2.2:</strong></td>
<td>Identify and support policies and legislation that improve the quality of life for caregivers. (Year 2-3)</td>
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**Outcome Indicators:**

- Passage of policies and/or legislation identified from assessment that improve the quality of life for caregivers in Somerset County.

The aim is to utilize existing assets and resources in the community to address the issues of caregiver needs. The following community partners and resources were identified:
PRIORITY AREA 6: MENTAL HEALTH AND SUBSTANCE ABUSE

Mental health is a dominant health concern for Somerset County residents. At Somerset Medical Center, admissions for mental health issues (altered mental state) ranked in the top 20 in both 2011 and 2012.

Compared to both New Jersey and national statistics, a higher proportion of Somerset County residents reported one to seven days of poor mental health within the past 30 days. When asked for how many days during the past 30 days poor physical or mental health kept them from doing their usual activities, a higher proportion of Somerset County residents reported one to two days, compared to those of New Jersey. The proportion of those who reported three to seven days was higher than both the State and the Nation.

A higher proportion of Somerset County residents reported not getting enough rest or sleep for one to two days in the previous month, compared to the State and the Nation. The proportion of those who reported not enough sleep for three to seven days was significantly greater than the State but not the Nation.

Substance abuse, which is often closely related to mental health issues, also emerged as a health challenge in Somerset County. Among those Somerset County residents who consumed alcohol, the proportion of those that had one to two drinks was higher than the State and National proportions.
PRIORITY AREA 6: MENTAL HEALTH AND SUBSTANCE ABUSE

GOAL: To improve access to quality mental health and substance abuse prevention, treatment and recovery services for all persons while reducing the associated stigma.

Objective 6.1:
By January 2016, incorporate mental health and substance abuse services and education into primary care settings in Somerset County.

Evidence-Based Strategies:

6.1.1: Assess Somerset County primary care providers (PCPs) and gather statistics on the current availability of mental health and substance abuse information and education in Somerset County PCPs. (Year 1-2)

6.1.2: Identify primary health care settings that are willing to develop their team with required skills and competencies to identify mental disorders and substance abuse; provide basic medication and psychosocial interventions; undertake crisis interventions; refer to specialists when appropriate; and provide education and support to patients and families. (Year 1-2)

6.1.3: Provide current mental health and substance abuse resource information to Somerset County PCPs. (Year 1-3)

Outcome Indicators:

- Increase in number of PCPs aware of available mental health and substance abuse services in Years 2 and 3 after assessment is completed. (Percentage of increase to be determined by a Metrics Committee).
- Increase in number of PCPs that provide mental health and substance abuse screening and treatment services in Years 2 and 3 after assessment is completed. (Percentage of increase to be determined by a Metrics Committee).
- Increase in mental health screenings and substance abuse screenings by PCPs in Years 2 and 3 after assessment is completed. (Percentage of increase to be determined by a Metrics Committee).
Objective 6.2:
By January 2016, increase awareness and utilization of existing mental health and substance abuse prevention, treatment and recovery services among adolescents, young adults and seniors.

Evidence-Based Strategies:

6.2.1: Enhance the Healthier Somerset website to include easily accessible information and resources for all human services provided in Somerset County. (Year 1)
6.2.2: Develop and implement a media campaign directed at the community that addresses stigma by driving people to the website to increase their awareness and use of available mental health and substance abuse services. (Year 1-3)

Outcome Indicators:

- Increase the number of media postings on mental health and substance abuse services in Somerset County in Years 2 and 3 after baseline is established in Year 1.
- Increase in unique visits to the Healthier Somerset website by 25 percent from 1200 to 1600.

Objective 6.3:
By January 2016, increase the number of evidence-based educational programs in Somerset County that address prevention of mental illness and substance abuse among adolescents, young adults, and seniors.

Evidence-Based Strategies:

6.3.1: Identify existing evidence-based programs targeted toward youth and seniors on mental health and substance abuse issues that impact each target population (anxiety, substance abuse, addiction, depression, social isolation). (Year 1-2)
6.3.2: Disseminate information about existing evidence-based programs to schools, primary care physicians, senior centers, health clinics, adult care facilities, and nonprofit organizations serving youth and senior citizens. (Year 1-2).
6.3.3: Partner with schools, community-based organizations, employers, and faith-based organizations to implement new programs. (Year 3)
6.3.4: Work with media to promote programs available for target populations. (Year 1-3)

Outcome Indicators:

- Increase in evidence-based educational programs in Somerset County that address prevention of mental illness and substance abuse in Years 2 and 3 after assessment is completed.
- Increase in number of community members participating in prevention programs in Years 2 and 3 after assessment is completed.
- Decrease in number of hospital admissions for mental health issues (altered mental state) by 5 percent from 569 in 2012 to 541 in 2015.

The aim is to utilize existing assets and resources in the community to address the issues of mental health and substance abuse.
PRIORITY AREA 7: INFECTIOUS DISEASE (INCLUDING HIV/AIDS)

In 2009, certain infectious diseases were reported more frequently in Somerset County than the state overall, including Lyme disease and influenza A. Since many infectious diseases can be prevented with proper vaccination, the increasing tendency of parents to refuse vaccinations for children and the failure of adults to vaccinate against influenza is disturbing from a public health perspective.

Although the rates of the sexually transmitted diseases (including chlamydia, gonorrhea and syphilis) are considerably lower in Somerset County than across the state, the rates of these diseases have increased considerably between 2008 and 2010. The overall prevalence rate of HIV/AIDS in Somerset County is much lower than the state’s rate, but the proportion of AIDS cases specifically is higher. Of the 566 county residents currently living with this condition, the most affected groups are those older than 45 years of age, males and non-Hispanic blacks. Compared to the state, the proportions of non-Hispanic whites and males affected by this condition are higher.
PRIORITY AREA 7: INFECTIOUS DISEASE (INCLUDING HIV/AIDS)

GOAL: To reduce infectious disease, including the incidence of HIV/AIDS, in Somerset County

Objective 7.1:
By January 2016, increase awareness and education about the importance of CDC-recommended vaccinations among parents of infants and pre-school age children and influenza vaccinations for seniors.

Evidence-Based Strategies:

7.1.1: Work with pre-schools and day care centers to disseminate targeted information about the importance of CDC-recommended vaccinations for infants and pre-school age children. (Year 1-3)

7.1.2: Work with adult day care centers, senior centers, homebound health care providers, and hospitals to disseminate targeted information about the importance of influenza vaccines for seniors. (Year 1-3).

7.1.3: Partner with community-based organizations, employers and faith-based organizations to provide influenza vaccinations among senior population. (Year 2-3)

Outcome Indicators:

- Increase in number of pre-schools and day care centers that disseminate information about CDC-recommended vaccinations to parents from Year 1 (assessment) – Year 3.
- Increase in number of infants and pre-school age young children receiving vaccinations by 5 percent from baseline established in Year 1.
Objective 7.2:
By January 2016, increase HIV/AIDS prevention education among Somerset County residents.

Evidence-Based Strategies:

7.2.1: Work with primary care physicians, faith-based organizations, targeted recreational and commercial sports organizations and barbershops to disseminate information about the importance of HIV/AIDS prevention. (Year 1-3)

7.2.2: Create and implement a targeted media campaign to increase HIV/AIDS prevention education. (Year 2-3).

Outcome Indicators:

- Increase the number of target organizations that disseminate information about HIV/AIDS prevention from Year 1 – Year 3 (Baseline to be established in Year 1).

The aim is to utilize existing assets and resources in the community to address the issue of infectious disease.
MOVING FORWARD

While Somerset Medical Center initiated the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), the plan is exactly that: a community plan. The goal is to have all residents in the county embrace this plan as their own. The consequences of inaction are significant.

Additional work plans will be developed by Healthier Somerset as the organization evolves. Healthier Somerset will first develop a Metrics Committee to address detailed plans for outcomes and timelines. Specific strategies and tactics will be outlined along with responsible parties. Again, all area agencies and organizations are encouraged to participate in this work. The progress of the work will be evaluated on an ongoing basis, not simply at the three-year mark. Strategies and tactics that do not yield the intended outcomes will be revised and re-implemented.

What will remain consistent throughout the life of the CHIP is the commitment to fulfilling the vision for optimum community health. The hope is that this commitment will grow and expand through Healthier Somerset and the many individuals, agencies, organizations, and businesses who are working to make Somerset County the healthiest county in New Jersey.
REFERENCES

All Somerset County statistics are from the Somerset County Behavioral Risk Factor Surveillance System study conducted by Holleran Consulting in 2012; from the Health Research and Educational Trust of New Jersey, an affiliate of the New Jersey Hospital Association; from the Somerset County Behavioral Risk Factor Surveillance System study conducted by Holleran Consulting in 2006; and the Somerset County Health Improvement Plan, 2007 unless otherwise noted.

1) Centers for Disease Control & Prevention. Atlanta, Georgia.

2) Weight Control & Information Network. Bethesda, Maryland.


APPENDICES
APPENDIX 1: COMMUNITY PARTNERS AND RESOURCES

- Alternatives, Inc.
- American Cancer Society
- American Heart Association
- American Lung Association
- American Diabetes Association
- Bernards Township Health Department
- Branchburg Township Health Department
- Bridgewater Township Health Department
- Cancer Support Community Central New Jersey
- Caregivers Coalition
- Caregivers of New Jersey
- Carrier Clinic
- Central Jersey Family Health Consortium
- Childhood Disability Coalition of Somerset County
- Community-based organizations
- Community gardens
- Community Visiting Nurse Association
- Coordinated school health
- Easter Seals
- Elected municipal, county, and state officials
- Empower Somerset
- Faith-based organizations
- Family and Community Services of Somerset County
- Family Support Organization of Hunterdon, Somerset, and Warren Counties
- Farmers market
- First Baptist Church of Lincoln Gardens
- Food Bank of Franklin Township
- Food Bank Network of Somerset County
- Greater Somerset Public Health Partnership
- Gurukul Yoga Holistic Center
- Healthfirst NJ
- Healthier U.S.
- Hillsborough Township Health Department
- Horizon Blue Cross Blue Shield New Jersey
- Hyacinth Foundation
APPENDIX 1: COMMUNITY PARTNERS AND RESOURCES (cont’d)

- Johnson & Johnson
- Kingley Health
- Local planning boards
- Martin Luther King Jr. Youth Center
- Matheny Medical and Educational Center
- Mayor’s Wellness Campaign
- Mental Health Association
- Michelle Obama’s “Let’s Move!” initiative
- Middle-Brook Regional Health Commission
- Middle Earth
- Mid-Jersey CARES for Special Children Collaborative
- Montgomery Township Health Department
- Municipal engineers
- Municipal planners
- National Alliance on Mental Illness
- New Jersey Association for Mental Health and Addiction Agencies
- New Jersey Department of Health
- Pfizer
- Pharmaceutical assistance programs
- Primary care providers
- Powerhouse Gym
- Regional Cancer Coalition Morris and Somerset Counties
- Resource Center of Somerset County
- Richard Hall Community Mental Health Center
- RideWise of Raritan Valley
- Rutgers Cooperative Extension
- Rutgers University – transportation, Smart Streets, Walking School Bus
- SAFE Coalition Hunterdon/Somerset
- Sanofi-Aventis
- School programs: Healthier School Challenge, school lunch wellness policies, school gardens
- Shaping New Jersey
- Select restaurants: establishments providing nutritional labeling
APPENDIX 1: COMMUNITY PARTNERS AND RESOURCES (cont’d)

- Somerset County Asian-American Heritage Month Celebration Committee
- Somerset County Business Partnership
- Somerset County Department of Health
- Somerset County Food Bank Network
- Somerset County Governing Officials
- Somerset County Municipal Alliances
- Somerset County Office of Human Services
- Somerset County Office of Youth Services
- Somerset County Office on Aging and Disability Services
- Somerset County Park Commission
- Somerset Medical Center
- Somerset Medical Center Quitcenter
- Somerset Treatment Services
- Somerset Hills Visiting Nurse Association
- Somerset Hills YMCA
- Somerset Valley YMCA
- United Way of Northern New Jersey
- Wilf Senior Services at Home
- Women’s Health & Counseling Center
## APPENDIX 2: HEALTHIER SOMERSET COALITION MEMBERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Alexander</td>
<td>Wilf Senior Services at Home</td>
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<tr>
<td>Victoria Allen</td>
<td>Somerset Medical Center</td>
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<tr>
<td>Donna Allison</td>
<td>RideWise of Raritan Valley</td>
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<tr>
<td>Lisa Marie Arieno</td>
<td>American Heart Association</td>
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<tr>
<td>Tammy Bakos</td>
<td>Pfizer, Inc.</td>
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<tr>
<td>Diane Brienza-Arcilla</td>
<td>VNA of Somerset Hills</td>
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<tr>
<td>Alyce Brophy</td>
<td>Community VNA</td>
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<tr>
<td>Stephanie Carey</td>
<td>Montgomery Township Dept. of Health</td>
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<tr>
<td>Betsy Coffin</td>
<td>Central Jersey Family Health Consortium</td>
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<tr>
<td>Serena Collado</td>
<td>Somerset Medical Center</td>
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<tr>
<td>Judy Cosentino</td>
<td>Insights for Excellence, LLC</td>
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<tr>
<td>Suzanne Countryman</td>
<td>Pfizer, Inc.</td>
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<td>Takeena Deas</td>
<td>Somerset County Business Partnership</td>
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<td>Carol Degraw</td>
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<td>Lee DiBlasio</td>
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<td>Tim Dry</td>
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<td>VNA of Somerset Hills</td>
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<tr>
<td>Brenda Esler</td>
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<tr>
<td>Melissa Feltmann</td>
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<td>Erica Ferry</td>
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<td>Joanne Fetzko</td>
<td>Somerset County Office on Aging &amp; Disability Services</td>
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<td>Kelly Finnegan</td>
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<tr>
<td>Dominic Fonseca</td>
<td>HealthFirstNJ</td>
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<tr>
<td>Lucy Forgione</td>
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<td>Valerie Giacopelli</td>
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<td>Paul Grzella</td>
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<td>Prashant Joshi</td>
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<td>Jay Kingley</td>
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<td>Peter Leung</td>
<td>Bridgewater</td>
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<td>Lauren Luik</td>
<td>Somerset Hills YMCA</td>
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## APPENDIX 2: HEALTHIER SOMERSET COALITION MEMBERS (cont’d)

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Department</th>
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<tbody>
<tr>
<td>Patricia Lunny</td>
<td>Cancer Support Community Central New Jersey</td>
</tr>
<tr>
<td>Linney Mahedy</td>
<td>County of Somerset</td>
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<tr>
<td>Paul Masaba</td>
<td>Somerset County Department of Health</td>
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<td>Karin Mille</td>
<td>New Jersey Department of Health</td>
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<td>Daryl Minch</td>
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<td>Linda Newsome</td>
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<td>Michael O’Connor</td>
<td>Verizon Wireless</td>
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<td>Frances Palm</td>
<td>Women’s Health &amp; Counseling Center</td>
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<td>Rebecca Perkins</td>
<td>The Perkins Partnership</td>
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<td>Antoinetta Phelan</td>
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<td>RideWise of Raritan Valley</td>
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<td>Office of Somerset County Superintendent of Schools</td>
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<td>Roselyn Rosal</td>
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<tr>
<td>Michele Samarya-Timm</td>
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<tr>
<td>Laura Sanchez-Occhiuzzi</td>
<td>American Lung Association of New Jersey</td>
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<td>Kristen Schiro</td>
<td>Empower Somerset</td>
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<tr>
<td>Rachel Simpers</td>
<td>Shoprite of Hillsborough</td>
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<td>Siobhan Spano</td>
<td>Hillsborough Health Department</td>
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<td>Katie Stewart</td>
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<td>Ben Strong</td>
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<td>Kevin Sumner</td>
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<td>Lucille Talbot</td>
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<td>Patricia Walsh</td>
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<td>Cynthia Weaver</td>
<td>Health Officer, Township of Branchburg</td>
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<tr>
<td>Caitlin Witucki</td>
<td>Somerset County Office on Aging and Disability Services</td>
</tr>
<tr>
<td>Donna Zaleski</td>
<td>Carrier Clinic</td>
</tr>
</tbody>
</table>

*Updated as of: June 21, 2013*
PERMISSIONS REQUESTS AND REPRINTS

Contact:

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