MIDDLE-BROOK REGIONAL HEALTH COMMISSION
BOUND BROOK, GREEN BROOK, SOUTH BOUND BROOK, WARREN, WATCHUNG

STRATEGIC PLAN
2013 - 2016
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EXECUTIVE SUMMARY

The Middle-Brook Regional Health Commission (MBRHC) began its strategic planning initiative in 2012 and completed a departmental strategic plan in June 2013. The planning process began prior to Hurricane Sandy and thus was delayed as a result of the department’s response activities, but that incident also helped inform the process, particularly in identifying the strategic priorities. 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.

Four strategic priorities were identified during the process and goals and objectives were developed to address the issues. The four strategic areas are:

Addressing Lifestyle Choices to Improve Public Health
Public Communications
Emergency Preparedness
Accreditation Preparation

In addition the process resulted in redefining a previously adopted Mission, and defining the Commission’s Vision and Values.

An implementation plan was developed which will integrate 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 first strategic plan for the Middle-Brook Regional Health Commission. This plan for 2013 – 2016 will provide a roadmap for carrying out our activities and mandates and at the same time 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 was truly a collaborative effort between staff, volunteer Board members, and the community and it is in this spirit that we embrace its message and hope that our communities will as well.

By identifying a clear Mission and Vision and outlining the Values we feel are most important to our operation we are uniting our staff and partners to work together for our common priorities.

Our strategic plan represents a huge step forward for the Middle-Brook Regional health Commission as it is 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. As a result we have an even more dedicated group of individuals who are eager and emboldened to move forward toward reaching our shared vision and mission.

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 presented to the Middle-Brook Regional Health Commission on June 24, 2013 for review and comment. The final plan was approved XXX 00, 2013. Details of the planning process activities, participation and meeting dates are located in Appendix 1.

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. As noted, MBRHC had adopted a Mission previously, but as part of the strategic planning process it was carefully reviewed and revised in order to better capture our purpose and to be more understandable and memorable. The revised 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 its does.

- **DEPENDABLE**: 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.

- **EFFICIENT**: 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.

- **TRANSPARENT**: 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 Improvement Plan for Somerset County, 2007 (Appendix 5)
- Draft Community Health Assessment and Improvement Plan 2012 – 2015 (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: Addressing Lifestyle Choices to Improve Public Health

The Committee identified obesity, and all its consequences, and chronic diseases as imminent threats to the public’s health. They also addressed the underlying causes of these conditions and chose to address the issues of lifestyle and the choices individuals make that impact their health.

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: Addressing Lifestyle Choices to Improve Public Health

Goal: Increase community efforts to encourage individuals to make healthy lifestyle choices toward improving their nutrition habits and increasing their physical activity.

Objective A-1 By December 2014 MBRHC will provide 5 educational programs to grade school children on the value of healthy eating and exercise in collaboration with school nurses and/or health/physical education teachers.

Objective A-2 By December 2015 MBRHC will implement within at least one school district a campaign to substitute one hour of sedentary activity with an equal time of physical activity.

Objective A-3 By December 2016 MBRHC, in collaboration with other municipal agencies where possible, will increase the number of adult residents who begin or increase their amount of daily physical activity by 10% of the value assessed in 2014.

Objective A-4 MBRHC will promote the “Take ½ To Go” Program to sit down restaurants such that the number of participating restaurants is 10% (by 12-2013), 20% (by 12-2014), and 30% (by 12-2015) of the total sit down restaurants.

Objective A-5 By May 2015, MBRHC will collaborate with the County Agricultural Agent and other identified partners to promote a personal gardening initiative with the objective of identifying a minimum of 5 “new gardeners” by December 2015.

Objective A-6 By December 2014, MBRHC will develop a mechanism to screen, post, and promote publicly submitted “healthy recipes” on the Commission website.

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 December 2013, a new MBRHC Services flier will be completed and distributed.

Objective B-2 By December 2013 MBRHC will identify and develop relationships with 3 new media representatives, and will continue to increase the number of media contacts by at least 2 per year over the period of the plan.

Objective B-3 By June 2014, MBRHC will train Board members and other interested volunteers to participate in community events and promote MBRHC and public health activities.
Objective B-4  Increase the public’s knowledge of MBRHC activities by 10% by December 2015 through the use of social media.

Objective B-5  Each year over the term of the plan MBRHC will identify at least 2 new community partners and develop relations for promotion of each other’s public health activities and collaborate to improve the public’s health.

Objective B-6  MBRHC will investigate means for greater physical visibility of the Commission in the community, such as uniforms, and a report will be submitted for consideration by the governing board by December 2014.

**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  MBRHC will develop a program to utilize social media outlets as a means to communicate with the public during times of emergency by December 2014.

Objective C-2  By December 2013, and each subsequent year of the plan, MBRHC will identify at least 3 new Board of Health members, or other community members, who are interested, trained, and “registered” as public health volunteers to assist during emergency events.

Objective C-3  By July 2014, all staff will be educated on the appropriate public health emergency preparedness workforce competencies and will develop an individual development plan for assuring competency.

Objective C-4  By December 2014, MBRHC will develop an individual emergency preparedness education program for the public and will identify one venue in each of the Commission’s municipalities that agrees to host the program.

Objective C-5  By June 2014, MBRHC will update and revise all emergency contact lists and develop portable emergency response kits for all emergency response personnel.

Objective C-6  By December 2014, as a component of its 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 December 2013 MBRHC will contact the local emergency planning organization in each of the member municipalities and by December 2014 MBRHC will be an active participant in municipally based emergency planning activities.
PRIORIT 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 October 31, 2013, all MBRHC staff will have completed the Public Health Accreditation Board’s Online Orientation Program and submit evidence of completion.

Objective D-2 By December 2014, 50% of Commission members and 20% of local Board of Health members will have watched the National Association of County and City Health Officials Electronic Training Modules for local Government Officials on Accreditation.

Objective D-3 By December 2014, MBRHC will have formed an accreditation preparation team.

Objective D-4 By July 2015, MBRHC will identify and implement a system for collecting and organizing documentation in support of accreditation application.

Objective D-5 By December 2016, all staff will have been educated in all of the Standards and Measures required to be met for National Accreditation.

Objective D-6 By December 2014, all job descriptions will be revised to include the requirement for quality improvement activities.

Objective D-7 By July 2014, MBRHC will implement a revised customer feedback process and will assure that 25% of MBRHC’s contacts are surveyed for feedback.

Objective D-8 By December 2014, MBRHC will implement a monthly quality improvement meeting to discuss QI activities, identify new areas for improvement, and continue its QI efforts.

Objective D-9 By December 2013, MBRHC will adopt a quality improvement plan.
LINKAGES TO CHIP

Copies of the Community Health Improvement Plans (CHIPs) for Somerset County are included in Appendices 5 & 6. All of the Strategic Priority Areas address issues identified in the CHIPs, particularly Priority Area A: Addressing Lifestyle Choices to Improve Public Health. In addition, by continuing to participate in workgroups, collaboratives, and coalition meetings, such as those that developed the CHIPs, Middle-Brook Regional Health Commission will be able to move accomplishing the Goals and objectives associated with all the Priority Areas while improving the health of our community.

LINKAGES TO QUALITY IMPROVEMENT PLAN

The Quality Improvement (QI) plan (under development) provides a process for performance management that is used to monitor the achievement of organizational objectives derived from the strategic plan. Improvement activities will be targeted toward tactics that will assist the department in realizing maximum effectiveness and efficiencies. Objectives and tactics through the strategic and action work plans incorporate components of the QI plan.

WORK PLAN IMPLEMENTATION

The work plan is included in Appendix 7. The plan includes tasks for each set of goals and objectives. In addition lead responsibilities, timelines, tactics and process indicators are charted. At least bi-annually, key staff will review and evaluate action progress to ensure that timelines and action objectives are being met. At the Annual meeting of the Commission, the Health Officer will provide an annual report to the Boards of Health discussing progress towards goals and objectives.
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:

Mariella Milanova, Bound Brook
Bob Longo, Green Brook
Jean Mazet, Green Brook
Arleen Lih, South Bound Brook
Ron Jubin, Watchung

BOARDS OF HEALTH:

Bound Brook
Green Brook
South Bound Brook
Warren
Watchung

EXTERNAL PARTNERS:

Community Visiting Nurse Association
Women’s Health & Counseling Center
Dr. Ronald Frank
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 are 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.
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.
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
APPENDIX 4

LEGAL MANDATES

Local Ordinances
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 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 5:10 Maintenance Of Hotels And Multiple Dwelling Regulations
NJAC 8:28 Tanning Facilities
NJAC 5:10A Proprietary Campground Facility Health And Safety Standards
NJAC 7:9E Private Well Testing Act Rules
NJAC 8:58 Reportable Occupational And Environmental Diseases, Injuries, And Poisonings
NJAC 7:8 Stormwater Management Regulation
NJAC 8:24 Retail Food Regulation
NJSA Title 26 Health and Vital Statistics
NJSA Title 13 Conservation and Development
NJSA Title 23 Fish and Game
APPENDIX 5

SOMERSET COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2007
SOMERSET COUNTY 2007 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

“Public Health is defined as an organized effort by society to protect, promote and restore people’s health.”

Somerset County Governmental Public Health Partnership (GPHP)

Bernards Township Department of Health and Board of Health, Lucy Forgione Health Officer. 
Serving – Bedminster, Bernards Township, Bernardsville, Far Hills, Peapack-Gladstone, Basking Ridge, and Liberty Corner

Branchburg Township Department of Health and Board of Health, Cinthia Weaver Health Officer. 
Serving Branchburg

Bridgewater Township Department of Health and Board of Health, Peter Leung Health Officer. 
Serving – Bridgewater, Finderne, Bradley Gardens, Martinsville, Green Knoll

Franklin Township Department of Health and Board of Health, Walter Galanowsky Health Officer. 
Serving – Franklin, Franklin Park, Middle Bush, Somerset, East Millstone.

Hillsborough Township Department of Health and Board of Health, Dr. Glen Belnay Health Officer. 
Serving – Hillsborough, Millstone Borough.

Middle-Brook- Regional Health Commission and Boards of Health, Kevin Sumner Health Officer. 
Serving – Bound Brook, Green Brook Township, South Bound Brook, Warren Township, Watchung.

Montgomery Township Department of Health and Board of Health, Stephanie Carey Health Officer. 
Serving – Montgomery, Belle Mead, Skillman

Somerville Health Department and Board of Health, Steven Krajewski Health Officer Serving – Somerville, Raritan, Manville.

South Brunswick Health Department and Board of Health, Stephen Papenberg Health Officer. 
Serving - Rocky Hill
The Somerset County Department of Health and the North Plainfield Board of Health, John Horensky County Health Officer.  Serving - North Plainfield

Somerset County Community Public Health Partnership (CPHP) Members who have worked on and support this plan.

Somerset Medical Center
Women’s Health and Counseling Center
Somerset County Business Partnership
American Cancer Society
Mayors Wellness Campaign
Saint Peters University Hospital
New Jersey Beijing Girls Student Association
Somerset County School Nurse Association
Somerset County Department of Human Services
Somerset County Office on Aging

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4. Somerset County CHIP Priority Areas - Goals, Objectives, Recommended Intervention Strategies, and Measurables.
5. Barriers
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The Somerset County GPHP/CPHP Vision Statement -

“Somerset County strives to support a community of optimal physical, mental, spiritual, and social well being which allows the individual to pursue the most fulfilling life possible.”

Summary

The Somerset County Community Health Improvement Plan (CHIP) is the first step toward improving the health of the citizens of our county; a road map to a healthier community. The intent of this document is to concisely present the public health issues of concern supported by the recently completed countywide 2006 Behavioral Risk Factor Surveillance (BRFS) Survey. The CHIP is written in a fashion to provide a practical framework for future activities that could be designed, implemented, and evaluated for specific target issues. The Somerset County CHIP will remain a dynamic document that can be tailored and expanded to address future public health needs as identified by the county’s adult residents and public and private health care providers.

A brief history of the Local Information Network and Communications (LINCS) System and the CHIP is required in order to understand how the CHIP came into being. In 1997, the New Jersey Department of Health and Senior Services in cooperation with the States local health departments established the LINCS System with grant funding from the federal government. Using the Internet, LINCS acts as an electronic information system that supports reporting, analysis and dissemination of public health information among governmental and private sector groups. Included in the LINCS plan was funding for additional County public health personnel and other activities, which were to be utilized to build up the public health infrastructure. One of the goals of the LINCS Team and local health departments was to complete a Community Health Improvement Plan.

In order to accomplish this the New Jersey Department of Health and Senior Services and the Local Health Departments worked together to form two groups to be utilized as strategic planning forums. These two groups are composed of public health professionals, community organizations, civic groups and County residents. The Somerset County Governmental Public Health Partnership (GPHP) composed of the local health officers and the Community Public Health Partnership (CPHP), made up of citizen and private sector organizations concerned with public health issues, formed a committee to devise a Community Health Improvement Plan (CHIP) as required by State regulations under the revised Public Health Practice Standards for Local Boards of Health in New Jersey. These two groups had been working together since 2004 to formulate the following Community Health Improvement Plan (CHIP) for the residents of Somerset County. This
enterprise began in the summer of 2004, utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) Process. The MAPP process is a Centers for Disease Control strategic planning tool. This exercise involved, at different times, as many as 50 community members representing a wide variety of public and private sector organizations that are concerned with public health issues in Somerset County.
The community health assessment data was both quantitative and qualitative. Input was gathered from residents through a Behavioral Risk Factor Surveillance (BRFS) Survey of 2000 adult County residents and two years of meetings of the governmental and community strategic planning groups the (GPHP and the CPHP). Other assessments included gathering data on the operations of the local public health system and a review of the forces of change that might have a major impact on the health of Somerset County residents as well as a community themes and strengths assessment.

The CHIP Committee reviewed and discussed the data and identified these four areas as our top Somerset County health priorities.

A. Access to health care  
B. Healthy Lifestyle  
C. Alcohol, Tobacco and other Drugs  
D. Environmental Health

The future of public health practice is at a crossroads. To achieve improvement in the public’s health and afford it protection against natural and man made health threats, the public health system requires a robust sustainable planning, preparedness and response infrastructure. However, this complex system is constantly challenged by a limited amount of money and resources available to fully accomplish our goals and missions.

This Community Health Improvement Plan (CHIP) is the end product of the first phase of our goal of protecting and improving the health of all our people. If all public health partners pull together to implement this CHIP the result will be an improvement in the quality of life for all. The goals and objectives relating to these issues and the suggested strategies, obstacles and community resources comprise the Community Health Improvement Plan.

John A. Horensky, MS  
County Health Officer

Steven T. Krajewski, M.P.H  
President, Somerset County  
Health Officers Association
1. **County Demographic Profile**

   Somerset County consists of 305 square miles, which is located in the fourth-wealthiest metropolitan area in the United States. Somerset County is a very desirable and economically prosperous balance between urban and suburban neighborhoods and rural countryside. The County is comprised of 21 municipalities with an estimated population of 319,900 in 2005.
In 2000 there were 14,086 individuals living in poverty in Somerset County, which translates into a 3.85 poverty rate for Somerset County. Of those individuals 4,119 were children living in poverty under 18 years old or (4.2%). Another 1,120 or (4.1%) of the children in poverty were under 5 years old.

**Somerset County QuickFacts**

**People QuickFacts Somerset County New Jersey**

Population, 2005 estimate 319,900  
Population, percent change, April 1, 2000 to July 1, 2005 7.5%  
Persons under 5 years old, percent, 2005 7.0%  
Persons under 18 years old, percent, 2005 26.0%  
Persons 65 years old and over, percent, 2005 11.2%  
Female persons, percent, 2005 50.9%  
White persons, percent, 2005 78.3% (a)  
Black or African American persons, percent, 2005 8.8% (a)  
American Indian and Alaska Native persons, percent, 2005 0.2% (a)  
Asian persons, percent, 2005 11.7% (a)  
Native Hawaiian and Other Pacific Islander, percent, 2005 0.0% (a)  
Persons reporting two or more races, percent, 2005 1.1% (b)  
White persons, not of Hispanic/Latino origin, percent, 2005 68.0%  
Persons of Hispanic or Latino origin, percent, 2005 11.1% (b)  
Persons below poverty, percent, 2003 4.7%, vs. New Jersey – 8.9%

(a) Includes persons reporting only one race.  
(b) Hispanics may be of any race, so also are included in applicable race categories.  
Source: US Census Bureau State & County QuickFacts
Section 2. MAPP Assessment Results

The GPHP and the CPHP worked on four assessments undertaken as a part of the Mobilizing for Action through Planning and Partnerships (MAPP) Process. The MAPP Process is an overarching approach to improving community health. This tool assists communities to improve their health and their quality of life through community driven planning. These assessments can be accessed by going online to the Somerset County Department of Health website http://www.co.somerset.nj.us//health.

The four MAPP Somerset County surveys are:

A. Local Public Health System Assessment – This Survey is a comprehensive assessment by the local public health agencies to determine the capabilities, competencies and activities of the local public health network. This assessment gives the CHIP committee insight into how well the ten essential public health services are being delivered in Somerset County.

B. Forces of Change Assessment – Focuses on identifying actors and factors that the CHIP Committee should be aware of that will bring about changes in Somerset County that will impact the health of our residents.

C. Community Health Status Assessment – The Somerset County 2006 Behavioral Risk Factor Surveillance (BRFS) Survey was conducted to gain insight into the health behaviors of Somerset County residents. For further details see Section 4.

D. Community Themes and Strengths Assessment – This Survey gauged the public health priorities of County residents. This enables the CHIP Committee to have a greater understanding of what is important to the community.

Section 3. Holleran Consulting Behavioral Risk Factor Surveillance (BRFS) SURVEY Background and Executive Summary.

The Somerset County Health Officers Association, located in Somerset County, New Jersey, requested that Holleran Consulting conduct a Behavioral Risk Factor Surveillance (BRFS) Survey study among its adult community using the CDC BRFS Survey tool. The BRFS Survey 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.
The Somerset County Health Officers Association, in coordination with representatives from Holleran, personalized the BRFS Survey tool to assess the needs of Somerset County. A sampling strategy was developed by Holleran and approved by the Somerset County Health Officers Association. The sampling strategy identified the number of completed surveys needed within each zip code across the county. The final sample (2,019) yields an overall error rate of +/- 2.2% at a 95% confidence level. Data collection took place between May 15 and August 4, 2006.

**Research Objectives**

The research objectives of the assessment were as follows:

1. To gather statistically valid information on the health status of adult Somerset County residents.

2. To accurately represent all populations within Somerset County.

3. To develop accurate comparisons to the state and national baseline of health and quality of life measures to provide trending information for the future.

4. To interpret the meaning of the data collected so that health related issues are accurately identified for Somerset County residents.

**BRFS Survey 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. For example this is the only New Jersey BRFS Survey to include emergency preparedness questions as a part of a County Survey. Additionally, some areas can be debated as either a strength or opportunity; those areas may not be listed below, as they do not clearly appear to be a strength or opportunity.
Areas of Strength

The following areas 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 “excellent” general health is above the proportions throughout New Jersey and nationally.

Mental health & physical health in previous 30 days: When asked about the number of days where their mental health and/or physical health was not good, more Somerset County residents reported “no days” compared to throughout New Jersey and the nation.

Exercise in previous month: While they are more likely to be overweight than New Jersey residents, Somerset County residents are more likely than residents throughout New Jersey and the national to have exercised in the previous month. The proportion of obese residents, however, is not significantly different from the state and national figures. This pattern also pertains to the amount of time spent doing moderate and vigorous physical activities in a typical week.

Areas of Opportunity

The following areas 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 to be overweight, according to their Body Mass Index statistics. Somerset County residents, however, are not statistically different from the national figures of overweight residents.

Quitting smoking: Compared to the New Jersey statistics, Somerset County smokers are less likely to have quit in the previous year. Somerset County does not statistically differ from the national statistics in this regard.

Advice to quit smoking: Fewer Somerset County smokers have been advised to quit smoking by a health professional in the previous year compared to smokers throughout the state and nation.
Alcohol use: More Somerset County residents consumed alcohol in the previous month compared to residents nationally. However, among those that did consume alcohol, the number of drinks in Somerset County is lower than the state and national proportions.
Digital rectal exam: Males 40 and over within Somerset County are less likely than their male counterparts throughout the nation to have had a digital rectal exam. However, among those who have had a digital rectal exam, they are most likely to have had the exam within the past year.

High blood pressure: Somerset County residents are more likely to have high blood pressure compared to the rest of New Jersey and the nation as a whole.

Somerset County 2006 BRFSS Summary Highlights by Region.

The GPHP decided to break Somerset County down into three regions by town and analyze the Behavioral Risk Factor Surveillance Survey results without an income level for the respondents. The strengths and opportunities for the three regions are:

The Northern Region: Warren, Bedminster, Bernards, Watchung, Basking Ridge, Bernardsville, Far Hills, Peapack, Gladstone, and Pluckemin.

Northern Region Strengths

• Highest proportion reporting excellent health
• Highest rate of health coverage
• Highest rates of alternative medicine use
• Highest reporting of no days of “not good” physical health
• Lowest rate of being unable to see a doctor due to cost
• Lowest rates of smoking, diabetes and prostate cancer
• Highest rates of dental visits and teeth cleaning
• Highest rates of mammograms, colonoscopies, and PSA tests
• Highest rate of water testing
• Lowest rate of obesity
• Highest rate of college graduates
• Highest rate of income always meeting living expenses

Northern Region Opportunities

• Lowest rate of participation in classes on managing diabetes
• Lowest rate of an evacuation plan
• Lowest rate of a communication plan in the event of a disaster
• Highest rate of Angina or coronary heart disease
• Highest rate of high blood pressure
• Highest rate of high cholesterol
• Lowest rate of HIV testing
• Lowest rate of digital rectal exams
• Highest rate of individuals ever experiencing a threatening relationship
The Central Region: North Plainfield, Boundbrook, Bridgewater, Green Brook, Manville, Martinsville, Raritan, Somerville, South Bound Brook, Finderne.

Central Region Strengths

- Highest rate of those trying to quit smoking
- Highest rate of no alcoholic drinks in the past 30
- Highest rate of HIV testing
- Lowest rate of HIV risk behaviors
- Highest rate of those who have taken a course in managing their diabetes

Central Region Opportunities

- Lowest rate of individuals seeing a doctor for their diabetes in the past 12 months
- Lowest rate of individuals having hemoglobin “A one C” checked
- Highest rate of individuals unable to take diabetes medications
- Highest rate of being unemployed for 1 year or more
- Highest rate of never having well water tested
- Lowest rate of individuals having blood cholesterol checked
- Highest rate of income not meeting expenses
- Lowest rate of feeling safe in home or neighborhood
- Lowest rate of having a mammogram
- Highest rate of overweight or obese individuals
- Highest rate of cost preventing a doctor visit, dental visit or prescription
- Lowest rate of health coverage
- Lowest rate of non-smoking
- Lowest rate of individuals receiving a flu shot
- Highest rate of poor general health
- Highest rate of physical and mental health “not good” for 15-31 days


Southern Region Strengths

- Highest proportion reporting no days depressed in past 30 days
- Highest reporting no days “not good” mental health
- Lowest rate of those being unable to see a doctor due to transportation
- Lowest rate of those unable to get a prescription due to cost
- Highest rate of those who check their blood sugar daily
Southern Region Opportunities

• Highest rate of diabetes
• Highest rate of stroke
• Lowest rate of PSA testing
• Highest rate of prostate cancer
Section 4. CHIP Priority Areas

ACCESS TASK FORCE RECOMMENDATIONS

Governmental health policies have historically tried to solve or prevent perceived deficiencies in health care delivery. Most of these policy decisions have focused on access to care, cost of care and quality of care. Legislation has been specific in addressing all three of these aspects of health care. Most Americans believe they have the right to have access to the highest quality of care at the least expensive cost.

Healthy People 2010, a national comprehensive health promotion and disease prevention agenda of the Department of Health and Human Services, was enacted to help reduce these health disparities between socio-economic populations. Most health disparities are a result of non-medical factors. These factors include education, income, culture, language barriers, residency and insurance.

Access to preventive health care should be available to all residents. There are presently 46 million people in the United States, including children, without health insurance. This breaks down to approximately 1.2 million people in New Jersey. A further breakdown shows there are approximately 45,000 uninsured people in Somerset County. Many of the uninsured and underinsured delay getting medical care until their health problem becomes very serious. Eventually they end up going to the hospital emergency room for health care. This is a very expensive way for health care to be delivered. The final cost ends up being borne by society through charity care or other forms of public assistance. The Somerset County BRFS Survey indicates that Somerset County residents are better off than most of New Jersey residents when it comes to access to care, however there still remains a large underserved population whose needs should be addressed other than in the emergency room. Examples of the underserved population are recent immigrants, the working poor and their children. The CHIP committee focused on improving outreach and education to increase the awareness and use of the currently available programs by our underserved populations.

Goal –

Increase Access to Health Care for Somerset County’s uninsured, underinsured and underserved population.

1. Objective - Decrease the number of uninsured patients who are treated in the Somerset Medical Center Emergency Room.

Recommended Intervention Strategy - Create and promote a media campaign to reach out to the underserved and underinsured population of Somerset County that highlights the free and low cost services available county-wide.
**Recommended Intervention Strategy** - Promote enrollment in existing programs such as FAMILYCARE et al.

**Recommended Intervention Strategy** - Distribute FAMILYCARE enrollment information and vaccination information with all copies of birth certificates issued in the County.

**Recommended Intervention Strategy** - Increase awareness of free or reduced cost prescription drug programs through public health announcements.

**Recommended Intervention Strategy** - Develop a pilot “Ride to the Doctor Program”, possibly in the southern tier of the County, to encourage non-emergency preventive care visits for the medically underserved.

**Recommended Intervention Strategy** - Promote and increase the number of mobile health and wellness visits providing health services, utilizing the Visiting Nurse Associations and the Saint Peters University Hospital Community Mobile Health Services in locations with underserved populations.

*Measurable – A reduction in the number of uninsured patients being treated in the Somerset Medical Center emergency Room.*

2. **Objective** - Refer all uninsured patients being treated at Somerset Medical Center to follow up care at cooperating centers for future care.

**Recommended Intervention Strategy** - Increase awareness of free or reduced cost prescription drug programs through public health announcements.

**Recommended Intervention Strategy** - Promote and increase the number of mobile health and wellness visits providing health services utilizing the Visiting Nurse Associations and the Saint Peters University Hospital Community Mobile Health Services in locations with underserved populations.

**Recommended Intervention Strategy** - Identify and promote awareness of low cost health care providers among health care professionals in Somerset County.

*Measurable – Follow up with uninsured emergency room patients to determine the percentage that accessed the referred programs and the barriers they encountered.*
3. **Objective** - Increase the number of women referred to the Women’s Health and Counseling Center.

**Recommended Intervention Strategy** – Utilize the Community Public Health Partnership (CPHP) members and particularly faith based groups and community organizations, as facilitators to reach out to the underserved population and community partners to increase awareness of available services.

**Recommended Intervention Strategy** – Promote and increase the number of mobile health and wellness visits providing health services in locations with underserved populations.

**Recommended Intervention Strategy** - Increase awareness of free or reduced cost prescription drug programs through public health announcements.

**Recommended Intervention Strategy** - Create and promote a media campaign to reach out to the underserved and underinsured population of Somerset County that highlights the free and low cost services available county-wide.

**Recommended Intervention Strategy** – Identify and promote awareness of the Women’s Health and Counseling Center among health care professionals in Somerset County.

**Measurable** – An increase in the number of new patients seen by the Women’s Health and Counseling Center.

4. **Objective** - Create a website on the County Health Department web page to act as a clearing house for providers and public health officials to increase awareness of public health resources and programs along with contact information for referrals in addition to links to all local health department websites.

**Recommended Intervention Strategy** - Increase awareness of free or reduced cost prescription drug programs through public health announcements.

**Measurable** – Successfully starting up and maintaining a County web portal for this information, including links to community partners such as the Visiting Nurse Associations and the Women’s Health and Counseling Center and monitoring the activity on the site.

5. **Objective** - Increase awareness of the Community’s social responsibility regarding the issues of the uninsured and underinsured through regular advocacy on their behalf through various intervention strategies outlined above.
Recommended Intervention Strategy - Distribute FAMILYCARE enrollment information and vaccination information with all copies of birth certificates issued in the County.

Recommended Intervention Strategy - Hold regular trainings with community partners to improve the delivery of culturally competent health care services.

Recommended Intervention Strategy - Identify and promote awareness of low cost health care providers among health care professionals in Somerset County.

Recommended Intervention Strategy - Encourage an increased role for public health agencies in the municipal and county planning process.

Measurable – Mail a questionnaire to all community partners and agencies annually for the purpose of assessing their awareness and the effectiveness of the advocacy effort.

HEALTHY LIFESTYLE TASK FORCE RECOMMENDATIONS

The recent 2006 Somerset County Behavioral Risk Factor Surveillance (BRFS) Survey revealed that County residents are more likely to be overweight and obese than the residents of the rest of the State. This problem mirrors the national trend of increasingly overweight and obese children and adults. According to the National Center for Health Statistics, nearly 20% of children between the ages of 6 and 19 are overweight or obese. This health issue in turn increases the risk of many chronic illnesses such as heart disease, cancer, high blood pressure, diabetes and stroke. According to the New Jersey Department of Health and Senior Services mortality data heart disease, cancer and stroke were the top three leading causes of death in Somerset County. The Somerset County Community Health Improvement Plan focused its efforts on improving current ongoing health education activities in the areas of improved nutritional education and increased public awareness advocating the benefits of a more active healthy lifestyle. Limited funding at all levels has focused our efforts on increased cooperation among public agencies such as the Somerset County Office on Aging and community partners like the Visiting Nurse Associations to improve our health promotion and information campaign.
Goal –
Increase awareness and knowledge of the benefits of good nutrition and physical activity through a public awareness campaign utilizing all forms of local media to reduce the prevalence of obesity, diabetes, stroke, high blood pressure, cancer and heart disease.

1. Objective - Create and maintain a website to act as a cyber clearing house to increase both the publics and the public health work forces awareness of the services, resources and activities that exist in Somerset County.

Recommended Intervention Strategy - Expand upon joint efforts between community partners such as the Somerset County United Way, faith based groups et al and public sector organizations for joint health education and promotion activities at community events.

Recommended Intervention Strategy - Public health partners should increase their communication efforts and work more cooperatively to enhance existing educational programs dealing with nutrition and physical activity.

Recommended Intervention Strategy - Expand upon joint efforts between private and public sector groups for joint health education and promotion activities.

Measurable – Successfully starting up and maintaining a County web portal for this information and monitoring the activity on the site.

2. Objective - Encourage and cooperate with other municipalities in responding to the Mayor’s wellness Campaign to establish a baseline of data regarding current physical education programs and resources for future public health activities.

Recommended Intervention Strategy - Advocate for changes that encourage healthy lifestyles during the municipal and county land use process process.

Recommended Intervention Strategy - Utilize the Woman’s Health and Counseling Center, the Somerset Medical Center and the Saint Peters University Hospital Community Mobile Health Services as focal points in communicating the benefits of good nutrition and physical activity to the underserved population.
**Recommended Intervention Strategy** - Public health partners should increase their communication efforts and work more cooperatively to enhance existing educational programs dealing with nutrition and physical activity.

*Measurable* – *Regularly promote and disseminate the Mayors Wellness Campaign resource database to encourage greater physical activity and a healthier lifestyle among County residents.*

3. **Objective** - Incorporate a clear message advocating for the increased consumption of fruits and vegetables into every local health education campaign.

**Recommended Intervention Strategy** - Educate consumers, emphasizing underserved populations, seniors and children about the benefit of good nutrition and healthy lifestyle choices through intensive health education in schools and community events and senior centers.

**Recommended Intervention Strategy** - Public health partners should increase their communication efforts and work more cooperatively to enhance existing educational programs dealing with nutrition and physical activity.

**Recommended Intervention Strategy** - Utilize the Woman’s Health and Counseling Center, the Somerset Medical Center, the Visiting Nurse Associations, the Somerset County School Nurse Association and the Saint Peters University Hospital Community Mobile Health Services as focal points in communicating the benefits of good nutrition and physical activity to the underserved population.

*Measurable* – *Increased promotion and dissemination of this message through every municipality and utilizing all available media outlets.*

4. **Objective** - Identify the current gaps in the public health system by utilizing Focus Groups to determine the best strategy to reach all the communities of Somerset County especially the underserved populations.

**Recommended Intervention Strategy** – Focus groups will determine healthy lifestyle media messages, with emphasis on our minority communities, referring to major health issues such as diabetes, heart disease, stroke, cancer and obesity.

**Recommended Intervention Strategy** - Public health partners should increase their communication efforts and work more cooperatively to enhance existing educational programs dealing with nutrition and physical activity.
Measurable – The activation of multiple focus groups throughout Somerset County and the dissemination of the results of these meetings to all local public health agencies.

ALCOHOL TOBACCO AND OTHER DRUGS TASK FORCE RECOMMENDATIONS

It is a well-established fact that substance abuse and its related problems are among society’s most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related adverse outcome deaths account for at least another 12,000 deaths. In 1995, the economic cost of alcohol and drug abuse was $276 billion. This represents more than $1,000 for every man, woman, and child in the United States to cover the costs of health care, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse. Tobacco use adversely affects the smokers themselves, and also non-smokers due to the deleterious effects of secondhand smoke exposure. It has been revealed that 72 conditions requiring hospitalization are wholly or partially attributable to substance abuse.

According to the 2006 BRFS Survey, more Somerset County residents consumed alcohol compared to residents nationally. Additionally, 3% of county residents who drink reported binge drinking (consuming 5 or more drinks at a time) in the past 30 days.

With regards to smoking, 10.7% of Somerset County residents reported cigarette smoking. A conclusive comparison of this finding could not be made with the state and national data due to a mismatch in the question. However, compared to the New Jersey statistics, Somerset County smokers are less likely to have quit in the previous year. In addition, fewer Somerset County residents have been advised to quit smoking by a health professional in the previous year compared to smokers throughout New Jersey and the nation.

This CHIP hopes to promote cooperative efforts to support interventions appropriate to the population to be served, based on adaptations of current proven programs for diverse racial and ethnic populations in the areas where it is most needed.

Goal –

Reduce substance abuse by County residents by promoting a healthier lifestyle among all age groups.
1. **Objective** - Create and maintain a website to act as a clearinghouse or Cyber Health Fair for all Local Health Departments health promotion activities.

*Measurable – The inception and maintenance of this type of website on the Somerset County Health Department website.*

2. **Objective** - Increase the Countywide enforcement efforts to reduce the access to tobacco products by youths.

**Recommended Intervention Strategy** – Organize town, school and other meetings and or cooperate with ongoing public health education programs, such as the Municipal Alliances, to increase awareness about the issue of drug and tobacco abuse and underage drinking.

**Recommended Intervention Strategy** - Emphasize a crack down on the sale of tobacco products to minors.

**Recommended Intervention Strategy** - Promote and emphasize public health education programs that are culturally sensitive that emphasize the risks of alcohol, tobacco and drugs.

*Measurable – Monitor the number of violation reports from each municipality.*

3. **Objective** - Increase public health education efforts in order to reduce the number of County residents who are binge drinking.

**Recommended Intervention Strategy** – Organize town, school and other meetings and or cooperate with ongoing public health education programs, such as the Municipal Alliances and the County School Nurse Association to increase awareness about the issue of drug and tobacco abuse and underage drinking.

**Recommended Intervention Strategy** – Advocate for increased alcohol abuse interventions for the elderly.

**Recommended Intervention Strategy** – Promote and emphasize public health education programs that are culturally sensitive that highlight the risks of alcohol, tobacco and drugs

*Measurable – The County Health Department and the municipal health departments will commit to holding a number of educational seminars each year concerning binge drinking.*
4. **Objective** – Increase the awareness of the availability of smoking cessation programs through health education.

**Recommended Intervention Strategy** – Conduct a public health education program to promote smoking cessation programs among the private physicians in Somerset County.

**Recommended Intervention Strategy** – Organize town, school and other meetings and or cooperate with ongoing public health education programs, such as the Municipal Alliances and the Visiting Nurse Associations, to increase awareness about programs assisting with smoking cessation.

**Recommended Intervention Strategy** – Promote and emphasize public health education programs that are culturally sensitive that highlight the risks of alcohol, tobacco and drugs

**Measurable** – The County Health Department and the Municipal health departments will commit to an annual mass mailing to health care providers, detailing available smoking cessation programs. This will be followed up a health promotion campaign to be determined later.

5. **Objective** - The County Health Officer and the municipal health officers will advocate regularly for more activities and facilities to increase the availability for physical education and recreational activities for youths and adults referencing Healthy People 2010 for the County’s long-term public health goals.

**Recommended Intervention Strategy** – Advocate on all levels of government for increased funding for programs that promote a healthy lifestyle and offer increased opportunities for recreational activities.

**Recommended Intervention Strategy** – Promote and emphasize public health education programs that are culturally sensitive that highlight the risks of alcohol, tobacco and drugs

**Measurable** – A focused and sustained advocacy campaign by the local health officers in support of recreational facilities and programs on a countywide basis.
ENVIRONMENTAL HEALTH TASK FORCE RECOMMENDATIONS

Public health and environmental quality are intrinsically linked; indeed, the history of public health success has been largely built upon the foundation of environmental health efforts. The well being of a community is dependant upon assuring a safe and healthy environment, free from exposure to contaminants and hazardous surroundings. Yet, according to the Pew Environmental Health Commission’s 2000 report, there is a large gap
in scientific knowledge regarding correlations between environmental factors and chronic diseases. Asthma, birth defects, Alzheimer’s, autism, endocrine and metabolic disorders, and a variety of cancers are not widely tracked to find correlations with environmental exposures. At the local level, over the last decade, public health priorities and available funding have shifted many agencies’ focus toward bioterrorism and disaster preparedness efforts. Nonetheless, public environmental health issues remain at the forefront of day-to-day operations. Unfortunately, time and resources allocated to monitoring the environmental health status of the community, or planning for the optimal delivery of environmental health services, have been overshadowed by other mandates.
Additionally, a fragmentation of authority regarding environmental matters is common. Whereas a local health official may be held generally accountable for environmental health issues in his/her community, the responsibility and authority for action often lies among many agencies. For example, protection of the environment falls within the scope of state and federal departments of natural resources, land use planners, public works departments, etc. There is no common framework within the United States. While local environmental health services occasionally parallel state programs, many states, including New Jersey, utilize multiple agencies to manage environmental public health issues. The interaction between state health departments, their environmental protection counterparts, and local health agencies is complex to say the least. The local health official often takes on the role of community advocate and catalyst, to ensure that the appropriate agencies take necessary action. To meet the core functions of public health (assessment, policy development and assurance) in an environmental health framework, environmental health professionals must build collaborations with multiple entities to achieve their goals.

New Jersey’s Office of Public Health Infrastructure recommends a minimum core environmental health capacity of 1 Registered Environmental Health Specialist (REHS) per 15,000 residents. It is important to note that this is a bare-bones population estimate that was developed in 1942. It is generally recognized that REHS responsibilities have evolved significantly since that time. A more comprehensive and quantitative analysis is available, which accounts for the actual time required to adequately and professionally serve a community’s needs. This in-depth analysis obviously yields a higher REHS staffing requirement. Among Somerset County’s 21 municipalities, there are presently 10 distinct public health agencies, with a combined total of 23 licensed REHS’s. With a County population of approximately 320,000 individuals, this staffing level corresponds to 1 REHS professional per 15,000 residents. While currently meeting the bare minimum, with ever-increasing roles, responsibilities and training mandates, it remains critical for our environmental health infrastructure to pool its resources, identify service gaps, and capitalize on the unique strengths that each environmental health professional can offer, whether in terms of specialized knowledge, or the use and development of emerging technology, that can be beneficial to the environmental health workforce at large. The CHIP Environmental Health taskforce will establish routine networking opportunities and increase the collaborative efforts among all public environmental health professionals within Somerset County. These efforts will seek to identify the most efficient and effective use of limited time and resources within the community, and will ultimately create and implement a plan of action that approaches environmental health issues from the community’s viewpoint.
Goal –

To refocus the Municipal and County Health Departments on core environmental issues by emphasizing cooperative planning, partnerships and educational activities.

1. **Objective** – Increase the percentage of County residents who receive information regarding well water testing.

**Recommended Intervention Strategy** - Advocate for and institute an Arsenic Testing Program on a countywide basis.

**Measurable** – *An annual environmental health article in the County newsletter that is part of a public information campaign that coincides with the County hazardous waste disposal days.*

2. **Objective** – Increase the number of cooperative activities among health departments dealing with environmental issues.

**Recommended Intervention Strategy** - Conduct a countywide alternative lawn maintenance and pesticide education plan for homeowners.

**Recommended Intervention Strategy** - Institute a working group known as the Somerset County Environmental Health Partnership (SCEHP) to act as a forum for discussing and cooperating on environmental issues.

**Recommended Intervention Strategy** - Institute an Indoor Air Quality Program, in cooperation with the DEP, to educate the public on radon and mold issues.
Recommended Intervention Strategy – Institute a Countywide septic management system.

Measurable – Regular quarterly meeting by municipal health departments devoted solely to environmental health issues.

3. Objective – Increase the number of opportunities to share expertise and training concerning environmental issues.

Recommended Intervention Strategy - Advocate for and institute an Arsenic Testing Program on a countywide basis.

Recommended Intervention Strategy - Conduct a countywide alternative lawn maintenance and pesticide education plan for homeowners.

Recommended Intervention Strategy - Advocate for increased funding and resources for public health agencies to address environmental issues.

Recommended Intervention Strategy - Institute a working group known as the Somerset County Environmental Health Partnership (SCEHP) to act as a forum for discussing and cooperating on environmental issues.

Recommended Intervention Strategy - Institute an Indoor Air Quality Program, in cooperation with the DEP, to educate the public on radon and mold issues.

Recommended Intervention Strategy – Institute a Countywide septic management system.

Measurable – Bi-annual trainings involving the County and municipal health departments regarding environmental health issues.

4. Objective – Re-energize public health efforts dealing with environmental issues.

Recommended Intervention Strategy – Encourage a dialog with municipal environmental commissions and other community partners to foster greater participation in the planning process.

Recommended Intervention Strategy – Explore options to increase cooperative efforts regarding the use of grease trap inspections through joint enforcement activities.
Recommended Intervention Strategy - Advocate for and institute an Arsenic Testing Program on a countywide basis.

Recommended Intervention Strategy - Conduct a countywide alternative lawn maintenance and pesticide education plan for homeowners.

Recommended Intervention Strategy - Institute a working group known as the Somerset County Environmental Health Partnership (SCEHP) to act as a forum for discussing and cooperating on environmental issues.

Recommended Intervention Strategy - Institute an Indoor Air Quality Program, in cooperation with the DEP, to educate the public on radon and mold issues.

Recommended Intervention Strategy – Institute a Countywide septic management system.

**Measurable** – *The number of environmental health advocacy letters the Somerset County Health Officers Association writes concerning environmental issues and legislation effecting Somerset County.*

5. **Objective** – Increase by 5% the number of County residents who have their well tested.

Recommended Intervention Strategy - Advocate for and institute an Arsenic Testing Program on a countywide basis.

**Measurable** – *The activation of a municipal pilot program to test for volatile organic compounds.*

6. **Objective** - Increase funding levels and resources for environmental issues.

Recommended Intervention Strategy - Conduct a countywide alternative lawn maintenance and pesticide education plan for homeowners.

Recommended Intervention Strategy - Institute a working group known as the Somerset County Environmental Health Partnership (SCEHP) to act as a forum for discussing and cooperating on environmental issues.
**Recommended Intervention Strategy** - Advocate for and institute an Arsenic Testing Program on a countywide basis.

**Recommended Intervention Strategy** - Advocate for increased funding and resources for public health agencies to address environmental issues.

*Measurable* – *An increase in Municipal or County funding for environmental health issues that the Governmental Public Health Partnership (GPHP) has been advocating for.*

7. **Objective** - Increase and standardize cooperative efforts between all local health departments.

**Recommended Intervention Strategy** - Conduct a countywide alternative lawn maintenance and pesticide education plan for homeowners.

**Recommended Intervention Strategy** - Advocate for and institute an Arsenic Testing Program on a countywide basis.

**Recommended Intervention Strategy** - Institute a working group known as the Somerset County Environmental Health Partnership (SCEHP) to act as a forum for discussing and cooperating on environmental issues.

**Recommended Intervention Strategy** - Institute an Indoor Air Quality Program, in cooperation with the DEP, to educate the public on radon and mold issues.

**Recommended Intervention Strategy** – Institute a Countywide septic management system.

**Recommended Intervention Strategy** – Investigate the expanded use of plumbers and Municipal Utility Authorities to carry out grease trap inspections through joint enforcement activities.

*Measurable* – *An annual joint environmental health program conducted by the County and Municipal health departments.*

8. **Objective** - Advocate for a reduction of environmentally unsound pesticide use in Somerset County municipalities.
**Recommended Intervention Strategy** - Conduct a countywide alternative lawn maintenance and pesticide education plan for homeowners.

*Measurable* – *The implementation of a County program that utilizes the most environmentally friendly pesticides in Somerset County municipalities.*

**Section 5. Barriers**

During the CHIP discussions many barriers have been noted among the participants. Several of these barriers were applicable to each priority area, the chief among them being a lack of funding, health insurance and resources. In addition an increasingly diverse population will also encounter problems relating to language and cultural sensitivity and a lack of Internet access. The public health system will also have to operate in a more cooperative and robust fashion in order to get public health information out to the underinsured and underserved populations concerning available services and the organizations that provide them. Limited transportation options can also pose major obstacles to the underserved population. An enhanced public health cooperative effort to recognize and work to reduce potential barriers has been a major focus of all those involved in the CHIP as we move forward into the action phase of this plan.

**Section 6. Next Steps**

The completion and presentation of the CHIP marks the beginning of the Action Phase of the plan. The GPHP and the CPHP will form a working group to diligently promote and accomplish the proposed recommendations and goals through meetings, health education, advocacy, focus groups and direct actions. This will also require a sustained discussion and effort in concert with all of our community partners to achieve the goal of improving public health in the priority areas of Somerset County by the year 2010.

For further information or to volunteer to join the Somerset County Community Public Health Partnership please send an email to the Partnership Coordinator Ben Strong at Strong@co.somerset.nj.us or contact the Somerset County Department of Health at 908 – 231-7155.
Section 7. Sources of Information

2000 United States Census State and County Quick Facts
2006 Somerset County Behavioral Risk Factor Surveillance Survey
Healthy People 2010 Centers for Disease Control and Prevention
National Center for Health Statistics
American Cancer Society Cancer Statistics for Somerset County
Somerset County Department of Human Services Priorities Population Plan
State Coverage Initiatives, an Initiative of the Robert Wood Johnson Foundation
New Jersey Department of Health and Senior Services Mortality Data
Pew Environmental Health Commission 2000
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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 well-being. 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>
</tr>
</thead>
<tbody>
<tr>
<td>1) Maintaining a Healthy Weight</td>
<td>4.63</td>
<td>3.78</td>
</tr>
<tr>
<td>2) Chronic Disease Management</td>
<td>4.26</td>
<td>3.48</td>
</tr>
<tr>
<td>3) Physical Environment (air, etc)</td>
<td>3.89</td>
<td>2.33</td>
</tr>
<tr>
<td>4) Access to Care (general medical and oral)</td>
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<td>2.81</td>
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<tr>
<td>5) Minority Outreach/Access</td>
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<td>3.30</td>
</tr>
<tr>
<td>6) Smoking</td>
<td>3.70</td>
<td>3.15</td>
</tr>
<tr>
<td>7) Caregiver Needs</td>
<td>3.56</td>
<td>3.30</td>
</tr>
<tr>
<td>8) Mental Health</td>
<td>3.48</td>
<td>3.08</td>
</tr>
<tr>
<td>9) Alcohol Consumption</td>
<td>3.26</td>
<td>3.22</td>
</tr>
<tr>
<td>10) Infectious Disease (HIV/AIDS)</td>
<td>3.37</td>
<td>2.85</td>
</tr>
<tr>
<td>11) Emergency Preparedness</td>
<td>2.93</td>
<td>3.22</td>
</tr>
<tr>
<td>PRIORITY AREA 1: MAINTAINING A HEALTHY WEIGHT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td></td>
<td></td>
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<tr>
<td>GOAL: To reduce the percentage of overweight and obese adults in Somerset County.</td>
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<thead>
<tr>
<th>PRIORITY AREA 2: CHRONIC DISEASE MANAGEMENT</th>
</tr>
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<tbody>
<tr>
<td>GOAL: To reduce the incidence and impact of chronic disease in Somerset County.</td>
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<tr>
<th>PRIORITY AREA 3: ACCESS TO CARE/MINORITY ACCESS</th>
</tr>
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<tbody>
<tr>
<td>GOAL: To increase access to primary health care services for minority communities in Somerset County.</td>
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<tr>
<th>PRIORITY AREA 4: TOBACCO CESSATION</th>
</tr>
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<tbody>
<tr>
<td>GOAL: To decrease tobacco use across Somerset County.</td>
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<tr>
<th>PRIORITY AREA 5: CAREGIVER NEEDS</th>
</tr>
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<tbody>
<tr>
<td>GOAL: To strengthen services and resources to caregivers in Somerset County.</td>
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<tr>
<th>PRIORITY AREA 6: MENTAL HEALTH AND SUBSTANCE ABUSE</th>
</tr>
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<tbody>
<tr>
<td>GOAL: To reduce access to quality mental health and substance abuse prevention, treatment and recovery services for all persons while reducing associated stigma.</td>
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<table>
<thead>
<tr>
<th>PRIORITY AREA 7: INFECTIOUS DISEASE (INCLUDING HIV/AIDS)</th>
</tr>
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<tbody>
<tr>
<td>GOAL: To reduce infectious disease, including the incidence of HIV/AIDS, in Somerset County.</td>
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</tbody>
</table>
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*
Somerset County, NJ

Population & Demographics

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>240,360</td>
</tr>
<tr>
<td>2000</td>
<td>257,490</td>
</tr>
<tr>
<td>2010</td>
<td>259,444</td>
</tr>
<tr>
<td>2015</td>
<td>340,938</td>
</tr>
</tbody>
</table>

Change 1990 - 2000: 23.8%
Change 2000 - 2010: 8.3%
Change 1990 - 2010: 34.2%
Change 2010 - 2015: 9.6%

Sources: U.S. Census Bureau, *Nielson-Clarrisa, Inc.

Diversity (2010)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>62.4%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>7.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>14.1%</td>
</tr>
<tr>
<td>American Indian</td>
<td>0.1%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>14.9%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>12.0%</td>
</tr>
</tbody>
</table>

Not Hispanic or Latino: 87.0%

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>$71,977</td>
</tr>
<tr>
<td>2010</td>
<td>$86,700</td>
</tr>
<tr>
<td>2015</td>
<td>$90,880</td>
</tr>
</tbody>
</table>

Change 2010 - 2015: 9.9%

Household Income Distribution (2010)

Households: 114,703
- Less than $35,090: 12.9%
- Between $35,000 and $75,000: 23.9%
- Greater than $75,000: 63.8%

Source: Nielson-Clarrisa, Inc. *U.S. Census Bureau

Educational Attainment

Highest Level

2010
- No High School Diploma: 7.3%
- High School Diploma Only: 23.3%
- 1 to 2 Years College: 20.0%
- Associate Degree: 6.2%
- Bachelor's Degree: 27.8%
- Graduate Degree: 21.2%
- 12 to 15 years of education: 43.3%
- 16 or more years of education: 42.0%

Source: Nielson-Clarrisa, Inc.

Methological

*Source: Somerset County Business Partnership
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:

<table>
<thead>
<tr>
<th>Master List</th>
<th>Significance (average rating)</th>
<th>Impact (average rating)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Maintaining a Healthy Weight</td>
<td>4.63</td>
<td>3.78</td>
</tr>
<tr>
<td>2) Chronic Disease Management</td>
<td>4.26</td>
<td>3.48</td>
</tr>
<tr>
<td>3) Physical Environment (air, etc)</td>
<td>3.89</td>
<td>2.33</td>
</tr>
<tr>
<td>4) Access to Care (general medical and oral)</td>
<td>3.70</td>
<td>2.81</td>
</tr>
<tr>
<td>5) Minority Outreach/Access</td>
<td>3.67</td>
<td>3.30</td>
</tr>
<tr>
<td>6) Smoking</td>
<td>3.70</td>
<td>3.15</td>
</tr>
<tr>
<td>7) Caregiving needs</td>
<td>3.56</td>
<td>3.30</td>
</tr>
<tr>
<td>8) Mental Health</td>
<td>3.48</td>
<td>3.08</td>
</tr>
<tr>
<td>9) Alcohol Consumption</td>
<td>3.26</td>
<td>3.22</td>
</tr>
<tr>
<td>10) Infection Disease (HIV/AIDS)</td>
<td>3.37</td>
<td>2.85</td>
</tr>
<tr>
<td>11) Emergency Preparedness</td>
<td>2.93</td>
<td>3.22</td>
</tr>
</tbody>
</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](image)
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>
</thead>
<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>
</tr>
</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:**

1.2.1: Assess Somerset County school districts with respect to their policies and practices on healthy diet. (Year 1-2)
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.
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:**

1.3.1: Assess Somerset County municipalities with respect to the number of “complete streets” within the county. (Year 1)
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:

2.1.1: 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)

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

2.1.3: Work with recognized state and private agencies, associations, and health care professionals to educate, teach and provide compliance and prevention tools. (Year 2-3)

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:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2.1:</td>
<td>Assess and compile current worksite wellness initiatives to establish a resource of existing initiatives and examples. (Year 1-2)</td>
</tr>
<tr>
<td>2.2.2:</td>
<td>Design and implement a plan to raise awareness and educate employers on the benefits of worksite wellness initiatives. (Year 1-2)</td>
</tr>
<tr>
<td>2.2.3:</td>
<td>Design and implement a recognition program for employer participation. (Year 1-3)</td>
</tr>
</tbody>
</table>

**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.
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:

<table>
<thead>
<tr>
<th>5.1.1</th>
<th>Expand existing community initiatives to educate about available and appropriate services. (Year 1-3).</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.2</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. (&quot;sandwich generation,&quot; 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:

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

### 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:
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.
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.
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.
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
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Role</th>
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<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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<td>Suzanne Countryman</td>
<td>Pfizer, Inc.</td>
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<tr>
<td>Takeena Deas</td>
<td>Somerset County Business Partnership</td>
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<td>Carol Degraw</td>
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<td>Empower Somerset</td>
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<td>Melissa Feltmann</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>
<td>Somerset County Office on Aging &amp; Disability Services</td>
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<td>Dominic Fonseca</td>
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<tr>
<td>Lucy Forgione</td>
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<td>Valerie Giacopelli</td>
<td>Hillsborough Family YMCA</td>
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<td>Paul Grzella</td>
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<td>Theresa Hanntz</td>
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<td>Jay Kingley</td>
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<td>Cheryl Komline</td>
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<td>Kaitlin Kordusky</td>
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<td>Peter Leung</td>
<td>Bridgewater</td>
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<tr>
<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>
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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>
</tr>
<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>Linda Newsome</td>
<td>Matheny Medical &amp; Education Center</td>
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<tr>
<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>
<td>Somerset County Office of Youth Services</td>
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<tr>
<td>Ruth Prothero</td>
<td>Empower Somerset</td>
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<td>Linda Rapacki</td>
<td>RideWise of Raritan Valley</td>
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<tr>
<td>Connie Richardson</td>
<td>Office of Somerset County Superintendent of Schools</td>
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<tr>
<td>Roselyn Rosal</td>
<td>Women’s Health &amp; Counseling Center</td>
</tr>
<tr>
<td>Michele Samarya-Timm</td>
<td>Somerset County Department of Health</td>
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<tr>
<td>Laura Sanchez-Occhiuzzi</td>
<td>American Lung Association of New Jersey</td>
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<tr>
<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>Maria Strada</td>
<td>Middle Earth</td>
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<td>Kevin Sumner</td>
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<td>Lucille Talbot</td>
<td>Regional Cancer Coalition Morris &amp; Somerset Counties</td>
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<td>Kathy Vaccaro</td>
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<td>Susan Visser</td>
<td>Somerset Hills YMCA</td>
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<tr>
<td>Cynthia Voorhees</td>
<td>Somerset County Office on Aging and Disability Services</td>
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<tr>
<td>Patricia Walsh</td>
<td>Somerset County Board of Chosen Freeholders</td>
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<tr>
<td>Cinthia Weaver</td>
<td>Health Officer, Township of Branchburg</td>
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<tr>
<td>Caitlin Witucki</td>
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<tr>
<td>Donna Zaleski</td>
<td>Carrier Clinic</td>
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</tbody>
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*Updated as of: June 21, 2013*
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WWW.HEALTHIERSOMERSET.ORG
APPENDIX 7

WORK PLAN

To Be Completed