



OCEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

“A Countywide Approach to Improving Community Health”

2014-2018

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October 2014

2014-2018 Ocean County Community Health Improvement Plan



Acknowledgments

The Ocean County Community Health Improvement Plan (CHIP) for 2014-2018 was a joint effort between public health and healthcare. We thank the Ocean County Health Advisory Group Partners who contributed their time, expertise, commitment and support throughout the entire Ocean County Community Health Needs Assessment Improvement process.

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A Letter to Ocean County Stakeholders and Residents:

Dear Ocean County Stakeholders and Residents:

It is with great pleasure we present to you the Ocean County **Community Health Improvement Plan (CHIP)** for 2014-2018, a joint effort between public health and healthcare agencies with the ultimate goal of improving the health of Ocean County residents. As the healthcare landscape changes from sick care to well care, the Ocean County Health Advisory Group comprised of the Barnabas and Meridian Health Ocean County hospitals, the two Federally Qualified Health Centers: CHEMED & OHI, and the two health departments: Ocean County Health Department and Long Beach Island Health Department have prepared the **2014-2018 Ocean County Community Health Improvement Plan** as a guide for everyone who has a stake in improving the health of the community. Super Storm Sandy left its effects on the healthcare landscape in the county; we included a section on the healthcare impacts of the storm in our county. We encourage businesses, residents, healthcare professionals, academia, government officials, public health professionals, community and faith-based organizations to review and utilize, and offer any input you may have on ways of improving the plan. Improving the health of the community is a shared responsibility and a true collaborative effort is needed by all. Not one agency or organization has the resources needed to improve the health of the community. The main focus of the Ocean County Community Health Improvement Plan is building upon strong partnerships, drawing upon existing community resources, and collaborating to enhance programs or interventions already in place. Working in silos is no longer an option, as it has proven to be ineffective with short term effectual change. Strong partnerships and cooperation amongst all partners are needed for a more lasting profound effect in improving the health of Ocean County residents.

The Ocean County **Community Health Improvement Plan** is meant to be used as a guide in your strategic program planning or for those organizations who are seeking grant funding opportunities with over **26 strategies, 26 action plans** containing **87 activities** across **39 organizations or programs**. As a living document, the plan will be updated annually in order to best address the health needs identified in the plan. The list of county resources is by no means exhaustive. If you or your agency has a program that has a direct effect in improving one of the health issues identified, we encourage you to reach out to one of the Ocean County Health Advisory Group members or to the email provided, and let us know about your program and how you are evaluating the success of your program. Our goal is to establish strong partnerships that will collaborate and coordinate resources or programs for a more lasting effect in the health of county residents. We hope we can promote in a coordinated way the programs available in the county that are addressing the health issues identified in the Ocean County Community Health Needs Assessment Meetings held in 2013.

Many thanks to all the stakeholders and residents who completed the community health survey, and who participated in the community health needs assessment meetings held throughout the county in 2013. Your participation and input were greatly appreciated. Strategies recommended in the community health assessment meetings were incorporated in the **CHIP**. Your commitment is important in making the *2014-2018 Ocean County Community Health Improvement Plan* a success. Improving the health of the community is indeed everyone's business. Join us as we "widely cast out the net" to include as many partners as possible in the county to help us in improving community health. Together we can achieve, "**A Countywide Approach to Improving Community Health**".

Wishing All of You the Best of Health,
The Ocean County Health Advisory Group

Executive Summary

Where we live, work and play matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors^a.

The Ocean County 2014-2018 Community Health Improvement Plan used the Healthy NJ and Healthy People 2020 objectives and targets in our community health needs assessment and in our strategy building. Achieving health requires more than just controlling disease. It requires us to assure conditions in which people can be healthy. Health results from the choices that people are able to make in response to the options that they have. Conditions in the social and physical environments determine the range of options that are available, their attractiveness, and their relative ease or difficulty of use^b. The **Social Determinants of Health (SDOH)** are comprised of:



The graphic framework attempts to illustrate the fundamental degree of overlap among the social determinants of health.^c

A multi-sector, multi-level component approach is needed to address the health issues identified in the county. Not one strategy or intervention in a single sector whether public or private will produce any long lasting behavior change, or overall health improvement. The Social Determinants of Health (SDOH) such as poverty, the social environment where residents live, their educational level, race and ethnicity all play an important part in effecting change. Strategies, programs or interventions can have a behavior change (attitude), policy change (written ordinances, laws or resolutions), or environmental change (physical land improvement). Multi-level component strategies are designed to increase knowledge and change attitudes. We need to build upon existing resources or programs that are already addressing the prioritized health issues identified, coordinating them with other resources, and promoting them in the

county for a more meaningful long lasting effect. We also hope to seek funding for programs or interventions that are needed in the county to meet the needs of the vulnerable minority population that is not being reached.

The alignment of various efforts through partnerships and collaboration in addressing the health issues prioritized in the county, and the linking with other efforts whether it is in the county or in the state is our long term outcome. It is only then, will we have a stronger impact moving in one direction as opposed to all trying various directions with no alignment of efforts among the various agencies or programs in the county. A shared accountability approach from all sectors, public and private is needed to succeed in improving community health. Coordination among partners especially the community and faith-based organizations that have a direct personal relationship with the residents can have a bigger impact in addressing the prioritized Ocean County health issues while addressing the social determinants of health.

The Ocean County Health Advisory Group has been working together for the last two years meeting monthly for the health needs assessment. The group led the process in collecting, analyzing data, and hosting community meetings with stakeholders from various sectors of the county: government, healthcare agencies, community and faith-based agencies, and residents who helped in the prioritization of health issues while looking at community resources that are currently available in the county, and are already addressing the health issues prioritized. Evidence-based strategies were researched for each prioritized health issue. The framework for the community health needs assessment used was the CDC Mobilizing for Action through Planning and Partnerships (MAPP). See appendix on page 72 for the different MAPP assessment phases.

This is the first time a more comprehensive community health needs assessment with data sharing has been undertaken with the county health departments, county hospitals and health centers. The Patient Protection Affordable Care Act requires of the non-profit hospitals a community health needs assessment every three years, the Federally Qualified Health Centers are required to provide a statement of need every five years for their application funding, and Public Health as part of the Public Health Practice Standards for Local Health Departments requires a community health needs assessment every four years currently.

The Beginning

The Ocean County Community Health Needs Assessment started with a review of the “Local Public Health System^d”, a CDC graded review in which all entities that contribute to the delivery of public health services within a community are examined. This system includes all public and private agencies, academia, community and faith-based organizations and businesses.

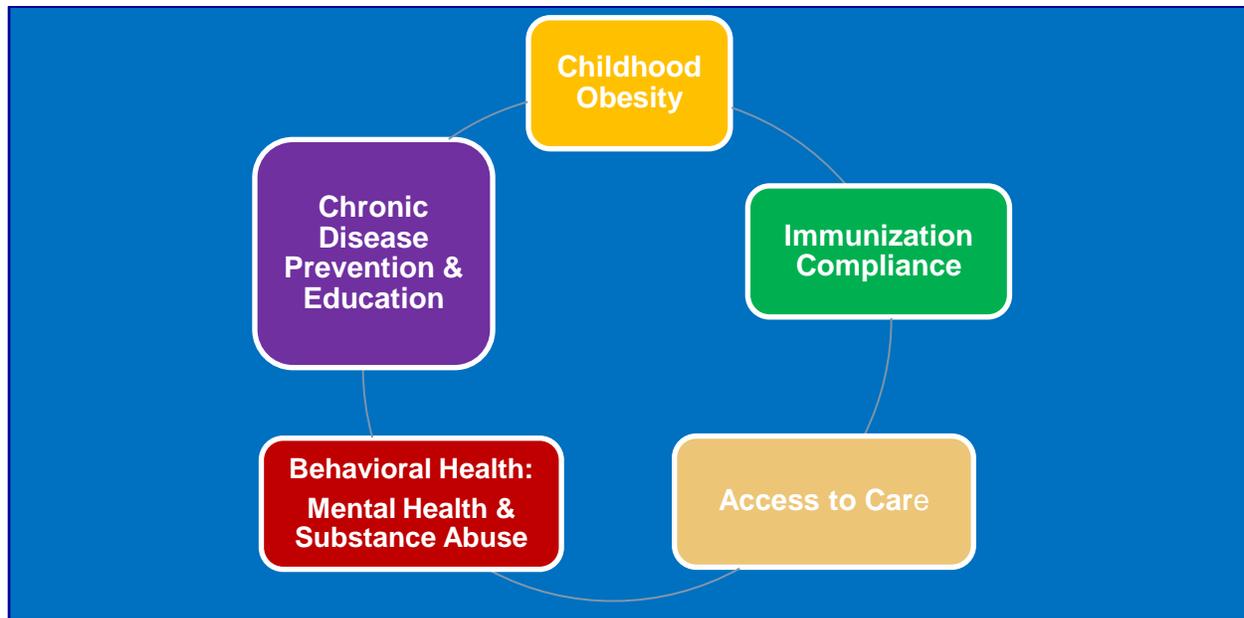


The Local Public Health Assessment was conducted in May 2012 with 35 stakeholders from healthcare, academia, local and state health departments, human and social service agencies among others participating in a “How are we doing?” two- day review of the public health system as a whole. The essential public health functions were reviewed by various agencies that comprise the Ocean County Public Health System. Ocean County had an overall rating of 77% from 100% in meeting the essential public health services from monitoring and identification of community health problems of its residents, to the education and empowerment of residents in health issues, to the partnerships and collaboration among agencies to address community health problems. Ocean County rated the highest or 99% in educating and empowering the residents of health problems (see appendix on page 74). We continued our community health needs assessment with the Community Health and Stakeholder Surveys distributed in July 2012 in which 930 residents and stakeholders responded to quality of life issues such as; What are the most pressing health issues facing their community? Adolescent substance abuse, obesity and cancer topped the list of pressing health issues in the county. Community Health and Stakeholder Surveys were posted in partner agencies websites using Survey Monkey. Paper copies were distributed at senior centers and health clinics throughout the county. Primary and secondary health data was collected and analyzed from Barnabas and Meridian County Hospitals, Ocean County Health Centers: CHEMED & OHI, and the Ocean County Health Department and the Long Beach Island Health Department, and complimented it with secondary data from the NJ Department of Health and other professional organizations. In early 2013, four community meetings were held throughout the county in which nearly 100 stakeholders (see appendix on page 77-78 for list of participating agencies), and residents from healthcare, community and faith-based organizations, mental health and substance abuse providers, maternal and child health consortiums, county and municipal emergency management participated in reviewing the primary and secondary health data. Data was presented by age group and race highlighting disparities impacting each age group, from the use of ambulatory care services in the hospitals, to the most frequent diagnosis seen at our local emergency departments, followed by the most frequent diagnosis per age group at the county health centers, and the most frequented public health clinics attended by county residents.

Participants at the community meetings assisted in the assessment and evaluation of the data presented in the “**Ocean County Community Health Needs Assessment 2013 Data Book**”. Small group discussions were held with the community meetings participants, and based on their expertise; a list of health issues affecting county residents was generated. Strategies or interventions for the 2014-2018 Community Health Improvement Plan were also provided by the stakeholders and residents at the community meetings. A special section on Super Storm Sandy effects was also discussed among the participants influencing the recommended strategies per health issues. The “Forces of Change” list (appendix page 73) was used in the small group discussions, aiding in the identification of strategies.

Prioritized Health Issues: The multi-voting technique or sticker voting^c was used in the prioritization of the health issues identified at each community meeting. Each attendee at the Community Health Needs Assessment Meeting was provided with five colored circles to vote with after the health data presentation, and small group discussion. Each group presented what they thought were the most pressing health issues in the county based on the qualitative and quantitative data presented, and based on their own expertise. A list of health issues identified among the various attendees was posted throughout the meeting room for final voting by the group. The health issues with the most votes were selected. Five main health issues were identified per community meeting by the stakeholders. The full list of health issues identified per community meeting can be found in the appendix page 79.

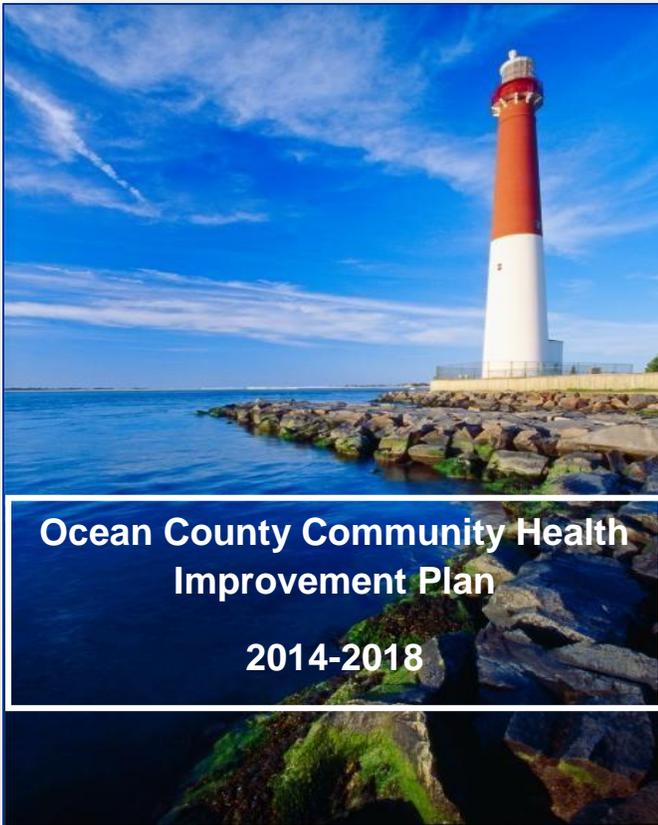
The following are the five prioritized health issues identified for Ocean County:



Strategy Development:

Strategies were researched and adopted from various sources: Shaping NJ Obesity Prevention Strategies, the CDC Community Guide, the National Prevention Strategy, Healthy People 2020 Evidence-Based strategies, and the Stop Obesity Alliance for Non-Profit Hospitals. Strategies were also recommended by community meeting participants, and the following subject matter experts for each prioritized health issue:

- Childhood Obesity: Karen Mille, Shaping NJ, NJ Department of Health
- Immunization Compliance: Dr. Meg Fisher, Medical Director, The Children’s Hospital, Monmouth Medical Center
- Mental Health: Tracy Maksel, Ocean County Mental Health Board Coordinator, Ocean County Department of Human Services, Pat Vena, RN & Amy Goldberg, Perinatal Mood Disorder Initiative, Central Jersey Family Health Consortium
- Substance Abuse: Kimberly Reilly, MA, LPC, County Alcoholism Coordinator, OCHD
- Chronic Disease Prevention & Education: Israel Arroyo, Chronic Care Coordinator, OHI Susan Araujo, MSN, RN, Administrative Director, Patient Care Services, Barnabas Health
- Access to Care: Carmen Lopez, Certified Application Counselor, OHI



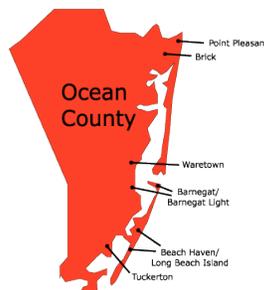
Promotion and Publication of the Ocean County Community Health Improvement Plan:

The following agencies have agreed to post a link to, “**The Ocean County 2014-2018 Community Health Improvement Plan**” in their agency’s website: Ocean County Health Department, Long Beach Island Health Department, Barnabas & Meridian Health Ocean County Hospitals: Community Medical Center, Monmouth Southern Campus (formerly Kimball Medical Center), Ocean Medical Center and Southern Ocean Medical Center, and the Ocean County Health Centers: The Center for Health Education, Medicine and Dentistry (CHEMED), and Ocean Health Initiatives (OHI). Distribution of the plan will be mailed out to all stakeholders and residents who had input in our community health needs assessment meetings, all community and faith-

based organizations in the county, and all county government agencies. Community presentations will be made to faith-based and community-based organizations that play a major role in effecting change in one of the health issues identified. Press releases, community newsletters, flyers or handouts that are culturally and linguistically sound will be distributed throughout the county promoting the Ocean County Community Health Improvement Plan strategies. Copies of the 2014-2018 Ocean County Community Health Improvement Plan will be available for residents who request a printed copy of the plan.

A link to the Ocean County Community Health Needs Assessment 2013 Data Book will be available at the Health Advisory Group member’s websites, as well as the “Annual Health Status Profile”, when updated.

We hope that you will use the information provided in the **2014-2018 Ocean County Community Health Improvement Plan** to assess your current health programs and direct your on-going efforts toward these documented health priorities, while using the evidence-based strategies provided in the plan.



Ocean County Community Health Needs Assessment

The 2013 Ocean County Community Health Needs Assessment was a joint collaborative effort led by the Ocean County Health Advisory Group for the purpose of a countywide community health needs assessment. The framework utilized for the community health needs assessment was the CDC Mobilizing for Action through Planning and Partnerships (MAPP). The Health Advisory Group comprised of the two health departments: the Ocean County Health Department and Long Beach Island Health Department, the four acute care hospitals in the county: Community Medical Center, Monmouth Medical Southern Campus (formerly Kimball Medical Center), Ocean Medical Center and the Southern Ocean Medical Center, and the two Federally Qualified Health Centers in Ocean County: The Center for Health Education, Medicine and Dentistry and Ocean Health Initiatives led the process in providing data, meeting monthly, and leading the discussion groups at the community meetings with the stakeholders.

Since a community health needs assessment requirement existed for multiple agencies, an opportunity for a shared effort and work was the foundation of the Ocean County Community Health Needs Assessment. The partnering of various healthcare agencies allowed for the sharing of data (quantitative and qualitative data), and avoided the duplication of services while focusing more on the health needs of the community. The partnering has offered the opportunity to provide up-to-date information directly from the agencies who are the primary data collectors.

A community health needs assessment is a process that uses quantitative and qualitative methods to systematically collect and analyze health data within a specific community. The MAPP assessment framework used captured four types of assessments: community themes and strengths, the local public health system assessment, the community health status assessment and the forces of change assessment (see appendix on page 72 for a description of each assessment). *The Ocean County Community Needs Assessment 2013 Data Book* was provided to all stakeholders at the community meetings. The Data Book included health data on risk factors, quality of life, social determinants of health, mortality, morbidity, community resources, and information on how well the public health system as a whole provides essential services in the county. The Ocean County Community Health Needs Assessment included the participation of community stakeholders such as; healthcare, residents, businesses, community and faith-based organizations, and government agencies that helped prioritize the health issues for the county. Community health needs assessment data informs community decision-makers about the health problems that impact community residents. It also helps to identify community strengths and assets which can be used to address given health conditions.



Dashboard of Health Indicators

The Dashboard of Health Indicators used for the Ocean County Community Health Needs Assessment 2013 Data collection was based on the Healthy NJ 2020 Leading Health Indicators selected by New Jersey, as benchmarks and targets for our health needs assessment process and data collection. We used the Healthy New Jersey 2020 goals because it strives to:

- Identify statewide health improvement priorities
- Increase public awareness and understanding of the social determinants of health, disease, and disability and the opportunities for progress
- Provide measurable objectives and goals that are applicable at the state and local levels
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge
- Identify critical research, evaluation, and data collection needs

The following health indicators were used in our data collection process:

Access to Health Services -Proportion of the population with access to health care services
Chronic Diseases -Prevalence and mortality of chronic diseases
Communicable and Vaccine-Preventable Diseases -Proportion of the population with vaccination coverage and testing for communicable diseases
Environmental Health -Proportion of the population experiencing a healthy physical environment
Healthy Behaviors -Proportion of the population engaged in preventative screenings
Injury - Proportion of the population that experiences injury
Maternal, Infant and Child Health - Proportion of women receiving prenatal care, healthy births, infants breastfed, child lead testing, and autism rates
Mental Health - Proportion of the population experiencing mental health issues
Substance Abuse -Proportion of the population engaged in substance abuse

The data collection encompassed primary data collected from Public Health Clinics, Ocean County Health Centers, and the Ocean County Hospitals. Secondary data was collected from the NJ Department of Health and other Ocean County community-based agencies. The data collected from the Ocean County Hospitals and the Ocean County Health Centers were age-specific based on race, sex and municipality. Public Health data was based on the data collected primarily on sex and municipality. While we tried to standardize the data from the various agencies for comparison, there were gaps in the data collection since not all the data was available as age-specific, or some of the secondary data was not as current as the primary data collected from Public Health, the Ocean County Health Centers, and the Ocean County Hospitals. The *Ocean County Community Health Needs Assessment 2013 Data Book* provided at the community meetings provides age-specific leading hospital admission diagnosis, emergency department diagnosis, health center's main diagnosis per age group, and public health morbidity and mortality data.

In February 2011, the Ocean County Health Advisory Group was formed with the purpose of being the lead in identifying and assessing healthcare issues in the county. Through this collaborative effort and data sharing a more comprehensive assessment and plan was achieved.

The following mission, goals and objectives were established for the group:

Mission:

The Ocean County Health Advisory Group will serve as the lead in strategic health planning for Ocean County residents. The group will assist in identifying and assessing the health needs in the county through prioritization, and identification of strategies that improve healthcare through grant writing opportunities, or by improving collaborative services among healthcare and community-based agencies.

Vision:

The Ocean County Health Advisory Group will produce a viable living document that can be utilized by all healthcare providers, community and faith-based organizations, and residents while assessing core health indicators and health outcomes by standardizing health data from clinical-care and public health on the health status of county residents.

Goals:

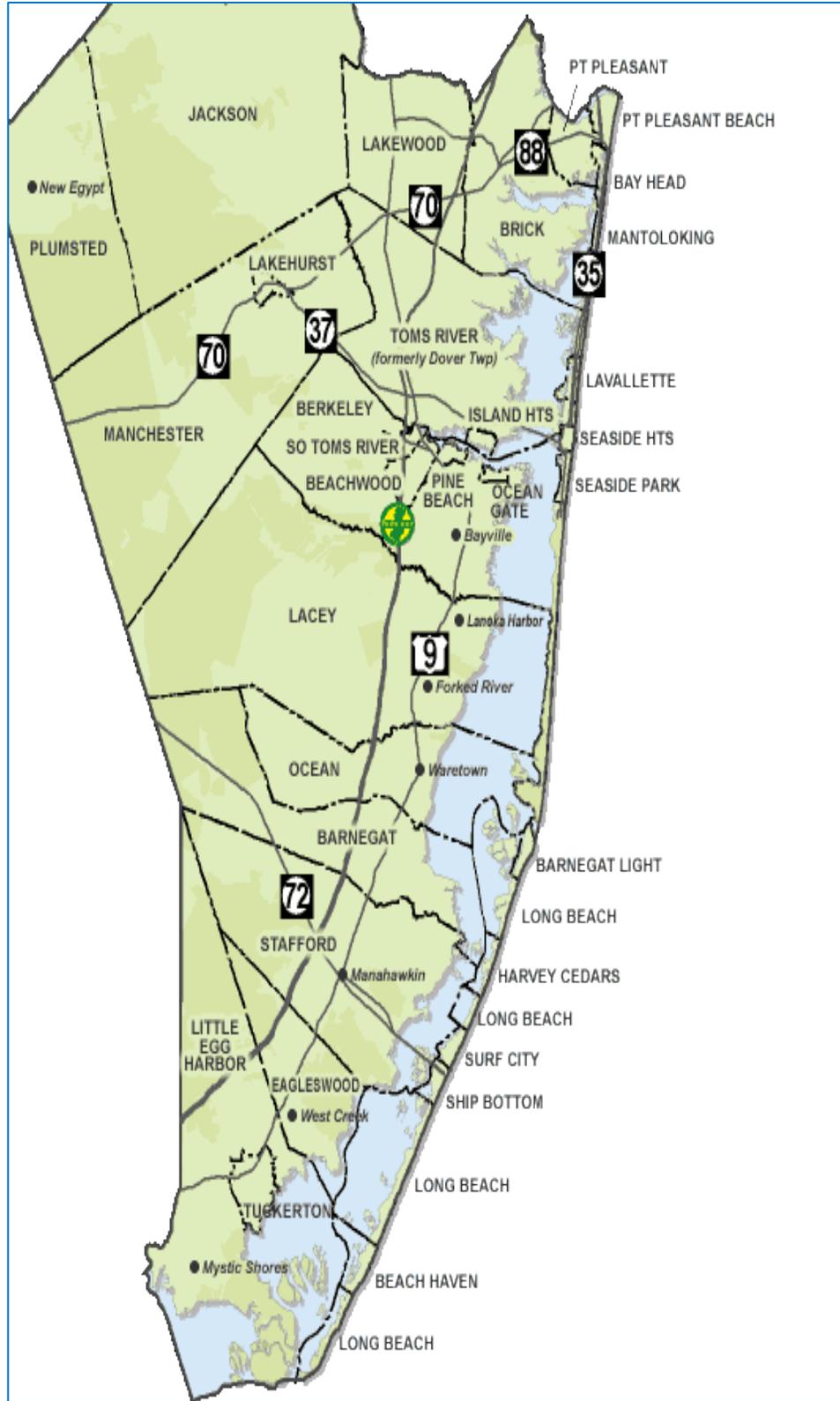
- Drive the strategic direction of healthcare and delivery of services in Ocean County;
- Increase awareness and provide an annual report on healthcare and prevention programs in the county to stakeholders, state, county, and local officials and county residents;
- Improve access to and quality of care to Ocean County residents;
- Improve health literacy in Ocean County;
- Improve communication and data sharing among healthcare agencies to help improve access to data on health indicators and health outcomes in the county.

Objectives:

- To coordinate and communicate among each healthcare agency and public health the prevalent health issues in Ocean County;
- To communicate in a unified voice to state, county and local government officials, and county residents the health status and health issues in Ocean County;
- To improve health literacy to the underserved and uninsured in the county through proper prevention and education programs;
- To address health disparities among the different population groups in the county;
- To coordinate programs or resources addressing specific health issues.

Ocean County Demographics

	Ocean County	New Jersey
Population estimate -2013	583,414	8,899,339
Population-2010	576,565	8,791,909
Persons under 5 years of age-2013	6.8%	6.0%
Persons under 18 years-2013	23.5%	22.7%
Persons 65 plus-2013	21.7%	14.4%
Female persons-2013	51.9%	51.2%
White-2013	93.0%	73.4%
Black-2013	3.5%	14.7%
Asian-2013	1.9%	9.2%
Two or more races-2013	1.3%	2.0%
Hispanic-2013	8.8%	18.9%
White, not Hispanic-2013	85.2%	57.6%
Language other than English spoken at home	12.0%	29.6%
Foreign born person 2008-2012	7.9%	20.8%
Veterans, 2008-2012	50,783	457,724
Homeownership rate-2008-2012	81.7%	66.2%
Median Household Income, 2008-2012	\$61,038	\$71,637
Persons below poverty level-2008-2012	10.2%	9.9%
Children receiving TANF-2013	2,478 (34% change from 2009)	64,379 (1% change from 2009)
Children receiving NJ SNAP-2013 (Food Stamps)	33,786 (119% change from 2009)	419,410 (65% change from 2009)
Children enrolled in state-funded preschool	626 (2013), 0% increase from 2009	51,860 (2013), 6% increase from 2009
High school attainment	89.7% (2008-2012)	87.9% (2008-2012)
Unemployment average rate	10.3% (2012)	9.5% (2012)



Source: US Census.gov/quick facts/Ocean County; 2014 Kids Count Data/Ocean County

Age Group 00-17 Years

Ocean County is the second largest county with an area of 638 square miles (2013 Census Estimate) with 914 persons per square miles. Ocean County's populations grew by 12.8% from 2000-2010, and by 8.2% from 2002-2012.

Ocean County is comprised of 33 municipalities, two local health departments, four acute care hospitals, and two federally qualified health centers.

Population is concentrated in the northern and central municipalities, along the barrier island beaches and along the Route 9 corridor. Lakewood Township has the highest population in the county with 92,874 residents followed by Toms River at 91,809 residents and Brick at 75,217 residents (2011 estimate).

Source: Ocean County Planning Board Comprehensive Master Plan December 2011.



Demographics: Ocean County's population of 00-17 years of age is **23.5 %** of its total population of 583,414 (2013 estimate), a 6% increase from 2006. The largest age group is the 6-12 year olds at 8.9%, followed by the 1-5 year olds at 6.7%, and 13 to 17 years of age at 6.4%.

Socio-economic conditions for 00-17 year olds in Ocean County:

- 18% of children were living below the poverty level in 2012, an increase of 12% from 2008^f;
- 58,347 children were enrolled in NJ Family Care as of November 2013, an 147% increase from 2008^g;
- 33,786 children in 2013 are receiving NJ SNAP (Food Stamps) benefits, an increase of 119% from 2009^h;
- 10,549 children and 3,406 infants were enrolled in the Ocean County WIC Program as of June 2013, an increase of 10% for children and 10% for infants from June 2012ⁱ;
- Medicaid HMO was the primary insurance used the most for the Ocean County Hospital admissions, ED visits, and the Ocean County Health Center visits.

Age Group 18-64 Years

Demographics: Ocean County's population of 18-64 year olds is **55.54%** (2008-2012) of its total population. The highest age group is the 45 to 54 year olds at 13.53%, followed by the 55 to 64 years of age at 12.37%, and the 35 to 44 year olds at 11.61%^j.

Socio-economic conditions for 18-64 year olds in Ocean County:

- 14.3% of 18-64 years were without health insurance from 2008- 2012;
- 10.1% are living below 200% of the Federal Poverty level in 2009; 3.6% were enrolled in the NJ Family Care as of November 2013^k
- Medicaid HMO and self- pay was the prevalent insurance used most for hospital admissions while self-pay and private insurance was the most prevalent insurance used for ED visits, and the Ocean County Health Centers in 2010.

Age Group: 65 plus years

Demographics: Ocean County's population of 65 years and older is **21.7%** of its total county population of 583,414 (2013 estimate). The highest age groups are the 65 to 74 year olds at 10.2%, followed by the 75 to 84 year olds at 7.6%, and the 85 year olds and over at 3.2%.

Socio-economic conditions for 65 plus in Ocean County:

- The primary method of insurance payment for this age group is Medicare or Medicare HMO with 5.7% of the 65 year olds living below the 200% poverty level in 2010.

Ocean County Community Health Improvement Plan

The purpose of the Ocean County **Community Health Improvement Plan (CHIP)** is to provide strategies that can be used in improving the health of Ocean County residents. A community health improvement plan is critical for developing policies and defining evidence-based actions to target efforts and outcomes in the best possible way towards achieving our health goals. It should define the vision of health in the community through a collaborative process, and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of the community¹. The **Community Health Improvement Plan** needs to focus on all factors in the community that contribute to the health of its residents. The social determinants of health such as poverty, education, race and ethnicity, and the environment all play a part in how well a strategy will succeed or have a more long lasting effect. In addition, shared participation among all sectors (public or private) for population health improvements will have a much lasting effect.

In developing the strategies for the **CHIP** we looked at the burden of disease, the magnitude of the problem, the rate or percentage of affected residents, the seriousness of the health issue, the disparities or inequalities of the vulnerable population affected, the sustainability of the strategies, and the cost of inactivity.

The multi-year plan will look at how the strategies affect the problem or health issue as a whole. Will a strategy affect a policy change, an environmental change or a behavior change? Multi-level component strategies engaged various stakeholders and organizations that will have a broader reach in effecting change. Each prioritized health issue has action plans with activities, lead organizations for each activity, target dates which will be better defined as we move forward, anticipated results expected for each activity and performance measures or outputs on how to evaluate each activity. Each strategy and action plan build upon each other in addressing the health issue identified. Measurable outputs and the implementation of strategies can be incorporated into day-to-day activities of community partner's agencies. An annual review of the progress made on the anticipated outcomes per strategy is necessary.

The collaboration and sharing of information among all agencies will assist in eliminating the redundancy of programs that are not well coordinated or publicized in the county, or are just not reaching the populations at risk. Working in silos has proven not to have a community-wide long lasting effect.

The goal of the **Community Health Improvement Plan** is to increase effectiveness of efforts through collaboration while reducing duplication of efforts in the county. The objective is to increase community engagement and awareness around the prioritized health issues in the county. Most importantly, it aims to improve the health of Ocean County residents while aiming to reduce health disparities and healthcare costs through various preventive efforts.

How to use the Community Health Improvement Plan

The Ocean County Community Health Improvement Plan (**CHIP**) targets various settings:

Healthcare (County Hospitals, County Health Centers, and Private Physicians) can:

- Understand the priority health issues within Ocean County and use the **CHIP** to remove barriers, and assist with the implementation of strategies or interventions
- Assist in coordinating programs to reduce redundancy or duplication of efforts
- Share evaluation data on programs that are addressing the prioritized health issues
- Share data for the “Ocean County Annual Health Status Profile”
- Offer your time and expertise to local improvement efforts in the county including seeking grant funding opportunities
- Collaborate with Public Health
- Offer your patients relevant preventive counseling and education in alignment with the Ocean County **CHIP** strategies. Share best practices and partner with other groups to integrate health into efforts outside of healthcare
- Assist with evaluation of strategies in the county

Public Health Professionals/Government Agencies can:

- Use the **CHIP** in preventive and education efforts throughout the county
- Work with and collaborate with healthcare partners in evaluating and updating of strategies per health issue
- Identify the barriers to the implementation of strategies, and mobilize community leaders to take action by investing in programs that affect policy, environmental or behavior change
- Share public health data with partners that target the health issues identified in the county
- Seek funding opportunities for interventions or strategies that can reach the vulnerable population in the county
- Evaluate strategies, outcomes and outputs

Community and Faith-Based Organizations can:

- Understand the prioritized health issues identified in the county, and get involved in improving community health
- Advocate with members of your organization about the importance of overall wellness and local community health improvement efforts in the county
- Identify opportunities within your organization/agency where you can support and encourage participation in the strategies or interventions in the **CHIP**
- Implement strategies identified in areas where you can have an impact in improving community health
- Provide information or evaluation data on efforts of strategies implemented to the Ocean County Health Advisory Group on how your program or intervention is working in your organization

Academia (Schools & Colleges) can:

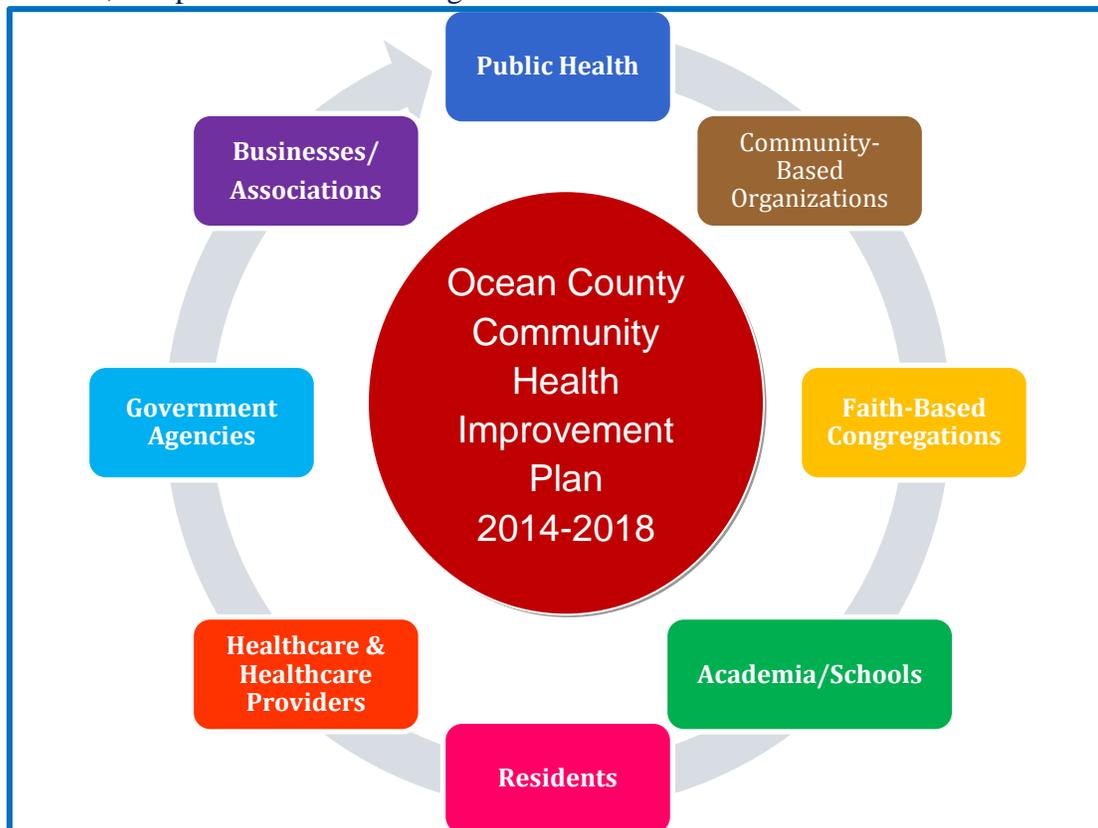
- Understand the prioritized health issues identified in the county, and help by integrating them into your school or college program curriculum planning
- Partner with the Ocean County Health Advisory Group in improving community health through programs or collaborative efforts
- Create a healthier academic environment by aligning the **CHIP** strategies in your wellness plans or policies
- Assist in the promotion or creation of resources that promote community health

Businesses can:

- Become familiar with the **CHIP**, and the prioritized health issues in the county
- Use the recommended strategies to make your business a healthy place to work
- Educate your workers on the link between employee health and productivity
- Provide opportunities for wellness and healthy eating for their employees

Residents can:

- Become familiar with the **CHIP**, and the prioritized health issues in the county
- Get involved in improving community health by volunteering to be part of an initiative or program targeting one of the health issues identified through a community or faith-based organization
- Take an active role in your health and well being by eating healthy and getting the proper exercise, and preventative screenings



Super Storm Sandy Health Impacts

Community Health Meetings Locations: Manchester, Lakewood, Stafford

Agencies Represented: 56

Stakeholders Participated: 96

What was the health and human services impact of Super Storm Sandy on Ocean County residents?

Super Storm Sandy compounded existing underlying chronic health issues in the county by 100%. The many chronic health issues Ocean County residents were not dealing with before the storm surfaced at a greater magnitude. The effects of the storm affected the most vulnerable and susceptible in behavioral health disorders (mental and substance abuse), and respiratory health issues which top the list of health issues identified after Super Storm Sandy. The following list of health impacts aided in the development of strategies in Behavioral Health and Access to Care prioritized health issues.

Mental Health and Substance Abuse Impact:

- Stress of dealing with storm effects, displacement of families, financial stress, and seeking refuge with alcohol and drugs
- Financial loss/high cost of recovery
- Lack of gas, electricity, potable water, telephones
- Homelessness (housing displacement to other counties or out of state)
- Anxiety, depression, hopelessness,
- Suicide
- Increase in substance use as refuge
- PTSD, nightmares, flashbacks, depression
- Domestic Violence and child abuse
- Isolation and grief

Health and Physical Impact:

- Injuries
- Respiratory problems (nasal & throat irritation, coughing, wheezing, eye irritation, skin irritation, asthma, COPD) due to mold exposure
- Chronic exposure to mold and health hazards (lack of personal protective equipment)
- Immune-compromised people with COPD may get lung infections due to exposure to mold
- Sandy victims-quick and convenient meals leading to poor nutrition
- Stress eating is elevated as Post-Sandy impacts affected residents and First Responders

Environmental Health/Economic Impact after Super Storm Sandy

- A. Lack of proper personal protective equipment
- B. Crime (looting)
- C. Loss of jobs/loss of revenue and tax ratable, business income
- D. Major economic impact to the community
- E. Getting help to rebuild (complex)
- F. Getting care where they are located
- G. Lack of potable water, food, and gas, electricity and telephone
- H. Lack of money and access to food
- I. Impact from financial loss/cost of recovery
- J. Physical property damage to homes or businesses
- K. Increase capacity due to damage businesses
- L. Well water contamination
- M. Chemical hazards in flood waters (solvents, propane tanks, car batteries etc.)

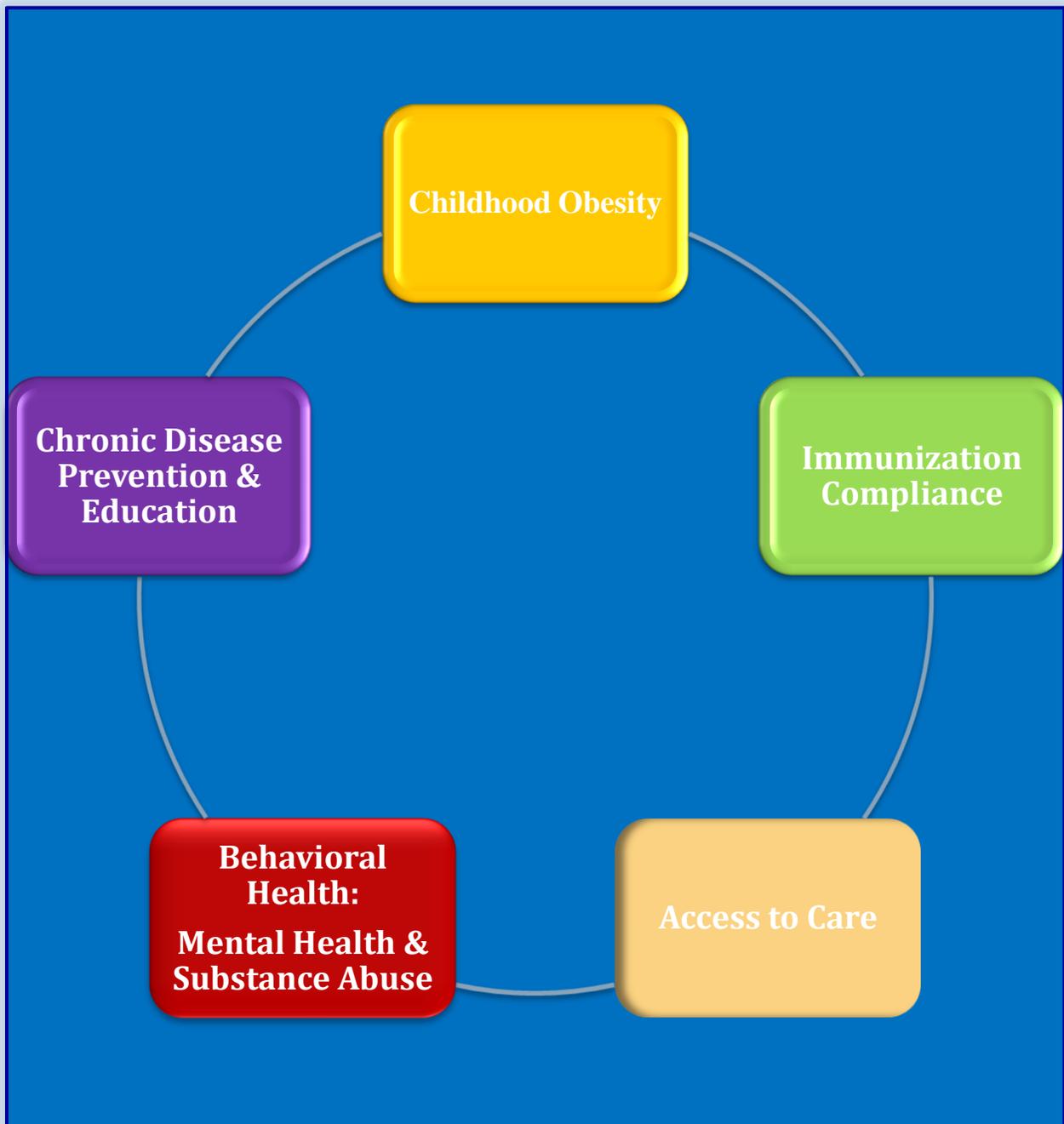
Healthcare Impact:

- Taxing on the healthcare system and over usage of the hospital's emergency rooms for respiratory conditions
- Loss of routine leads to poor nutrition and compounds existing chronic diseases
- Impact on ED visits due to respiratory issues



Seaside Heights, NJ October 2012

Ocean County Prioritized Health Issues



Source: Ocean County Community Health Needs Assessment Meetings, January-February 2013

Childhood Obesity

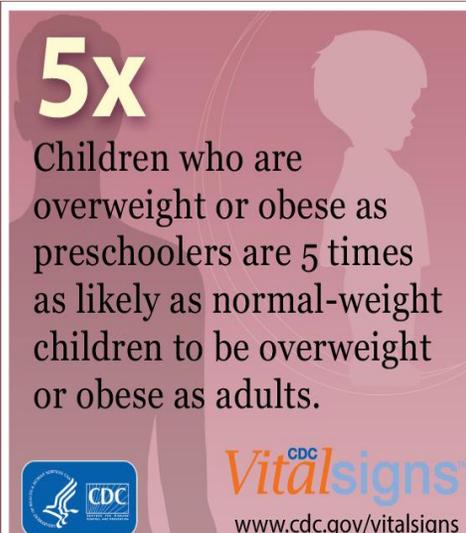
Why is Childhood Obesity a Health Issue in Ocean County?

Nationally:

Obese children are more likely to be obese later in childhood and adolescence. In these older children and adolescents, obesity is associated with high cholesterol and high blood sugar. An obese or overweight child is more prone to have asthma and mental health problems.

Today's childhood obesity rates are putting our children on course to be the first generation in this country to **live shorter and less healthy** lives than their parents.

Source: CDC Vital Signs/Obesity



Statement of Need:

New Jersey:

New Jersey has one of the three highest obesity rates in the nation among low-income children, ages 2-19 years of age. One in four children or (**24.7%**) in 2012 were overweight or obese in NJ.

Ocean County:

Ocean County's children ages 2-19 years of age affected by childhood obesity are:

- 12% of 1-5 year olds are considered obese
- 25% of 6-19 year olds are overweight or obese in Ocean County
- Race/Ethnicity most affected by childhood obesity: Blacks (77%) and Hispanics (79%)

Ocean County Goal: Reduce overweight or obese children ages 2-19 years of age to meet the Healthy NJ 2020 target of 10.3%

Measure: Reduce the proportion of population of 2-19 year olds who are considered obese:

Healthy NJ 2020 Target: **10.3% (9-12 grades)** Baseline: **10.3%**

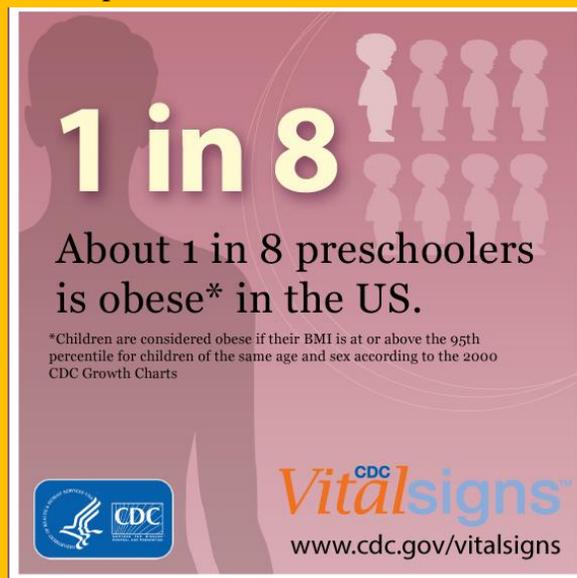
Healthy People 2020 Target: **14.5%** Baseline: **16.1%**

Source: The Status of Nutrition, Physical Activity and Obesity in New Jersey, November 2012
CDC Pediatric Nutrition Surveillance, New Jersey 2010

Background Information on Childhood Obesity:

1 in 8 Preschoolers are Obese or Overweight before their 5th Birthday

The childhood obesity epidemic in America is a national health crisis. One in every three children (31.8%) ages 2-19 is overweight or obese^m. The life-threatening consequences of this epidemic create a compelling and critical call for action that cannot be ignored. Obesity is estimated to cause 112,000 deaths per year in the United States, and one third of all children born in the year 2000 are expected to develop diabetes during their lifetime.ⁿ In 2009–2010, almost one in five children older than 5 years of age was obese. Obesity among children is defined as a body mass index at or above the sex- and age-specific 95th percentile, overweight is defined as a body mass index at or above 85th percentile.



Risk Factors:

- Childhood obesity has been associated with cardiovascular risk factors, increased healthcare costs, and premature death.
- The prevalence of cardiovascular risk factors increases severely with childhood obesity.
- Children who are obese or extremely obese during early childhood are also likely to be obese during middle or late childhood and adulthood.
- Obese adults are at increased risk for stroke and many chronic diseases, including coronary heart disease, hypertension, type 2 diabetes, and certain types of cancer.

Obesity prevention requires approaches that ensure a sustainable, adequate, and nutritious food supply; a habitat that lends itself to easy uptake of healthier food; participation in physical activity; and a family, educational, and work environment that positively reinforces healthy living^o and behaviors. Obesity is associated with at least 60 chronic health conditions, including diabetes, arthritis and cancer, high blood pressure, heart disease, and stroke. It is also one of the leading causes of morbidity and mortality among US adults. Obesity is estimated to have annual medical costs of \$2,741 higher for individuals with obesity.^p

Source: JAMA, Trends in the Prevalence of Extreme Obesity among U.S. Preschool-Aged Children Living in Low-Income Families, 1998-2010. December 26, 2012 / Volume 308 / No. 24

Health Issue# 1: Childhood Obesity Strategies for Action

Objective #1: Reduce the percentage of children that are overweight or obese by 10%.

Strategy 1.1: Promote exclusive breastfeeding through proven policies and practices

Strategy 1.2: Implement nutrition standards to limit the availability of less nutritious foods and beverages in schools

Strategy 1.3: Inclusion of nutrition and physical activity standards in state regulations of licensed child care centers and schools in Ocean County

Strategy 1.4: Increase the involvement of healthcare professionals in obesity prevention activities across all age, ethnic, and socio-economic groups

Strategy 1.5: Provide safe and convenient opportunities for daily physical activity in all neighborhoods

Strategy 1.6: Develop a culturally sensitive public awareness campaign that targets populations most at risk providing residents with options to make healthy choices

<u>Performance Measurement Indicators by Strategy:</u>	<u>Data Source</u>	<u>Frequency</u>
1.1: Increase by 10% the mothers who breastfeed for six months or more (12 months optimal)	WIC Program, O.C. Hospitals Uniform Bill-Patient Summaries (UBS)	Annual
1.2: Increase by 50% the Ocean County Public Schools that serve healthy and child-friendly meals and snacks to students of more fruits, and vegetables and other nutrient-rich foods and beverages	School Health Profile	Bi- Annual
1.3: Increase by 10% childcare centers that promote healthy eating and physical activity	NJ Dept. of Children & Families, Office of Licensing Program Requirements	Annual
1.4: Increase by 10% the number of Ocean County Health Centers that provide BMI assessment and nutritional counseling on healthy eating and weight management to children	CHEMED & OHI UBS NHANES Survey	Annual Bi-Annual
1.5: Increase by 50% the municipalities that have adopted the “Complete Streets” policy in Ocean County	NJ Dept. of Transportation Ocean County Municipalities	Annual
1.6: Create and deliver a countywide public health awareness campaign that is culturally and linguistically sound, and and targets populations most at risk	Ocean & Long Beach Island Health Departments, CHEMED & OHI, Barnabas & Meridian Ocean County Hospitals	Annual

Childhood Obesity Action Plan

Strategy 1.1: Promote exclusive breastfeeding through proven policies and practices

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Provide healthcare professionals with educational training programs that focus on the benefits of exclusive breastfeeding in hospitals with a maternity ward	Barnabas & Meridian Ocean County Hospitals with a maternity ward	2017	Half of the Ocean County hospitals with a maternity ward will achieve or pursue the Baby-Friendly Initiative Designation.	The number of Ocean County Hospitals that have implemented the “Ten Steps to Successful Breastfeeding in the Baby-Friendly Hospital Initiative” or have completed the certification for the hospital designation as a Baby-Friendly Hospital
2. Eliminate the free distribution of infant formula discharge packs in the hospitals	Barnabas & Meridian Ocean County Hospitals with a maternity ward	2017	Discharge packs with infant formula will be reduced or eliminated in county hospitals, and breastfeeding promotion will be enhanced upon admission and upon discharge.	Number decrease of Ocean County hospitals that have eliminated the infant formula discharge packs, and have increased breastfeeding education as the primary source of infant feeding
3. Provide recognition to hospitals with the highest exclusive breastfeeding rates	NJ Department of Health	2016	NJ Dept. of Health will recognize Ocean County Hospitals that promote breastfeeding.	Number of hospitals recognized by the NJ Department of Health on reaching the Baby Friendly Designation
4. Promote breastfeeding as the best infant feeding practice to mothers	Barnabas & Meridian Ocean County Hospitals	2016	Hospitals will refer to Lactation Consultants for breastfeeding support and counseling.	Number of hospital referrals to La Leche League or to Lactation Support Services at the time of discharge
5. Educate on the provision of free breast pumps to breastfeeding mothers as part of the Affordable Care Act essential services	Barnabas & Meridian Ocean County Hospitals, CHEMED & OHI	2014	Breastfeeding women will be educated on the free breast pumps offered under their insurance plan	Number of educational sessions to breastfeeding women on the free provision of breast pumps under the Affordable Care Act
6. Provide educational community programs promoting the benefits of breastfeeding, and the development of a resource guide for healthcare professionals	Ocean County Department WIC Program, Long Beach Island Health Department	2015-2016	Educational programs on breastfeeding promotion and support will increase breastfeeding rates in the county	Number of outreach programs on breastfeeding done in the county to Ocean County residents Number of resource directories distributed to healthcare professionals in the county

Source: World Health Organization/UNICEF Evidence-Based: Yes Policy and Behavior Change

Childhood Obesity Action Plan

Strategy 1.2: Implement nutrition standards to limit the availability of less nutritious foods and beverages in schools

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Encourage the use of “Free or Reduced- Price School Breakfast” and Reduced-Price Lunch Programs served at Ocean County Public Schools	NJ Dept. of Education, Ocean County Public Schools	2016-2017 school year	Increase participation in the free or reduced-price school breakfast program by 10% from 7,382 to 8,120 students (2014 Kids Count), and increase by 5% from 16,588 to 17,417 students that are eligible to enroll in the free or reduced-price school lunch program	Number increase of eligible school aged-children that are enrolled in the free or reduced-price school breakfast program or lunch program by the end of the school year 2017
2 Limit the selling of candy, baked goods that are not low in fat, salty snacks that are not low in fat, soda, or fruit drinks that are not 100% juice at school stores, snack bars, canteens, vending machines, and classrooms fundraisers by 5%	Ocean County Public Schools, NJ Dept. of Education	2016-2017 school year	Increase in healthy foods of fruits and vegetables, and water offered in all school settings and venues during and after-school activities	Number of Ocean County School Districts that decreased the sales of unhealthy snacks or less nutritious foods and beverages from vending machines, school stores, and snack bars, or through fundraisers
3. Support the efforts of schools to serve healthy and child-friendly meals and snacks. Encourage private schools to follow the nutrition health guidelines and policies followed by the public schools	NJ Dept. of Education Ocean County Public Schools	2016-2017 school year	Increase in the proportion of school districts that require schools to make available fruits, vegetables, and water, wherever food is offered or sold	Number of Ocean County School Districts that are meeting the 2012 Federal Nutrition Standards for school meals and snacks
4. Assess public and private curriculums on healthy eating and physical exercise	OC and LBI Health Departments, NJ Dept. of Education	2015-2016 school year	Increase in the proportion of schools that incorporate nutrition education into their core curriculum	Number of Ocean County Schools (public and private), that provide instruction in nutrition and healthy eating

Strategy Sources: The Community Guide, Institute of Medicine, Shaping NJ Strategies

Evidence-Based: Yes

Policy, Environmental or Behavior Change: Policy and Behavior Changes

Childhood Obesity Plan

Strategy 1.3: Inclusion of nutrition and physical activity standards in NJ State Regulations of licensed Child Care Centers

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Provide educational training sessions for child care providers at least once a year, emphasizing best practices in healthy eating and active play for children while decreasing computer and television time as per licensing requirements for NJ Child Care Centers N.J.A.C. 10: 122, effective September 2013.	Ocean County Health Department, Long Beach Island Health Department	2015-2017	Licensed Ocean County Child Care Center providers will be instructed on healthy eating and physical activity requirements in order to comply with N.J.A.C. 20:122.	Number of presentations completed at Ocean County Child Care Centers on healthy eating and physical activity
2. Provide training and resources for parents, child care centers and communities to help prevent childhood obesity	NJ Dept. of Health, NJ Early Care and Education Learning Collaborative, Ocean and Long Beach Island County Health Departments	2015-2016	Child care centers will be trained by the NJ ECE, and the Health Departments on healthy choice options, and effective methods to promote physical activity during the program day.	Number of Ocean County Child Care Centers that are trained by NJ ECE Learning Collaborative, or provided training on preventing childhood obesity

Strategy Sources: NJ Dept. of Children & Families Requirements for Child Care Centers (N.J.A.C. 10:122, effective September 2013, NJ Dept. of Health, Office of Nutrition and Fitness, NJ Early Care Education Learning Collaborative (CDC, Shaping NJ and Nemours)

Evidence-Based: Yes

Policy, Environmental or Behavior Change: Policy and Environmental Changes

Childhood Obesity Action Plan

Strategy 1.4: Increase the involvement of healthcare professionals in obesity prevention activities across all age, ethnic, and socio-economic groups

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Encourage Healthcare Professionals on the importance of measuring children's weight, height and body mass index (BMI) routinely, and the importance of counseling parents about nutrition and physical activity for their children	CHEMED & OHI, Pediatricians	2014-2018	Increase in the number of Healthcare Professionals who regularly measure the body mass index of children, and counsel the parents on their children's nutrition and weight status	Number of BMI measurements performed on children by Healthcare Professionals or at the Health Centers, and the number of counseling sessions held with the parents on their children's nutrition or weight management
2. Provide physicians with continuing education on preventing, recognizing, and treating obesity	NJ Department of Health, NJ Hospital Association, Hospitals Continuing Education Programs, OC Health Department	2015-2016	Healthcare Professionals and Pediatricians will be provided with up-to-date information on childhood obesity, prevention and treatment strategies	Number of trainings offered annually to Healthcare Professionals and Pediatricians on assessing, recognizing and preventing childhood obesity
3. Promote obesity screening and prevention strategies through health fairs and educational outreaches	Barnabas & Meridian County Hospitals, CHEMED & OHI, Ocean & LBI Health Departments	2015-2016	Increase in the use of obesity screenings by healthcare providers	Number of health fairs and educational outreaches promoting childhood obesity screenings and prevention strategies

Strategy Sources: Institute of Medicine, 2012 Evaluating Obesity Prevention Efforts, The Community Guide
Evidence-Based: Yes
Policy, Environmental or Behavior Change: Policy Change

Childhood Obesity Action Plan

Strategy 1.5: Provide safe and convenient opportunities for daily physical activity in all neighborhoods

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/ Outputs
1. Implement Complete Streets in half of the municipalities in Ocean County which ensures streets are designed and altered to make it safe access for all users; pedestrians, bicyclists, motorists and transit riders of all ages and abilities.	Ocean County Municipalities	2016-2017	Increase in the number of Ocean County municipalities that have adopted the Complete Streets Policy with environmental changes from six municipalities to ten in the county. Municipalities that have adopted Complete Streets: Harvey Cedars Boro (12/2/2011) Lacey Twp. (9/13/2012) Lakewood Twp. (10/17/2013) Pt. Pleasant Boro (6/21/2011) Pt. Pleasant Beach (7/30/2013) Toms River Twp. (7/24/2012)	Number increase in the number of Ocean County municipalities that adopt the Complete Streets policy in the county Number of modified streets in the county that include bicycle lanes, bike racks, and walk paths
2. Promote the results of the Action Communities for Health, Innovation, and Environmental Change (ACHIEVE) Grant in the county	Ocean County YMCA, Ocean County Health Department	2015	Strategies implemented as a result of the CDC ACHIEVE grant in Ocean County will be promoted in the county	Number of changes implemented as a result of receiving the ACHIEVE Grant in the county, and the strategies implemented that effect policy and environmental change to decrease childhood obesity
3. Shared-use agreements of school athletic fields to promote physical activity	Ocean County Schools, Ocean County Recreation Department	2015	Increase in physical activity by children in after school hours activities during the week	The number of public schools within the largest school districts that allow the use of their athletic fields by the public during non-school hours

Strategy Sources: Shaping NJ, The Community Guide

Evidence-Based: Yes

Policy, Environmental or Behavior Change: Policy and Environmental Changes

Childhood Obesity Action Plan

Strategy 1.6: Develop a culturally sensitive public awareness campaign that targets populations most at risk by providing residents with options to make healthy choices

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
<p>1. Develop a culturally language appropriate countywide public information campaign through a collaborative effort of the Health Advisory Group member agencies on healthy eating and physical exercise, which can include a county resource directory that facilitates referrals to professionals for prevention and treatment of obesity, nutrition programs and nutrition services in the county including the WIC Program.</p>	<p>Ocean County Health Department, Long Beach Island Health Department, Meridian and Barnabas Health County Hospitals-Community Outreach Units, CHEMED and OHI</p>	<p>2015-2018</p>	<p>A coordinated public information campaign consisting of healthcare and public health targeting nutrition, weight control, and physical activity for children. The development of handouts or brochures can be posted in the individual organizations websites, distributed in the County Health Departments, County Hospitals and at Health Centers waiting areas, Child Care Centers, Preschools, Faith and Community-Based Organizations, YMCA, Ocean County Libraries, and community-based organizations.</p>	<p>Number of educational handouts or brochures developed and distributed in various settings throughout Ocean County as part of the collaborative effort</p> <p>Number of educational presentations made on healthy eating, and physical activity targeting childhood obesity</p>
<p>2. Promote good nutrition, healthy eating, and physical activity during children programs</p>	<p>Faith and Community-Based Organizations</p>	<p>2014-2016</p>	<p>Community programs will promote healthy eating and physical activity in their youth outreach programs to the youth focusing on high risk groups in the county.</p>	<p>Number of community programs that promote healthy eating and physical activity held at Faith and Community-Based Organizations in Ocean County</p>

Strategy Source: The Community Guide

Evidence-Based: Yes

Policy, Environmental or Behavior Change: Behavior Change

Ocean County Community Resources

Health Issue	Agency	Program Description	Population Reach	Policy, Environmental or Behavior Change
Childhood Obesity	Meridian Health	The “Pawsitive Action Team” led by Dr. Bernard, a St. Bernard, who is the Director of fun and good health, Hopscotch, a bouncy bunny that loves sports and games, and Picatso, a creative cat who loves to read, write and draw, and teach children how to stay healthy and safe.	Child nutrition program for ages 3-10 year olds. The program is a 20 minute assembly-styled presentation that engages children in exercise and healthy eating. The team was developed with a focus on having a welcoming and warm presence among children.	Behavior, School Curriculum Change
	CHEMED & OHI	BMI Assessment at every “Well-Child Visit” and education on childhood nutrition and weight mgmt.	Regular BMI assessments performed by healthcare professionals at CHEMED & OHI for all children.	Behavior Change
	Ocean County Library Programs	Programs on Nutrition, Healthy Eating and Obesity	Children programs for teens and pre-teens (10-12 year olds). Healthy food demonstrations: winter soups, smoothies, blending, edible arrangements, food for the soul.	Behavior Change
	Ocean County Health Department	Ocean County WIC Program	The Special Supplemental Nutrition Program for Women, Infants and Children up to the age of 5 years old offers one-on-one counseling, BMI assessment, healthy food counseling and shopping tips, breastfeeding counseling and support services, and the Farmer’s Market Nutrition Program.	Behavior, Policy Change on new WIC Food Package, Environmental
	Long Beach Island Health Department	Health Education Programs: Making Healthy Choices “My Plate” Educational Program	Program on the colors of the food groups, and healthy eating. Quarterly program for Girls & Boys Scouts on the benefits of healthy eating.	Behavior Change Behavior Change

Ocean County Community Resources

Health Issue	Agency	Program Description	Population Reach	Policy, Environmental or Behavior Change
Childhood Obesity	Ocean County Municipalities that adopted Complete Street Policies: Harvey Cedars Boro (12/2/2011) Lacey Twp. (9/13/2012) Lakewood Twp. (10/17/2013) Pt. Pleasant Boro (6/21/2011) Pt. Pleasant Beach (7/30/2013) Toms River Twp. (7/24/2012)	Complete Streets	A Complete Street is defined as a way to provide safe access for all users by designing and constructing a comprehensive, integrated, connected multi-modal network of transportation options for all age groups.	Policy and Environmental Change
	Licensed Child Care Centers	New Jersey Child Care Center Manual for licensed centers (N.J.A.C.10:122) September 2013	Children are provided with daily energetic physical activities. Child Care Centers shall significantly limit the use of television, computers, and other video equipment for children under the age of two, and drinking water shall be made available to all children.	Policy and Environmental Change
	NJ Department of Education	NJ School Nutrition/Wellness Policy	All public schools' district curriculums shall incorporate nutrition education and physical activity consistent with the New Jersey Department of Education Core Curriculum Standards.	Policy and Environmental Changes
	NJ Department of Health	Shaping NJ	ShapingNJ is the state partnership for nutrition, physical activity and obesity prevention. The goal of this partnership is to make "the healthy choice, the easy choice" for all age groups.	Policy and Environmental Changes
	Barnabas Health	" The Whimsical Foodtastic Fun Tour" at Ocean County Schools	Children's nutritional school assembly for 5-9 year olds teaches how to eat healthy. School assemblies are held various times a year.	Behavior Change

Immunization Compliance

Why is Immunization Compliance a Health Issue in Ocean County?

Ocean County had an outbreak of Pertussis (2011-2012) with 136 cases total, 43 cases were in children under the age of five. A Mumps outbreak in 2009-2010, with 425 cases in 13-17 year olds, with 89% having two doses of mumps containing vaccine.

Immunization percentage in Ocean County of fully vaccinated children in preschool is 89% compared to NJ at 93% in 2011.

Provisional status of preschoolers who are in the interval catch-up schedule is 8.2% in Ocean County compared to NJ at 4.1%.

Source: New Jersey Annual Immunization Status Reports, 2012-2013

There is fear and misinformation on childhood immunization (autism), and lack of proper education on immunization benefits.

Barriers to immunization compliance include:

- Transportation issues to receive proper immunization
- Lack of proper education on the benefits of immunization
- Cost or co-pays for vaccinations
- Transient population that have different cultural values

Source: Ocean County Community Health Assessment Meetings Jan.-Feb. 2013

Health Departments Immunization Audits completed

January 1 –December 31, 2013

Year	Preschool	Private	Public	Non-Compliant	Compliant
2013	106(OCHD) 3 (LBI)	14(OCHD) 0 (LBI)	25(OCHD) 3 (LBI)	27.3%(OCHD) 0% (LBI)	72.7%(OCHD) 100% (LBI)
2012	85	5	62	33%	67%
2011	58	15	18	27%	73%
2010	84	17	32	35%	65%

Ocean County Goal: Increase immunization compliance to 95% for all preschool age children.

Measure: Increase the percentage of children aged 19-35 months who received the recommended doses of DTaP, polio, MMR, Hib, Hepatitis B, Varicella, and Pneumococcal Conjugate Vaccine (PCV)

Healthy NJ 2020 Target: 80%, Baseline: 74% (2011)

Healthy People 2020 Target: 80%, Baseline: 68.5% (2011)

Source: Ocean County and Long Beach Island Health Department's School Audit Reports 2013

Background Information on Immunization Compliance:

Vaccines are among the most cost-effective clinical preventive services, and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule (this includes DTap, TB, Hib, Polio, MMR, Hepatitis B, and Varicella vaccines), 33,000 lives are saved, and 14 million cases of disease are prevented. The direct health care costs are decreased by \$9.9 billion, and \$33.4 billion in indirect costs are saved.

Despite progress, approximately 42,000 adults and 300 children in the United States die each year from vaccine-preventable diseases. Communities with pockets of unvaccinated and under vaccinated populations are at increased risk for outbreaks of vaccine-preventable diseases.

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the United States, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97 percent in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the United States.

Source: Healthy People 2020:Immunizations & Infectious Diseases Overview



H1N1 Epidemic Response in Ocean County-2009

Health Issue# 2: Immunization Compliance

Objective# 2: Increase vaccination rates for preschoolers in Ocean County

Strategy#2.1: Enhance access to vaccination services in the county

Strategy#2.2: Implement a countywide education campaign to educate preschools and child care providers on the importance of immunization compliance through various venues.

Strategy#2.3: Enforce the immunization requirements contained in N.J.A.C. 8:57 by conducting record audits every year of childcare centers, preschools and public schools

Strategy#2.4: Ensure healthcare providers provide timely vaccination of children in accordance with the Advisory Committee on Immunization Practices to facilitate enrollment in schools, preschools and child care facilities

Strategy#2.5: Encourage the use of the NJ Immunization Registry by healthcare providers

<u>Performance Measurement Indicators by Strategy:</u>	<u>Data Source</u>	<u>Frequency</u>
2.1: Increase by 10% vaccination access to all children	NJIS, Nat. Immunization Survey	Annual
2.2: Increase to 100% the education to preschools and daycares on immunization compliance requirements	Health Depts. Outreaches	Annual
2.3: Increase to 100% immunization compliance in preschools	Health Depts. Audits	Annual
2.4: Increase by 10% the number of healthcare providers that comply with the immunization practices	NJ Dept. of Health CHEMED & OHI UBS Rpts.	Annual Annual
2.5: Increase by 5% the use of the NJ Immunization Registry	NJIS	Annual

Immunization Compliance Action Plan

Strategy#2.1: Enhance access to vaccination services in the county

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
<p>1. Expand access to vaccinations in healthcare services by:</p> <p>a) Encourage the Influenza Vaccine for all admitted patients in the hospitals</p> <p>b) Provide the Tdap vaccine in all Ocean County Hospital's Emergency Rooms to all patients when appropriate or as needed.</p>	Barnabas and Meridian County Hospitals	2014-2017	<p>*Hospitals will provide the Influenza Vaccine to all newly admitted patients.</p> <p>*The Tdap Vaccine will be offered to all patients admitted to the ER in lieu of the Tetanus vaccine.</p>	Number increase of residents that are receiving the Influenza and Tdap vaccines in the Ocean County Hospitals.
<p>2. Reduce client out-of-pocket costs for immunizations</p>	CHEMED & OHI, Private Care Providers, Ocean County and Long Beach Island Health Departments	2014-2018	<p>*Co-pays for vaccinations will be reduced with the Affordable Care Act or a sliding scale use for private insurance patients</p> <p>* Vaccine for Children Program will be provided and promoted to all eligible children in the county at all VFC sites</p> <p>* Health Depts. vaccination clinics will continue to offer the Tdap vaccine at a reduced cost to residents in clinics throughout the county, and free to all WIC Program participants</p>	Number increase of children that are vaccinated due to reduced out-of-pocket costs for vaccination
<p>3. Provide vaccination programs in schools</p>	CHEMED & OHI	2015-2017	Children in high risk areas will receive age appropriate vaccinations in school clinics	Number of children vaccinated at a school health clinic

Strategy Sources: The Community Guide, Healthy People 2020, Subject Matter Experts, Community Meetings Recommended Strategies
 Evidence-Based Strategies: Yes Behavior and Environmental Changes

Immunization Compliance Action Plan

Strategy#2.2: Implement a countywide education campaign to educate preschools and child care providers on the importance of immunization compliance through various venues

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
<p>1. Educate preschool and child care providers on the importance of immunization compliance by providing accurate immunization fact sheets, age appropriate immunization schedules, and education on N.J.A.C. 8:57. Review the “Welcome Packets” provided by the preschools and child care centers to ensure proper vaccination information is provided to parents, and provide the brochure “The Truth about Vaccines: Protecting your Child Against Serious Diseases”</p>	<p>Ocean County Health Department Long Beach Island Health Department</p>	2014-2015	Licensed preschools and child care center leaders will be educated on the immunization compliance requirement as per N.J.A.C. 8:57 and adhere to its requirements, while dispelling wrong information on the adverse effects of childhood immunization.	Number of educational sessions on immunization compliance completed in a year to preschools and child care center providers and other community programs
		2014-2015	Licensed preschools and child care centers in the county will provide accurate immunization fact sheets and schedules, and the brochure, “The Truth about Vaccines” on their “Welcome Packets” to parents.	Number of educational information packets provided to preschools and child care centers on the benefits of immunization while dispelling the myths on immunization adversity
<p>2. Educate the Faith-Based community, Childcare and Preschool Providers on immunization compliance through a countywide program that provides accurate information on immunization by experts, and provides immunization information for congregation leaders to distribute to the hard to reach vulnerable populations in the county.</p>	<p>Ocean County Health Department Faith-Based Initiative</p>	2015	Faith and Community-Based organizations and Childcare and Preschool Providers will increase their knowledge on age appropriate vaccination and requirements, and learn how they can contribute in delivering accurate immunization information to the most vulnerable, high risk populations in their congregations and agencies.	Number of congregations and Childcare and Preschool Providers that participate in the educational program on the importance of age- appropriate immunizations, and the importance of preventing diseases while dispelling adverse information on vaccination
<p>3. Run PSA’s on the importance of immunization in the Hospitals, Health Centers, and Health Depts. waiting rooms.</p>	<p>Ocean County Hospitals, Health Centers, and Health Departments</p>	2015-2016	Create awareness on the importance of age-appropriate immunization coverage for all county residents	Number of healthcare facilities that run immunization PSA’s in their waiting rooms, and increase vaccination coverage per year

Immunization Compliance Action Plan

Strategy#2.3: Enforce the immunization requirements contained in N.J.A.C. 8:57 by conducting record audits every year of child care centers, preschools and public schools

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Assist all schools (public and private) and child care centers in meeting the N.J.A.C. 8:57-4 by conducting periodic and timely record audits every year	Ocean County and Long Beach Island Health Departments	2014-2015	School immunization audits will facilitate education, and increase compliance with immunization requirements as per N.J.A.C. 8:57	Number of school audits completed annually that met the immunization requirements as contained in N.J.A.C. 8:57
2. Children will not be admitted or retained in child care centers or preschools, whose parents or guardian has not submitted the acceptable child's immunization record or a valid medical or religious exemption.	Ocean County Preschools (Public and Private), and Child Care Providers	2014-2018	Increase compliance with immunization documentation requirement by parents	Number of schools and child care centers that comply with the proper immunization documentation per pupil
3. Prohibit the attendance of any teacher or pupil of any school (public or private) or child care center that could potentially spread a communicable disease without consultation of the Health Department	Ocean County Preschools (Public and Private), and Child Care Center Providers, Ocean County and Long Beach Island Health Departments, NJ Department of Health	2014-2018	Prevent the spread of any vaccine-preventable communicable disease in Ocean County preschools and child care centers	Number of vaccine preventable outbreaks contained in Ocean County Preschools, and Child Care Centers due to immunization non-compliance
4. Maintain student health records, and ensure immunization records are reviewed for completeness and are updated annually (N.J.A.C.6A:16-2.1&2.2)	Ocean County Child Care Providers, Preschools, NJ Department of Education	2014-2015	Student immunization records will be kept up to date for review and audit annually	Number of schools that are 100% compliant in their immunization audits

Strategy Sources: NJ Dept. of Health Vaccine Preventable Disease Program, NJIIS, the Community Guide

Evidence-Based: Yes

Policy, Environmental or Behavior Change: Policy and Behavior Changes

Immunization Compliance Action Plan

Strategy#2.4: Ensure healthcare providers provide timely vaccination of children in accordance with Advisory Committee on Immunization Practices to facilitate enrollment in schools, preschools and child care facilities

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Enhance the understanding of healthcare providers on the safety of vaccines and vaccination practices, and improve access to and better use of recommended childhood vaccines	NJ Dept. of Health, Ocean County and Long Beach Island Health Departments, NJ Hospital Association, CHEMED & OHI, Pediatricians	2015-2016	Healthcare Providers/Pediatricians will be more proactive in ensuring children are age-appropriately vaccinated for child care and school enrollment following the Advisory Committee on Immunization Practices.	Number increase in the number of children that are age-appropriately vaccinated by healthcare providers
2. Allow for “Standing Orders” protocol for vaccinations which authorize nurses, pharmacists, and other healthcare personnel to assess a patient’s immunization status and administer vaccinations according to the protocol approved by the healthcare agency	CHEMED & OHI, Ocean County Health Department, Long Beach Island Health Department, NJ Department of Health	2015-2016	The “Standing Order” protocol will enable assessment and vaccination without the need for examination or direct order from the attending provider at the time of the interaction.	Number of healthcare agencies in the county that institute “Vaccination Standing Orders”

Strategy Sources: The National Strategy for Quality Improvement in Health Care, the National Vaccine Plan, Healthy People 2020

Evidence-Based: Yes

Policy, Environmental or Behavior Change: Policy and Behavior Change

Immunization Compliance Action Plan

Strategy#2.5: Encourage the use of the NJ Immunization Registry by healthcare providers

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Provide guidance to Health Centers, local Health Departments, and Healthcare Providers regarding the importance of vaccination of students in schools, and on the importance of using the NJ electronic immunization registry (NJIS)	NJ Department of Health, Central Jersey Family Health Consortium	2014-2015	Clear guidance as to any changes in NJIS, compliance with the registry, immunization requirements, and available reports from the registry	Number of healthcare providers (public and private) that are registered in NJIS, and are entering immunization data regularly
2. Enforcement of the rules regarding the mandatory use of NJIS for any Healthcare Provider/Pediatricians that immunize children less than seven (7) years of age as required by New Jersey regulations to enroll as an authorized user of NJIS, and report vaccinations to NJIS. Mandatory participation is stipulated in New Jersey Administrative Code N.J.A.C. 8:57-3.16	NJ Department of Health	2014-2018	Healthcare Providers/ Pediatricians will utilize and enter into NJIS registry immunization information from their patients	Number increase in the number of Healthcare Providers or Pediatricians that are using the NJIS immunization registry in Ocean County
3. Education on the benefits of NJIS usage in population assessments in the event of a preventable disease outbreak, and in the assessment of their communities' immunization coverage, and identification of pockets of need	Central Jersey Family Health Consortium NJIS Trainings	2015-2016	Healthcare Providers will increase in knowledge on the benefits of using NJIS in their community and in their population health assessments	Number of educational trainings held for Ocean County Healthcare Providers on NJIS usage and benefits

Strategy Sources: NJ Department of Health Vaccine Preventable Disease Program, The National Prevention Strategy
Evidence-Based: Yes Policy, Environmental or Behavior Change: Policy Change

Health Issue	Agency	Program Description	Population Reach	Policy, Environmental or Behavior Change
Immunization Compliance	NJ Department of Health	Vaccine For Children Program	New Jersey VFC is a federally funded, state-operated vaccine supply program that provides pediatric vaccines at no cost to doctors who serve children who might not otherwise be vaccinated because of inability to pay.	Policy Change
	CHEMED & OHI	Immunization Program: Vaccine for Children Program	All Health Center patients are evaluated at their Well- Child Visits, and provided up- to- date vaccinations	Behavior and Environmental Change
	Ocean County Health Department Long Beach Island Health Department	Immunization Audits	NJ Administrative Code 8:57 Chapter 4: established the minimum immunization requirements for children attending any public or private school, child care center, nursery school, preschool or kindergarten in New Jersey.	Policy Change
	Ocean County Health Department Long Beach Island Health Department	Flu, Shingles, Tdap, Pneumonia, Hep A- (LBI), Hep B, Mantoux, Rabies- (OCHD)	All Ocean County residents	Behavior Change
	Meridian Health	Hospital Admission Influenza and Pneumonia vaccination policy	Influenza and Pneumonia vaccine offered to all newly admitted patients as appropriate	Policy Change
	Barnabas Health	Tdap vaccine offered to patients in lieu of the Tetanus Vaccine	Tdap vaccine is offered to all patients who require a Tetanus vaccine	Policy Change

Behavioral Health: Mental Health

Why is Mental Health a Health Issue in Ocean County?

Ocean County has:

- 1-Two of the largest priority at-risk-populations: veterans and older adults
- 2-The second largest number of psychiatric screenings in NJ (8,451 annually-PESS 2011)
- 3-A high number of patients in NJ Psychiatric Hospitals
- 4-Mental Health or psychiatry was one of the top five diagnoses in hospital admissions (2008-2010) for 18-64 year olds
- 5-Post-Partum depression was diagnosed in 5% of women in 2012 of total county births. Ten percent of the calls received for help for Post-Partum depression came from Ocean County.

Top 6 barriers to mental health services identified in the 2012 Mental Health Community Needs Assessment were:

- 1- Lack of insurance
- 2-Services are a long distance to home or work
- 3-Long waits for outpatient services, 12 weeks or more at times
- 4- Mental Health Stigma
- 5- Long wait times to see a Psychiatrist
- 6-Long waits at Psychiatric Emergency Screening Services (PESS)

Source: Ocean County Mental Health Plan Update 2013

Statement of Need:

Ocean County's mental health system faces capacity issues. The unprecedented demand for mental health services by the vulnerable growing population in the county of veterans and older adults has greatly increased. Ocean County has the second highest screening volume in NJ with 704 psychiatric screenings per month. In 2011, 8,451 PESS screenings were conducted in the county, second highest volume of screenings in NJ. The Community Mental CHEMED & OHI report high volume demand as efforts continue to combat waiting lists for Intensive Outpatient Services. The Crisis Diversion Program has a success rate of diverting 90% however; the program is at capacity by mid-month. The Early Intervention Program and Support Services Program, Ocean Crest, has helped the health care system by providing alternative to psychiatric screenings. The lack of psychiatrists and prescribers in the region has restricted the program's ability to successfully meet the realistic demands for service in Ocean County.

(Source: Ocean County Mental Health Plan Update 2013-2016, CJFHC)

Ocean County Goal: Reduce the proportion of adults who experience a major depressive disorder by 5%

Healthy People 2020: Target: 5.8% Baseline 6.5%

Behavioral Health: Substance Abuse

Why is Substance Abuse a Health Issue in Ocean County?

2012 Substance Abuse Admissions by Primary Drug within County-Resident Admissions

Ocean County

Alcohol: 26.9% (NJ: 30.3%)

Cocaine: 3.1% (NJ: 5.9%)

Heroin & Opiates: 54.9% (NJ: 44%)

Marijuana: 13.0% (NJ: 16.8%)

Ocean County Goal: Reduce the number of alcohol and illicit drug use by 7%

Healthy People 2020 Target: 7.1% Baseline: 7.9%

2012 Substance Abuse Admissions by County of Residence

Top Five Counties	Top Five Ocean County Municipalities per total admissions of 6,713/2012
Monmouth: 7,276	Toms River: 982
Ocean: 6,713	Brick: 958
Essex: 6,578	Jackson: 508
Camden: 6,295	Lacey: 441
Middlesex: 5,068	Lakewood: 343

Source: 2012 Substance Abuse Ocean County Overview

Statement of Need:

Ocean County experienced a heroin epidemic in 2013 with 112 overdose deaths due to heroin and other opiates (December 2013). An Opiate Task Force was formed in 2013 with the goal to reduce opiate introduction, addiction, distribution, overdose and death in Ocean County thru education and training in the county. In 2014, Ocean County law enforcement officers will carry an antidote for heroin, Narcan which can temporarily reverse the lethal effects of heroin.

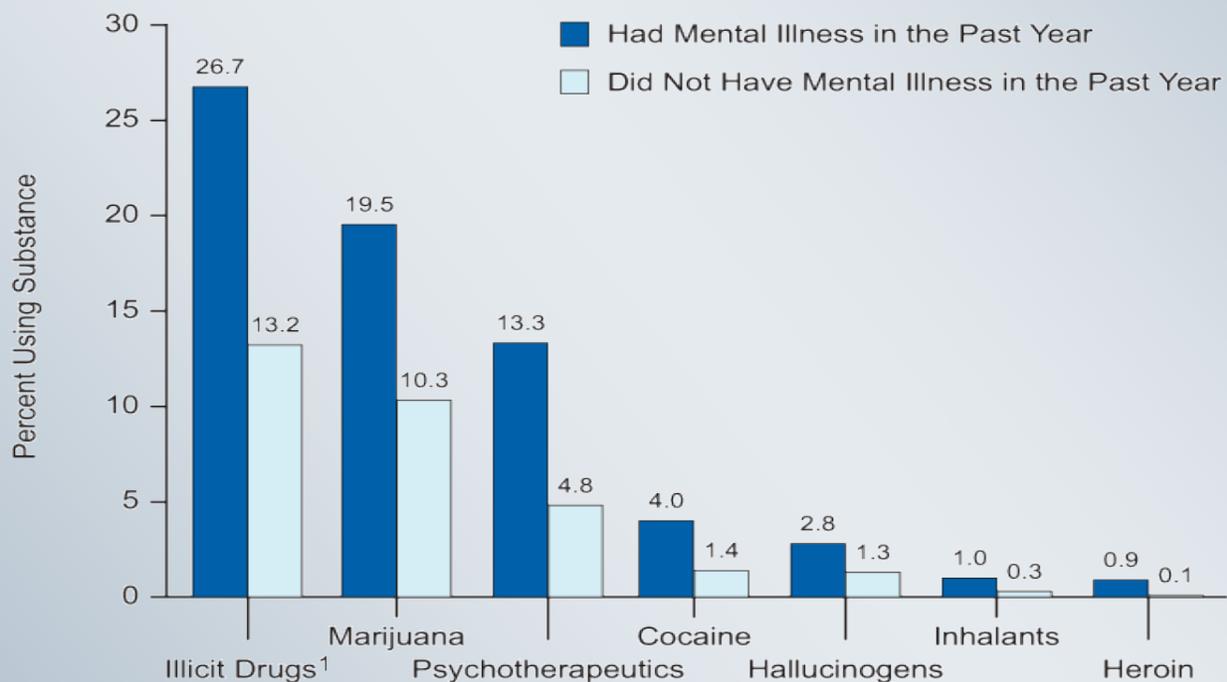
In 2010, the number of ER Admissions related to substance abuse as percentage of total admissions was 9.81% in Ocean County compared to NJ at 9.24%. Alcohol related ER admissions rate per 100,000 was 2180.4 compared to drug related admissions rate of 587.1/100,000 in Ocean County (NJ's rate is 466.8/100,000 for drug admissions). ER admissions for drug poisoning in 2010 in Ocean County were 181, the third highest in NJ after Camden (276), and Essex (222). Ocean County was the first in the state with over 842 ER admissions due to alcohol liver disease (cirrhosis of the liver), which was within the top five hospital diagnoses for the 18-64 year olds in 2008-2010. The treatment admissions rate for drugs in Ocean County was the second highest in the state with 811 admissions per 100,000 populations third to Cape May and Atlantic County. The 25-44 year old group was the highest in age in admissions followed by the 18-24 year olds. The race/ethnicity most affected by substance abuse are Whites (88%) followed by Hispanics (7%) and Blacks (4%). In 2013, 1,225 Driving While Intoxicated clients attended the 12 hour class of which 716 clients were referred for assessments in treatment programs. Source: NJ Chart Book of Substance Abuse Related Social Indicators, Ocean County, May 2013; Ocean County IDRC 2013 statistics.

Background Information on Behavioral Health:

Mental Health and Substance Use

Mental health and substance use conditions often co-occur. Individuals with substance use conditions often have a mental health condition at the same time. Substance use and mental health are inter-related illnesses. Mental illnesses can lead to drug abuse. Individuals with overt, mild, or even subclinical mental disorders may abuse drugs as a form of self-medication.

SUBSTANCE USE AMONG ADULTS AGED 18 OR OLDER, BY MENTAL ILLNESS, US: 2012



Behavioral health conditions are implicated in all major chronic diseases. Mental health problems are two to three times more common for people with chronic medical illnesses such as diabetes, arthritis, chronic pain, and heart disease. Fragmented care between both illnesses has left people without the proper assessments and care. As a result, a more integrated continuum of care is needed across both disciplines.

Source: SAMHSA, Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings, December 2013.

Health Issue#3: Behavioral Health: Mental Health and Substance Abuse Strategies

Objective#3: Improve access to quality mental health and substance abuse, prevention, treatment, and recovery services for all county residents while reducing the associated stigma.

Strategy# 3.1: Integrate Behavioral Health: Mental Health and Substance Use disorders into primary care settings while offering continuum of care

Strategy# 3.2: Enhance and improve upon current stigma reduction and awareness activities that are culturally and linguistically sound while increasing awareness and use of mental health and substance abuse services in the county

Strategy# 3.3: Enhance and improve upon telemedicine utilization in order to increase access to mental health and substance abuse services

Strategy# 3.4: Promote the existence of prescription drug monitoring program and drop off boxes in the county

Strategy# 3.5: Partner with faith and community-based organizations, businesses, and schools to reach the vulnerable population in the county on mental health and substance abuse disorders

<u>Performance Measurement Indicators by Strategy:</u>	<u>Data Source</u>	<u>Frequency</u>
3.1: Increase by 5% the number of healthcare providers that offer mental health and substance use assessment in their primary care settings	NJ Hospital Association CHEMED & OHI UBS Data Hospital Uniform Billing System Data (UBS)	Annual
3.2: Increase by 30% the number of outreach done that addresses mental health stigma including post-partum depression, and substance abuse	Mental Health Awareness Committee Mental Health Board	Annual
3.3: Increase by 5% the number of telemedicine cases used in primary care and outpatient settings	NJ Hospital Association NJ Department of Health	Annual
3.4: Increase to 30% the number of healthcare providers and pharmacists that are participating in the NJ Prescription Monitoring Program programs, and increase from 6 to 10 sites the drop off prescription location boxes in the county	NJ Division of Consumer Affairs Ocean County Hospitals DART Coalition Ocean County Health Dept.	Annual
3.5: Increase by 30% the outreach and education to vulnerable populations through the faith and community-based organizations, businesses, and schools on mental health and substance use disorders	Health Departments Mental Health Board	Annual

Behavioral Health:
Mental Health and Substance Abuse

Strategy# 3.1: Integrate Behavioral Health: Mental Health and Substance Use disorders into primary care settings while offering continuum of care

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Promote and support the integration of behavioral health into primary care under the new provisions of the health care reform law	CHEMED, Primary Care Providers	2014-2015	Integration will build capacity and allow for more residents to be screened early for behavioral health issues.	Number of Primary Care Providers that are screening for behavioral health issues during their regular office visits
2. Promote integrated care models that provide continuum of care to behavioral health consumers across a broad spectrum of services	CHEMED, Mental Health and Healthcare Providers	2015-2016	Behavioral health consumers will receive comprehensive coordinated mental health and substance abuse care in one setting.	Number of integrated care models that include providers (mental health and substance abuse providers), primary care or patient-centered medical homes, and support services that are coordinated in the county
3. Educate the behavioral health consumer on the new mental health and substance abuse services offered under the Affordable Care Act	CHEMED & OHI, Mental Health and Healthcare Providers, Health Departments	2014-2015	Behavioral Health consumer will be educated on the new benefits available under the Affordable Care Act essential services.	Number of Behavioral Health consumers that are accessing or are referred to behavioral health services in the county
4. Encourage Healthcare Providers to use the Substance Abuse Structured Assessment and Brief Intervention (SBIRT) during their primary care consults	CHEMED & OHI, Primary Care Providers	2015-2016	Early intervention tools that can help Primary Care Providers determine if further extensive or specialized treatment is needed for their patients.	Number of Primary Care Providers that utilized the SBIRT tool in their primary care practice to refer for behavioral health services
5. Educate the Behavioral Health Consumer on the NJ Parity Law in Mental Health and Substance Abuse treatment	NAMI, Mental Health Board, Ocean County Health Dept., Municipal Alliances	2014-2015	Consumers will be informed on the NJ Parity Law in which mental health and substance abuse treatment will be comparable in coverage to other diseases.	Number of educational sessions or outreach's performed in the county on the NJ Parity Law

Strategy Sources; CADCA, SAMHSA-HRSA Center for Integrated Health Solutions

Evidence-Based: Yes

Policy, Environmental or Behavior Change: Policy and Behavior Changes

Behavioral Health Action Plan

Mental Health and Substance Abuse

Strategy#3.2: Enhance and improve upon current stigma reduction activities in the county that are culturally and linguistically sound, while increasing awareness and use of mental health and substance abuse services in the county

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/ Outputs
1. Promote awareness and open discussion among healthcare providers, community and faith-based leaders, and the public on the harmful impact of stigmatizing people affected by mental health disorders or substance abuse and on the NJ “Overdose Prevention Act” of 2013	Mental Health Awareness Committee, Health Depts., Mental Health and Substance Abuse Providers, CHEMED, Faith-Based Congregations, Municipal Alliances	2014-2017	Mental health and substance abuse will be talked about without the fear of being stigmatized or held liable if someone seeks medical assistance for a drug overdose, thus improving the timely delivery of care.	Number of programs targeted to various audiences (adolescents, adults, older adults) where mental health and substance abuse is talked about as a disease that requires timely sensitive treatment
2. Promote educational programs that target Post-Partum Depression, its effects, and resources available for treatment in the county	Health Departments, CHEMED & OHI, Community and Faith-Based Organizations, Central Jersey Family Health Consortium	2014-2015	Increase awareness and advocacy for recognition and treatment of Post-Partum Depression	Number of educational programs promoted throughout the county on Post-Partum Depression screening, assessment and referrals for treatment
3. Encourage Peer- to- Peer Programs that are culturally and linguistically sound that help behavioral health and substance use consumers navigate the system of care	Mental Health Awareness Committee, Faith and Community-Based organizations, Health Depts., Municipal Alliances	2014-2015	Mental Health and Substance Use consumers will receive the appropriate level of care as encouraged by their own peers in a culturally and linguistically appropriate way	Percentage increase of referrals by peers to mental health and substance use treatment services

Strategy Sources: Ocean County Mental Health Plan 2013-2016, NAMI, CADCA

Evidence-Based: Yes Policy, Environmental or Behavior Change: Behavior Change

Resource information: www.stigmahurts.org

Behavioral Health Action Plan
Mental Health and Substance Abuse

Strategy#3.3: Enhance and improve upon telemedicine utilization across various healthcare settings as a way to increase access to mental health and substance abuse services

Activities	Lead Organizations	Target Date	Anticipated Results/ Outcomes	Performance Measures/ Outputs
1. Expand the use of Telepsychiatry or Telemedicine by Behavioral Health Providers in Ocean County outpatient clinic programs	Mental Health Board, LACADA, Mental Health and Substance Use Providers, NAMI, Ocean County Health Department	2016-2017	Decrease wait time for screenings and assessments in crises, and the provision of timely care	Number increase of behavioral health providers that are using telemedicine in their outpatient clinic services
2. Educate Behavioral Health Providers on the benefits of telemedicine	OC Mental Health Board, NAMI, LACADA, NJ Division of Mental Health and Addiction Services	2017-2018	Timely assessments and treatment of behavioral health consumers while using up- to- date technology such as Skype or Facetime.	Number of educational programs promoting the use of telemedicine in the county

Strategy Sources: SAMHSA, Community Needs Assessment Meetings Recommended Strategy
 Evidence-Based: Yes
 Policy, Environmental or Behavior Change: Behavior Change

Behavioral Health Action Plan
Mental Health and Substance Abuse

Strategy# 3.4: Promote the existence of NJ Prescription Drug Monitoring Program (NJPMP), and drop off prescription boxes in the county

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/ Outputs
<p>1. Educate and promote to Ocean County Healthcare Providers and Pharmacists, the New Jersey Prescription Monitoring Program (NJPMP), its benefits and purpose in order to halt the abuse and diversion of prescription drugs.</p> <p><u>(N.J.S.A. 45:1-45 et. seq.,</u> the NJPMP is a statewide database that collects prescription data on Controlled Dangerous Substances (CDS) and Human Growth Hormone (HGH) dispensed in outpatient settings in New Jersey</p>	NJ Division of Consumer Affairs, CHEMED, Ocean County Pharmacists, Healthcare Providers, Municipal Alliances, Health Depts.	2015-2018	Increase from 20% (2014) to 30% the number of NJ eligible prescribers and pharmacists that have registered with NJPMP to improve monitoring of patients that have the potential of prescription drug abuse	Number of NJ licensed Healthcare Providers and Pharmacists that have registered with NJPMP due to education and promotion of the program
<p>2. Promote and increase the prescription drop off boxes in Ocean County</p>	Ocean County and Long Beach Island Health Departments, Dart Coalition	2014-2015	Increase in the number of drop off boxes in the county from six locations: Toms River, Lakewood, Lacey, Seaside Heights, Manchester and Berkeley Township to ten locations	Number increase of prescription drop off locations from six to ten in the county
<p>3. Promotion of programs that assist residents in prescription monitoring to avoid drug abuse.</p>	CIACC, Ocean and Long Beach Island Health Departments, Dart Coalition, Municipal Alliances	2014-2018	Educational programs aimed at educating the residents on prescription and alcohol abuse	Number of outreach programs held in the county that talk about prescription drug and substance abuse

Strategy Sources: SAMHSA, the Community Guide, The National Prevention Strategy
 Evidence-Based: Yes
 Policy, Environmental or Behavior Change: Policy and Environmental Changes

Behavioral Health Action Plan
Mental Health and Substance Abuse

Strategy# 3.5: Partner with faith and community-based organizations, businesses, and schools to reach the vulnerable population in the county on mental health and substance abuse disorders

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/ Outputs
1. Collaborate with faith and community-based organizations, businesses and schools to develop a linguistically appropriate educational campaign on behavioral health issues, and the resources available in the county	Municipal Alliance Programs, Prevention First, CHEMED & OHI, Health Departments	2015-2016	The vulnerable population in need of mental health and substance use services will be reached and linked to appropriate behavioral health care.	Number of collaborative programs held in the county that reaches the vulnerable population of various age groups in the county
2. Educate the Faith-Based community on behavioral health issues and how they can assist in educating the vulnerable population in the county	Ocean County Faith-Based Initiative, Health Dept., Mental Health Board	2015-2016	Vulnerable populations in the county will be educated and linked to appropriate behavioral health clinical care.	Number of educational programs held with the Faith-Based community on behavioral health issues
3. Engage the business community to participate in trainings and educational programs that educate them on the resources available in the county for behavioral health issues for their employees	Mental Health Board, PAC, Health Departments, Prevention First, Municipal Alliances	2014-2015	Private employers will be aware of the resources available in the county for behavioral health issues for their employees and how they can become involved in the county.	Number of outreaches (health fairs, trainings, networking sessions) done for the business community in the county
4. Increase the educational outreach on behavioral health done at the schools, including the CIACC Education Partnership	CIACC, Municipal Alliances, Health Dept.	2014-2018	Students and school staff will be instructed on behavioral health issues	Number of educational programs done at the schools in which behavioral health issues are discussed with the students and school staff

Strategy Source: The Community Guide

Evidence-Based: Yes

Policy, Environmental or Behavior Change: Behavior Change

Ocean County Community Resources

Mental Health Resource Directory: <http://www.co.ocean.nj.us/ocdhs/mhb/MHDirectory.pdf>

Substance Abuse Resource Directory:

<http://www.ochd.org/SiteData/docs/ADResource/3daa7fc8df8db69d/A%20%20D%20Resource%20Directory%20-%206-3-14.pdf>

Health Issue	Agency	Program Description	Population Reach	Policy, Environmental or Behavior Change	
Behavioral Health: Mental Health and Substance Abuse	Psychiatric Emergency Screening Services (PESS): Barnabas Health Meridian Health	Adult 24/7 crisis intervention, psychiatric evaluation, referrals, Telepsychiatry, mobile outreach intervention, crisis telephone services	Children, Adolescents, Adults and Older Adults experiencing mental illness	Behavior Change	
	Meridian Health Ocean County Hospitals	Comprehensive mental & substance abuse services, including addiction recovery and compulsive gambling counseling	Children (3-13 yrs), Adolescents (14-17 yrs), and Adults over 18 years of age	Behavior Change	
	Ocean County Dept. of Human Services	Contracts out with local mental health agencies to provide continuum of care to residents	Children, Adolescents, Older Adults	Behavior Change	
	Ocean Mental Health Services, Inc.	Theraplay, Ocean Crest Outpatient Services Adult Partial Care-Anchor & Recovery	Children 2-6years Adults countywide Adults & Children	Behavior Change	
	Preferred Mental Health Services		Outpatient Services Senior Guidance Family Support Services Post-Partum Mood Disorder SAIL	Adults Older Adults Children 18 years and younger Post-partum women 13-18 year olds SMI	Behavior Change
			DARE	Adults co-occurring disorders	Behavior Change
			Intensive Outpatient Treatment Support Services (IOTSS)	Adults in acute mental health distress	Behavior Change
			Drug Court	Adults with substance abuse issues	Behavior Change
			RIPTIDE Mobile Response	Adolescents IOP Families with children	Behavior Change
	Ocean County Health Department: Alcohol & Drug Abuse Unit, Ocean County Municipal Alliance Programs		The Alcohol and Drug Unit contracts with substance abuse agencies in the local community to provide services to county residents.. Municipal Alliance Programs target various substance and drug abuse issues in the county.	Adolescents, Adults and Older Adults	Behavior Change
Adolescents				Behavior Change	

Chronic Disease Prevention and Education

Why is Chronic Disease a Health Issue in Ocean County?

Ocean County has:

*An increased use of emergency room visits for chronic diseases: asthma, hypertension, congestive heart failure, stroke and heart disease

*Prevalent chronic diseases in the county are:

Diabetes: 10% of adults have diabetes in Ocean County compared to NJ at 9.2% (2010)
Asians (33%) 35-49 year olds
Hispanics (42%) 65plus

Asthma: 9% of adults have asthma in Ocean County compared to NJ at 8.7% (2010)
40% of 35-64 year olds also had arthritis and diabetes
13.6% of Ocean County adults were hospitalized due to asthma (2012)
per 100,000 residents age-adjusted, NJ is at (16.5%)

Ocean County Cancer Incidence Rate 2006-2010: **541.1** all sites compared to NJ's rate: 488.3

Ocean County Cancer Mortality Rate 2006-2010: **189.00** all sites compared to NJ's rate: 168.7
(per 100,000 population age-adjusted rate)

Source: NJSHAD

Ocean County Goal: Reduce the death rate due to all cancers by 10% by promoting preventative screenings

**Healthy NJ 2020 and Healthy People 2020 Target: 161.5 rate, Baseline: 179.4 rate (2007)
age-adjusted per deaths per 100,000 population**

Key Chronic Diseases: National Facts:

- **Heart disease** and **stroke** are the first and third leading causes of death, accounting for more than 30% of all U.S. deaths each year.
- **Cancer**, the second leading cause of death, claims more than half a million lives each year.
- **Diabetes** is the leading cause of kidney failure, non traumatic lower extremity amputations, and new cases of blindness each year among U.S. adults aged 20–74 years.
- **Arthritis**, the most common cause of disability, limits activity for 19 million U.S. adults.
- **Obesity** has become a major health concern for people of all ages. 1 in every 3 adults, and nearly 1 in every 5 young people aged 6–19 are obese.

Source: CDC Chronic Disease Prevention

Background Information on CHRONIC DISEASE EDUCATION AND PREVENTION

Chronic diseases include heart disease, stroke, cancer, diabetes, asthma, arthritis.

Chronic diseases are some of the most common and most costly health problems.

They can be prevented through:

- ▶ Behavior change (healthy diet, physical activity, eliminating tobacco use and substance abuse)
- ▶ Early screening and detection
- ▶ Effective disease management

Screening includes:

- Diabetic screening
- Mammography screening
- Cholesterol Screening
- Cervical Cancer Screening
- Colon Cancer Screening
- Obesity screening

Early screening can lead to early intervention and disease management.

Effective management of chronic diseases can be seen as a measure of the quality of the outpatient healthcare system.

Chronic conditions have become a major burden, as they lead to decreased quality of life, premature death and disability, and increased healthcare cost. Chronic disease once thought to be a problem of the older age groups, has now shifted towards the working age group. This shift adds to loss of productivity due to absence from work or reduced work performance.

Disease prevention programs aim to prevent the onset of diseases. Primary prevention addresses health-related behaviors and risk factors like healthy eating and exercise, while secondary prevention aims at diagnosing and treating the disease at an early stage before complications occur while improving chronic disease control by the patient.⁹

Sources: County Health Rankings, Healthy People 2020; Workplace Wellness Programs Study, RAND Health 2013

Health Issue# 4: Chronic Disease Education and Prevention

Objective#4: Provide primary and secondary prevention education on chronic disease prevention

Strategy#4.1: Provide a patient-centered multidisciplinary approach that includes communication and coordination across various healthcare settings

Strategy#4.2: Empower residents with tools and information that are accurate, linguistically and culturally appropriate on chronic disease management

Strategy#4.3: Coordinate community programs across various settings that target primary prevention education on chronic diseases

Strategy#4.4: Increase knowledge and participation in early detection of chronic diseases

Strategy#4.5: Reduce the percentage of hospital admissions that are potentially preventable due to chronic diseases

<u>Performance Measurement Indicators by Strategy:</u>	<u>Data Source</u>	<u>Frequency</u>
4.1: Increase by 5% the recruitment to Patient-Centered Medical Homes or Accountable Care Organizations	Health Centers UBS Data Hospitals ACO's	Annual
4.2: Increase by 10% the outreach to residents that is linguistically sound on chronic disease management	Health Centers UBS Data Hospitals Outreach Programs Health Departments	Annual
4.3: Increase by 5% the community programs offered in the county that target the prevention and management of chronic diseases	Health Departments Community-Based Programs	Annual
4.4: Reduce by 5% the use of the emergency room for chronic diseases	Hospitals UBS Data	Annual
4.5: Decrease by 10% the preventable hospital admissions that can be treated at a patient-centered medical home	Hospitals UBS Data Health Centers UBS Data	Annual

Chronic Disease Education and Prevention Action Plan

Strategy#4.1: Provide a patient-centered multidisciplinary approach that includes communication and coordination across various healthcare settings

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Promote the “Transitions in Care” Program in the county hospitals, Accountable Care Organizations, and Patient-Centered Medical Homes to allow for coordination, and continuum of care for patients that is comprehensive and coordinated across various healthcare settings	Barnabas and Meridian Health County Hospitals, CHEMED & OHI, Behavioral Health Providers	2014-2015	Better coordination and continuum of care for patients when they transition from a hospital setting, to outpatient rehabilitative services or to a medical home	Percentage reduction in hospital readmissions due to chronic diseases such as heart disease, asthma, cancer, or diabetes due to improved secondary preventive care services and education
2. Expand and increase access to information technology and integrated data systems to promote cross-sector information exchange	Barnabas and Meridian Health Hospitals, CHEMED & OHI, Private Care Providers	2017-2018	Electronic Medical Records implementation will increase across various healthcare settings allowing for better patient care and monitoring	Number of healthcare agencies that institute electronic medical records technology that meets the Meaningful Use Criteria, particularly those that use clinical decision supports and registry functionality; such as sending reminders to patients for preventive and follow-up care, while providing patients with timely access to their health information, and promoting cross-sector information exchange
3. Expand the use of community health workers and home visiting programs	Family Success Centers, Parents as Teachers Program	2014-2015	Community health workers and peer support groups can facilitate access to and use of preventive services, especially among vulnerable and hard to reach populations in the county	Number of referrals to community health workers and home visiting programs that are used in the county for preventative care and education
4. Support integration of prevention and public health skills into healthcare professional training, and cross train health care practitioners to implement prevention strategies	Ocean County & Long Beach Island Health Depts., NJ Dept. of Health, NJ Hospital Association, Academia	2015-2016	Healthcare professionals will be trained in public health and preventative care	Number of trainings and professional development programs offered to healthcare professionals on clinical preventative education

Strategy Source: The National Prevention Strategy Evidence-Based: Yes
 Policy, Environmental or Behavior Change: Policy and Behavior Change

Chronic Disease Education and Prevention Action Plan

Strategy#4.2: Empower residents with tools and information that is linguistically and culturally appropriate on chronic disease management

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Coordinate and promote in one central calendar the various chronic disease programs (Take Control of Your Health, Move Today, etc.) offered throughout the county by various agencies	Barnabas and Meridian Health County Hospitals, CHEMED & OHI, Health Depts., OC Senior Services	2014-2018	Increase collaboration among various agencies that target the same population for the same program in the county	Number increase in attendance at the chronic disease programs offered throughout the county annually
2. Foster collaboration among community and faith-based organizations, businesses, and clinicians to identify underserved groups and implement programs to improve access to preventive services	Ocean County Health Department Faith-Based Initiative, CHEMED & OHI, Ocean County Hospitals	2015-2017	Identification of the underserved populations in the county every two years while educating them on local preventative care screenings available in the county	Number of outreach programs or collaboration with community and faith-based organizations and businesses on preventative screenings available in the county that aim to reach the underserved population in the county
3. Inform people about the range of preventive services they should receive, and the benefits of preventive services	Community and Faith-Based Organizations, Ocean County & Long Beach Island Health Departments	2014-2015	The vulnerable and hard to reach population will receive culturally and linguistically sound information on preventive care.	Number of residents reached and referred to Ocean County Health Centers for preventative services through the community and faith-based organizations
4. Expand public-private partnerships to implement community preventive services (e.g., school-based health clinics, community-based diabetes prevention programs)	Ocean County & LBI Health Departments, CHEMED & OHI, YMCA-Diabetes Prevention Program	2015-2018	Preventative services for children or adults will be available through community programs or Ocean County Health Centers or community-based programs	Number of preventative services offered to county residents through community-based programs or public health clinics
5. Encourage older adults to seek a free annual Medicare wellness visit, a new benefit provided by the Affordable Care Act	Ocean County Office of Senior Services, Private Care Providers	2014-2018	Older adults will seek more preventative screenings as part of their free annual wellness visit	Percentage increase of older adults who receive their annual free wellness visit under the Affordable Care Act essential benefits

Strategy Sources: The National Prevention Strategy, Healthy People 2020

Evidence-Based Strategy: Yes

Policy, Behavior or Environmental Change: Behavior Changes

Chronic Disease Education and Prevention Action Plan

Strategy#4.3: Coordinate community programs across various settings that target primary prevention education on chronic diseases

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Promote in a coordinated way the various community programs across the various settings that aim to prevent the onset of chronic diseases	Ocean County & Long Beach Island Health Departments, Barnabas & Meridian Hospitals, CHEMED & OHI	2014-2015	Wellness and Healthy Living Programs will provide primary preventive chronic disease management	Number of community programs that provide chronic disease management programs
2. Encourage healthcare providers to refer patients to community-based prevention resources such as programs for blood pressure and cholesterol control, asthma management, or chronic disease management programs	Hospital Wellness and Healthy Living Programs, CHEMED & OHI, Ocean County & Long Beach Island Health Departments	2014-2015	Residents will be educated in a community setting on how to manage their chronic diseases	Number of referrals by healthcare providers to community-based programs for chronic disease self management
3. Foster collaboration among community and faith-based organizations, academia, independent living centers, businesses and healthcare to help identify underserved groups and implement programs to improve access to preventive services	Ocean County & Long Beach Island Health Departments, CHEMED & OHI, Meridian County Hospitals, Academia	2016-2017	Underserved high risk populations will be identified and referred for appropriate screenings on chronic diseases	Number of underserved groups of residents identified, educated and screened for chronic diseases as referred by specialists among the various organizations

Source Strategy: The Community Guide

Evidence-Based: Yes

Policy, Environmental or Behavior Change: Behavior Change

Chronic Disease Education and Prevention Action Plan

Strategy#4.4: Increase knowledge and participation in early detection of chronic diseases

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Use proven methods of checking and confirming patient understanding of health promotion and disease prevention (teach-back method)	Healthcare Providers, Private Physicians, NJHA Training programs	2015-2018	Patients will be educated by their clinician and have an increased understanding of chronic disease management	Number of healthcare providers that use the “teach-back method” in their practice or healthcare setting
2. Offer accurate, accessible, and actionable health information in diverse settings and programs on chronic disease management through health fair screenings or wellness programs	CHEMED & OHI, Barnabas and Meridian County Hospitals, Ocean County & Long Beach Island Health Departments	2016-2017	Comprehensive, clear actionable health information on preventable chronic diseases is provided in health fairs and clinics throughout the county	Number of outreach programs or settings in which chronic disease management information is provided to residents
3. Identify and partner with organizations that have mobile units to bring services to communities with limited access to health screenings (mammography, blood pressure screenings, diabetes screenings, etc.)	Ocean County & Long Beach Island Health Departments, OHI	2014-2018	Increase in the vulnerable population in Ocean County that gets preventative screenings in a mobile unit	Number of preventative screenings performed by mobile units in high risk areas in Ocean County
4. Educate Ocean County residents on the preventative services under the Affordable Care Act	Lakewood Resource & Referral Center, OHI, Ocean County Board of Social Services	2014-2015	Ocean County residents will have access to preventative screenings as part of the Affordable Care Act essential services	Number increase of residents who access preventative screenings annually as part of the Affordable Care Act essential services

Strategy Sources: The National Prevention Strategy, The Community Guide

Evidence-Based: Yes Policy, Environmental or Behavior Change: Behavior Change

Chronic Disease Education and Prevention Action Plan

Strategy#4.5: Reduce the percentage of hospital admissions that are potentially preventable

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Train healthcare providers (doctors, nurses, dentists, and allied health professionals) on recommended clinical preventive services to their patients as a routine part of their health care	Barnabas and Meridian Health County Hospitals, CHEMED, OHI NJ Hospital Association, Academia	2016-2017	Healthcare providers will be provided continuing education on prevention or management of chronic diseases	Number of professional trainings offered to healthcare providers on chronic diseases
2. Encourage healthcare providers as part of their continuing education to create information tools for all healthcare providers that promote preventative screenings, and adherence to treatment of chronic diseases	NJ Hospital Association, Academia, NJ Dept. of Health	2016-2017	Healthcare providers will be educated on primary and secondary chronic disease management	Number of educational programs offered to healthcare providers on primary and secondary chronic disease management
3. Develop and disseminate a countywide referral database of chronic disease programs in the county using “Ocean Resource Net” internet portal in which all agencies can enter their programs in one central calendar. Healthcare professionals and community-based organizations can link residents to resources and programs on self-management of chronic diseases	Ocean County & Long Beach Island Health Departments, Barnabas & Meridian County Hospitals, CHEMED & OHI, NJ Hospital Association, Ocean Resource Net	2015-2016	Healthcare providers and community-based organizations will have an easy to use referral source for chronic disease management programs	The creation of the referral database on chronic disease programs, and its promotion throughout the county to healthcare providers and community-based organizations

Strategy Source: The Community Guide

Evidence-Based: Yes

Policy, Environmental or Behavior Change: Behavior Change

Ocean County Community Resources

Health Issue	Agency	Program Description	Population Reach	Policy, Environmental or Behavior Change
Chronic Disease Education and Prevention	Ocean County Health Centers: CHEMED & OHI	Primary and preventive care for chronic diseases: hypertension, diabetes control, asthma treatment, cholesterol mgmt., obesity, cervical & colorectal cancer screenings, high blood pressure control, and “Take Control of Your Health” Program.	Medically underserved populations (children, adolescents or adults) that are uninsured or underinsured in the county	Behavior Change
	Ocean County and Long Beach Island Health Departments- Clinic Services	Public Health Clinics held throughout the county on Chronic Disease Screenings: cancer education and early detection screening clinics (NJCEED): breast and cervical cancer screening. TB testing and treatment,, STD and HIV Counseling & Testing, and Care and Treatment clinics, Lead Poisoning Case Mgmt., rabies (OCHD) and adult vaccines, and “Take Control of Your Health” (TCYH), a chronic disease management program.	Underinsured or uninsured county residents. Adult immunization charges apply	Behavior Change
	Meridian Health	Adult Health and Wellness Centers offer screenings for blood pressure, cholesterol, smoking cessation, diabetic neuropathy, cancer exercise, and TCYH.	All residents- certain charges apply	Behavior Change
	Barnabas Health	Center for Healthy Living offers education and screenings to promote good management of chronic diseases and TCYH Program.	All residents- certain charges apply	Behavior Change

Access to Care

Why is Access to Care a Health Issue in Ocean County?

In Ocean County:

*The Emergency Department is still used for primary care (ear infections, asthma management and other non-threatening illnesses)

* 83.9% of the population is insured compared to 16.1% uninsured (18-64 year olds) in 2011

* 74.2% of the older adult population is insured through Medicaid or Medicare

* 58,167 children are enrolled in NJ Family Care (10% of the total population of 580,470), and 20,666 adults are on Medicaid (3.5% of total county population) as of December 2013

Sources: Health Insurance Estimates by County 2011, NJ Family Care Statistics December 2013

Primary Care Provider Rate

(per 100,000 populations):

Number of patients to one physician

Ocean County: 1,991:1

New Jersey: 1,174:1

United States: 1,051:1

Dentists Rate

(per 100,000 populations):

Ocean County: 1,665:1

New Jersey: 1,288:1

United States: 1,439:1

Ambulatory Care Sensitive Conditions:

Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care.

ED Rate per 1,000 population-Medicare

Ocean County: 71

New Jersey: 67

United States: 46

Source: County Health Rankings 2014

Where would you go if you are sick and need a medical professional's advice about your health?

Source: Ocean County Community Health Survey, 930 Respondents, July 2012

Primary Care Provider (Private Doctor)	69.7%
Hospital Emergency Room	23.4%
Community Health Center/Health Clinic	7.4%
Nowhere - I have no place to go when I'm sick	4.5%
Other	3.9%
Health Department	2.6%

Ocean County Goal: Increase the number of residents with health insurance for residents under 19 years of age to 100%, under 65 years of age to 93.3%

Measure: Increase the proportion of persons with health insurance: Healthy NJ 2020 Target: 95% under 19 years old (baseline 90.5%), and 93.3% under 65 years of age (baseline 82.6%)
Healthy People 2020 Target: 100% (baseline 83.1%) under 19 years old, and 65 years of age.

Background Information on Access to Care:

Access to health care includes medical, dental and mental health care.

There are many aspects to having access to care. Coverage (having health insurance) is essential but does not ensure access. It is also necessary to have:

- ▶ Comprehensive coverage, including preventive services
- ▶ Providers that accept the individual's insurance
- ▶ Relatively close geographic location of providers to patients
- ▶ Services from a usual and ongoing source

Having a usual and ongoing source of primary care is associated with:

- ▶ Greater patient trust in the provider
- ▶ Good patient-provider communication
- ▶ Increased likelihood that the patient will receive appropriate care

And can lead to:

- ▶ Better health outcomes
- ▶ Fewer disparities
- ▶ Lower costs

Additional barriers to care that may need to be addressed include:

- Transportation to the providers office
- Long waits to get an appointment
- Lack of knowledge about the importance of preventive care
- Low health literacy
- Co-pays
- Language barriers

Patient-Centered Medical Homes is a team-based health care delivery model that provides comprehensive, coordinated and continuous medical care to patients with the goal of obtaining maximized health outcomes.

Accountable Care Organizations are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

Sources: County Health Rankings, Healthy People 2020, CMS

Health Issue#5: Access to Care

Objective#5: Increase the proportion of Ocean County residents that have regular, ongoing source of medical, dental and mental health care.

Strategy# 5.1: Reduce barriers to care by increasing capacity of safety net

Strategy# 5.2: Increase the proportion of residents with a primary care provider or patient-centered medical home

Strategy# 5.3: Decrease the use of the emergency room for ambulatory care sensitive conditions

Strategy# 5.4: Implement programs that address health disparities

Strategy# 5.5: Implementation of community-based preventative services that enhance linkages with clinical care

Performance Measurement Indicators by Strategy:

Data Source

Frequency

5.1: Increase by 5% the number of residents that have health insurance coverage in the county	US Census	Annual Estimate
5.2: Increase by 10% the number of residents that have a patient-centered medical home in the county	CHEMED & OHI UBS	Annual
5.3: Decrease by 10% the number of residents that use the emergency room for chronic disease conditions	Barnabas & Meridian UBS	Annual
5.4: Increase by 5% the number of preventive care for high risk populations	CHEMED & OHI UBS	Annual
5.5: Increase by 10% the number of community programs that offer preventive care services(screenings), and referrals to primary care	BRFSS	Bi- Annual

Access to Care Action Plan

Strategy#5.1: Reduce barriers to care by increasing capacity of safety net

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. A community-wide physician needs analysis will be performed every 2-3 years or as needed	CHEMED & OHI, Barnabas Health & Meridian Ocean County Hospitals	2014-2018	Ocean County Hospitals and Health Centers will perform community-wide physicians assessments every two to three years to evaluate what type of specialists are most in need in the county	The percentage increase of physician recruitment per population ratio per Barnabas & Meridian Ocean County Hospitals, and Ocean County Health Centers: CHEMED & OHI
2. Increase the enrollment of county residents in the Health Insurance Exchanges or the Medicaid Expansion in the county	Ocean County Board of Social Services, CHEMED & OHI	2014-2017	The percentage of uninsured residents in the county will decrease	Percentage decrease of residents with no health insurance or medical homes in the county
3. Reduce barriers to care through system coordination (case management), collaboration, and resource sharing among health providers	Barnabas Health & Meridian Hospitals, CHEMED & OHI, OC Health Department	2014-2015	Increase access to healthcare due to reduction of barriers or co pays	Number increase of usage of the healthcare system by the newly insured in the county
4. Expand the number of providers serving the safety net who have locations, contact information, hours and appointment availability that meet the needs of the county residents	CHEMED & OHI, Private Health Care Providers	2014-2018	Increase number of healthcare providers in the county that can meet the medical needs of the residents in the county	Number of new healthcare providers throughout the county that expands the primary and specialty care providers with extended hours

Source Strategy: The National Prevention Strategy
 Evidence-Based Strategy: Yes
 Policy, Environmental or Behavior Change: Behavior Change

Access to Care Action Plan

Strategy#5.2: Increase the proportion of residents with a health care provider or a Patient-Centered Medical Home (PCMH)

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Increased enrollment in the Affordable Care Act will allow for more county residents to have access to a Primary Care Provider or a PCMH	CHEMED & OHI, Private Care Providers	2014-2018	Increase the number of county residents that will have access to routine healthcare or a PCMH	Number increase of county residents with a Primary Care Provider or a PCMH
2. Promote access to coordinated integrated Patient-Centered Medical Homes for all residents	CHEMED & OHI, Ocean County & Long Beach Island Health Departments	2014-2015	Increase in the number of patient encounters at CHEMED & OHI	Number of newly enrolled patients at the Ocean County Health Centers: CHEMED & OHI
3. Encourage and incentivize primary care providers to adopt and implement certified electronic health records for better patient management	NJ Dept. of Health, CMS	2014-2018	Better patient management and tracking	Number increase of primary care providers who have implemented electronic medical records
4. Increase the knowledge of existing health and social service resources among providers and the community	CHEMED & OHI, Ocean County Health Dept, Long Beach Island Health Dept., Comm. & Faith-Based Organizations	2014-2015	Education to residents on the benefits of medical homes, and the available health resources in the county	Number of outreaches done annually on the available health and social services resources, and the benefits of a patient-centered medical home for county residents

Strategy Sources: The National Prevention Strategy, Healthy People 2020
 Evidence-Based: Yes
 Policy, Environmental or Behavior Change: Policy and Behavior Changes

Access to Care Action Plan

Strategy#5.3: Decrease the use of the emergency room for ambulatory care conditions

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Increase patient education on the management of chronic diseases such as the “Take Control of your Health” Program or the Diabetes Management Program	Hospital Wellness Programs, Centers for Healthy Living	2016-2017	Decrease use of the Emergency Room for ambulatory care conditions or chronic diseases	Percentage reduction in the use of the Emergency Room (ER) for non-emergency conditions
2. Establish well-trained bilingual case management workers at the Health Centers for continuity of care	CHEMED & OHI	2014-2018	Increase enrollment in medical homes, and awareness of healthcare resources in the community	Percentage reduction in the use of the ER as a primary source of care
3. Increase the percentage of primary care practices offering non-traditional hours for routine care	CHEMED & OHI, Private Care Health Providers	2015-2017	Decrease use of the ER due to lack of availability of non-traditional hours for primary care	Percentage reduction on the use of ER due to lack of night or weekend hours for ambulatory care conditions or routine care

Strategy Source: The National Prevention Strategy

Evidence-Based: Yes

Policy, Environmental or Behavior Change: Behavior Change

Access to Care Action Plan

Strategy#5.4: Implement programs that address health disparities

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Implement a countywide outreach and education program that is culturally and linguistically sound and appropriate for the hard to reach population in the county on access to care	OC & LBI Health Departments, CHEMED & OHI, Barnabas & Meridian Health County Hospitals Faith and Community-Based Organizations	2014-2018	Hard to reach or vulnerable populations will be educated on how to access care	Number decrease of the underinsured or uninsured residents without a Primary Care Provider or a Patient Centered Medical Home
2. Expand the number of healthcare providers that are linguistically and culturally knowledgeable to reach the hard to reach population in the county	Barnabas and Meridian Ocean County Hospitals, CHEMED & OHI	2014-2018	Better communication with patients that are non-English speaking or that need an interpreter	Number of healthcare providers that speak diverse languages and are able to communicate with their patients in a culturally, linguistically appropriate way
3. Educate community residents on opportunities in the Affordable Care Act	OHI, Lakewood Resource & Referral Center, Ocean County Board of Social Services, Ocean County and Long Beach Island Health Departments	2014-2015	Increase enrollment in the ACA for eligible county residents	Percentage increase of insured residents in the county that are accessing healthcare services

Strategy Source: The National Prevention Strategy

Evidence-Based: Yes

Policy, Environmental, or Behavior Change: Policy and Behavior Change

Access to Care Action Plan

Strategy#5.5: Implementation of community-based preventative services that enhance linkages with clinical care

Activities	Lead Organizations	Target Date	Anticipated Results/Outcomes	Performance Measures/Outputs
1. Encourage the use of community-based preventive services, and enhance linkages with primary care (i.e. tobacco cessation quit line and asthma home environment intervention programs) linked to clinicians as a referral point	CHEMED & OHI, Ocean County Health Department, Long Beach Island Health Department, Barnabas & Meridian Hospital Wellness Programs	2016-2017	Clinical and community prevention efforts should be mutually reinforcing – people should receive appropriate preventive care in clinical settings (e.g., a clinician providing tobacco cessation counseling and medication) and also be supported by community-based resources (e.g. tobacco quit line)	Number of participants that are linked to community-based preventative services
2. Promotion of community-based prevention programs in the county	Ocean Resource Net, Ocean County Health Department, Long Beach Island Health Department, CHEMED & OHI	2014-2018	Increase awareness of community-based prevention programs available to residents in the county	Percentage increase on the promotion of prevention programs in the county

Strategy Source: The National Prevention Strategy

Evidence-Based: Yes

Policy, Environmental or Behavior Change: Behavior Change

Ocean County Community Resources

Health Issue	Agency	Program Description	Population Reach	Policy, Environmental, or Behavior Change
Access to Care	<p>Ocean County Health Centers: Center for Health Education, Medicine and Dentistry (CHEMED)</p> <p style="text-align: center;">and</p> <p>Ocean Health Initiatives (OHI)</p>	<p>Ocean County Federally Qualified Health Centers: CHEMED & OHI provide comprehensive primary health care services as well as specialty services (mental health, substance abuse, prenatal care, dental, chronic disease prevention, social services, case management). Services are available to all with fees adjusted based on ability to pay. CHEMED & OHI are community-based and patient-directed organizations that serve populations with limited access to health care. CHEMED & OHI have become patient-centered medical homes for primary and preventive health care.</p>	<p>Medically underserved communities and vulnerable populations in the county</p>	<p>Behavior and Policy Change</p>
	<p>Accountable Care Organizations: Barnabas Health (The Central Jersey ACO)</p> <p>Meridian Health (Meridian ACO)</p>	<p>A group of health care providers who provide coordinated care, patient-based care, chronic disease coordination, and overall care for Medicare fee-for-service beneficiaries while reducing costs</p>	<p>Medicare fee-for-service beneficiaries with participating providers</p>	<p>Behavior and Policy Change</p>
	<p>Meridian Health</p>	<p>ED, Pediatrics and Behavioral Health Expansion, PCP Medical Manpower Plan.</p>	<p>Adult and pediatric patients</p>	<p>Policy and Environmental Change</p>
	<p>Barnabas Health (Community Medical Center)</p>	<p>Enhance access to healthcare and prevention services through the use of health coaches, and specialized patient navigators</p>	<p>Adult and pediatric patients</p>	<p>Policy and Environmental Change</p>
	<p>Coastal Volunteers in Medicine (CVIM)</p>	<p>Free family clinic for routine, non-emergency medical services, seasonal flu and pneumococcal vaccinations provided by the Ocean County Health Department</p>	<p>Uninsured-income below 250% of the federal poverty level who live in the southern part of Ocean County</p>	<p>Behavior Change</p>

Measurable Health Outcomes/Evaluation

Evaluation of the Ocean County Community Health Improvement Plan strategies will tell us how well or not the actions taken (policy, environmental or behavior change) have made an impact in improving the health of Ocean County residents. Evaluation of the strategies or interventions is a very important part of the Community Health Improvement Plan. This will determine what is working or not, what strategies need to be modified for certain populations, or what organization should a strategy be implemented in. It is in the evaluation of strategies or interventions that your agency is implementing that we ask you to help us in documenting successes in the “*Ocean County Annual Health Profile Update*”.

It's very hard to estimate how strong a community-driven intervention is -- will it make a large impact, or just a ripple? The evaluation of any strategy or intervention is designed to answer the following: How well does this help us understand and contribute to our ability to improve our community?

It is why in this aspect the effort and contribution of all community members is necessary in helping us evaluate, document and communicate to us such successes or changes that are occurring throughout Ocean County.

Documentation of local efforts and accomplishments in our annual update report, changes in policies, behaviors or the environment that are related to one of the prioritized health issues is necessary to see where we are making progress. It also helps us in providing feedback to improve community work by encouraging continuous adjustment of strategies or interventions. By involving community members to give us feedback or documentation on the strategies implemented, helps the community members gain a better understanding in improving local community health improvement efforts. Tracking of progress achieved will be a countywide effort of all of our partners and lead organizations in communicating to the Health Advisory Group their successes.

Community-wide efforts across various settings such as academia, businesses, community and faith-based organizations, public and private agencies, and healthcare all work together to make small but widespread changes in improving the health of the community. Evaluations of such small steps help us in documenting to the community and to potential grant makers the need and progress achieved so far for the health issues prioritized in Ocean County.

Evaluation of any program or intervention must document in a quantitative or qualitative way the strategy's efforts. Community-level outcomes includes process measures that tell us what was done to implement the strategy or intervention, output measures tell us what the results were of the program (pre and post evaluations), and observational measures tell us what is being done to keep track of the strategy or intervention while it is happening and what are the next steps.

Alignment with New Jersey and National Health Priorities

Source: County Health Rankings 2014



	Ocean County	Error Margin	National Benchmark	New Jersey	Ocean County Rank (out of the 21 counties in NJ)
Health Outcomes					7
Mortality					13
Premature death	6,053	5,830-6,275	5,317	5,636	
Morbidity					4
Poor or fair health	14%	12-16%	10%	15%	
Poor physical health days	3.4	3.1-3.7	2.5	3.3	
Poor mental health days	3.5	3.0-3.9	2.4	3.3	
Low birth weight	6.3%	6.1-6.5%	6.0%	8.4%	
Health Factors					11
Health Behaviors					12
Adult smoking	17%	15-20%	14%	16%	
Adult obesity	26%	24-29%	25%	24%	
Food Environment Index	8.1		8.7	8.3	
Physical inactivity	26%	24-28%	21%	25%	
Excessive drinking	15%	14-18%	10%	16%	
Alcohol –impaired driving deaths	30%		14%	27%	
Sexually transmitted infections	127		123	297	
Teen birth rate	19	18-20	20	23	
Clinical Care					9
Uninsured	13%	12-14%	11%	15%	
Primary care physicians	1,991:1		1,051:1	1,174:1	
Dentists	1,665:1		1,439:1	1,288:1	
Mental health providers	1,166:1		536:1	826:1	
Preventable hospital stays	71	69-73	46	67	
Diabetic screening	86%	84-88%	90%	83%	
Mammography screening	64%	62-66%	71%	60%	
Social & Economic Factors					12
High school graduation	89%			87%	
Some college	62%	61-64%	70%	66%	
Unemployment	10.3%		4.4%	9.5%	
Children in poverty	19%	16-22%	13%	15%	
Inadequate social support	23%	20-25%	14%	22%	
Children in single-parent households	20%	19-22%	20%	29%	
Violent crime rate	120		64	309	
Injury deaths	41	39-43	49	39	
Physical Environment					4
Air pollution-particulate matter	11.0		9.5	11.3	
Drinking water violations	2%		0%	6%	
Severe housing problems	21%	20-21%	9%	22%	



Health Indicators	Ocean County	New Jersey 2020	United States 2020
<p><u>Childhood Obesity:</u></p> <p>Measurement: Reduce the proportion of children aged 2-19 years who are considered obese</p>	<p>37% (2010) 12% under 5 years 25% of 6-17 year olds</p>	<p>Target 10.3%</p>	<p>Target 14.5%</p>
<p><u>Immunization Compliance:</u></p> <p>Measurement: Increase the percentage of children aged 19 to 35 months who receive the recommended doses of DTaP, Polio, MMR, Hib, Hepatitis B, Varicella and Pneumococcal Conjugate Vaccine (PCV)</p>	<p>89% (2011)</p>	<p>Target 80.0%</p>	<p>Target 90.0%</p>
<p><u>Behavioral Health: Mental Health & Substance Abuse</u></p> <p>Measurement: Increase the proportion of primary care facilities that provide mental health treatment onsite.</p> <p>Measurement: Reduce the proportion of adolescents reporting the use of alcohol or any illicit drugs during the past 30 days.</p>	<p>5.7 rate of physicians by specialty (2008)</p> <p>7.2% (alcohol)</p>	<p>No target</p> <p>No target</p>	<p>Target 87%</p> <p>Target 16.6%</p>
<p><u>Chronic Disease Education and Prevention</u></p> <p>Measurement: Increase the proportion of community health programs that are linguistically and culturally appropriate</p>	<p>N/A</p>	<p>No target</p>	<p>No target</p>
<p><u>Access to Care</u></p> <p>Measurement: Increase the proportion of adults aged 18 and older with a personal doctor or health care provider.</p>	<p>82.3% (2012)</p>	<p>Target 90%</p>	<p>Target 83.9%</p>

Sources: 2012 American Community Health Survey, Healthy NJ 2020 Objectives, Healthy People 2020 Objectives, County Health Profiles 2012,-Ocean County HRET, NJ Middle School Risk and Protective Factor Survey 2012

Sustainability

Sustaining implementation and monitoring efforts of the Ocean County Community Health Improvement Plan will be the responsibility of the Ocean County Health Advisory Group who will continue to provide the following:

- Meet on a quarterly basis to coordinate countywide activities, and assess progress in the strategies or interventions per health issue prioritized
- Provide annual data for the “Ocean County Annual Health Status Profile”
- Provide expertise in the identified health issues and strategies
- Pursue funding opportunities to address a strategy or intervention
- Promote and market strategies to groups and stakeholders that will have an impact on the health issue prioritized
- Work collaboratively and share resources, and information to promote and revise strategies as needed
- Assist in decreasing the health disparities in the county
- Market and report on achievements and progress of strategies or interventions in the Ocean County Community Health Improvement Plan

Annual updates to the Ocean County Community Health Improvement Plan will highlight achievements made during the year. An annual “*Ocean County Health Status Profile*” will review the progress made towards reaching the anticipated results or outcomes per strategy for each prioritized health issue. The tracking of annual performance measures or outputs by lead organizations will be monitored by the Health Advisory Group through outreach and reporting. The annual profile update will provide updates on current data collection and analysis that affect the health of the residents. Updated morbidity and mortality factors will be included.

Community and Faith-Based Organizations, Healthcare, Academia, Public and Private Agencies and Businesses can promote or incorporate activities or programs on the various strategies recommended in the Ocean County Community Health Improvement Plan within their organization or programs, and report any progress or successes to the Ocean County Health Advisory Group.

“A Countywide Approach to Improving Community Health”



Appendices

Community Health Assessment Framework

Mobilizing for Action through Planning and Partnerships (MAPP) was the operational framework utilized in the Ocean County Community Health Assessment Process. MAPP is a strategic approach to community health improvement, and a planning tool that helps a community improve the health and quality of life through community-wide strategic planning. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships.

The **MAPP** Process includes four assessments which are an integral in assessing community health. These are:



- The **Community Themes and Strengths Assessment** provides a deep understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"
- The **Local Public Health System Assessment** (LPHSA) focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"
- The **Community Health Status Assessment** identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?"
- The **Forces of Change Assessment** focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

Strategic Issues are developed from each assessment and a prioritized list is then developed by the community as the most important current issues facing the county. Strategic plans are developed to address the prioritized health issues considering the social determinants of health and leading health indicators. Strategic plans must take into consideration current programs and lack of resources or community support. When developing strategies or interventions three factors must be considered, sustainability of the program or intervention cost of the program and capacity.

Forces of Change Summary from Local Public Health System Assessment

The Ocean County Local Public Health System Assessment participants from healthcare, local and state health departments, academia, emergency management, human services, faith and community-based organizations, senior services, planning department and libraries were asked to complete the “Forces of Change Worksheet”. The “Forces of Change” is an assessment that identifies situations that are outside of the Local Public Health System control that affect the health of residents in our county.

Forces of Change can include:

Trends: Patterns over time, such as migration in and out of the county

Factors: Discrete or unique county elements

Events: One-time occurrences

Participants were asked to think of the following questions:

1. What is occurring or might occur that affects the health of Ocean County residents or the local public health system as a whole?
2. Are there any trends occurring that will have an impact in the health of country residents?
3. What forces are occurring locally, regionally, nationally, or globally that affect Ocean County residents?

Social Trends:

- Population growth due to birth rate & migration into the county
- Cultural diversity within the community
- Shift of mental health services from institutions to community-based services
- Aging nursing workforce
- Overdevelopment of communities
- Language barriers and cultural competency in healthcare and county services
- Increase in the older adult communities in the county
- Increase in population growth during summer months
- Retirement of baby boomers

Economic Factors:

- The economic recession residual effects in the county
- Funding cuts (county, state and federal) across public and private agencies
- Increase in the number of families with children living in poverty
- Increase job responsibilities with less training and staff
- Overuse & depletion of county resources in healthcare and social services programs

Government Factors:

- Affordable Care Act new requirements for healthcare providers and residents
- CMS regulations changes with the expanded Medicaid and Medicare
- Increased IRS regulations for healthcare and public and private agencies
- Accountable Care Organizations (new model that will allow for continuum of care across various agencies)

Technological Trends:

- Electronic Medical Records
- Electronic reporting by laboratories
- Internet information available to residents

Environmental Threats:

- Natural Disasters (Hurricanes, Earthquakes, Droughts)
- Oyster Creek (one of the oldest Power Plants in the US) and the effects of the Superfund sites

Local Public Health System Performance Assessment - Report of Results

Ocean County- 6/25/2012



Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

Essential Public Health Service		Score
1	Monitor Health Status To Identify Community Health Problems	87
2	Diagnose And Investigate Health Problems and Health Hazards	83
3	Inform, Educate, And Empower People about Health Issues	99
4	Mobilize Community Partnerships to Identify and Solve Health Problems	75
5	Develop Policies and Plans that Support Individual and Community Health Efforts	70
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	85
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	81
8	Assure a Competent Public and Personal Health Care Workforce	85
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	58
10	Research for New Insights and Innovative Solutions to Health Problems	45
Overall Performance Score		77

Figure 1: Summary of EPHS performance scores and overall score (with range)

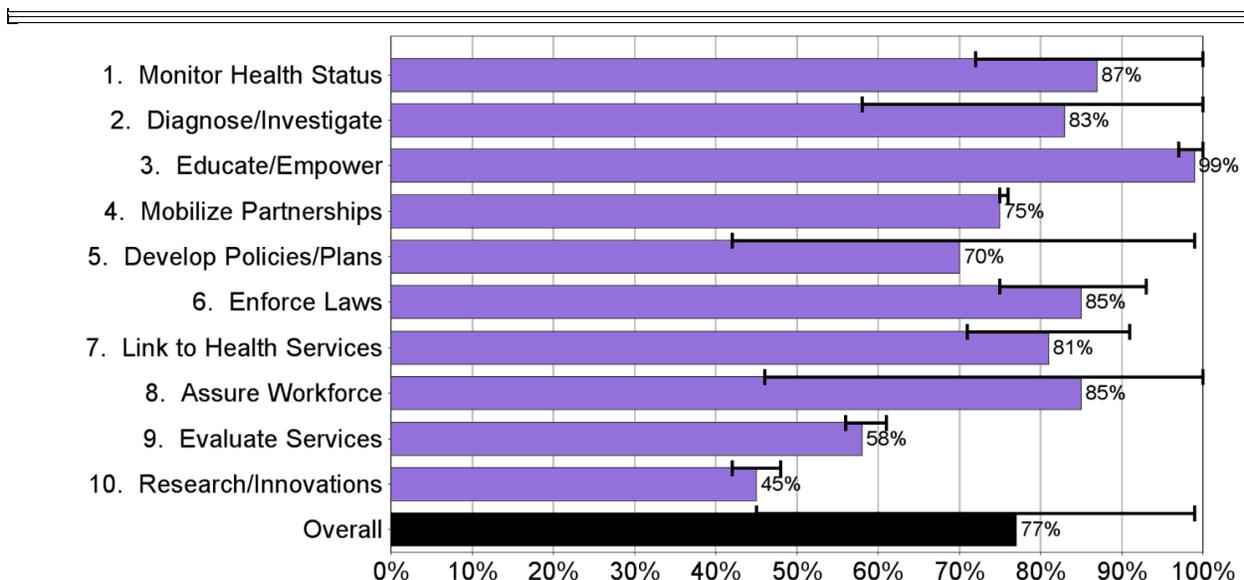


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look.

Ocean County Community Assets Grouped by Essential Service

1- Monitoring health status to identify community health problems:

- 1) Communication among partners & community (media strategy)
- 2) Increase in frequency of county assessments by various agencies
- 3) Data availability from county agencies

2- Diagnose and investigate health problems and health hazards in the community:

- 1) Adaptability of health education providers (ability to provide new programs when needed)
- 2) Interagency cooperation among county and state stakeholders
- 3) Technology advancements (Twitter, email, Facebook, internet availability)
- 4) EAS (Emergency Alert System)

3- Inform, educate, and empower people about health issues:

- 1) Diabetes Education Center
- 2) Lighthouse-health education & support groups
- 3) 1-800 Resource Info Line
- 4) Newsletter of what's available
- 5) Websites (social media, twitter, email, Facebook, press releases, wellness blogs)
- 6) Hospital Patient education representatives
- 7) Flu-clinics and health education programs
- 8) Ocean Resource Net website
- 9) Health screenings at various public settings: Ocean County Mall, Libraries, Health Fairs
- 10) Health literacy (Development protocols, resident access, health information)
- 11) Coalition building – partnerships among various healthcare agencies

4- Mobilize community partnerships to identify and solve health problems:

- 1) Organized community advisory groups that identify needs in the county
- 2) Established community groups that work towards providing services to better community health
- 3) Ocean Resource Net website (free online directory of services)
- 4) Social networking (Twitter, Facebook, etc.)

5- Develop policies and plans that support individual and community health efforts:

- 1) Communication and partnerships among public and private agencies
- 2) Active volunteer base for various programs
- 3) Cooperation among various community and faith-based agencies
- 4) Community interest/participation
- 5) Regional Coordination among various public and private agencies

6- Enforce laws and regulations that protect health and ensure safety:

- 1) Education & outreach
- 2) Adaptability of new programs when needed
- 3) Interagency cooperation
- 4) Health Alert Network-emails on outbreaks and other health related issues
- 5) EAS (Emergency Alert System) alerts residents on pending weather disasters

Ocean County Community Assets Grouped by Essential Service

7- Link people to needed personal health services and assure the provision of health care when otherwise not available:

- 1) Community buy-in, partnerships and collaboration
- 2) Extensive outreach system among stakeholders
- 3) Satellite offices/mobile units to address geographical challenges
- 4) Faith- based initiatives
- 5) Tele-Psychiatry
- 6) Health fairs
- 7) Preventative/wellness programs (e.g. Health EASE)
- 8) Good coordination of all resources
- 9) Community assessments/surveys
- 10) Financial resources broadly shared
- 11) Active, working committees to address health issues
- 12) Strong volunteer system
- 13) Supportive local government
- 14) Cultural sensitivities
- 15) School oriented programs for the youth

8- Assure a competent public health and personal health care workforce:

- 1) Public Health Practice Standards
- 2) Professional Licenses/Certification credentialing
- 3) NJ Learning Management Network
- 4) Collaboration among healthcare agencies and academia
- 5) Disaster implementation of the Incident Command System (ICS)
- 6) Advisory Committees of various agencies

9- Evaluate the effectiveness, accessibility, and quality of personal and population-based health services:

- 1) Headstart “Choosy” program on obesity
- 2) Increase in required reporting of quality health indicators and quality assurance for healthcare
- 3) Headstart dental grant
- 4) Headstart “Childplus.net”
- 5) Increase use of HIT (Health Information Technology) and Electronic Medical Records

10- Research for new insights and innovative solutions to health problems:

- 1) Language Line (provides translation in various languages)
- 2) Electronic Medical Records
- 3) Locally developed survey tools
- 4) Webinar’s/virtual tools that present learning opportunities
- 5) County Stakeholder’s assessments and strategic plans

2013 Ocean County Community Health Needs Assessment Community Meetings Participating Stakeholders

<u>Agencies</u>	<u>Stakeholders</u>
Ocean Monmouth Health Alliance	Debra A. Levinson
<u>Barnabas Health System:</u> <u>Ocean County Hospitals:</u> Community Medical Center Monmouth Medical Southern Campus (formerly Kimball Medical Center) Psychiatric Emergency Screening Service Institute for Prevention	Charlene Harding Richard J. Pallamary Irene Spinelli Craindle Schenkolewski Frank Rizzuto Irene Muzyka Donna Bonacorso Joe Cuffari Bob Goldschlag Connie Greene
<u>Meridian Health System:</u> <u>Ocean County Hospitals:</u> Ocean Medical Center Southern Ocean Medical Center	Leonard Thomas Carol Schoenberger Ellen Nixon Regina Foley Robin Krippa Ken Soucek Kristen Castro Jane Bennett Laura Ahern Michelle Green Miriam Lax
Ocean Inc.	Connie Fahim
Holiday Care Center	Donna Schwartzean
First United Methodist Church-Toms River	Rev. Bruce E. Quigley
New Hope Foundation	Michael Tierney
Ocean County Health Department	Daniel E. Regenye Matthew Csik Leslie Terjesen Adebola Popoola Kimberly L. Reilly John Protonentis Meg McCarthy-Klein Ella Boyd, VMD Brunilda Price Jennifer Crawford
Long Beach Island Health Department	Daniel Krupinski Dana O'Connor
Ocean County Prosecutor's Office	Marlene Lynch-Ford
Central Jersey Family Health Consortium	Kay O'Keefe
Manchester Twp. Office of Emergency Mgmt.	Arthur Abline
St. Elizabeth Ann Seton Church-Whiting	Lou Lorio Kay Lynch Patricia Benjamin
Catholic Charities, Domestic Violence Services	Mary Pettrow
St. Andrew Church-Toms River	Sue Magyar

2013 Ocean County Community Health Needs Assessment Community Meetings Participating Stakeholders

<u>Agencies</u>	<u>Stakeholders</u>
Caregiver Volunteers of Ocean County	Linwood McWilliams
Georgian Court University	Cynthia Mattia
Prevention First	Liza DeJesus
Ocean County YMCA	Rodger Koerber
Lakewood Chamber of Commerce	Lawrence Krompier
Monmouth-Ocean Development Council	Benjamin Waldron
Family Planning of Ocean County	Susan Marshall
New Life Christian Center-Lakewood	Rev. Marcia Griffin
Preferred Behavioral Health	William Sette
New Jersey Department of Health	Debra Z. Griffith
NJ Dept. of Children and Family Services	ToniAnne Cusmano
Seashore Family Health Services of NJ	Roberto Flecha
Center for Health Education, Medicine & Dentistry (CHEMED)	Chedva Werblowsky Yaakov Schwartz Goldy Jaroslawicz Dr. Dovid Friedman Dr. Axel Pflueger
Ocean County Dept. of Human Services	Tracy Maksel
Ocean Health Initiatives (OHI)	Douglas Clark Hannah Maldony
United Way of Ocean County	Linda Gyimoty
Ocean Partnership for Children	Kathryn Colhoun
Children Health Society of NJ	Susan O'Leary
Ocean County Senior Services	Jane Maloney
Ocean County Office of Emergency Management	Stephen Brennan Bob Butkus
Girls Scouts of the Jersey Shore	Bahiyah Abdullah
NJ Dept. of Human Services	Alisa Maccrate
Ocean County Board of Social Services	Linda Murtagh
Ocean County Planning Department	Christine Bell
Ocean Community Church-Manahawkin	Philip Bakelaar
Ocean County Dept. of Transportation	Kathy Edmond
Ocean County Library	Chris Rodas
Ocean County Connections	Jeanne DiPaola
Lakewood Chaveirim	Naftali Elsen
Lakewood Municipal Government	Menashe Miller
Bikus Cholim	Yehuda Kasirer
Lakewood EMS, Hatzolah	Mordechai Twerski
Lakewood Referral & Resource Center	Sarah Rothenberg
Beth Medrash Govoha	Avraham Colman
ECHO Institute of Health	Rabbi Mordechai Kennigsberg

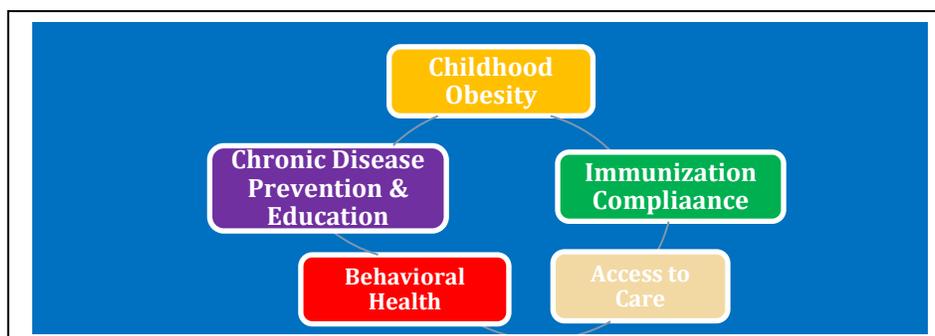
Ocean County Community Health Needs Assessment Full List of Health Issues Identified at the Community Meetings-2013

Total Attendees: 96

13 Health Issues Identified

Manchester Civic Center Community Meeting- January 17, 2013	Monmouth Medical Southern Campus (Kimball Medical Center) Community Meeting- January 24, 2013	Southern Ocean Medical Community Meeting- January 31, 2013	CHEMED Community Meeting- February 20, 2013
Obesity	Obesity	Obesity	Obesity
Behavioral Health (substance abuse & mental health)	Behavioral Health (substance abuse & mental health)	Behavioral Health (substance abuse & mental health)	Mental Health (Behavioral Health)
Domestic Violence	Poverty	Access to Care	Infrastructure
Immunization Compliance	Asthma	Transportation to medical facilities	Over use of Emergency Room (Access to Care)
Cancer Prevalence	Cardiac Prevalence	Falls (Older adults)	Primary /Secondary Prevention Education on Chronic Diseases
Number of Attendees: 22	Number of Attendees: 29	Number of Attendees 28	Number of Attendees 17

Final Five Prioritized Health Issues



Glossary of Terms

- 1- **Community Health Assessment (CHA)** is a process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community and is conducted in partnership with the community. The ultimate goal of a CHA is to develop strategies to address the community's health needs and identified issues.
- 2- **Community Health Improvement Plan (CHIP)** is a long-term, systematic effort to address public health problems on the basis of the results of CHA activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.
- 3- **Community Public Health Partnership:** a networking, collaboration and cooperation of public, private, or nonprofit agencies that contributes to the health or well-being of a community by sharing of information and resources.
- 4- **Community Profile:** an overview, summary or synopsis of key health indicators of the health of the community: behaviors, health factors, infectious diseases, environmental public health hazards, education, unemployment, population growth. The purpose is to provide a snapshot of trends to stakeholders and residents about the health status of the community.
- 5- **Community Themes & Strengths:** qualitative data that identifies themes that interest and engage the community, perceptions about quality of life, and community assets (surveys, focus groups, interviews).
- 6- **Evaluation:** a systematic review of the success or achievement of a health intervention or program.
- 7- **Faith-Based Organizations:** a religious congregation: church, mosque, synagogue, or temple.
- 8- **Health Indicators:** a small set of objectives selected to communicate high-priority health issues and actions that can be taken to address them. An indicator is a measure that helps quantify the achievement of a goal.
- 9- **Health Disparities:** a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.
- 10- **Local Public Health System Assessment (LPHA):** The LPHSA is a broad assessment, involving all of the organizations that encompass the entire spectrum of the determinants of health.
- 11- **Patient- Centered Medical Home:** a healthcare setting that facilitates partnerships between individual patients, and their personal physicians assuring that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.
- 12- **Provisional Admission:** allows a child to enter/attend school after having received a minimum of one dose of each of the required vaccines. Pupils <5 years of age, must receive the required vaccines within 17 months as per N.J.A.C. 8:57-4.
- 13- **Social Determinants of Health:** the range of personal, social, economic, and environmental factors that influence the health status of a community.
- 14- **Stakeholders:** individuals from public, private and non-profit organizations that are invested in the program and the results of program activities, and have a stake in what will be done with the results of the Ocean County Community Health Improvement Plan.

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