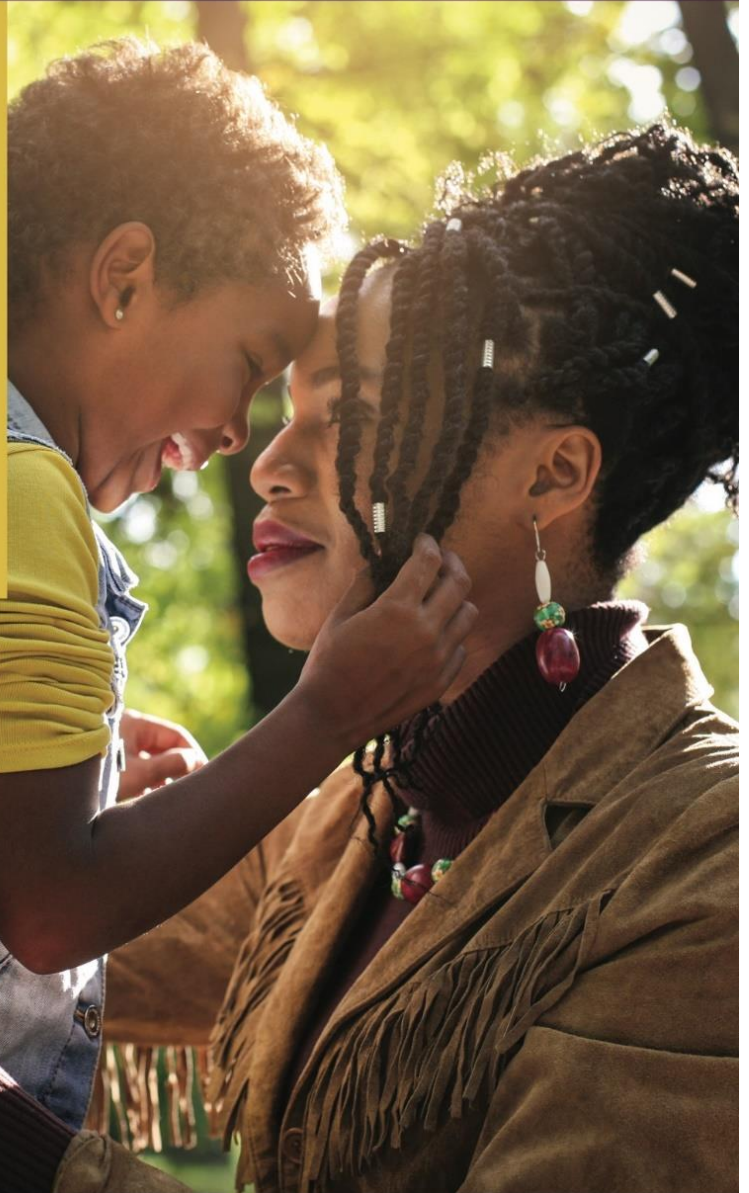




Making It Better, Together.

Community Health Improvement Plan 2023

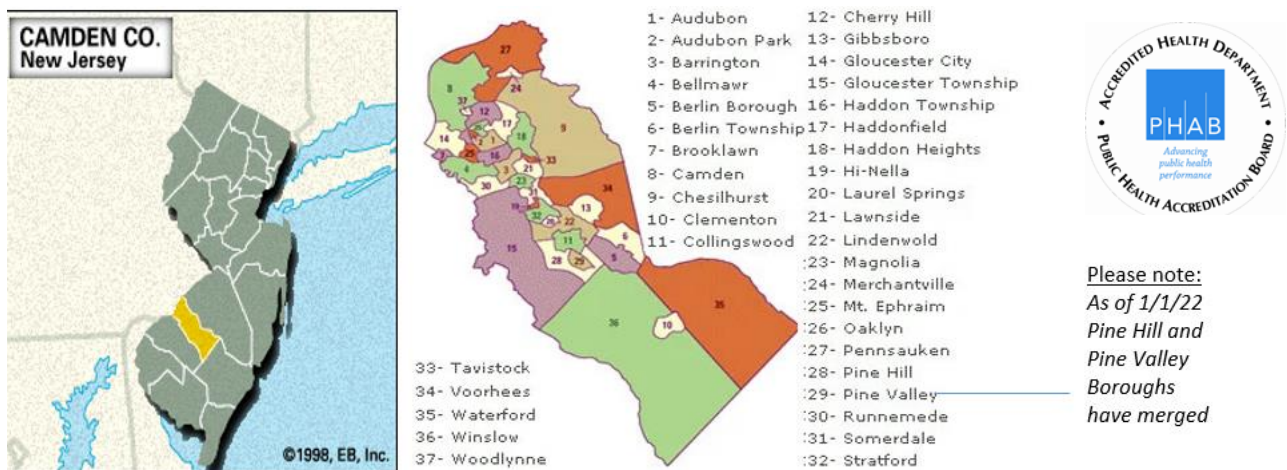


Prepared by **35TH STREET CONSULTING LLC** | A New Jersey Certified Small Business and WBE

About Camden County Department of Health and Human Services

The Camden County Department of Health and Human Services serves all of the municipalities in Camden County, New Jersey. As of January 1, 2022, the Borough of Pine Valley merged with the Borough of Pine Hill, reducing the number of municipalities from 37 to 36. The Camden County Department of Health and Human Services is charged with promoting a healthy community, preventing, and controlling communicable diseases such as COVID-19 as well as chronic disease, and protecting the people of Camden County against environmental hazards.

The Camden County Department of Health and Human Services accomplishes this through a multitude of programs and services it provides through in partnership with other community agencies to serve the public. Camden County Department of Health and Human Services provides a variety of specialized health programs including adult health services, cancer screening referrals, school health, child health clinics, HIV testing and counseling, lead poisoning prevention, education, and screening, tobacco control policy and programing, and special child health services that connect families of children with special needs or developmental delay to needed services. The Health Department also helps with consumer issues, such as unfair weighing practices at markets, restaurant inspections, and more.



The Camden County Department of Health and Human Services is one of 200 health departments that has achieved accreditation through the Public Health Accreditation Board (PHAB). The national accreditation program works to improve and protect the health of the public by advancing and ultimately transforming the quality and performance of the nation's state, local, Tribal, and territorial public health departments. Public health departments play a critical role in protecting and improving the health of people and communities. In cities, towns, and states across the nation, health departments provide a range of services aimed at promoting healthy behaviors; preventing diseases and injuries; ensuring access to safe food, water, clean air, and life-saving immunizations; and preparing for and responding to public health emergencies.



The 10 Essential Public Health Services

As an accredited public health department, the work of the Camden County Department of Health and Human Services aligns with the [10 Essential Public Health Services](#) created by the Public Health National Center for Innovations and the de Beaumont Foundation, as recognized by the CDC and others as the framework for public health to protect and promote the health of all people in all communities. Centered in Equity, the key directions include Assessment, Assurance and Policy Development.



ESSENTIAL PUBLIC HEALTH SERVICE #1
Assess and monitor population health status, factors that influence health, and community needs and assets

ESSENTIAL PUBLIC HEALTH SERVICE #2
Investigate, diagnose, and address health problems and hazards affecting the population

ESSENTIAL PUBLIC HEALTH SERVICE #3
Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

ESSENTIAL PUBLIC HEALTH SERVICE #4
Strengthen, support, and mobilize communities and partnerships to improve health

ESSENTIAL PUBLIC HEALTH SERVICE #5
Create, champion, and implement policies, plans, and laws that impact health

ESSENTIAL PUBLIC HEALTH SERVICE #6
Utilize legal and regulatory actions designed to improve and protect the public's health

ESSENTIAL PUBLIC HEALTH SERVICE #7
Assure an effective system that enables equitable access to the individual services and care needed to be healthy

ESSENTIAL PUBLIC HEALTH SERVICE #8
Build and support a diverse and skilled public health workforce

ESSENTIAL PUBLIC HEALTH SERVICE #9
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

ESSENTIAL PUBLIC HEALTH SERVICE #10
Build and maintain a strong organizational infrastructure for public health

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.

Created 2020

Camden County Department of Health and Human Services: CCDHHS

Programs and Activities

The activities of the CCDHHS take many forms, from health fairs to “train-the-trainer” programs in order to equip leaders of various kinds in the community with the skills to provide services and assistance, such as appointment scheduling, to a larger segment of the population, to screening, education, and administration of care, such as vaccinations, in collaboration with various community partners. Each activity incorporates CCDHHS’s core values of:

- **Health Equity** – We place equity at the center of our work to ensure every Camden County resident, regardless of individual characteristics historically linked to discrimination or exclusion, has access to social and physical supports needed to promote health from birth through end of life.
- **Communication** – We provide stakeholders and the public accurate and up-to-date scientific data and provide education and resources regarding utilization of evidence-informed practices in a timely manner.
- **Innovation** – We continue to learn, research evidence-informed practices, advance ourselves, and be open to new methods, ideas, and products that help build and expand upon the services we provide.
- **Integrity** – We are honest, trustworthy, and transparent. We uphold our standards and do the right things to achieve the best public health and safety outcomes.

<i>Office of Mental Health and Addiction</i>	<i>Communicable Disease</i>	<i>Public Health Nursing</i>	<i>Health Education Promotion & Disease Prevention</i>
<ul style="list-style-type: none"> •Prevention •Education •Adolescent/Adult •Treatment •Women 	<ul style="list-style-type: none"> •Disease Field Investigations •Epidemiology •HIV/AIDS •Rabies Control •Reportable Diseases •STD Program (Sexually Transmitted Diseases) •TB Program (Tuberculosis) 	<ul style="list-style-type: none"> •Adult Health •Child Lead Case Management •Infant and Preschool •Influenza Immunizations •Maternal Child Health •Preventive Screenings •Special Child Health Case Management 	<ul style="list-style-type: none"> •Community Health Needs •Health Education/Risk Communication •Mobile Health Van/Health Connection-Health Screenings, Counseling, and Education •Public Health & Community Planning •Smoking Cessation/Cancer Prevention •Annual Women’s Health Conference •Mobilizing Action through Planning and Partnership (MAPP) •Matter of Balance •Chronic Disease Self-Management Program •New Jersey Poison

Some of CCDHHS’s most notable and successful programs include:

- The Camden County Medical Reserve Corp, comprised of 205 volunteers from various health professions, such as acupuncture, pharmacy, and nursing, and 126 non-medical volunteers
- The Special Child Health Case Management Unit which provides services to families with children with developmental delays and complex health needs.
- The State Local Cooperative Housing Inspection program, ensuring that motels, hotels, and multi-family dwellings are healthy and habitable for residents

The connection between our communities and our health

By focusing on removing barriers and creating vital resource connections, we can work towards building communities where all people have access to the choices and tools necessary to live their healthiest lives. One step in this process of advancing health equity is to identify and address disparities in the Social Determinants of Health.

EQUALITY:

Everyone gets the same – regardless if it's needed or right for them.



EQUITY:

Everyone gets what they need – understanding the barriers, circumstances, and conditions.

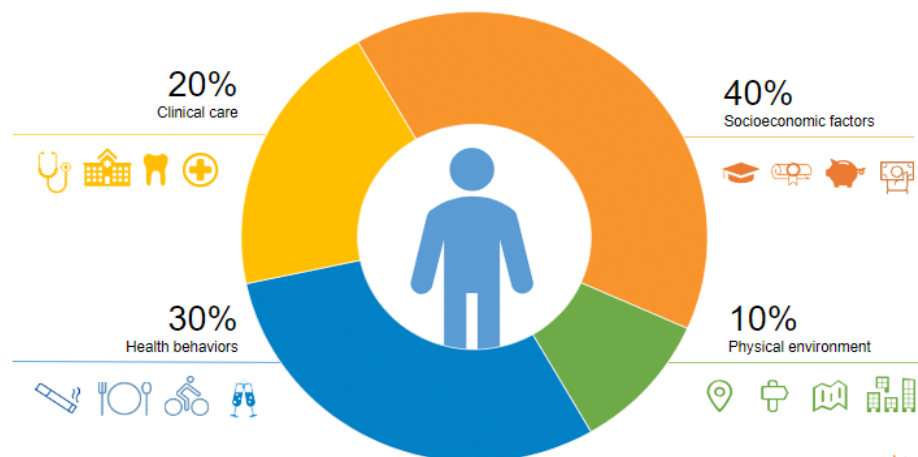


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Social Determinants of Health

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health and quality of life outcomes. SDoH are grouped into five domains that include factors such as access to health care, safe neighborhoods transportation options, nutritious food, and quality education. The quality and availability of these elements impact the array of healthy living choices available to people and can be measured in rates of disease and length of life. Addressing social determinants of health is a primary approach to achieving health equity.

WHAT MAKES US HEALTHY?



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Source: Centers for Disease Control



Lessons Learned from COVID-19

The COVID-19 global pandemic has been in the forefront of the world's concerns since 2020, coinciding with the research informing this Community Health Needs Assessment (CHNA) and the CHIP. The COVID-19 pandemic has created unprecedented challenges for people across South Jersey—and the world—and has demanded rapid and robust response from healthcare, social services, government, businesses, families, and individuals. COVID-19 exacerbated existing disparities within the health and social service systems and exposed long-standing inequities in power and socioeconomic opportunities within our society.

COVID-19 exposed long-standing inequities that taught us we need a more equitable healthcare response.

COVID-19 has not impacted all people equally. Rather, certain structural issues—population density, low income, crowded workplaces, etc.—contribute to higher levels of spread and worse outcomes from COVID-19, and potentially other infectious diseases. During this time, the disparity in access to vaccination and testing and the resulting negative outcomes amongst people of color and other disenfranchised communities was of substantial concern and urgency. Therefore, recognizing the ongoing needs—and recovery—from the COVID-19 pandemic that have disproportionately negatively impacted communities of color emerged as a priority.

While COVID-19 is still with us, its impact on people and communities continues to evolve rapidly as medical professionals learn more about the virus, the virus itself changes, and our public policies and social norms change. This moment, spring of 2023, finds us in a different time, where collaborative vaccination efforts have led us to more equitable vaccination, greater access to testing, more availability of treatment options and lower levels of hospitalizations and deaths than in the three previous springs. Therefore, the lessons learned from this collective action to confront the inequities in opportunity, access, education, and trust revealed by COVID-19 have been integrated into every priority set out in this report. This underscores an effort to create a culture of greater health equity and trust, and to prepare for a more equitable response for future emergencies.

In response to the arrival of COVID-19 in early 2020, Camden County Department of Health and Human Services, in partnership with the South Jersey Health Collaborative partners, responded swiftly to the emerging needs. Some of these actions included implementing safety measures to protect patients and staff, transitioning to telehealth and remote monitoring protocols to meet patient needs without increasing exposure to COVID-19 through travel and congregating with others, as well as robust collaborative efforts between health systems, health departments, community based agencies, and others, to roll out community testing sites, public education about the virus, vaccination, as well as the coordination of food distribution, technology support and efforts. All of these actions were collaborative, responsive to real-time changing needs, and focused on ensuring the highest possible levels of community safety. Despite these efforts, COVID-19 has still left in its wake lasting negative impacts in South Jersey and worldwide. Identifying the barriers to health and longevity, as well as the gaps in services most impacted by the COVID-19 experience are essential to creating effective strategies for health improvement.

The arrival of the COVID-19 pandemic served to exacerbate many of the underlying struggles and barriers impacting all people, highlighting and widening the gaps in negative outcomes between people of different races and different socioeconomic status. These examples swell beyond disparities—or differences between outcome measures between population groups; they point at underlying *inequities*, driven by long-standing systemic racism. These inequities culminate in higher poverty levels, higher death rates from preventable and treatable diseases, and increased trauma, which accumulates in significant differences in overall death rates and length of life. Camden and South Jersey are not unique in experiencing disparities impacted by long-standing systemic racism, as evidenced through findings through the Centers for Disease Control¹ and the State of New Jersey², among others.

¹ <https://www.cdc.gov/healthequity/racism-disparities/index.html>

² <https://nurturenj.nj.gov/wp-content/uploads/2021/01/20210120-Nurture-NJ-Strategic-Plan.pdf>

South Jersey Health Collaborative

Camden County Department of Health and Human Services is a key member of the South Jersey Health Collaborative, a partnership comprising Cooper Health, Jefferson Health and Virtua Health Networks plus Burlington, Camden and Gloucester County Health Departments. Together, these institutions work together to meet the diverse health needs of the people living in this South Jersey region.

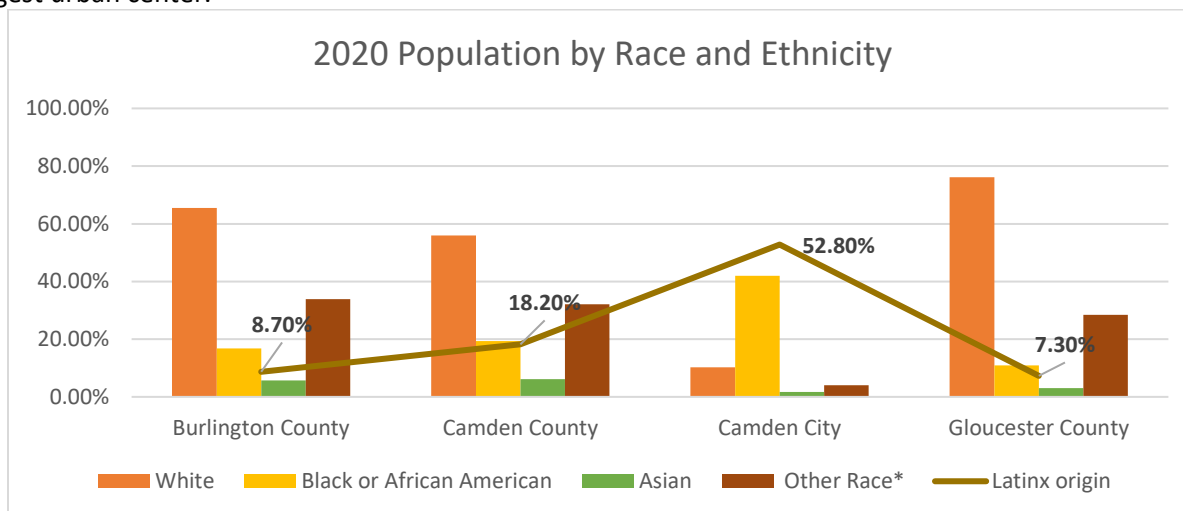
Since 2013, the South Jersey Health Collaborative (SJHC) has combined efforts to better understand the factors that influence health of the people living in the South Jersey region. Together, these institutions have committed to conducting a collaborative Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP). By working together, sharing strengths, and generating ideas, the SJHC fosters a common understanding of the resources and challenges among the communities of South Jersey. Leveraging the collective and individual strengths across each institution, the SJHC is working toward a healthier, more equitable South Jersey for all.

South Jersey Health Collaborative 2022 CHNA



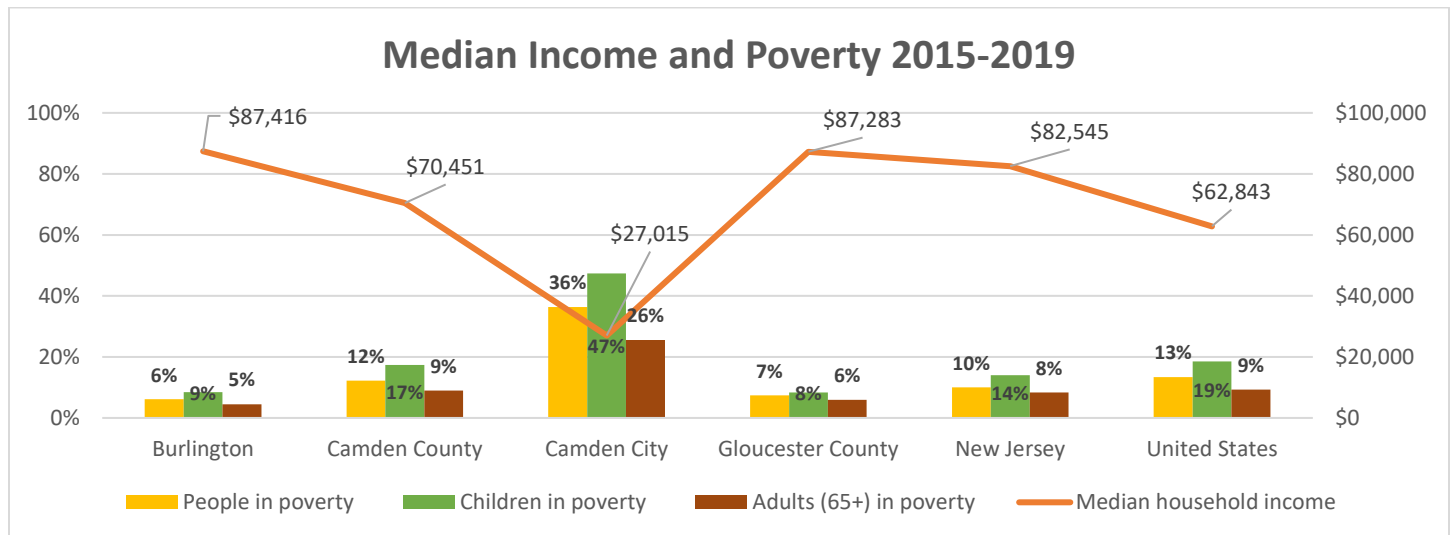
2022 Community Health Assessment

The [2022 CHNA for Camden County Department of Health and Human Services](#) builds upon South Jersey Health Collaborative's 2013, 2016 and 2019 regional reports in accordance with the timelines and requirements set out in the Affordable Care Act. The 2022 South Jersey Health Collaborative CHNA together has reviewed health indicators, engaged community participation through 14 focus groups with diverse populations, including youth, and solicited feedback through a key informant survey and stakeholder interviews to interpret the quantitative and qualitative information collected through a lens of **health equity** – working towards equitable outcomes for all people - and a focus on the **social determinants of health**. A summary of some of the findings are reflected in the following pages. Camden County is very diverse. Camden County includes rural, suburban and urban areas, including the City of Camden, the area's largest urban center.



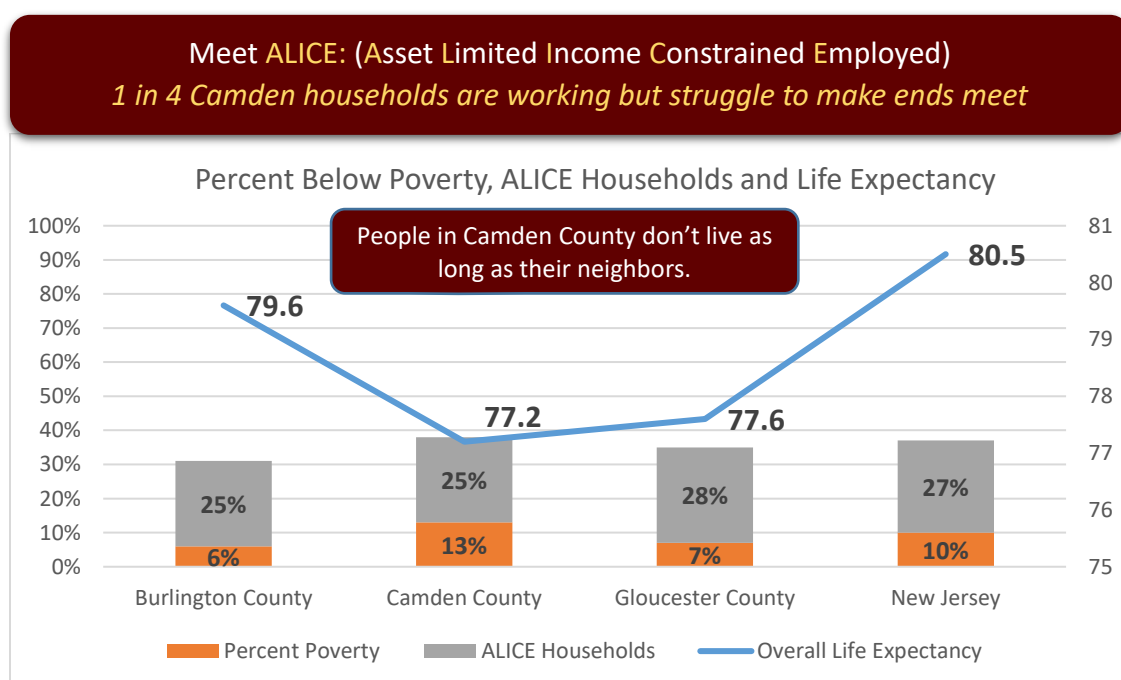
Source: US Census Bureau, American Community Survey *Includes American Indian, Native Hawaiian, Some Other Race and Two or More Races together

As a whole, the South Jersey region is affluent compared to the rest of the nation. However, while the median income in Camden County is greater than the national median, it is lower than the New Jersey median and the surrounding counties. The City of Camden stands in contrast to the surrounding areas as a majority-minority city, with more than 1 in 3 people living in poverty. Data across many measures consistently demonstrate that people of color experience more poverty, lower median wages, and are less likely to receive preventive and life-saving healthcare.



Source: US Census Bureau, American Community Survey

Clear disparities emerge demonstrating a relationship between income, race, and health outcomes. The ALICE (Asset Limited Income Constrained Employed) Index measures the proportion of working households that do not earn enough to meet all of their needs given the local cost of living. When viewed together, this graph shows that that 1 in 4 South Jersey households met the ALICE threshold *before* the COVID-19 pandemic, and **Camden County had lower life expectancy than its neighboring counties as well as the state as a whole before the COVID-19 pandemic began.**



Source: United for ALICE, 2018

Community Health Implementation Plan (CHIP)

The intent of the Camden County CHIP is to serve as a roadmap for an inclusive and collaborative response to our community needs and expectations. This CHIP is designed in alignment with the 2023 MAPP (Mobilizing Action for Planning and Participation) 2.0 towards Public Health Accreditation standards. Created as a living document, this plan should be updated and modified as internal and external factors change, including emerging needs, availability of resources, partnerships, and policies. The goals, objectives and strategies included here build on and leverage prior success while simultaneously adjusting strategies and actions as obstacles are encountered.

Determining Community Priorities

To determine priorities, statistical secondary data and primary qualitative data were analyzed to determine community health priorities. Statistical data include health indicators and socioeconomic measures to document health disparities and underlying inequities experienced by people living throughout Burlington, Camden, and Gloucester Counties, as well as a focus on people living in the City of Camden. Perspectives on data trends and direct feedback on community health priorities were collected via one-on-one interviews and include the perspectives of more than 206 individuals through the key informant surveys. These data were then analyzed to determine key areas of need informed by the quantitative data, the survey results and the key informant interview perceptions. From this process, the following specific health needs were identified as priorities:

- Chronic Disease
- Behavioral Health
- Behavioral Health among young people (age 24 and younger)
- Maternal and Child Health

These findings were similar to the priority areas identified in the 2019 CHNA, which were Behavioral Health: Mental Health and Substance Abuse, Accessing Care, Communications and Relationships, and Obesity.

In 2022, when reviewing the data regarding these health issues in the context of the COVID-19 pandemic, the South Jersey Health Collaborative sought to explore and target upstream, social determinants of health factors that have been exacerbated by the physical, emotional, and structural changes brought about because of the COVID-19 pandemic. Nationwide, the shifts that individuals, families, and institutions, including health care providers, have undertaken to thwart the spread of COVID-19 have intensified the negative outcomes for these health conditions and increased inequities among key populations. **The rapid pace of societal change due COVID-19 has dramatically exposed and exacerbated the underlying inequities that have existed for generations that continue to fuel disparities in health outcomes.**

To help identify cross cutting factors for collective action and to identify potential upstream solutions, 14 focus groups including 74 individuals were conducted with a wide variety of people representing the four priority health areas. These community conversations were designed to identify themes that impact Chronic Disease, Behavioral Health, Youth Behavioral Health and Maternal and Child Health to determine barriers to improved outcomes and strategic opportunities for intervention. These conversations allowed the opportunity to better understand the experiences of real people who experience these health concerns through personal experience and work, find the points of intervention opportunities, and learn what real people found helpful for themselves and others in their communities during this unprecedented time in South Jersey.

Cross Cutting Themes

The following cross cutting themes for strategic action were identified through conversations with diverse populations, including young people, across Burlington, Camden and Gloucester Counties.

Transportation is worse than ever before

Staffing: health and human services struggle to attract new workers and retain the ones they have

Lack of trust in healthcare is at a new high

Representation matters: workforce should better reflect the population they serve

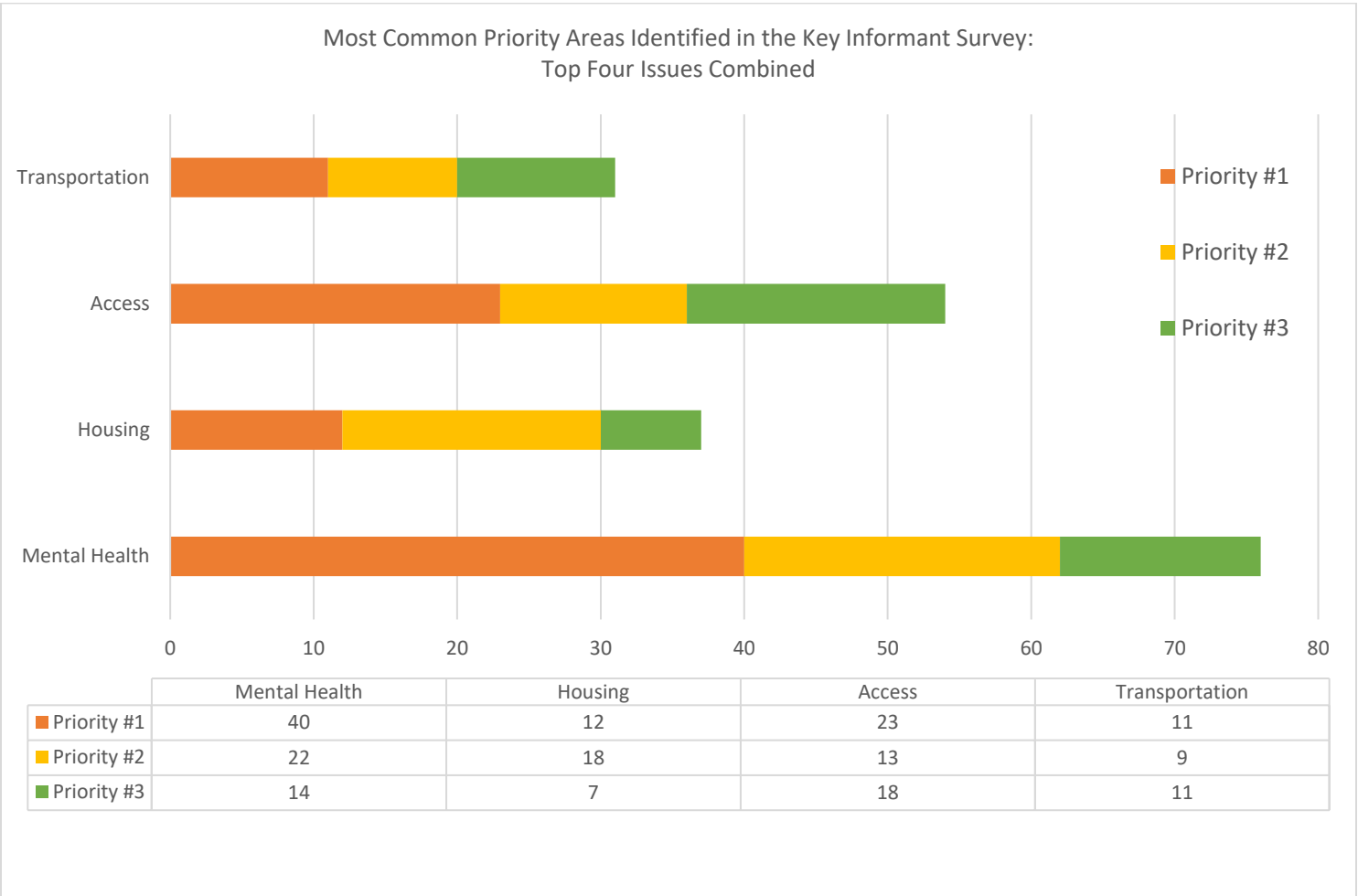
Unexamined bias and systemic racism directly impacts care

Isolation has had a profound and lasting impact

Fear remains an issue

People of all ages crave community but **need help connecting**

The key informant survey completed by 206 individuals throughout the area who represent first responders, health care providers, social services professionals, educators, faith-based leaders, and other community leaders identified the following priority areas, consistent with the quantitative and qualitative data reflected above.



Priorities for Action: Building Trust and Equity

Using an equity lens, the themes identified above represent the following priority areas for collective action for the South Jersey Health Collaborative, as detailed in the 2022 Community Health Needs Assessment.



Equity Approach:

Achieve equitable outcomes for all residents by challenging structural and institutional inequities
Leverage collaboration to counteract social drivers of health
Change processes and policies to reimagine equitable distribution of services

Access	Life Expectancy	Build Resilience	Equal Start
<p>Access to Care: <u>Goal:</u> Achieve equitable access to services for all people regardless of race, ethnicity, age, insurance, zip code, income, gender or language.</p>	<p>Chronic Disease and Life Expectancy: <u>Goal:</u> Achieve equitable life expectancy for all people regardless of race, ethnicity, zip code, insurance, income, gender or language.</p>	<p>Behavioral Health, Trauma and Adverse Childhood Experiences: <u>Goal:</u> Foster community building opportunities to ameliorate the impact of traumatic events designed for all ages.</p>	<p>Women and Children's Health: <u>Goal:</u> Achieve equitable outcomes and support for all babies and people who give birth.</p>

Planning for Continuous Improvement: MAPP Forum

On March 29, 2023, the Camden County Department of Health and Human Services hosted a Community Forum at the Camden County Office of Sustainability. The forum was attended by 37 community partners in-person, and 32 virtually via Zoom. These participants represented partners across all sectors, including policy and planning, healthcare, behavioral health services, the criminal justice system, homelessness intervention, and many others. During that time, data and findings from the CHNA were shared with those in attendance, with opportunities for questions and feedback in response to each priority area. In closing, participants were invited to share their feedback regarding the overall direction of the goals undergirding the CHIP process. It is important, before embarking formally on the CHIP process, to engage the feedback of community partners, whose buy-in, investment, and collaboration will be essential to the ultimate success of any long-term goals and transformation in Camden County.

Following the formal presentation, all who registered for the event, including partners who were ultimately unable to attend, were sent a copy of the presentation slides for their continued reference, as well as a Survey Monkey link, inviting further feedback on both the CHNA process and direction of the CHIP, as well as the forum itself. Overall, participants were, and continue to be, in alignment with a health equity lens through which to address and impact the determined priority areas.

Prioritized Health Needs

Priority Area: Equal Start - Women and Children's Health

Guiding Goal: Achieve equitable outcomes and support for all babies and people who give birth

CHNA Key Findings:	CHNA Page
▶ The Black/African American infant death rate in Camden County (13.4) is more than two times greater than the statewide rate (6.1), and 2 ½ times greater than the Healthy People 2030 goal (5.0).	100
▶ In MCH in particular, representation matters; lack of diversity of race, ethnicity, preferred language, and gender identity affect the comfort and reception of patients when receiving care.	103

Essential Public Health Services	
<ul style="list-style-type: none"> ▶ 1. Assess and monitor population health status, factors that influence health, and community needs and assets. ▶ 4. Strengthen, support, and mobilize communities and partnerships to improve health ▶ 5. Create, champion, and implement policies, plans and laws that impact health 	<ul style="list-style-type: none"> ▶ 8. Build and support a diverse and skilled public health workforce ▶ 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

We have succeeded when:

We will work towards equity by:

These activities are how we will engage stakeholders:

Objectives:	Strategies	Initiatives	Measures
Improve birth outcomes for black women and babies in Camden County	<ul style="list-style-type: none"> ▶ Increase collection of REaL, SOGI, zip code, and other demographic data in order to better understand and address disparities ▶ Seek out partnerships and strategic input from communities with more equitable outcomes ▶ Leverage MAPP to increase discussions about and acknowledge the role of underlying racism and sexism in driving race-based poor birth outcomes, as well as to share data and best practices ongoing ▶ Generate clear and incentivized pathways to health and social services careers for diverse people of all ages ▶ Facilitate opportunities for regular feedback from birthing people and their families ▶ Leverage DO training modules with Camden County Department of Health to include skills training on implicit bias, listening to women, etc. ▶ Partner with the stakeholders and community partners to draft and build grassroots support for legislation addressing perinatal equity ▶ Leverage MAPP to expand education and information about perinatal loss between MCH, BH and family support providers ▶ Leverage NJ PRAMS data and intervention strategies 	<ul style="list-style-type: none"> ▶ Plan regular collaborative meetings to share data and outcomes updates, including summits, trainings, health conferences ▶ Expand access to mental health support for pregnant and recently pregnant people ▶ Partner with local schools to recruit diverse graduates to health professions training ▶ Create opportunities for diverse teens, individuals who have experienced perinatal loss, LGBTQ+ individuals to seek and explore career pathways in health and social services ▶ Revise outreach and intake protocols to uncover what is going on rather than what is needed ▶ Grow opportunities for training for providers, staff and medical students to develop skills of how to better listen to women ▶ Expand MAPP collaborative and include discussion and action planning towards root causes, collaborative action ▶ Establish training protocols for staff, providers and students that address implicit bias against listening to women, and Black women especially, in perinatal period ▶ Create intake protocol training and materials that focus on whole person rather than only needs ▶ Implement cross training between MCH/BH/Education and Outreach to educate providers, community to recognize and address regarding perinatal loss ▶ MAPP collaborative leverages platforms for formal and informal data sharing ▶ Visibility, resources and connections with community partners is increased ▶ Increase opportunities for collaboration and data sharing between institutions 	% change in birth outcome metrics for babies and birthing people by race, ethnicity and zip code

Prioritized Health Needs

Priority Area: Life Expectancy and Chronic Disease

Guiding Goal: Achieve equitable life expectancy for all people regardless of race, ethnicity, zip code, insurance, income, gender or language

CHNA Key Findings:	CHNA Page
▶ Cancer and other chronic disease incidence and death is higher in South Jersey for almost all population groups	67-68
During the early COVID-19 pandemic period, delayed care and screenings increased severity and missed early diagnoses especially among low-income, people with chronic disease, communities of color leading to poor outcomes and early death. Economics and social networks before COVID-19 impacted access to food, medicine, health care, human interaction, and the isolation led to poorer outcomes for people at risk for chronic disease.	5-6, 62-66

Essential Public Health Services	
<p>#1 Assess and monitor population health status, factors that influence health, and community needs and assets.</p> <p>#2 Investigate, diagnose, and address health problems and hazards affecting the population</p> <p>#3 Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it</p> <p>#4 Strengthen, support, and mobilize communities and partnerships to improve health</p>	<p>#5 Create, champion, and implement policies, plans and laws that impact health</p> <p>#6 Utilize legal and regulatory actions designed to improve and protect the public's health</p> <p>#7 Assure an effective system that enables equitable access to the individual services and care needed to be healthy</p> <p>#8 Build and support a diverse and skilled public health workforce</p>

We will know we have succeeded when:

We will work towards equity by:

These activities are how we will engage stakeholders:

Objectives:	Strategies	Initiatives	Measures
<p>1. Reduce poor chronic disease outcomes and inequities by:</p> <p>a. Expanding the reach of prevention outreach and activities to diverse and vulnerable populations</p> <p>b. Reducing barriers to early detection and treatment</p> <p>c. Improve access to program to help achieve a healthier lifestyle for diverse and vulnerable populations</p>	<p>▶ Increase collection of REaL, SOGI, zip code, and other demographic data for people engaging in activities, in order to identify and prioritize missing populations, as well as to track outcomes</p> <p>▶ Adjust messaging to include benefits of early detection and consistent maintenance of chronic disease to address the fear and mistrust that are barriers to engaging in healthcare</p> <p>▶ Leverage local trusted people and places to expand screenings for chronic disease to diverse populations using diverse methods, languages, and champions</p> <p>▶ Promote opportunities to connect people with health insurance, including Medicaid</p> <p>▶ Leverage MAPP to identify and strategically address specific barriers to healthy living</p> <ul style="list-style-type: none"> ○ Access to healthy foods ○ Access to community green spaces ○ Reliability and availability of public transportation ○ Easy referral pathways between community-based organizations that may assist with housing, job training and non-traditional education pathways, childcare, etc. 	<p>▶ Leverage MAPP to increase opportunities for collaboration and data sharing between institutions.</p> <p>▶ Increase the promotion and use of strengths and assets-based messaging in health communications</p> <p>▶ Increase communication points to deliver assets-based messaging rooted in health literacy best practices</p> <p>▶ Promote engagement in programming that increases healthy living habits through diverse methods, languages, champions, and venues throughout Camden County</p> <p>▶ Ask about needs beyond what you provide</p> <p>▶ Measure change in incidence and outcome by REaL, SOGI and Zip Code to inform equitable action</p>	<p>% change in chronic disease metrics by race, ethnicity, zip code</p>

Prioritized Health Needs

Priority Area: Access to Care

Guiding Goal: Achieve equitable access to care for all people regardless of race, ethnicity, zip code, insurance, income, gender or language

CHNA Key Findings:		CHNA Page
<ul style="list-style-type: none"> ▶ Transportation is worse than ever before ▶ Lack of trust in healthcare is at a new high ▶ Unexamined bias and systemic racism directly impact care ▶ Fear remains a barrier to accessing care 	<ul style="list-style-type: none"> ▶ People of all ages crave community but need help connecting ▶ Representation matters: workforce should better reflect the population they serve ▶ Staffing: health and human services struggle to attract new workers and retain the ones they have 	5, 11, 29,104, 108

Essential Public Health Services	
<p>#1 Assess and monitor population health status, factors that influence health, and community needs and assets.</p> <p>#2 Investigate, diagnose, and address health problems and hazards affecting the population</p> <p>#3 Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it</p> <p>#4 Strengthen, support, and mobilize communities and partnerships to improve health</p> <p>#5 Create, champion, and implement policies, plans and laws that impact health</p>	<p>#6 Utilize legal and regulatory actions designed to improve and protect the public's health</p> <p>#7 Assure an effective system that enables equitable access to the individual services and care needed to be healthy</p> <p>#8 Build and support a diverse and skilled public health workforce</p> <p>#9 Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement</p> <p>#10 Build and maintain a strong organizational infrastructure for public health</p>

We will know we have succeeded when:

We will work towards equity by:

These activities are how we will engage stakeholders:

Objectives:	Strategies	Initiatives	Measures
<ol style="list-style-type: none"> 1. Create opportunities for inclusion of diverse voices, including consumers, in planning and providing care 2. Facilitate connections with leaders in public spaces, 3. Regularly revisit and retool strategies based on Keep track of race/ethnicity to measure our impact feedback 4. incentivize pathways to health and social services careers for diverse people of all ages 5. Increase and diversify consumer feedback collection strategies and data sharing 6. Reduce barriers for referrals between community based organizations 7. Increase connections among diverse and at-risk people to resources that support the whole person, including preventative care 8. Reduce barriers for referrals between community based organizations 9. Increase communication points to deliver assets-based messaging rooted in health literacy best practices 	<ul style="list-style-type: none"> ▶ Advocate for incentives for agencies to achieve staff diversity benchmarks ▶ Collective meetings to share data, experiences, and build relationships between providers ▶ Increase the number of people who participate in sharing resources, including clients/consumers/customers ▶ Make resource Integrate qualitative, quantitative, and lived experience as data to drive activities, messaging, and decision making ▶ sharing experiences hybrid to increase participation ▶ Leverage MAPP partners to identify needed adjustments to policies and processes for enrollment in public benefits, including health insurance ▶ Make MAPP process of coming together to share, build relationships more frequent 	<ul style="list-style-type: none"> ▶ Ask the people we are engaging about their experiences, ideas, needs ▶ Regularly revisit and retool strategies based on feedback ▶ Keep track of race/ethnicity to measure our impact ▶ Integrate qualitative, quantitative, and lived experience as data to drive activities, messaging, and decision making ▶ Go out to the community in addition to asking people to come in ▶ Leverage community champions ▶ Include consumers in planning, programming ▶ Leverage MAPP to develop universal intake and referral tools, strategies, processes ▶ Leverage MAPP to identify resources addressing specific barriers such as <ul style="list-style-type: none"> ○ Health Insurance ○ Fear ○ Transportation ▶ Promote opportunities to connect people with health insurance, Medicaid ▶ Encourage opportunities to seek and leverage joint funding 	<p>Programmatic metrics regarding completed referrals</p> <p>Anecdotal information regarding participation, access and inclusion</p> <p># of collaborative community activities between agencies</p>

Prioritized Health Needs

Priority Area: Build Resilience: Behavioral Health, Trauma and Adverse Childhood Experiences

Guiding Goal: Foster community building opportunities to ameliorate the impact of traumatic events designed for all ages

CHNA Key Findings:	CHNA Page
▶ 23.4% of Camden County Adults had been diagnosed with depression before the COVID-19 Pandemic began	73
▶ ED visits for mental health emergencies increased dramatically across New Jersey for teens, young people in 2020	90-93
▶ Telehealth has expanded access for some while contributing to shortages in care for low income and other vulnerable populations	6, 35-36, 62
▶ Representation matters: need for more racially diverse, age diverse and LGBTQ+ providers	5-6, 11, 87, 103
▶ Burnout grief, trauma resulting from COVID-19 experiences impact capacity, availability of providers, educators, services, first responders	6, 72, 76, 87 103

Essential Public Health Services	
<p>#1 Assess and monitor population health status, factors that influence health, and community needs and assets.</p> <p>#2 Investigate, diagnose, and address health problems and hazards affecting the population</p> <p>#3 Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it</p> <p>#4 Strengthen, support, and mobilize communities and partnerships to improve health</p> <p>#5 Create, champion, and implement policies, plans and laws that impact health</p>	<p>#6 Utilize legal and regulatory actions designed to improve and protect the public's health</p> <p>#7 Assure an effective system that enables equitable access to the individual services and care needed to be healthy</p> <p>#8 Build and support a diverse and skilled public health workforce</p> <p>#9 Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement</p>

We will know we have succeeded when:

We will work towards equity by:

These activities are how we will engage stakeholders:

Objectives:	Strategies	Activities	Measures
<ol style="list-style-type: none"> 1. Increase access to behavioral health services for school-aged children 2. Build inclusive coalition amongst community partners and provider agencies to find solutions for intersectional issues (ex; ACES, homelessness, SUD) 3. Increase training and communication regarding ACES in all aspects of medical care, not just BH 4. Ensure availability of support for employees is available to address existing trauma/burnout and emerging concerns 5. Create opportunities for inclusion of diverse voices including consumers of in planning and providing care 6. Increase sharing of success metrics and strategies to reduce recidivism 7. Increase recruitment, training, participation of people in recovery, lived experience, as staff, peer leaders, professional development partners 	<ul style="list-style-type: none"> ▶ Facilitate relationship-building between schools, first responders and provider agencies ▶ Explore opportunities to leverage public health expertise to provide school-based holistic wellness education and technical assistance ▶ Advocate for incentives for agencies to achieve staff diversity benchmarks ▶ Share best practices for employee wellness ▶ Increase hybrid work options ▶ Generate clear and incentivized pathways to health and social services careers for diverse people of all ages ▶ Integrate qualitative, quantitative and lived experience as data to drive activities, messaging and decision making ▶ Make MAPP process of coming together to share, build relationships more frequent 	<ul style="list-style-type: none"> ▶ Create regular opportunities to explore solutions to root causes -ex: homelessness, SUD, ACES, schools ▶ Leverage DO training modules with Camden County Department of Health to include skills training on ACES ▶ Provide ACES information, training, education to diverse community, faith based, institutional partners ▶ Leverage community partners as a key resource to gather and share information regarding ACES, resources, best practices ▶ Ask the people we are engaging about their experiences, ideas, needs ▶ Include consumers in planning, programming ▶ Leverage MAPP to develop universal intake and referral tools, strategies, processes ▶ Make resource sharing experiences hybrid to increase participation ▶ Leverage MAPP partners to identify adjustments to policies and processes for enrollment in public benefits, grant funded programming 	<p>Programmatic outcomes for behavioral health programs</p> <p>% change in collaboration between agencies</p> <p># of collaborative events and activities</p>

Alignment with New Jersey State Health Improvement Plan

New Jersey State Health Improvement Plan Priorities	Camden County Department of Health and Human Services Priorities	
Health Equity	Equity Approach	<ul style="list-style-type: none"> • Achieve equitable outcomes for all residents by challenging structural and institutional inequities • Leverage collaboration to counteract social drivers of health • Change processes and policies to reimagine equitable distribution of services
Mental Health and Substance Use	Build Resilience: Behavioral Health, Trauma and Adverse Childhood Experiences	Foster community building opportunities to ameliorate the impact of traumatic events designed for all ages
Nutrition, Physical Activity and Chronic Disease	Life Expectancy	All people have access to the resources needed to prevent, screen, and treat disease to achieve their best life
Birth Outcomes	Equal Start	Achieve equitable outcomes and support for all babies and people who give birth
Immunizations	Access to Care	Achieve equitable access to care for all people regardless of race, ethnicity, zip code, insurance, income, gender or language
Alignment of State and Local Health Improvement Planning	Access to Care	Achieve equitable access to care for all people regardless of race, ethnicity, zip code, insurance, income, gender or language