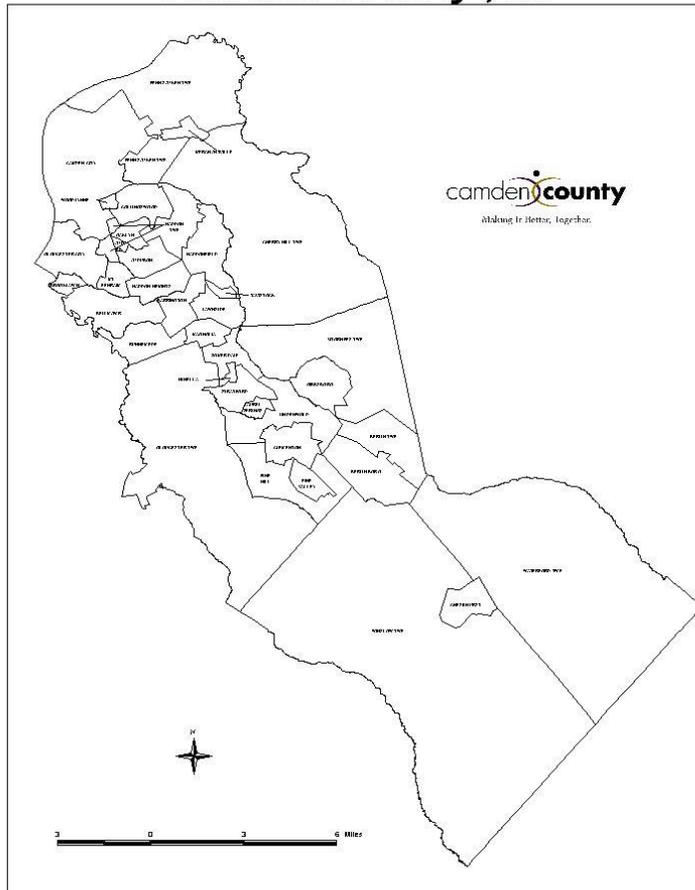




Making It Better, Together.

### Camden County , NJ



# Camden County Community Health Improvement Plan 2018



## Background

As part of the 2016 CHNA, five partner forums were conducted within the southern New Jersey counties, one each within Burlington, Gloucester, and Ocean Counties and two within Camden County. Camden partner forums were conducted in Camden City and in the southern portion of the county in recognition of the unique socioeconomic and health disparities within the city. The objective of the forums was to solicit feedback from representatives of key stakeholder groups about priority health needs, including identifying underserved populations, existing resources to address the priority needs, and barriers to accessing services. The forum also served to facilitate collaboration to address community health needs.

### **Camden County Partner Forum Locations and Dates:**

**Southern Camden County**  
May 23, 2016, 8:30-11:00am  
Virtua Health Education Center, 106 Carnie Blvd, Voorhees Township, NJ  
Attendance: **50 partners**

**Camden City, Camden County**  
May 24, 2016, 8:30-11:00am  
Cooper University Health Care, 1 Federal Street, Camden, NJ  
Attendance: **35 partners**

## Facilitation

An overview of the 2016 CHNA research findings was presented to the partners. Participants were then asked to respond to a list of identified health needs as determined by the research and offer feedback on prioritizing issues.

### Identified Community Health Needs

- Cancer
- Chronic Disease Prevention & Management
- Maternal & Child Health
- Mental Health
- Substance Abuse

Partners were asked to prioritize the identified health needs based on the following criteria, rating each need on a scale of 1 (low) to 4 (very high):

- Scope (How many people are affected?)
  - Magnitude or burden of the issue (i.e. the number of people impacted)
  - High need among vulnerable populations
- Severity (How critical is the issue?)

- Degree to which health status is worse than state/national norms
- Cost/Burden of the issue in the community (e.g. dollars, time, social)
- Focus on eliminating health disparities
- Ability to Impact (Can we achieve the desired outcome?)
  - Availability of resources/Community capacity
  - Community readiness to address the issue
  - **Can “move the needle” to demonstrate measurable outcomes**

Voting results were shared with the partners before breaking into small group discussions to further explore the issues. The subgroups discussed underserved populations, barriers to optimal health for residents, existing community assets, service delivery gaps, and opportunities for collaboration around the priority needs. An overview of participants’ responses from each partner forum is outlined below.

### Identifying Priority Needs in Camden County

The following table depicts the prioritization of each of the identified health needs by partner forum participants, based on the criteria of scope, severity, and ability to impact. Across all partner forums, substance abuse, chronic disease management and prevention, and mental health ranked among the top three health needs within communities. Partners generally ranked chronic disease, substance abuse, and mental health as having similar scope and severity, but lower potential for impact based on current community resources and known best practices.

Identified Health Need	Camden City Ranking	S. Camden County Ranking
Substance Abuse	2	3
Chronic Disease Prevention & Management	1	1
Mental Health	3	2

### Small Group Discussion

Small group discussion was facilitated, based on the following questions, to identify community assets, service delivery gaps, and recommendations for hospital to address health needs. Community assets identified by partners are included in Appendix A.

### Existing Community Resources

- What organizations are working on these issues?

- What resources exist here that can help impact this issue?
- Are there models of innovative partnerships around this issue?

Service Delivery Barriers/Gaps in Services

- What do residents need to help them address this issue?
- What additional services could help improve health around this issue?
- What community inputs will be required?
- What partners could help?

Recommendations to Hospitals/Opportunities for Collaboration

- What are one to two recommendations on how health systems can impact these issues?
- How can community partners work together to address these issues?

Across all communities, partners identified the following populations as being at higher risk of being underserved by health services and for adverse health outcomes:

- Behavioral health patients
- Homeless
- Immigrants/Migrants/Undocumented
- Incarcerated/Formerly Incarcerated
- Individuals with chronic disabilities (physical and/or intellectual)
- LGBTQ

The CHNA conducted in 2016 identified 5 significant health needs within Camden County. The 5 significant health needs identified include:

Chronic Diseases	Higher rates of heart disease; risk factors including smoking, drinking alcohol, and obesity
Behavioral Health	Undiagnosed behavioral health conditions, lack of services for treatment, lack of integration of physical/behavioral health
Substance Abuse	Increase in opioid addiction High drug-induced death rates; Lack of services in community for treatment

Nearly all municipalities within the service counties exceed the state and Healthy People 2020 goal for mothers who smoke during pregnancy. The following table identifies municipalities that exceed their respective county rate by more than 2 points to focus on areas of greatest disparity. Municipalities are presented in descending order by percentage of mothers who smoke during pregnancy.

Municipalities that Exceed the County for Mothers Smoking during Pregnancy are: Brooklawn Boro 33.3%; Gloucester City 21.9%; Westville Boro 22.2%; Camden City 16.8% ; and Runnemede Boro 16.5%.

Source: New Jersey Department of Health, 2012

## Community Health Improvement Planning

The Camden County Department of Health and Human Services and the Mobilizing Action Through Planning and Partnership Coalition developed the following goals to address each priority area and ensure community health improvement initiatives are aligned across the region. Partners developed organization-specific Community Health Improvement Plans to guide community benefit and population health improvement activities across the region. The plans build upon previous health improvement activities, while recognizing new health needs and a changing health care delivery environment.

## Linkages and Access to Care

### Service Delivery Barriers/Gaps in Services – Camden City

Partners stated that all of Camden City is underserved and at risk for poorer health outcomes as a result of worse socioeconomic indicators and lack of a built environment that supports health. Many Camden City residents struggle to meet their basic needs (e.g. food and shelter) and experience a higher incidence of post-traumatic stress due to violence and other adverse experiences. Children are viewed as at higher risk for poorer health outcomes due to adverse childhood experiences.

According to the forum participants, Camden City residents also experience the following barriers to accessing health services:

- Fear of the health system, disease outcomes, and social service providers
- Lack of adequate health services as a result of few providers accepting Medicaid, provider hours and locations, and difficulty navigating the health care system
- Lack of awareness of health and social services and participant eligibility criteria and lack of a central access point for all services (medical and social)
- Lack of bilingual and culturally competent providers
- Lack of care coordination, both between medical providers and social service agencies

- Lack of community engagement and trust inhibiting resident participation in initiatives to improve health and the built environment
- Lack of quality interactions/relationships between patients and health care providers to support compassionate, respectful care and communication
- Lack of support for families, particularly for grandparents raising grandchildren
- Lack of transportation services within the community to medical and social service appointments
- Social determinants of health, including poverty, education, housing, and public safety
- Lack of awareness among residents and providers of health and social services, and difficulty navigating the system
- Lack of community engagement in initiatives to improve health; initiatives cannot be viewed as a “project” by residents
- Lack of recognition of mental health and substance abuse as chronic diseases
- Lack of service coordination and information sharing between providers and social service agencies
- Lack of transportation services within the community to medical and social service appointments
- Public safety and a deteriorating built environment
- Social determinants of health, including insurance coverage and poverty
- Increased stigma related to receiving behavioral health services

Partners identified a number of missing services that could help improve health within the community:

- A one-stop-shop for all health services that is shared with community partners
- A patient referral system between social service agencies
- Community advocates to conduct outreach and connect residents with services
- Community and provider substance abuse training to identify early signs and symptoms and increase awareness of services

## TRENDS

With shorter appointments and more complex diagnoses, patients do not always receive all the information they would like from their providers. Residents use the internet to learn more about their health conditions and treatments. Trusted resources include WebMD, Mayo Clinic, and hospital websites. They also receive newsletters from health systems and insurance companies, which they think are valuable. Many have signed up to receive disease-specific newsletters. Delivery preferences vary from email to Facebook to direct mail. Residents also receive health information at pharmacies, grocery stores, malls, libraries, and faith settings.

Cost and transportation are the biggest barriers to care for residents. Copays, deductibles, and prescriptions keep residents from accessing care when they need it. Transportation is equally challenging in rural and metro settings. AccessLINK is a service available in Camden, but even at \$2 per trip, residents say “It’s expensive to go everywhere you need to go and they require 24-hour’s notice.” Residents in outlying towns have few public transportation options.

It’s not uncommon for residents to skip pills because they don’t have a prescription plan or can’t afford copays. They may also delay or cancel appointments due to copays. “I’m employed and living on my own. My copays may only be \$20, but if I have four appointments, I might only be able to pay for two. I have to push back my appointments or skip them.

Health disparities exist in Camden County both in comparison to state and national benchmarks and among racial/ethnic populations. Camden County has the highest uninsured rate among the four southern New Jersey (Burlington, Gloucester, Ocean) counties and the highest rates of adult obesity, cancer, chronic lower respiratory disease, and diabetes. Camden County also has the highest percentage of adults diagnosed with depression, the highest behavioral health use rate in the Emergency Department, and the second highest drug-induced death rate. Across nearly all health indicators, Blacks/African Americans and Hispanics/Latinos experience worse outcomes.

### **Priority Area: Linkages to Care**

Access to Care – (Source: Healthy People 20/20)

Goal: Implementation locally of the following Healthy People 2020 national objectives will help the local public health system to improve health care access within the county.

Objectives:

Increase the proportion of persons with health insurance

Baseline: 83.2 percent of persons had medical insurance in 2008

Target: 100 percent

Target-Setting Method: Total coverage

Data Source: National Health Interview Survey (NHIS), CDC/NCHS

Baseline: 76.3 percent of persons had a usual primary care provider in 2007

Target: 83.9 percent

Target-Setting Method: 10 percent improvement

Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ

### Strategies:

1. Identify health and human services data sources/databases and develop methods for LPHS organizations to share information to better coordinate assistance provided to individuals and families
2. Advocate for additional staff and funding to help with outreach and provision of additional services to those facing barriers to accessing care/programs
3. Enhance efforts to provide such populations as the elderly, persons with disabilities and those speaking languages other than English with health information and materials
4. Identify in each LPHS agency/organization a staff person who is in charge of or can be contacted about foundation and governmental public health grants and funding opportunities, develop a list/listserv to share information about these opportunities and encourage LPHS partners to work together to apply for grants
5. Encourage LPHS partner organizations to provide, fund and support cultural competency training for all employees
6. Develop a comprehensive, up-to-date, easily accessible directory of community services and programs similar to that available in other jurisdictions, continually update this resource and provide information about this directory to community residents
7. Increase the proportion of persons with usual primary care provider
8. Improve access to wellness resources
9. Support Farmers' Markets and Corner Stores to provide fresh fruits and vegetables to families facing food insecurity and limited access to healthy food choices.
10. Continue to assist residents with and accessing the health insurance marketplace
11. Continue to work with Center for Family Services to provide insurance counseling to patients with a focus on patients who have come to the Camden County Department of Health Screening Services on the "Health connection" or various other sites that support vulnerable populations. Counselors will address patient-specific challenges to include accessing or understanding insurance coverage.

Health outcomes are influenced by a number of factors, including access to care and health behaviors. The percentage of uninsured residents declined in all SJHP service counties from 2013 to 2014, and fewer residents are uninsured when compared to the nation. However, the counties do not meet the Healthy People 2020 goal of having 100% of all residents insured. Minority racial ethnic groups have the highest uninsured rates.

### **Health Systems, Partners and Local Initiatives**

Center for Family Services employs a Navigator Exchange Program which helps people understand healthcare options and enroll in the best plan for the client.

Project H.O.P.E., Inc. is a federally-qualified health center serving pediatric, adult, and geriatric homeless populations.

They offer primary health care, counseling for mental health and substance abuse issues, referrals, social work services, and food packages for diabetic patients.

Project H.O.P.E. has medical care sites, mobile health van, and street outreach.

CAMcare is a federally-qualified health center with the following specialties: pediatric, obstetrics and gynecology, internal medicine, dentistry, and podiatry. They have evening and weekend hours.

They offer the following services: bilingual staff always available, TB screening, arthritis specialist, social work and counseling services, nutritionist services, Medicaid eligibility worker, patient education, case management, on-site laboratory services, specialty referrals, food and shelter assistance, and free transportation for prenatal patients and patients with special situations.

The four local health systems will continue to determine presumptive eligibility (PE) for certain Medicaid-eligible populations to enroll individuals in Medicaid, ensuring compensation for hospital-based services, while providing patients access to medical care and a pathway to longer-term Medicaid coverage. The Health Systems include:

Our Lady of Lourdes Health System

Cooper Health System

Virtua Health

Jefferson Health System

## **Priority Area: Chronic Disease Prevention and Management**

Individual health behaviors impact overall health status and have been shown to contribute to or reduce the chance of chronic disease. Camden County has some of the highest rates of poor health behaviors among adults, and the highest percentage of adults who self-report having “poor” or “fair” health. Approximately 30% of adults Camden County are obese. Adult obesity rates have increased from 2009 to 2013, and exceed the statewide rate. Physical inactivity contributes to obesity; and Camden County adults are more likely to be physically inactive compared to the state. Adults in Camden County are also more likely to drink excessively compared to the state.

### **TRENDS**

The top three causes of death across the nation, in rank order, are heart disease, cancer, and chronic lower respiratory disease. Death rates for all three causes are higher in Camden County compared to state and/or national benchmarks. Among racial and ethnic groups, the death rate is highest among Blacks/African Americans. In Camden County, the death rate among Blacks/African Americans is 158.8 points higher than the rate among Whites.

Individual health behaviors, including smoking, excessive drinking, physical inactivity, and obesity, have been shown to contribute to or reduce chronic disease. Adults in Camden County have similar or lower rates of smoking when compared to the state and/or the nation, but do not meet the Healthy People 2020 goal. Excessive drinking includes heavy drinking (2 or more drinks per day for men and 1 or more drinks per day for women) and binge drinking (five or more drinks on one occasion for men and four or more drinks on one occasion for women). Adults in Camden County are more likely to drink excessively compared to adults across the state and the nation, but meet the Healthy People 2020 goal (25.4%).

Access to exercise opportunities includes access to parks, gyms, community centers, pools, etc. Camden County has the highest percentage of residents with access to exercise opportunities, but the most physically inactive adults according to the South Jersey Health Partnership Needs Assessment. Contrastingly, Burlington County residents have the lowest access to exercise opportunities, but are the most likely to be physically active. The percentage of obese adults and children is a national epidemic. Camden County has a higher percentage of obese adults when compared to the state, but a lower percentage when compared to the nation and Healthy People 2020. Adult obesity rates increased from 2009 to 2013; Camden experienced an increase of 2.1 points.

Evidence suggests that breastfeeding is a protective factor against overweight and obesity in childhood. In 1991, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) launched the Baby-Friendly Hospital Initiative (BFHI). The BFHI assists hospitals in giving mothers the information, confidence, and skills necessary to successfully initiate and continue breastfeeding their babies or safely feed with formula, and gives special recognition to hospitals that have done so. Baby-Friendly USA, Inc. (BFUSA) is the accrediting body and national authority for the BFHI in the United States. In this capacity, BFUSA conferred this designation to Our Lady of Lourdes Medical Center, Camden, NJ in November 2016.

The state health department has funded chronic disease coalitions in each county to help collect information, develop partnerships and implement recommendations to reduce chronic disease incidence and mortality. To establish and increase communication and collaboration among all partners so that consistent messages are communicated and evidence based strategies are utilized throughout Camden County and to reach consensus to create a unified partnership to address nutrition, physical activity, obesity and related chronic diseases in Camden County, the Camden County MAPP Coalition will work with local coalitions such as the Community Health Outreach Consortium and the Chronic Disease Coalition. Other partners include: Department of Health and Senior Services, Office of Public Health Infrastructure, Office of Nutrition and Fitness, County MAPP/CHIP Obesity Prevention and Chronic Disease Workgroups, Southern Regional Community Health Outreach Consortia and Community and Hospital Based Nutrition, Physical Activity and Obesity Prevention Program and Coalition Representatives. As a strong component of the overall Community Health Improvement Plan, local partners will also focus on improving the quality of life for residents in specific neighborhoods which deal with a complex array of challenges. Addressing the health and wellness challenges of these communities will require a multi-pronged approach and collaboration with social services and housing agencies as well as strategies to support healthy lifestyles and connect residents to quality programs and services that can contribute positively to individual health and well-being.

The state also funds New Jersey Cancer Education and Early Detection (CEED) programs to assist persons who are unable to afford screening tests. Camden County's CEED programs are based at Cooper University Hospital. These programs provide screening, education and treatment to persons with incomes under 250% of the federal poverty rate who are uninsured or unable to afford treatment. However, additional funding and support for the CEED program is required to ensure that all those who meet the eligibility criteria can receive services.

The U.S. Department of Health and Human Services (HHS) explains that "It is estimated that as much as 50 percent or more of cancer can be prevented through smoking cessation and improved dietary habits, such as reducing fat consumption and increasing fruit and vegetable consumption." HHS further notes that "physical activity and weight control also can contribute to cancer prevention." Educating both residents and health care providers about screening recommendations and ensuring that these recommendations are implemented are important steps in helping to ensure cancer is diagnosed as early as possible, thereby decreasing subsequent mortality.

## Focus Groups

Participants in the focus group sessions experienced various chronic conditions. The most prevalent conditions were diabetes and high blood pressure, followed by high cholesterol, arthritis, neuropathy and other pain, and obesity. Some in the groups had been diagnosed with chronic heart failure, chronic obstructive pulmonary disorder (COPD), or cancer.

Asked how their conditions affected their life, participants acknowledged that they were limited in some way by their condition. Some have made changes to improve diet and physical activity. *"I changed my eating habits and I feel pretty good." "I quit smoking." "I do a lot of walking now, more than I ever did before." "I know how I'll feel afterwards if I don't watch what I eat." "I used to take my daughter to the park and sit on the bench eating a bag of snacks. Now, I'm running with her. I'm involved with her play. Every little movement counts." "I used to eat everything fried, even my vegetables. I was as big as a house. Now, I boil everything."*

Participants agreed it is hard to maintain healthful lifestyles. *"When my sugar is high, I just want to go to bed." "By the time I'm done with everything I need to do at home and to care for my daughter, I'm out of breath." "I'm exhausted." "I'm tired all the time. I know it's my weight. I have to get energy and motivated."* Pain, depression, and busy lifestyles keep people from exercising every day. Many struggle to find motivation to improve their health. Children and grandchildren are mentioned repeatedly as motivators to improve health. Many participants described their feelings about their health as *"frustrated."* *"I feel frustrated that I have to get up and stretch everything out just to keep my back from hurting. There are days that I just don't feel like doing it." Others are frustrated that they have to take medication daily or limit foods they enjoy. "As soon as I fight one thing, here comes another. It's a continuous battle." "I feel frustrated, angry, depressed. I'm not a person to sit around, but that's what I've been doing."*

Asked what factors help them lead a healthier life, participants most valued having family support and a good relationship with their physician. Participating in group activities like walking clubs or a senior center were seen as positive influences. Support groups and initiatives to coordinate care were valuable to participants who accessed those services.

Asked if they would describe their community as "healthy," residents were divided. "There is a lot of talk about health here, but I don't think people are that healthy." "We need more health education in schools, particularly at the elementary level, to instill lifelong healthy behaviors. By the time people start to be conscious about their health, it's too late."

Participants in all groups could name health promotion activities that occurred in their communities. Local venues for recreation are accessible across the region, including parks, YMCAs, gyms, senior centers, and wellness programs. About half of the participants had engaged in some activity associated with the hospitals or local health department. Most notable were walking clubs, health conferences, screenings, and newsletters. Local hospitals were seen as providing quality health services.

Barriers that keep people from exercising and eating healthy also exist in communities. Neighborhood safety, lack of knowledge of programs and services, busy lifestyles, and transportation limits were listed as barriers for individuals to optimize health. Some saw the health system as being disjointed, particularly in providing resources and well care. “Doctors aren’t aware of what resources exist in the community.” “They [doctors] don’t spend enough time with you to treat you individually.”

## **Chronic Disease** (Source: Healthy People 20/20)

Goal: Implementation locally of the following Healthy People 2020 national objectives will help the local public health system to reduce prevalence of obesity/overweight and improve nutrition within Camden County.

Objectives:

1. Increase the proportion of adults who receive chronic disease screenings based on recent guidelines
2. Increase the proportion of persons who participate in behaviors/programs that reduce risk factors for chronic disease
3. Continue to develop and expand chronic care self-management programs for people with multiple chronic conditions
4. Reduce Emergency Room visits for patients with chronic disease

Baseline: 126.0 coronary heart disease deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)

Target: 100.8 deaths per 100,000 population

Target-Setting Method: Projection/trend analysis

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS

Baseline: 42.2 stroke deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)

Target: 33.8 deaths per 100,000 population

Target-Setting Method: Projection/trend analysis

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS

Baseline: 30.8 percent of persons aged 20 years and older were at a healthy weight in 2005–08 (age adjusted to the year 2000 standard population)

Target: 33.9 percent

Target-Setting Method: 10 percent improvement

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

Baseline: 10.7 percent of children aged 2 to 5 years were considered obese in 2005–08

Target: 9.6 percent

Target-Setting Method: 10 percent improvement

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

Goal: Increase identification and treatment of among individuals with chronic disease.

Objectives:

1. Provide access to the elements of a healthy diet and support and promote mobile food and produce markets and community gardens.
2. Improve disease management for chronic conditions utilizing evidenced based practices.
3. Collaborate with partners to increase the number of health systems, agencies and worksites that are baby and breast feeding friendly.
4. Increase the number of school districts that have formulated a “Wellness Advisory Board” and adopted a “Wellness Policy”.
5. Increase the number of municipalities that have formulated environmental policies or system changes that impact chronic disease and increase overall wellness and mobility in the community of Camden County.
6. Support state and local initiatives consistent with the state’s Comprehensive Tobacco Control Program, including enforcement of the Clean Indoor Air Act and efforts to reduce youth access to tobacco and curb tobacco advertising.
7. Promote services for tobacco dependence/addiction for adults and adolescents.
8. Work with the Integrated Municipal Advisory Council program to promote 100% tobacco-free municipal parks.
9. Educate residents about indoor and outdoor tobacco policies already established within Camden County, e.g. county parks system’s outdoor tobacco-free policies.
10. Limit advertisements of less healthy foods and beverages within local government facilities or on public school campuses.
11. Work with hospitals and worksites to address environmental and policy change in the county.

## **Community Partners and Local Initiatives**

Campbell Healthy Communities Program - Camden Healthy Kids, Healthy Communities is a program that builds a healthier Camden by lowering rates of overweight and obese children, increasing access to healthy and adequate food (quantity & quality) and opportunities for safe physical activity, decreasing food insecurity and hunger and mobilizing public will to support these efforts.

Woodland Community Development Corporation- Their mission is to provide educational, employment and neighborhood development programs designed to give youth & families the support they need to be successful in Camden City through College Preparation Courses, Community Gardens, Woodland Music Appreciation Courses as well as an After School Program.

Food Trust - The Food Trust uses a comprehensive approach by improving food environments and teaching nutrition education in schools; working with corner store owners to increase healthy offerings and helping customers make healthier choices; managing farmers' markets in communities that lack access to affordable produce; and encouraging grocery store development in underserved communities. The Food Trust Corner Store Initiative will be implemented throughout Camden County in 2015. This initiative will increase the availability of healthy food in corner stores by identifying store readiness for change. Relationships are built with local store owners through training which results in healthy products being sold in a profitable and sustainable manner.

YMCA of Burlington and Camden County – The YMCA provides a coordinated approach to child health (CATCH) program, an evidenced based and holistic approach for children's health by targeting many aspects of the school environment such as teachers, students, families, and the broader community. The YMCA also implements “Safe Places to Play” by staffing several parks with Y Counselors, who keep youth engaged, safe and active after school and throughout the summer, by leading group games and sports and providing fun playground equipment for children to use.

Watershed Education on Bicycles (WEB) - Watershed Education on Bicycles is an after school program in the City of Camden. Kids aged 11-14 years old participate in riding and learning events designed to teach them how different factors affect the watershed and ecosystem, and consequently, their own lives.

New Jersey Partnership for Healthy Kids- Camden (NJPHK\_C) - NJPHK-C is a program of the Robert Wood Johnson Foundation (RWJF) with the primary goal to build and strengthen childhood obesity prevention activities in Camden, NJ focusing on policy and environmental changes for improved nutrition and increased physical activity. In Camden, this project is led by the YMCA of Burlington & Camden Counties and the United Way of Greater Philadelphia and Southern New Jersey.

Camden Children's Garden – This program offers community gardening and food access initiatives in Camden City. The Youth Employment and Training Program has employed over 300 at-risk youth which includes the GrowLab Program, using horticulture to teach subjects ranging from nutrition to science to about 550 Camden school children each year.

Cooperative Extension of Camden County – The Cooperative Extension, a unit of Rutgers New Jersey Agricultural Experiment Station (NJAES), addresses diverse unmet issues of nutrition and health, from teaching our most vulnerable residents about healthy eating on a budget, to promoting the benefits of exercise, and improving financial health. The Rutgers Master Gardener helps with the community gardens in Camden County.

Sustainable Camden County and the County resolved to prohibit smoking in all County parks and park lands. They informed the public and ensured appropriate signs are displayed and they enforced the message. They work with local farms to create community supported agriculture enabling more county farmer’s markets and community gardens as well.

Camden County Kroc Fitness Center - This center is a fitness and recreation facility located in Camden City which offers fitness classes, cardio machines, and weight training equipment. It also houses an Aquatics Center with two indoor pools with an eight lane, 25-yard competition pool, a play pool, and a 2-story waterslide. Swim lessons are taught for preschool to adult age ranges. Lifeguard training is available and other certification courses. Therapeutic aquatics courses are taught to help with strengthening, flexibility, and joint problems. Family memberships are \$25.00 a month and scholarships are available.

Center for Family Services, Promise Neighborhood Family Success Center brings groceries to Camden through collaborative efforts with Shoprite, a local grocery store establishment in Camden County.

## Mental Health & Substance Use Disorders

Suicide is a serious public health problem. Rates of suicide have been on the rise for more than a decade and the costs stretch well into the billions of dollars each year. While suicide and its human impact is far-reaching and the community is made up of many suicide survivors. Suicide and suicide attempts are public health issues and there are a number of barriers that have impeded progress. Fortunately, like many public health problems, suicide is preventable, and more is being done to prevent suicide in Camden County.

The Camden County MAPP Coalition’s Vision Statement explicitly recognizes the need to ensure partnership between substance abuse and mental health service providers. Substance Abuse (alcohol, tobacco and other drugs) problems are an important aspect of mental health. Camden County now coordinates action on these issues through the Division of Mental Health and Addictions Services including substance use disorders and mental health recognizing the strong association present between these public health concerns.

The Camden County Department of Health and Human Services holds training programs on suicide prevention “Question, Persuade, Refer” to community residents, providers, school staff, teachers youth groups facilitators. Monitoring and evaluation lays a key role in this implementation and the Department hopes to collaborate with other partners to fund other master trainers to train more gatekeeper trainers in Camden County to embed QPR within the school worksite community the same way as CPR is for the Heart.

## Focus Groups

*Depression is common among participants. “Being sick affects your body, and mind.” Maintaining health is a “constant battle.” “One condition snowballs into another.” “It’s a big change when you’re used to taking care of yourself and now need to rely on others.” “I feel ashamed when people see me.” “It affects your self-esteem.” Some feel isolated because of their conditions. “I wonder how long I have. I read the obituaries every day.”*

Many respondents listed depression as a chronic condition that they suffer from. Participants described feeling depressed because they are not able to do what they used to do or feel overburdened from being sick. Many said their physician did not ask about their mental health when treating their physical health. They also did not feel comfortable to talk about their mental health with family or friends. *“Mental health is a big thing that is not being handled in health care, and it leads to so many things. Health care should focus on mental health and stop shying away from it. Right now, it seems like an embarrassment to have an issue. If they pushed that it was okay to have these issues, people wouldn’t get to the level of depression they are.”*

Asked what factors help them lead a healthier life, participants most valued having family support and a good relationship with their physician. Participating in group activities like walking clubs or a senior center were seen as positive influences. Support groups and initiatives to coordinate care were valuable to participants who accessed those services.

Asked if they would describe their community as “healthy,” residents were divided. *“There is a lot of talk about health here, but I don’t think people are that healthy.” “We need more health education in schools, particularly at the elementary level, to instill lifelong healthy behaviors. By the time people start to be conscious about their health, it’s too late.”*

Participants in all groups could name health promotion activities that occurred in their communities. Local venues for recreation are accessible across the region, including parks, YMCAs, gyms, senior centers, and wellness programs. About half of the participants had engaged in some activity associated with the hospitals or local health department. Most notable were walking clubs, health conferences, screenings, and newsletters. Local hospitals were seen as providing quality health services.

Barriers that keep people from exercising and eating healthy also exist in communities. Neighborhood safety, lack of knowledge of programs and services, busy lifestyles, and transportation limits were listed as barriers for individuals to optimize health.

Some saw the health system as being disjointed, particularly in providing resources and well care. *“Doctors aren’t aware of what resources exist in the community.” “They [doctors] don’t spend enough time with you to treat you individually.”*

## Trends

- In Camden County, two hundred seventy-six (276) accidental deaths related to the adverse effects of substance abuse in 2017 has been reported.
- There is approximately a twenty-five percent (25 %) increase from 2016 which reported 200 deaths.
- This increase has been attributed to the increased use of Fentanyl laced heroin which is being sold in Camden County. Fentanyl is considered 50 times more powerful than heroin and is synthetic.
- Although less common, Carfentanyl, an analog of the opioid synthetic Fentanyl, is one hundred (100) times as potent as the same amount of fentanyl, and five thousand (5,000) times as potent as a unit of heroin, has been used as well.
- Although there are no specific data on the e-cigarette use in Camden County, according to Tobacco Free Kids, in “The Toll of Tobacco in New Jersey” Report, that there are more high school students who use e-cigarettes (14%) than high school students who smoke (8.2%).
- Between 2011 and 2015, the U.S. Surgeon General found e-cigarette use among high school students increased by 900 percent.
- An article in the American Academy of Pediatrics in October 2015 entitled “High School Students’ Use of Electronic Cigarettes to Vaporize Cannabis”, reported on an anonymous survey given to Connecticut High School students assessing e-cigarettes and cannabis use. Although limited, the results indicated that the rates of vaping cannabis using e-cigarettes was high. Based on this data, the lack of e-cigarette regulations raise concerns about the potential use of e-cigarettes for other than vaping nicotine.
- “E-cigarettes: A Review on New Trends in Cannabis Use” was published in the Journal of Environmental Health called “stealth vaping”.
- Although there are no statistics regarding “stealth vaping in Camden County, it is imperative that potential public health policies address the development of cannabis vaping among teens and focus on prevention, intervention and regulation.
- “JUULing” is the relatively widespread practice of inhaling and exhaling a highly concentrated nicotine vapor,” produced by a new and increasingly popular brand of e-cigarette.

- JUUL devices are unique because they more closely resemble a USB drive or a stick of gum than a cigarette. Middle and high school students are attracted to the design and relatively odorless vapor. Students ask to use the bathroom, but instead they are discreetly “Juuling”.
- The extent to which JUUL e-cigarettes which come in enticing flavors like mango, and other fruit flavors, have pervaded middle and high schools and colleges across the country is alarming. (National Center on Addiction and Substance Abuse). In fact, Juuling has been credited for the elevated teen vaping rate in the State of New York.

Given current world trends and events, ensuring that emergency preparedness efforts include consideration of mental health issues and involvement from mental health consumers and professionals also is important. The severity of an emergency such as hurricanes and the long recovery processes has exacerbated difficulties for those with preexisting illnesses and has been a factor in emerging illnesses such as depression and post-traumatic stress disorder. To help address the need for emergency preparedness to include a strong mental health component, the Governor’s Mental Health Task Force recommends stable funding, legislation and coordination between organizations involved in emergency planning. Similar steps should be implemented on the local level.

Other trends identified by public health partners suggest that mental illness will be a growing challenge in the years ahead. For instance, public health partners noted the trend of jails becoming surrogate mental health providers and the fact that many of those arrested, both adults and juveniles, have mental illnesses such as bipolar disorder and/or substance abuse problems. Jail diversion, screening and crisis intervention programs in Camden County and elsewhere in the state hopefully will help to ensure arrestees or prisoners with mental illness are identified and offered treatment.

#### Co-occurring Mental Health and Addictions Disorders (Source: Healthy People 20/20)

Goal: Implementation locally of the following Healthy People 2020 national objectives will help to improve the local public health system (LPHS) to address the needs of residents who suffer from co-occurring mental health and addictions disorders in our community:

#### Objectives:

The Camden County LPHS will:

Increase the proportion of adults with co-occurring mental illness and addictions disorders who receive treatment

1. Continue to meet monthly and prioritize and develop annual action plans collaboratively with all Core MAPP Workgroup members.
2. Ensure that the Core MAPP workgroup reflects prevention, early intervention, treatment, and recovery and wellness resource representatives.

Reduce proportion of adults using illicit drugs over the past 30 days

- Baseline: 7.9 percent of adults aged 18 years and older reported use of any illicit drug during the past 30 days in 2008
- Target: 7.1 percent
- Target-Setting Method: 10 percent improvement
- Data Source: National Survey on Drug Use and Health (NSDUH), SAMHSA

Reduce the proportion of persons engaging in binge drinking of alcoholic beverages

- Baseline: 27.1 percent of adults aged 18 years and older reported that they engaged in binge drinking during the past 30 days in 2008
- Target: 24.4 percent
- Target-Setting Method: 10 percent improvement
- Data Source: National Survey on Drug Use and Health (NSDUH), SAMHSA

Increase the proportion of adults with co-occurring health disorders who receive treatment

- Baseline: 2.7 percent of persons with co-occurring substance abuse and mental disorders received treatment for both disorders in 2008
- Target: 3.0 percent
- Target-Setting Method: 10 percent improvement Mental Health & Substance Abuse strategies:

## Priority Area: Mental Health and Substance Use Disorders

Goal: Develop partnerships to enhance education and treatment for substance abuse and mental health disorders.

Objectives:

### Strategies

1. Advocate for policy change to remove prohibitive costs associated with primary care physician licensure to provide behavioral health services
2. Advocate for regulatory change to promote prevention through recovery and Medicaid coverage of all prevention services
3. Develop a marketing campaign to advertise behavioral health services and assure that everyone has equal access to the same information
4. Develop a “no wrong door” approach to accessing behavioral health services
5. Increase behavioral health education and awareness among primary care providers, parents, schools, emergency department staff, etc.
6. Support and populate central repository of all behavioral health resources to increase awareness of services and referrals between health and social service agencies

7. Develop relationship-based, culturally competent community outreach workers to take services into the communities and better meet the needs of minority populations
8. Promote and support partnerships with school systems to provide both primary (prevention) and secondary (detection and treatment) mental health services to students and their parents

Goal: Increase identification and treatment of behavioral health issues among individuals with chronic disease.

Objectives:

1. Continue to be a partner in the Camden and Burlington County Chronic Disease Coalition
2. Increase understanding of root causes of substance abuse needs and opportunities for collective impact among partner organizations.
3. Enhance partnerships with community agencies to support behavioral health treatment services among residents
4. Implement the use of early identification behavioral health- substance abuse disorder screening tools among chronic disease patients in the hospital and the community
5. Support integration of mental, behavioral, and substance abuse health care services in primary care settings in the community  
Increase community awareness of signs and symptoms related to substance abuse and mental health disorders.
6. Increase screening for behavioral health among patients with chronic conditions using SBIRT.
7. Increase awareness of mental health and substance use disorders and decrease stigma associated with mental illness and substance use disorders.
8. Provide gatekeeper training on a quarterly basis for suicide prevention.

### **Camden County Division of Mental Health and Addictions**

Camden County's Professional Advisory Committee (PAC-Mental Health) & Professional Advisory Committee on Alcohol and Drug Abuse (PACADA) have been meeting jointly since (2012) to improve communication and collaboration among the county's mental and substance abuse continuum of care.

The County's Municipal Alliance Coordinator, Regional Substance Abuse, as well as, mental health and substance abuse prevention/education/advocacy experts have also been attending the PAC and PACADA meeting

Children's interagency Coordinating Council (CIACC) has taken the lead in bringing

together a more coordinated focus on children's mental health, Developmental Disabilities Disorders (DDD), and addiction services in Camden County. The Children's System of Care (CSOC) in 2014 began centralizing services for youth with Substance Abuse and Developmental Disabilities through PerformCare. Even though it "opens up" access to services, it also creates some barriers, especially for youth with DDD services. Also, the CIACC has begun an Educational Partnership, where the System of Care works more closely with the school systems to improve knowledge of and access to mental health and substance abuse services

Camden County Suicide Prevention; Mental Health and Addictions Workgroup the Camden County Suicide Prevention Task Force consist of representatives from Camden County Mental Health and Substance Abuse Agencies, Human Service Agencies, the Department of Health, Hospitals, Schools, Faith Base Organizations and Law Enforcement. The mission is to prevent suicide through public education and awareness, community action planning, and implementing effective suicide prevention, intervention and postvention strategies. The goals of the Workgroup are to 1) promote public awareness that suicide is a public health problem that is preventable; 2) develop and implement strategies to reduce the stigma associated with needing and receiving mental health, substance abuse and suicide prevention services; 3) promote effective critical and professional practices; 4) identify and coordinate resources; 5) implement effective suicide prevention, intervention and postvention strategies throughout the community; 6) implement educational workshops in the community and schools on suicide prevention, intervention and postvention. Camden County Mobilizing Action Through Planning and Partnership Coalition's workgroup on Mental Health and Addictions Disorders

The Camden County Department of Health and Human Services, Camden County Mobilizing Action Through Planning and Partnership Coalition's workgroup on Mental Health and Addictions Disorders and the Camden County Suicide Prevention Task Force have joined together to address the problem of co-occurring mental health and substance use disorders in Camden County. One of our first steps in working together was to identify groups and individuals that may have an interest in addressing this problem. Two of the programs, QPR and SBIRT are provided by workgroup members for the community.

H.A.L.O. Healing After Loss to an Overdose is a program for families and friends who have lost someone to the disease of addiction. The program focuses on the struggles of family and friend who have lost someone to a drug overdose, and is offered at a convenient location. The program provides support to family members and partners and other close to those who have died.

Operation SAL- (Save – A – Life) has been expanded to include Detox, Short-term Residential and Methadone Maintenance with IOP. Camden County Board of Freeholders and the Addiction Awareness Task Force offers Operation SAL in response to the overwhelming need for substance abuse treatment following an overdose. Also offered is Grief Support for the families, friends and loved ones of overdose victims at two different agencies.

Trainings are also provided to those able to help someone else during an overdose of heroin or other opioids. The law also eliminates civil and criminal liability to anyone who administers naloxone. Trainings are providing on a monthly basis and open to the public.

Participants who successfully complete training receive a free naloxone kit.

### **Community Partners and Local Initiatives in Camden County System of Care**

**Oaks Integrated Care** Oaks Integrated Care is a one of New Jersey's largest and most comprehensive providers of the full continuum of behavioral health services. Twin Oaks merged with Greater Trenton Behavioral Health to form Oaks Integrated Care in 2015. January 2017, Oaks welcomed Preferred Behavioral Health Group, as an affiliate and now operates over 200 programs across the southern region of New Jersey. Oaks is fully licensed to operate several levels of care for mental health, co-occurring, and/or substance use disorders. Our licensed programs within Camden County include: Crisis Screening, Early Intervention Support Services, Intensive Outpatient Treatment and Support Services, Adult and Children's Outpatient for both Mental Health and Substance Use Disorders and Adult Partial Care. Oaks works regularly with the Department of Mental Health and Addiction Services, county funding, and federal funding sources, in collaboration with county stake holders to provide services to the most vulnerable individuals within our community. Oaks currently operates the Camden County Screening Center out of the Jefferson Hospital Cherry Hill. To ensure all individuals in need of crisis services are reached in spite of an individual's access to transportation, Crisis Mobile Outreach Team is available to assess an individual's need for hospitalization within the community. Oaks Crisis Phone Triage (856)-428-4357, enables crisis screening professionals to triage calls and help link those clients who do not need hospital based services to appropriate treatment. This "call before you come to crisis" has reduced the number of clients in the Emergency Room.

In conjunction with the crisis line, Early Intervention Support Services (EISS) has enhanced community members seeking mental health treatment quick access to services. EISS has been described as the "urgent care" of mental health. An open access, short term program, EISS can provide individual counseling, medication treatment, psychiatric consultation, group treatment, access to other community resources, and referrals to follow-up services. EISS is for adults aged 18 and older.

**Mental Health Association of Southwestern New Jersey (MHASWNJ)** provides programs and services on Advocacy, Careers, Education Community Outreach, Wellness and Resources in Camden County. MHSWNJ also oversees the **Camden County Crisis Intervention Team**, a county based collaboration of law enforcement professionals and mental health professionals who are committed to developing a local system of services that is responsive to individuals with mental illness, family members and the police officers. Initiated in 2007, Camden County implements the Tennessee Model which strives to provide law enforcement and mental health professional's knowledge and skills to allow them to respond to individuals in psychiatric crisis in a manner that minimizes the potential injury, diverts individuals from the criminal justice system to appropriate mental health treatment. Camden County-CIT holds a minimum of two forty hour trainings per year.

### **Southern New Jersey Perinatal Cooperative**

Camden Healthy Start is dedicated to improving the health of pregnant women, babies and

families in Camden City. The program seeks to lower the city's infant mortality rate (consistently double the state and national rates) and address a racial disparity that is revealed in this data. CHS services include one-on-one support, home visiting, family support, health education and help connecting to services and resources in the community is addressed. As part of the Camden Healthy Start initiative, the needs and issues facing fathers in Camden City are also addressed where fathers help each other build healthy families and stronger relationships.

The Postpartum Wellness Initiative for South Jersey works on several levels to ensure optimal care for South Jersey women suffering from perinatal mood disorders. The program trains health care professionals in best practices and facilitates compliance with state screening laws to ensure those at-risk receive timely support and treatment. PWI also oversees a network of local support groups that are tailored to the needs and concerns of new moms and operates a 'warm line'. Most recently, PWI has become a key player in providing regional access to an online, peer-to-peer support group. In addition, PWI offers a web-based intervention designed to help women recover from postpartum depression; The Perinatal Addictions Prevention Project is a statewide effort with three primary goals: reduce the number of pregnancies affected by substance use; limit the damage caused by substance use and educate the community about perinatal substance use. As the regional coordinator of PAPP for South Jersey, we support this mission with a comprehensive strategy of screening, education and prevention.

Under PAPP, the M-WRAP program works with women and their families to support and strengthen their capacity to engage in health practices to maintain stable homes through a family-centered approach. The program provides intensive case management, wraparound services, and recovery support for opioid-dependent pregnant/postpartum women.

Mom's Quit Connection provides free and individualized support for pregnant and parenting women, their partners and family members who want to quit smoking. Knowing that a smoke-free home is the healthiest environment for everyone, the program serves all members of a family who live with or care for children 7 years old and younger.

### **Rutgers University Behavioral Health Care**

Serving adults in Camden County who seek recovery from mental illness including individuals with addiction or substance abuse achieve valued community roles and integration into the community. Individualized treatment services are provided by a clinical team: case managers, master's level clinicians, psychiatrists and nurses. Services Include: Medication Management, Evidence Based Therapeutic Groups such as DBT and CBT, Learning positive coping skills and case management.

### **Center for Family Services**

The Traumatic Loss Coalition of Camden County is an interactive group and part of a statewide network that offers collaboration and support to professionals working with school-age youth. The dual mission of the TLC is excellence in suicide prevention and trauma response assistance to schools following unfortunate losses due to suicide, homicide, accident and illness. This is accomplished through county, regional and statewide conferences, training, consultation, onsite traumatic loss response, and technical assistance. The purpose is to ensure that those working with youth from a variety of

disciplines and programs have up-to-date knowledge about mental health issues, suicide prevention, traumatic grief, and resiliency enhancement. Since its inception, the TLC has trained thousands of individuals with the purpose of saving lives and promoting post trauma healing and resiliency for the youth of Camden County.

Living Proof Recovery Center is a Peer-led, volunteer driven place of support for all members of the recovery community and created for individuals in recovery and maintained by individuals in recovery.

Many of these programs are provided through collaboration of the Camden County Addiction Awareness Task Force, Center for Family Services, Living Proof Recovery Center, and the Office of Mental Health and Addiction of Camden County. are covered in the Drug and Alcohol Plan of Camden County and will not be covered in the CHIP.

### **Next Steps**

MAPP partners must continue to work together with appropriate work groups, timelines and action plans to implement the goals and strategies discussed in this report and evaluate these efforts on an ongoing basis. The coalition must also recruit new agencies and organizations to participate and maintain the enthusiasm and commitment of existing MAPP partners.

With hard work and commitment from all of the agencies and organizations that participate in MAPP and help from residents and new partners, the Camden County local public health system can make substantive progress in addressing the three priority health issues described in this report and improving the health and quality of life of our county's residents.

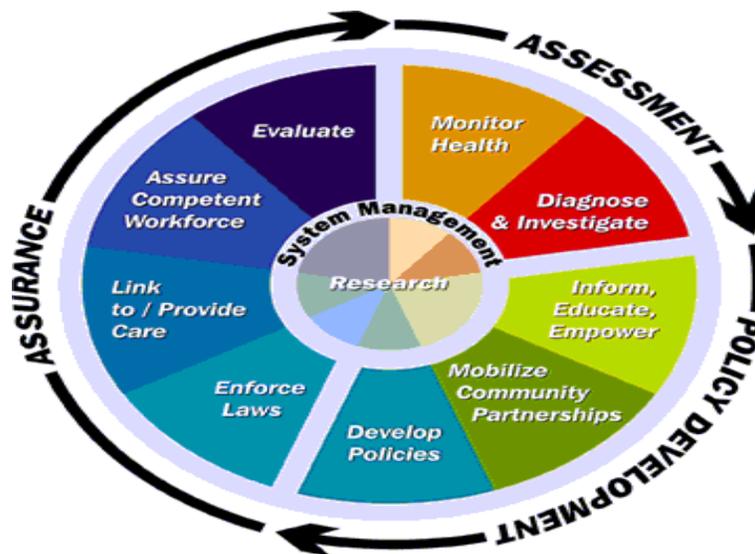
### **EVALUATION**

Community Health Assessment and Group Evaluation (CHANGE): using the adapted version of the CHANGE tool that was used for ARRA-funded efforts, progress on each strategy on policy, systems, and environmental change and on implementation of activities to produce that change will be reported to the county on an annual basis through an electronic survey.

New Jersey currently collects data from approximately 13,000 interviews annually conducted in English and Spanish. NJBRFSS incorporates and standard measures for a wide range health risk behaviors. Using this methodology will allow us to compare Camden County and its communities to the state as a whole. UMDNJ-SPH faculty has many years of experience working with the State's BRFSS Coordinator and the BRFSS data. NJ Center for Statistics has also refined its State Health Assessment Data Center which allows Counties and municipalities to garner data for collection and evaluation. The Walter Rand Institute also provides data for county at the municipal level as well as data for the homeless and most vulnerable populations. The County Health Rankings is another resource which can be utilized for county data. However this report has built itself upon the 2013 report and utilized much of the results from the public forums and focus groups gathered during 2016.

The South Jersey Health Partnership is committed to addressing the highest needs of our community. Through collaborative efforts, we will continue to promote community engagement and collective health impact. We are thankful to the many community partners who lent expertise and input to the CHNA process and welcome their continued partnership in improving the health of the region.

**APPENDIX: Essential Services of Public Health**



The Centers for Disease Control and representatives of various public health organizations have identified 10 essential services that should be provided in all communities.

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems

For additional information, see “The essential public health services,” Centers for Disease Control and Prevention, <http://www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm>. Diagram from CDC.

**Topic/Issue: Mental Health & Drug Use Disorders - Stigma**

**Date: 1/02/18**

<b>Specific Aim or Purpose:</b> To decrease stigma associated with mental illness and drug-addiction within the community				
<b>Desired Outcome or Improvement Target:</b> More people will be willing to seek help for their disorders, more families/friends/community members will be willing to get help for those who have disorders, and more health care providers will be willing to deliver the care that people with such disorders need				
<b>Plan to Achieve Target - Action Steps (who, will do what, by when)</b>				
<b>What will be done? (brief description)</b>	<b>Who will do it?</b>	<b>By When?</b>	<b>Measurement</b>	<b>Progress</b>
<p>Develop and implement a Wellness Initiative for Camden County to include a community tool kit for municipalities, workplace and agencies.</p> <ul style="list-style-type: none"> <li>• Pledge Campaign</li> <li>• Community Tool Kit – combining “Talk they hear you” and Wellness Zones.</li> <li>• Social media - Parent 15 minute videos</li> </ul> <p>Hold four education/information sessions throughout the county to raise awareness about mental health and addiction including Question, Persuade Refer (QPR) Gatekeeper Training and Screening Brief Intervention Referral and Treatment (SBIRT) for adults and</p>	<p>Workgroup members, Tricia and Andrea</p> <p>Tricia/Lynn/Koren - Establish connections to hold training/education/information sessions [Assistance from remaining members of the Co-occurring Mental Health and Addictions Disorders Committee, Addiction Medicine Specialists, Municipal Alliances, and others with a good knowledge base]</p>	<p>Ongoing</p> <p>Quarterly</p>	<ul style="list-style-type: none"> <li>• # of hits on Website</li> <li>• # of signed pledges</li> <li>• # of municipalities who adopt program</li> <li>• # of Hospitals, and other health providers who adopt program</li> <li>• # of Faithbased organizations that adopt program</li> <li>• Number of education/information sessions held</li> <li>• Number of engaged participants at community education/information sessions</li> </ul>	<p>In development</p>

<p>community residents, EMT's SAC's Police and Worksite staff.</p> <p>Explore:</p> <ul style="list-style-type: none"> <li>• EAP</li> <li>• Veterans</li> <li>• Senior sites</li> <li>• College campuses</li> <li>• Daycare/Parent groups</li> </ul>				
<p>Increase the number of partnerships in the community between health care providers, organizations, and others who interact with people with mental health and addiction disorders by 10%</p> <ul style="list-style-type: none"> <li>• Maintain current partnerships and encourage new collaborations to engage in conversations about topics related to mental health and addiction, and facilitate those conversations when possible</li> <li>• Continue to encourage collaborators to share resources and utilize each other for assistance when possible</li> </ul>	<p>Representatives from the Co-occurring Mental Health and Addictions Disorders Committee [Assistance from health care providers, community leaders, etc.] Potential Partnerships: Project Hope, Message of Hope; New Visions; Celebrating Recovery, Camden Coalition of Healthcare providers; City of Angels; Schools</p>	<p>December 2018</p>	<ul style="list-style-type: none"> <li>• Number of mental health/drug addiction partnerships</li> <li>• Number of people seeking help for mental health and addiction disorders</li> <li>• Number of engaged participants at community education/information sessions</li> <li>• Number of participants giving out resources</li> <li>• Number of resources taken</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<p><b>Evaluation: How will you measure success and monitor the process?</b></p>				
<p>Number of visits to Online resources Quality and quantity of feedback about programs and initiatives Number of advocates</p>				



Amount of awareness (Number of inquiries, number of requests for educational presentations, number of articles posted/published)		
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Modified Slightly From Florida MAPP Field Guide

**MAPP SUBCOMMITTEE**

**Topic/Issue: Access to Care**

**Date: 10/2/18**



<p><b>Specific Aim or Purpose:</b> Increase the proportion of persons with health insurance Increase the proportion of persons with usual primary care provider ;</p> <p>Baseline: 83.2 percent of persons had medical insurance in 2008</p> <p>Target: 100 percent Target-Setting Method: Total coverage Data Source: National Health Interview Survey (NHIS), CDC/NCHS</p> <p>Baseline: 76.3 percent of persons had a usual primary care provider in 2007</p> <p>Target: 83.9 percent Target-Setting Method: 10 percent improvement Data Source: Medical Expenditure Panel Survey (MEPS), AHRQ</p> <ul style="list-style-type: none"> <li>• Improve access to comprehensive, quality health services.</li> <li>• By the end of the 2020, Increase the percentage of adults and children who have health insurance to 95%.</li> <li>• By the end of the 2020 grant period, Increase the percentage of adults and children who have a usual primary care provider by 25%.</li> </ul>					
<p><b>Desired Outcome or Improvement Target</b></p> <ul style="list-style-type: none"> <li>• More children, youth and adults that are physically and mentally healthy</li> <li>• More people who have a medical home</li> <li>• More people who have health insurance</li> </ul>					
<p><b>Plan to Achieve Target - Action Steps (who, will do what, by when)</b></p>					
<p><b>What will be done? (brief description)</b></p>		<p><b>Who will do it?</b></p>	<p><b>By When?</b></p>	<p><b>Measurement</b></p>	<p><b>Progress</b></p>
<ul style="list-style-type: none"> <li>• Our Lady of Lourdes Hospital (OLOL) and Virtua Hospital AND Cooper will continue to determine presumptive eligibility (PE) for certain Medicaid-eligible populations to enroll individuals in Medicaid, ensuring compensation for hospital-based services, while providing patients access to medical care and a pathway to longer-term Medicaid coverage.</li> </ul>		<p>Health System staff</p>	<p>ongoing</p>	<p><b>No. of people enrolled in health insurance</b></p>	



<p>Camden County Health Department and selected partners will assist eligible residents to apply for NJ Family Care and Medicaid through NJFamily care.org.</p> <ul style="list-style-type: none"> <li>Camden County Housing Complexes and Public Libraries will provide a place for eligible residents to get their questions answered, their problems addressed, and to shop and enroll in affordable health care.</li> <li>Community agencies will collaborate with Center for Family Service Navigators to develop a simple, effective renewal process by having educational sessions and tutorials on NJHelps.org, a one stop center for access to health, housing and community services in the community.</li> <li>Health systems in collaboration with local health partners listed in Resource Commitment Section will develop a comprehensive, up-to-date, easily accessible directory of community services and programs and continually update this resource and provide information about this directory to community residents. This directory will be housed at the Centerville Library and Branch Village Community Room.</li> </ul>	<p>Center for Family Services</p> <p>Camden County Navigators</p> <p>Camden County Department of Health</p>	<p>Ongoing</p> <p>Weekly</p> <p>Monthly</p> <p>By August 2019</p>	<p>Number of hits on Website</p> <p>Number of Hospitals, and other health providers who adopt program</p> <p>Number of people seeking help for enrollment in affordable health care.</p> <p>Number of education/information sessions held</p> <p>Number of engaged participants at community education/information sessions</p> <p>Improvement on a post-test, compared to pre-test results</p> <p>Number of partnerships</p>	
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**Chronic Disease Coalition – Camden County Programs in collaboration with BCCCCDC**

**And the Environmental/Policy Change Workgroup**



<b>Specific Aim or Purpose:</b>				
<ul style="list-style-type: none"> <li>To reduce Camden County residents' risk factors of cardiovascular disease, cancer and diabetes, through policy and Environmental changes which support and facilitate the adoption of healthy behaviors.</li> <li>Reduce the proportion of adults at risk for health problems related to being overweight from 66% to 50%.</li> <li>Reduce the number of people who have been told by a doctor that they have diabetes, from 13% to 5%.</li> <li>Reduce the proportion of people who have been told by a medical care provider that their cholesterol was high, from 43.2% to 35%.</li> </ul>				
<b>Desired Outcome or Improvement Target</b>				
<ul style="list-style-type: none"> <li>County residents will benefit from policy and environmental changes to encourage healthy eating Increased physical activity.</li> <li>Establishment of new health promotion policies enacted by Camden County municipalities.</li> <li>Adolescents and Adults will benefit from the Establishment of wellness workplace policies within Businesses and industry.</li> <li>Children and adolescents will benefit from environmental and wellness policy changes within the County school districts.</li> </ul>				
<b>Plan to Achieve Target - Action Steps (who, will do what, by when)</b>				
<b>What will be done? (brief description)</b>	<b>Who will do it?</b>	<b>By When?</b>	<b>Measurement</b>	<b>Progress</b>
<p>At least four Camden County employers will enact wellness policies and changes at the workplace to increase personal health of their staff.</p> <ol style="list-style-type: none"> <li>Develop Webpage on MAPP which is on the Camden County Website which provides resources, sample policies and procedures for worksite wellness</li> <li>Promote availability of Web-based resources to local industry and business through the South Jersey Regional Chamber of Commerce and local municipalities and local boards of Health...</li> <li>Provide real time assistance through contact lines on Website.</li> <li>Educate management and provide technical assistance to employers to offer supportive environment for breastfeeding mothers.</li> </ol>	<p>CHOC members:</p> <p>CCDHHS, SNJPC, Collingswood Manor, and other interested members of CC MAPP chronic disease coalition members</p>	<p>January 2019</p> <p>Ongoing/ Health Services Center/ County Offices/ The Workgroup</p>	<p>Number of education sessions provided</p> <p>Number of Follow-ups through phone calls, emails, and in person meetings.</p> <p>Track the employers who download the</p>	



5. Follow-up with those worksites that request assistance			worksite wellness package and follow-up	
<p>At least four municipalities will develop environmental policy changes/ordinances/resolutions to increase physical activity and health promotion within their communities.</p> <ol style="list-style-type: none"> <li>1. Survey 100% of all Camden County Municipalities regarding program policies for active and healthy lifestyles.</li> <li>2. Work with local elected officials to implement programs to encourage walking, biking and other physical activities and draft council/committee resolutions emphasizing the importance of health diet and exercise.</li> <li>3. Serve on local planning boards, health boards, and local coalitions to encourage policy change for safe and accessible sidewalks, parks, and walking/bike trails.</li> <li>4. Design a health promotion Webpage which will consist of web-based resources, sample ordinances and policy and the Mayor's Wellness toolkit.</li> <li>5. Collaborate with Camden County Chronic Disease Coalition in the facilitation of Community Partner Trainings and implementation of policy development and evaluation at faith-based organizational sites.</li> <li>6. Encourage and/or strengthen programs in targeted areas which need improvements as indicated by survey results.</li> <li>7. Deliver health education and coaching, and promote all members' initiatives on the Camden County Health Connection Truck including the Chronic Disease Self-Management Program, Move Today, Matter of Balance and QPR...</li> <li>8. Increase awareness of funding, guidance and training regarding disease prevention and health promotion to all southern New Jersey Municipalities utilizing health alert networks, email blasts and broadcast faxes.</li> <li>9. Identify all Health Promotion sites and County education sessions and convene a "Best Practices and Resource Sharing" Workgroup.</li> </ol>	<p>Chronic disease Coalition and CCMAPP and Get Healthy Camden Members</p> <p>CCDHHS Staff/Health Education Unit</p> <p>CC MAPP Members</p>	<p>September 2019</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>September 2019</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Number of policy changes in municipalities for safe and accessible sidewalks, parks, and walking/biking trails</p> <p>Track the number of downloads of the Mayor's Wellness toolkit</p> <p>The number of Community Partner Trainings</p> <p>Number of Chronic Disease Self Management deliveries</p> <p>The number of email blasts, broadcast faxes, and health alert networks sent out</p>	

<p>At least 20% of the Camden County School Districts will establish on new policy that will provide healthy options and maintain improvement regarding active and healthy lifestyles for students and staff.</p> <ol style="list-style-type: none"> <li>1. Identify school health coordinators and wellness teams.</li> <li>2. Facilitate the training needs assessment of School policies utilizing Centers for Disease Control School Health Index (CDC SHI).</li> <li>3. Promote partnerships between schools, community and local nutrition experts to promote healthy eating in schools, school/community events, and among families.</li> <li>3. Develop and or strengthen policies and programming in targeted areas of need as indicate by the SHI.</li> </ol>	<p>Chronic Disease Coalition, Health Education Unit CCDHHS and MAPP members to form an Environmental and Policy Change Workgroup.</p>	<p>2018-2020</p>	<p>Number of trainings held for CDC SHI</p> <p>Number of partnerships formed for healthy eating in schools and school/community events</p> <p>Amount of policy changes/ strengthening</p>	
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