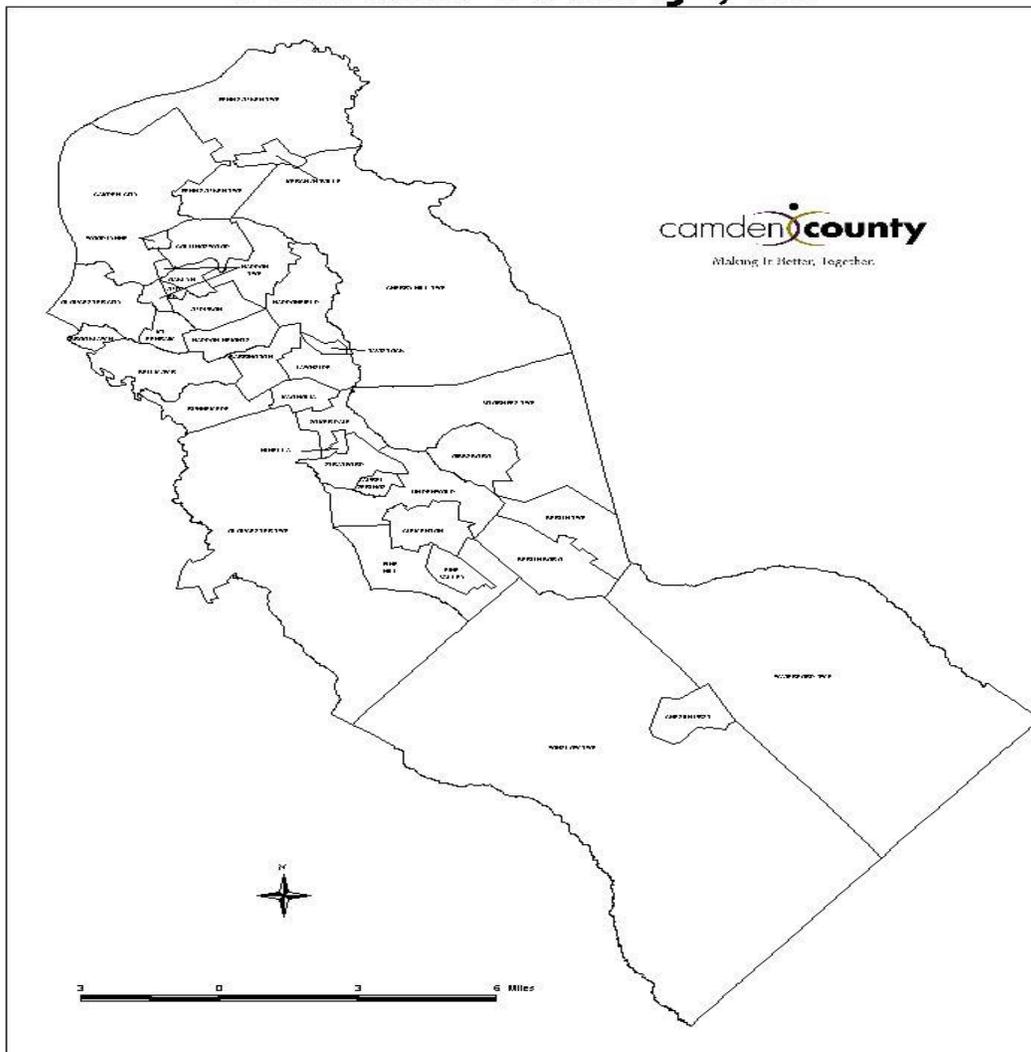




# CAMDEN COUNTY MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) COALITION COMMUNITY HEALTH IMPROVEMENT PLAN

## Camden County , NJ



Finalized March 2015

### **Camden County MAPP Coalition Participants**

Completion of the MAPP process and development of this plan has been possible because of the contributions, effort and commitment of staff from the following agencies/organizations:

American Cancer Society  
Archway Programs  
Boat People SOS  
Brian Injury Association of New Jersey  
CAMCare Health Corporation  
Camden City Board of Education  
Camden County College  
CAMConnect  
Camden Area Health Education Center (AHEC)  
Camden Churches Organized for People (CCOP)  
Camden Coalition of Healthcare  
Providers  
Camden County Board of Social Services  
Camden County Chronic Disease Coalition  
Camden County Council on Alcoholism and Drug Abuse, Inc  
Camden County Council on Economic Opportunity  
Camden County Department of Health & Human Services  
Camden County Family Support Organization  
Camden County Library System  
Camden County Medical Society  
Camden County One-Stop Resource Center  
Camden County Parks Department  
Camden County Prosecutor's Office  
Camden County PTA  
Camden County Volunteer Center  
Camden County Women's Center  
Camden County Workforce Investment Board (WIB)  
Camden City Youth Services Commission  
Camden Eye Center  
Campbell Healthy Communities  
Campbell Soup Company  
Camden Healthy Start  
CASA of Camden County  
Cathedral Kitchen  
Catholic Charities  
Center for Family Services  
Community Planning & Advocacy Council  
Cooper Health  
Court Appointed Special Advocates of Camden County (CASA)  
Devereaux  
Dooley House  
Food Bank of South Jersey  
Genesis Counseling Center  
Gloucester City Public Schools  
Healthy Mothers, Healthy Babies  
Hispanic Family Center of Southern New Jersey  
Holleran Consulting  
Kennedy Health System

**Living Proof Recovery Center**  
**Mental Health Association in Southwestern**  
**New Jersey**  
**New Jersey Partnership for Healthy**  
**Kids – Camden**  
**New Jersey Department of Children and**  
**Families**  
**Division of Child Protection and Permanency**  
**New Jersey Department of Education**  
**New Jersey Department of Health & Senior**  
**Services**  
**New Jersey Department of Human Services**  
**Our Lady of Lourdes Health System**  
**Planned Parenthood of Southern New Jersey**  
**Rails-to-Trails Conservancy**  
**Red Cross- Camden County Chapter**  
**RESPOND**  
**Retired health department staff and**  
**consultants**  
**Rutgers Cooperative Extension-Camden**  
**County**  
**Rutgers University School of Public Health**  
**Safe Kids Southern New Jersey**  
**Salvation Army**  
**Samaritan Hospice**  
**South Jersey Environmental Justice Alliance**  
**South Jersey Behavioral Health Resources**  
**Southern New Jersey Perinatal Cooperative**  
**Southern Regional Childhood Lead Poisoning**  
**Prevention Coalition**  
**Sustainable Camden County**  
**Tapestries of Hope**  
**Twin Oaks**  
**The Dot Organization**  
**The Food Trust**  
**United Way of Camden County**  
**Urban Promise Ministries, Inc.**  
**Virtua Hospital**  
**Virtua CASTLE**  
**Vitas Hospice**  
**Volunteers of America of Delaware Valley**  
**Traumatic Loss Coalition of Camden County**  
**Winslow Township Board of Health**

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**CHIP Revision Page**

Date	Revision of Pages or Sections	Author
June 10, 2014	Chronic Disease Section	Patricia D. Hearey
March 2 2015	Chronic Disease Section	Amy Pillay
March 6, 2015	Access to Care	Patricia D. Hearey

# **CAMDEN COUNTY MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) COALITION COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)**

## **Executive Summary**

The Mobilizing for Action Through Planning and Partnership (MAPP) process is a community assessment tool developed by the National Association of County and City Health Officials and federal Centers for Disease Control and Prevention (CDC). The MAPP process has been completed by counties and cities throughout the United States. The goal of the MAPP process is to help local public health system entities work collaboratively to assess and improve community health and quality of life. The local public health system includes academic institutions, foundations, health care providers, libraries, religious organizations, social service organizations and other entities which provide public health services and sharing information about health and human services issues with community residents.

In 2005, as part of the MAPP process, public health partners worked together to complete four community assessments: Forces of Change, which identifies factors, events and trends that are causing changes in health and quality of life for county residents; the CDC's Local Public Health System Assessment Survey, which provides the opportunity to discuss and formally evaluate how public health services are being provided within the community; the Community Perspectives Survey, which seeks input from community residents about health care and quality life issues; and the Community Health Status Assessment, during which data about health and quality of life in the community collected and shared in a report. The Camden County MAPP Coalition held its first meeting in June 2005. Numerous community partners have participated in the MAPP coalition's meetings and assessments. The four MAPP assessments were completed in October 2006. After the four assessments were completed, the information was reviewed and used to identify three to six priority health issues that should be addressed to improve community health. In 2007, MAPP Coalition members formulated goals and strategies to address these priority issues, developed a written community health improvement plan to improve community health and worked together to implement this plan through annual action planning from 2009-2013.

In 2012, in preparation for the 2014 CHIP, The Tri-County Health Assessment Collaborative was formulated. Hospitals, health systems, and health departments and other community partners within Burlington, Camden, and Gloucester Counties joined together to undertake a comprehensive regional community health needs assessment (CHNA). The Tri-County Collaborative Steering Committee included the following partners: Cooper University Health Care, Kennedy Health System, Lourdes Health System, Inspira Medical Center-Woodbury, Virtua Health, and the Health Departments of Burlington, Camden and Gloucester Counties. The CHNA was conducted from September 2012 to June 2013. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment was conducted to comply with requirements set forth in the Affordable Care Act, as well as to further the health department's commitment to community health and population health management.

## **Vision Statement**

To ensure a healthy community with the best possible quality of life and health for all of Camden County's residents we propose the following **Community Values** to guide our efforts:

### **1. COMMITMENT AND LEADERSHIP**

**1a.** Increase partnerships and collaborations, dialogue and information-sharing efforts between/among local public health system partners and county residents to demonstrate that everyone has a role to play in helping to improve health and quality of life in our community.

**1b.** Ensure that local public health system partners in our county are open and transparent with respect to their programs and funding and are held accountable both by one another and county residents.

### **2. EDUCATION**

**2a.** Increase and evaluate on an ongoing basis the numbers of residents who are aware of the types of services offered in our community, and have the information (e.g., contact information, directions) needed to access these services.

**2b.** Ensure the availability of useful and consumer-friendly health information in a variety of languages and formats.

**2c.** Continually educate residents about good health habits, such as a healthy diet, getting adequate rest and exercise and provide incentives for maintaining good health habits.

**2d.** Ensure all residents benefit from an outstanding educational system, including schools with good physical facilities, adequate technology, materials and resources, sufficient staff strong relationships with health, social service and other organizations.

### **3. HEALTH**

**3a.** Provide quality health care at all times - including primary, preventive and disease-related care -- in a courteous and respectful manner -- to all residents regardless of age, race, gender and disability, socioeconomic or insurance status.

**3b.** Increase the number and types of public health services that are available to all residents in need, with reasonable waiting times, on a 24 hours a day, 7 days a week basis (including holidays).

**3c.** Support the health of our children by ensuring there is low infant mortality, affordable daycare, after school programs, low/no juvenile obesity, well-funded physical education programs, screenings and immunizations at appropriate intervals and health prevention programs offered at an early age.

**3d.** Increase the number of children in a 'system' -- such as foster care, juvenile justice or mental health -- that has a medical home.

**3f.** Ensure senior citizens are healthy, integrated into the community and have advocates to assist them in accessing care and services.

**3g.** Offer mental health services to all residents in an easily accessible, nonjudgmental manner and ensure persons who access these services are not subject to discrimination.

**3h.** Provide affordable and accessible substance abuse treatment services and programs to all residents, integrate these programs with mental health services, implement appropriate harm reduction strategies and ensure these services are provided in a non-judgmental manner and can be sought by residents without stigma.

#### 4. HUMAN RIGHTS

**4a.** Ensure families are healthy and functional and free of domestic violence and child abuse and neglect and provide help to families confronting these situations.

**4b.** Actively promote tolerance and respect for diversity and create additional opportunities and forums for people of different cultures and faiths to interact and work together.

**4c.** Ensure a culturally competent public health workforce by recruiting health professionals who can communicate effectively in different languages, promoting availability, access to and awareness of interpretation services and ensuring workers both are trained and willing to listen to and interact with residents of all backgrounds and abilities.

**4d.** Promote economic self-sufficiency by ensuring all residents are able to earn sufficient income to support themselves and their families and are able to afford basic necessities such as clothing, food and housing.

**4e.** Increase awareness among residents about healthy eating as well as the number of grocery stores that sell a good variety of affordable, healthy foods.

**4f.** Provide adequate public transportation so that all residents can avail themselves of the many things our county has to offer.

#### 5. SAFETY AND SECURITY

**5a.** Ensure air and water is clean -- both inside and outside -- and that the environment in our county is free of lead and other toxins.

**5b.** Assist all residents in receiving the benefits of open space, parks and recreational facilities that are safe, clean and accessible.

**5c.** Enable all residents to feel safe, secure and comfortable in their surroundings, including homes, schools, offices and parks, regardless of where in Camden County they live, work or play.

#### **Mission Statement**

The mission of the Camden County Mobilizing for Action Through Planning and Partnership (MAPP) Coalition is to ensure the best possible health and quality of life for Camden County's residents.

The Coalition's mission will be accomplished through achievement of the following goals.

Together, we:

- 1) feel safe, secure and comfortable in our surroundings;
- 2) receive quality health care, including primary, preventive and disease-related care;
- 3) live, work, and play in a clean environment;
- 4) are able to receive quality services for our parents and children;
- 5) collaborate and cooperate with one another as residents, workers and/or partners in the local public health system;
- 6) tolerate and respect diversity;
- 7) can obtain good jobs and afford the basic necessities of life;
- 8) know and practice good health habits;
- 9) have access to useful health information in multiple languages and formats;
- 10) expect a climate of accountability and a shared commitment by all residents and organizations to improving health in our community;
- 11) have access to affordable, non-discriminatory and excellent mental health services;
- 12) are able to receive affordable treatment for substance abuse in a nonjudgmental manner;
- 13) have access to high-quality services for elderly persons, who are well-integrated into all aspects of our community life;
- 14) benefit from adequate numbers of clean and safe parks and recreational facilities;
- 15) have access to safe, clean and affordable public transportation.

## **Community Health Needs Assessment Background**

The Tri-County Health Assessment Collaborative, consisting of hospitals, health systems, and health departments within Burlington, Camden, and Gloucester Counties came together to undertake a comprehensive regional community health needs assessment (CHNA). The Tri-County Collaborative included the following partners: Cooper University Health Care, Kennedy Health System, Lourdes Health System, Inspira Medical Center-Woodbury, Virtua Health, and the Health Departments of Burlington, Camden and Gloucester Counties. The CHNA was conducted from September 2012 to June 2013. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment was conducted to comply with requirements set forth in the Affordable Care Act, as well as to further the hospital's commitment to community health and population health management.

## **Research Methodology**

The Tri-County Collaborative contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has 21 years of experience in conducting public health research and community health needs assessments.

The CHNA collaborative took a comprehensive approach to identifying the needs in the communities it serves. A variety of quantitative and qualitative research components were implemented as part of the CHNA. These components included the following:

### **Quantitative Data**

- Secondary Statistical Data Profiles of Camden, Burlington, and Gloucester counties depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics were compiled.
- Household Telephone Survey was conducted with 2,480 randomly-selected community residents in Camden, Burlington, and Gloucester counties. The survey was modeled after the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) which assesses health status, health risk behaviors, preventive health practices, and health care access.
- 4 Data Collection Sessions were held with 165 Camden City residents from diverse populations. Participants were administered an abbreviated version of the customized BRFSS survey tool. Responses were collected through wireless keypad technology.

### **Qualitative Data**

- Key Informant Interviews were conducted with 153 community stakeholders and leaders in Camden, Burlington, and Gloucester counties. Key Informants representing a variety of sectors including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community provided input on health issues and barriers to care.
- 6 Focus Group Discussions were held with 65 community residents in Camden, Burlington, and Gloucester counties. Focus group topics addressed Access to Health Care & Key Health Issues and Nutrition/Physical Activity & Obesity.

## **Assessment Findings**

### **Secondary Data**

Based on a review of the secondary data, the following indicators are worse in Camden County compared to the state of New Jersey.

#### **Demographic & Household Indicators**

- Higher percentage of total population with a disability
- Higher proportion of single-female households
- Higher percentage of children living in single-family households
- Fewer adults with Bachelor's degrees, graduate degrees, or professional degrees
- Higher poverty rates and lower median household income
- Number of people in TANF, SNAP, EAP, and WIC increased from 2007-2011

#### **Access to Health Care**

- Higher percentage on Medicaid or public/government insurance
- Fewer number of general Internal Medicine physicians
- More emergency department visits and emergency department visits for primary care
- More hospital admissions (adults and elderly)
- More hospital admissions for ambulatory care sensitive conditions
- More Medicare 30-day readmissions
- More substance abuse treatment admissions

#### **Safety**

- Lower percentage of children tested for lead poisoning
- More reports of child abuse
- Higher rates of domestic violence offenses
- Higher overall crime rate
- More juvenile and adult arrests (juveniles-runaways; adults-drug abuse violations)

#### **Health Behaviors**

- More tobacco use (proportion of regular smokers and percentage who have ever smoked in a lifetime)
- Higher proportion of overweight/obese adults
- Fewer Females 50+ who have had a mammogram
- Fewer Adults 50+ who have had a blood stool test
- Fewer Medicare beneficiaries who have had a pneumonia vaccine
- Lower Percentage of Medicare beneficiaries who have had cancer screenings
- Lower Percentage of Medicare beneficiaries who have had diabetes screenings

#### **Maternal & Infant Health**

- Higher teen pregnancy rates (ages 15-19)
- Higher percentage of births to unmarried mothers
- Higher rates of smoking and/or use of drugs during pregnancy
- Lower proportion of mothers receiving first trimester prenatal care
- Higher overall infant mortality rate

#### **Communicable & Chronic Disease**

- Higher percentage of adults reporting "fair" or "poor" health
- Higher incidence of sexually transmitted infections: Gonorrhea, Chlamydia
- Higher overall incidence rates for cancer
- Higher female breast cancer incidence rate among Whites and Blacks

- Higher overall lung cancer incidence rate
- Higher colorectal cancer incidence rate among males and Whites
- Higher oral cancer incidence rate among males

### **Mortality Rates**

- Overall mortality rate
- More Years per life lost (premature death)
- Higher Drug-related mortality rates
- Higher mortality rates due to heart disease, cancer, stroke, unintentional injuries, respiratory disease, diabetes, Alzheimer's, kidney disease, and homicide
- Higher cancer mortality rates among Whites: all sites, prostate, lung
- Higher cancer mortality rates among males: all sites and lung cancer

Many of the unfavorable indicators included above fit into the following health issue categories:

### **Areas of Opportunity**

- Access to Health Care
- Overweight/Obesity
- Substance Abuse
- Chronic Health Conditions (Diabetes, Heart Disease & Cancer)
- Maternal & Infant Health
- Crime/Domestic Violence
- Sexually Transmitted Infections

### **Household Telephone Survey - Health Indicators**

#### **Areas of Strength**

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

- **Sweetened Drink Consumption:** The proportion of residents who did not drink soda or pop that contained sugar in the past 30 days (49.6%) is higher when compared to the United States (42.5%). Additionally, the proportion of residents who did not drink sweetened fruit drinks such as lemonade in the past 30 days (63.6%) is higher when compared to the United States (52.1%).

#### **Areas of Opportunity**

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

- **Healthy Days – Physical Health:** The proportion of residents who reported poor physical health for 15-30 days of the past 30 days (15.5%) is higher when compared to New Jersey (9.2%) and the United States (10.3%).
- **Healthy Days – Mental Health:** The proportion of residents who reported poor mental health for no days of the past 30 days (62.4%) is lower when compared to New Jersey (68.6%), but similar to the United States (66.0%).
- **Healthy Days – Activity Limitation:** The proportion of residents who reported poor physical or mental health as being a barrier from usual activities for 15-30 days of the past 30 days (17.9%) is higher when compared to New Jersey (11.9%), but similar to the United States (13.3%).
- **Anxiety Disorder:** The proportion of residents who reported being told they have an anxiety disorder (24.8%) is higher when compared to the United States (13.3%).
- **Disability:** The proportion of residents who are limited in any activities due to physical, mental, or emotional problems (23.5%) is higher when compared to New Jersey (16.9%)

but similar to the United States (20.8%).

- **Exercise:** The proportion of residents who have not participated in physical activity outside of their regular job in the last month (29.8%) is higher when compared to the United States (24.4%), but similar to New Jersey (26.6%).
- **Tobacco Control:** The proportion of residents who have smoked at least 100 cigarettes in their life (48.9%) is higher when compared to New Jersey (40.6%) and the United States (42.0%). Additionally, the proportion of residents who no longer smoke cigarettes (56.7%) is lower when compared to New Jersey (64.4%), but similar to the United States (59.4%).
- **Seatbelt Use:** The proportion of residents who never wear a seat belt when they ride in or drive a car (3.9%) is higher when compared to New Jersey (1.1%) and the United States (1.5%).

### **Areas of Disparity**

The following are areas in which certain demographic groups within Camden County fare worse, or less healthy, than other demographic groups.

- **Health Status:** Hispanic respondents are more likely than Non-Hispanic respondents to report their health as being fair or poor.
- **Physical Health:** Hispanic respondents are more likely than Non-Hispanic respondents report 15-30 of poor physical health days in the past 30.
- **Mental Health:** Hispanic respondents are more likely than Non-Hispanic respondents to report 8-14 days of poor mental health in the past 30.
- **Disability:** Hispanic respondents are more likely than Non-Hispanic respondents to report limitations in physical activity due to physical, mental, or emotional problems.
- **Tobacco Use:** Hispanic respondents are more likely than Non-Hispanic respondents to report smoking cigarettes every day. Additionally, Hispanic respondents are more likely than Non-Hispanic respondents to report having stopped smoking for one or more days in the past 12 months because they were trying to quit smoking.
- **Seatbelt Use:** Hispanic respondents are more likely than Non-Hispanic respondents to report never wearing a seatbelt when in a car.
- **Anxiety Disorder:** White respondents are more likely than Black or African American respondents to report being told they have an anxiety disorder.
- **Dental Visits:** White respondents are more likely than Black or African American respondents to report seeing a dentist within the past 12 months.
- **Sweetened Drink Consumption:** White respondents are more likely than Black or African American respondents to report never drinking sweetened fruit drinks, such as Kool-Aid, Cranberry juice cocktail, and lemonade.

### **Data Collection Sessions**

The following are areas where Camden City residents who participated in the Data Collection Sessions appear to fare worse, or less healthy, than Camden County, the State of New Jersey and/or the Nation as a whole. Please note that due to the sample size (n=165) and the difference in research methodology (in-person polling vs. telephone), these differences should be interpreted with some caution.

- Less likely to have health care coverage
- More likely to report they needed to see a doctor but could not because of cost
- More likely to be covered by Medicare, Medicaid, NJ FamilyCare
- More likely to report having trouble finding a general doctor/provider and specialist
- More likely to report having asthma
- More likely to report having disability

### **Key Informant Survey**

Based on the feedback from the key informants, the following issues were identified as areas of opportunity for the local community:

- Access to Health Care/Uninsured/Underinsured
- Diabetes
- Overweight/Obesity
- Substance Abuse/Alcohol Abuse
- Mental Health/Suicide

### **Focus Groups**

Based on the feedback from the focus group participants, the following health issues appear to be potential areas of opportunity for the local community.

- Access to Health Care
- Mental & Behavioral Health/Substance Abuse
- Obesity/Overweight
- Diabetes
- Hypertension & Heart Disease

### **Selection of the Community Health Priorities**

On August 13, 2013, representatives from healthcare organizations, health departments, and community agencies gathered to review the results of the Community Health Needs Assessment. The planning meeting was initiated by the Tri-County Collaborative and the goal of the session was to discuss and prioritize key findings from the community health needs assessment. A list of participants is included in the Appendix.

The prioritization meeting was facilitated by Holleran Consulting. The meeting began with an abbreviated research overview of the key findings of the CHNA. Following the research overview, participants were provided with information regarding the prioritization process, criteria to consider when evaluating key areas of focus, and other aspects of health improvement planning, such as goal setting and developing strategies and measures. Through facilitated discussion, attendees identified a “master list” of key community health issues based on the results of the CHNA.

Camden County MAPP Coalition and other County and Health System representatives reviewed feedback from the Prioritization Session, in conjunction with the services and programs, areas of expertise, resources, and existing community assets to determine which priority areas it could best address. The following needs were identified as its priority areas for the following three-year cycle:

- Access to Health Care
- Chronic Health Conditions
- Mental Health & Substance Abuse

Camden County Health Department has considered both national and state health improvement priorities where they have been established. Goals and strategies have been aligned with National priorities which include the National Prevention Strategy and Healthy People 2020. The NJ State Health Department Plan also points out that Access to Care is a high priority public health issue for Camden County. This plan also identifies chronic disease as another high priority public health issue. Lastly, Camden County is identified as a county where Alcohol, Tobacco, Other Drugs, and Mental Health is a high priority public health issue. Relevant health people. Healthy People 2020 objectives are cited after each overall goal.

## **Strategies to Address Community Health Needs**

In support of the 2013 Community Health Needs Assessment and ongoing community health initiatives, Camden County Department of Health and Human Services, Camden County Tri-county CHNA Collaborative, Camden County Mobilizing Action Through Partnership Coalition and community partners and stakeholders (See Attached), plan to implement the following strategies to impact and measure community health improvement. As with all community health initiatives, we will continue to monitor community needs and adjust programming and services accordingly.

### **Access to Care**

Access to care continues to be a major concern in Camden County as it is at the state and national levels. About 10 percent of county residents lack health insurance coverage. In addition to health care coverage, lack of knowledge about existing services and programs, language issues and transportation may be barriers to accessing care and services. The MAPP Coalition will work to ensure that residents are able to obtain the care and services they need, that organizations conduct outreach and provide materials in a variety of languages and formats and that residents can conveniently access services.

With a few exceptions, the physician density in Camden County is far greater than New Jersey as a whole. The density rates reflect the number of physicians per 100,000 population. The countywide rate for all physicians is 334.7 compared to 252.9 statewide. Similar positive comparisons exist for a number of other specialties as well. Overall, the percentage of individuals with health insurance does not differ from the state (87.4%); however, individuals in Camden County are more likely to have public health insurance coverage. There are more than 76,000 individuals in Camden County who receive Medicaid, which is 2.6% above the proportion statewide. The availability of providers in the county is generally above the state, the density of general Internal Medicine physicians is lower (38.9 per 100,000 versus 43.2) Emergency department (ED) use for primary care conditions and hospital admissions for ambulatory care sensitive conditions are not favorable when comparing Camden County to the state. Residents of all ages in Camden County are more likely to visit the ED, and adults and the elderly are more likely to be admitted to the hospital. Readmissions within the 30-day period among Medicare beneficiaries are well above state benchmarks. It should also be noted that treatment admissions for substance abuse are more likely in Camden County (1108.9 per 100,000).

Information on resources such as local hospitals, Federally Qualified Health Centers, Project Hope and CAMCare, and free clinics, will be provided to local neighborhoods and public housing sites to promote access to health care. The Center for Family Services and the Camden County Department of Health and Human Services will collaborate with the center's trained navigators (bilingual) to help county residents understand healthcare options and assist in applications for affordable 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

Increase the proportion of persons with usual primary care provider

- 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

## KEY FACTS- Access to Care

- The proportion of residents who reported having a routine checkup within the last year (77.2%) is higher when compared to the United States (68.1%), but similar to New Jersey (77.0%).
- Non-Hispanic respondents are more likely than Hispanic respondents to report having any kind of health care coverage.
- Hispanic respondents are more likely than Non-Hispanic respondents to report a time in the past 12 months of needing to see a doctor but not being able to due to cost.
- Black or African American respondents are more likely than White respondents to report a time in the past 12 months that they needed to see a doctor but could not due to cost.
- Hispanic respondents are more likely than Non-Hispanic respondents to report coverage through Medicaid or NJ FamilyCare, while Non-Hispanic respondents are more likely than Hispanic respondents to report having coverage through a current or former job.
- Hispanic respondents are more likely than Non-Hispanic respondents to report having trouble in the past 12 months finding a doctor who would see them.
- Hispanic respondents are more likely than Non-Hispanic respondents to report a time in the past 12 months that a doctor's office told them they would not be accepted as a new patient.
- The proportion of expectant mothers receiving first trimester prenatal care is lower in Camden County than in other New Jersey counties. Emergency department visits in Camden County greatly exceed the state benchmarks.
- Emergency department visits for primary care conditions exceed state figures (both adults and children).

### Strategies:

- 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
- Advocate for additional staff and funding to help with outreach and provision of additional services to those facing barriers to accessing care/programs
- Support Affordable Care Act efforts in Camden County aimed at ensuring that all residents have adequate health care coverage
- Enhance efforts to provide such populations as the elderly, persons with disabilities and those speaking languages other than English with health information and materials
- 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
- Encourage LPHS partner organizations to provide, fund and support cultural competency training for all employees
- 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

### Community Partners:

- Center for Family Services

- Navigator Exchange Program helps people understand healthcare options and enroll in the best plan for the client.
- Camden County Family Success Centers
  - These centers are community-based, family-centered neighborhood gathering places where any community resident can go for family support, information and services to enrich the lives of children and adults by making families and neighborhood stronger.
- Project H.O.P.E., Inc.
  - 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
  - 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.
  - Cooper Health System
  - Our Lady of Lourdes Health System
  - Virtua Health
  - Kennedy Health System

### **Chronic Disease**

According to the Centers for Disease Control and Prevention about one-third of Americans over the age of 20 are obese. Based on responses to the 2013 Camden County BRFSS, nearly 28 percent of Camden County BRFSS respondents meet the criteria for being obese (based on BMI). This exceeds the state's obesity percentage by 4.3%. There is in addition to these disconcerting statistics an increasing prevalence of childhood obesity as well as significant disparities between racial and ethnic groups. The 2011 New Jersey Student Health Survey indicates that 15 percent of high-school students are obese. Obese children are likely to become obese adults. Childhood and adult obesity and overweight is associated with such health conditions as heart disease, stroke, diabetes, certain cancers and high-blood pressure. A high BMI is associated with excess mortality in persons over age 50. Efforts to reduce obesity through proper exercise and nutrition and efforts can help significantly in management

of diabetes, heart disease and other chronic health conditions and may also reduce cancer risk. The proportion of adults who are having recommended screenings and preventive services is below state benchmarks as well.

MAPP coalition members suggested that with many residents working longer hours and having or taking less time for cooking meals, it is important to educate residents about ways to cook healthy foods without spending a lot of time or money. In addition, MAPP members identified the need for physical activity programs for students who enjoy sports but are not 'star' athletes or on sports teams. These steps can help ensure that children and adolescents develop interest in and enjoyment of physical activity and exercise that will continue into adulthood. MAPP participants also identified a need for programs that encourage entire families (even pets!) to exercise together and help motivate one another.

Cardiovascular disease (heart disease and stroke) together cause about one-third of all deaths in Camden County. This fact alone dictates that reducing onset and deaths from cardiovascular disease and ensuring proper treatment of those diagnosed and at risk should rank high among the local public health system's health priorities. As high as morbidity and mortality is generally, certain racial and ethnic groups such as African-Americans, Hispanics and Asian-Pacific Islanders face even greater risk.

The American Heart Association points out that "cigarette and tobacco smoke, high blood cholesterol, high blood pressure, physical inactivity, obesity and diabetes are the six major independent risk factors for coronary heart disease that you can modify or control." Many of these risk factors can be readily modified by residents, particularly if there is concerted effort on the part of local public health system partners to provide information and develop programs aimed at addressing these risks. Strategies used to reduce obesity, encourage exercise and promote healthy eating will be of great value as well in reducing morbidity and mortality from cardiovascular disease. Efforts to ensure residents have good access to health care services, including insurance coverage and a good relationship with a primary health care provider will help reduce risk, ensure adequate screening and early diagnosis and provide treatment of those diagnosed with cardiovascular health problems.

In 2013, the proportion of residents who have smoked at least 100 cigarettes in their lifetime (48.9%) is still higher when compared to New Jersey (40.6%) and the United States (42.0%). Additionally, the proportion of residents who no longer smoke cigarettes (56.7%) is lower when compared to New Jersey (64.4%), but similar to the United States (59.4%). About half of those smoking every day or on some days said that they have stopped smoking cigarettes for a day or longer during the past year in an attempt to quit smoking. Efforts to assist residents who wish to quit smoking will continue to be an important strategy in the MAPP Coalition's efforts to improve the cardiovascular health of residents as will supporting the work of other partners also will be important to help prevent residents, particularly young persons, from developing smoking habits in the first place. The incidence of cigarette smoking in Camden County is well above state percentages. Roughly 17% of the adults smoke every day compared to 10.7% for New Jersey overall.

It also is important for residents to be able to recognize the early warning signs of stroke and heart attack in themselves and others and trained to respond accordingly. Access to care at the first sign of a heart attack or stroke is critical both in saving lives and reducing long-term complications. Helping to promote awareness of heart attack/stroke signs and symptoms and how to respond can be a significant and cost-effective way to reduce deaths and suffering from heart attacks and stroke in our community. Encouraging institutions to offer residents cardiopulmonary resuscitation/automated external defibrillator (CPR/AED) and first aid courses that provide this information will be a key strategy in reducing morbidity and mortality from cardiovascular disease in Camden County.

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.

During the Camden County focus groups, Obesity/Overweight issues were discussed at length by participants. Attendees were especially concerned with childhood obesity. They felt that the food in schools is unhealthy and that physical activity is no longer structured. They felt that physical activity should be emphasized in the schools and expressed concern that schools are cutting back on time for gym and recess. There are some recreation programs in the county to keep children active but there are not enough and they can be expensive. When asked what challenges people in the community face in trying to stay physically fit and eat healthier, participants suggested the following common challenges: Cost, Motivation/Effort, Time/Convenience, Education/Knowledge, Stress/Depression, Television/Video Games, and Crime/Safety.

### **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:**

Increase the proportion of adults who receive chronic disease screenings based on recent guidelines

Increase the proportion of persons who participate in behaviors/programs that reduce risk factors for chronic disease

Continue to develop and expand chronic care self-management programs for people with multiple chronic conditions

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

## KEY FACTS- Chronic Disease

In 2013, According to the Tri county Community Health Needs Assessment:

- The proportion of residents who have not participated in physical activity outside of their regular job in the last month (29.8%) is higher when compared to the United States (24.4%), but similar to New Jersey (26.6%).
- The proportion of residents who have smoked at least 100 cigarettes in their life (48.9%) is higher when compared to New Jersey (40.6%) and the United States (42.0%). Additionally, the proportion of residents who no longer smoke cigarettes (56.7%) is lower when compared to New Jersey (64.4%), but similar to the United States (59.4%).
- Hispanic respondents are more likely than Non-Hispanic respondents to report smoking cigarettes every day. Additionally, Hispanic respondents are more likely than Non-Hispanic respondents to report having stopped smoking for one or more days in the past 12 months because they were trying to quit smoking.
- The proportion of residents who have been diagnosed with chronic obstructive pulmonary disease (7.8%) is higher when compared to New Jersey (5.1%), but similar to the United States (6.3%).
- The proportion of residents who have been diagnosed with diabetes (13.0%) is higher when compared to New Jersey (9.2%) and the United States (9.3%).
- The proportion of residents who have ever been told they have high blood pressure (43.3%) is higher when compared to New Jersey (30.6%) and the United States (31.6%).
- Hispanic respondents are more likely than Non-Hispanic respondents to report having had an angina or coronary heart disease in the past.
- White respondents are more likely than Black or African American respondents to report having had their blood cholesterol checked.
- Non-Hispanic respondents are more likely than Hispanic respondents to report having had their blood cholesterol checked.
- The proportion of residents who reported receiving the flu shot or flu vaccine in the past 12 months (50.5%) is higher when compared to New Jersey (36.0%) and the United States (36.7%).
- Regular tobacco use (cigarette smoking) is higher in Camden County compared to New Jersey overall.
- Tobacco use as well as heavy drinking among Blacks is proportionally higher in Camden County compared to Blacks statewide.
- The proportion of obese adults in the county exceeds the statewide average.
- The proportion of females 50+ who have had a mammogram is below the state proportion.
- Adults 50+ in Camden County are less likely to have had a blood stool test compared to those throughout the state.
- When looking at BMI (Body Mass Index) statistics, nearly 28% of county residents are obese. This exceeds the state's obesity percentage by 4.3%.

### **Strategies:**

- Support municipalities by working with local elected officials to implement programs which highlight the importance of healthy diet and exercise and encourage walking, biking and other physical activities.
- Increase the number of municipalities which will develop environmental policy changes/ordinances/resolutions to enhance infrastructure supporting bicycling and walking to increase physical activity and health promotion within their communities through collaboration with Complete Streets, Rails to Trails, Safe Routes to Schools, Sustainable NJ and Mayors Wellness Campaign representatives.
- Work collaboratively with municipalities, community partners, and county representatives to promote an evidence-based approach toward community design decision-making that impacts health and incorporates health considerations into community design policies and programs.
- Increase awareness of funding, guidance and training regarding chronic disease prevention and health promotion to all Camden County municipalities utilizing health alert networks, email blasts and broadcast faxes.
- Implement evidence-based approaches such as the Chronic Disease Self-Management Program to help patients and providers more effectively manage and treat heart disease and other chronic diseases and conditions.
- Work with health systems, Federally Qualified Health Centers (FQHC's), and other partners to implement disease prevention and self-management strategies to reduce future care needs.
- Collaborate with community partners to improve emergency preparedness and increase awareness of emergency needs and training.
- Promote frequent screening for high blood pressure and high cholesterol, and effective treatment and steps to reduce risks such as exercise and healthy eating.
- Collaborate with the Food Trust and other community partners in increasing healthy food access at corner stores and bodegas.
- 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.
- Promote services for tobacco dependence/addiction for adults and adolescents.
- Work with the Integrated Municipal Advisory Council program to promote 100% tobacco-free municipal parks.
- Educate residents about indoor and outdoor tobacco policies already established within Camden County, e.g. county parks system's outdoor tobacco-free policies.
- Limit advertisements of less healthy foods and beverages within local government facilities or on public school campuses.
- Work with hospitals and worksites to address environmental and policy change in the county.

### **Community Partners and Local Initiatives**

- Campbell Healthy Communities Program
  - Camden City has 78,000 residents with one full-service grocery store. Camden city has significantly higher levels of childhood obesity and hunger than the national average. They have the following interventions to combat this problem:
  - Introducing and marketing healthy food in corner stores throughout Camden
  - Providing adult nutrition classes to families, adults and childcare professionals to teach menu planning, smart shopping, basic cooking skills and food safety
  - Ensuring school children receive 30 minutes of daily moderate to vigorous physical activity four days a week via the C.A.T.C.H. program

- Implementing the Pregnancy, Parenting Partners (P3) program to promote prenatal/well child visits focused on nutrition education
  - Promoting community gardens and school gardens to increase access to healthy produce
  - Expanding availability of locally grown produce, while accepting WIC, SNAP and senior coupons at markets
  - Implementing a measurement system to capture incremental metrics and creating measures to assess the long term goals of reducing childhood obesity and hunger.
  - Providing school-based nutrition education to youth
- 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.
    - The accomplish their mission by providing College Preparation, Literacy, Community Garden, Woodland Music Appreciation, and an After School Program.
- Food Trust
    - The Food Trust has 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 Store owners through supporting and training during the change process. The end result is owners who are selling healthy products in a profitable and sustainable manner.
- Community Health Outreach Consortium
    - Their mission is to increase communication and collaboration among partners to ensure consistent evidence-based communication is disseminated throughout Camden County.
    - The partners in the Consortium are: 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.
    - The consortium partners with Camden County MAPP Coalition, CCDH, and other coalitions to address obesity and chronic disease objectives in the Chronic Disease work plan for 2014.
- YMCA of Burlington and Camden County
    - They provide coordinated approach to child health (CATCH) program. CATCH is a holistic approach for children's health by targeting many aspects of the school environment such as teachers, students, families, and the broader community. A YMCA Recess Specialist leads CATCH games and activities, with the help of school recess staff, three days per week at recess, throughout the year.

- Safe Places to Play staffs 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. Grant funding currently allows the Y to continue to lead the charge in 'taking back' the public parks in the City of Camden by offering this great program at no-cost to Camden residents.
- 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.
- Camden Healthy Kids, Healthy Communities
  - 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.
- New Jersey Partnership for Healthy Kids- Camden
  - 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
  - The Youth Employment and Training Program has employed over 300 at-risk youth.
  - The GrowLab Program, in its 21st year, uses horticulture to teach subjects ranging from nutrition to science to about 550 Camden school children each year.
  - Also, they have community gardening and food access initiatives.
- Cooperative Extension of Camden County
  - 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 City.
- Sustainable Camden County is a member of Camden County MAPP
  - In 2001, the County resolved to prohibit smoking in all County parks and park lands. They inform the public and ensure appropriate signs are displayed and they enforce the message
  - They work with local farms to create community supported agriculture enabling more county farmer's markets.

- Camden County Kroc Fitness Center
  - This new facility located in Camden City offers fitness classes, cardio machines, and weight training equipment.
  - The Aquatics Center has 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.
  
- The Chronic Disease Coalition of Camden County
  - 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.
  
- Camden County Family Success Centers
  - These centers are community-based, family-centered neighborhood gathering places where any community resident can go for family support, information and services to enrich the lives of children and adults by making families and neighborhood stronger. One of their collaborative programs, Neighborhood Grocery Delivery Initiative provides families in Camden City with grocery orders delivered for FREE to convenient Camden neighborhood locations.

### **Co-occurring Mental Health and Addictions Disorders**

In 2011, according to the Substance Abuse and Mental Health Services Administration, 18.9 million adults in the United States had past year substance use disorder (SUD), and 41.4 million adults had mental illness in the past year; 6.8 million adults experienced both, based on the National Surveys on Drug Use and Health, 2013. Among adults with SUD, 36.1 percent also had a co-occurring mental illness, whereas, among adults without SUD, 16.2 percent had mental illness. Among adults with mental illness in the past year, 16.5 percent had SUD, compared with 6.3 percent of adults who did not have mental illness. The U.S. Surgeon General cites data suggesting that more than 20 percent of children between ages 9 and 17 suffer from a mental or substance abuse problem. About eleven percent of Americans receive general or specialty medical mental health services each year.

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. That the main federal agency coordinating action on these issues, the Substance Abuse and Mental Health Services Administration, (SAMHSA) includes both substance abuse and mental health components reflects recognition of the strong association that often is present between these health concerns.

Co-occurring mental health and substance abuse problems may impact as many as seven to ten million adults each year. Funding for mental health and substance abuse programs is inadequate at the local, state and national levels. Additional significant barriers to care include inadequate training for health care providers, lack of coordination between substance abuse treatment providers and mental health professionals and the stigma associated with seeking treatment both for mental illness and substance abuse. During the 2013 Focus Group sessions, Mental and Behavioral Health/Substance Abuse issues

were frequently mentioned by participants. The need for mental health counseling and addiction services was mentioned multiple times. Participants explained that there are major gaps in the system and that the area is lacking in psychiatric care especially for children and the elderly. Participants commented that some people are reluctant to seek care because there is still a stigma around mental health though they felt awareness and acceptance is steadily increasing. Local public health system partners noted significant gaps in data about prevalence of mental health issues, particularly mental illness in children. These gaps are attributable in part to the fact that children and adolescents, like adults afflicted with mental illness, do not seek help or are not referred for help due to stigma, limited provider training and confidentiality issues.

Substance abuse is also a significant problem in Camden. Focus Group Participants indicated that there is a growing problem with addiction and abuse of prescription drugs including pain medications. Participants talked about drug seeking behavior and patients going from one ER to another to get a prescription for painkillers. There are not enough detox facilities in the area so people either need to wait 3-6 months to receive treatment or they have to admit to suicide ideation to try to get admitted through the hospitals.

Funding and staff limitations make it difficult for organizations in our community offering mental health services to conduct outreach to raise awareness about children/adolescent mental health and even to provide treatment to those who have been diagnosed; often there are limited placements available for treatment, limited numbers of providers and very long waiting lists for therapeutic treatment. Local public health system partners identified the need for culturally competent and bilingual staff to conduct outreach and provide treatment to residents of all backgrounds. Though often overlooked, it is also important to recognize that among those with mental illness are persons facing other severe physical cognitive challenges such as traumatic brain injury, developmental disabilities and other chronic diseases.

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

- The Camden County Suicide Task Force along with the TLC (Traumatic Loss Coalition), as part of a SAMHSA grant, has provided free Suicide, Prevention, Connect and Postvention trainings to the system of care as well as school staff and community partners. In an effort to sustain the benefit of the trainings, a Learning Collaborative has been developed and is available for providers throughout Camden County.
- Kennedy Health System
  - The only hospital based Detoxification center that was located at the Cherry Hill Campus is no longer operational – services were able to increase at Maryville, Inc. and New Hope Foundation.
- Twin Oaks Community Services
  - Family Service of Burlington County and Steininger Behavioral Health services merged to form Twin Oaks Community Services.
  - Twin Oaks Community Services has been working with Department of Mental Health and Addictions Services for funding and with external stakeholders to find placements for clients such as with Bergen Pines, Maryville, etc. in each one's absence.
  - Our Lady of Lourdes (LOL) crisis unit previously operated by Twin Oaks, was closed as of 7-1-2013. To still reach this population, mobile outreaches are provided to Lourdes for clinically appropriate cases; that is those individuals meeting the screening requirements (danger to self, others, and/or property due to mental illness). With the

closing of Lourdes Crisis unit, the Twin Oaks Crisis Mobile Outreach Team was expanded by four full time positions to help serve Camden City/Lourdes Hospital.

- Twin Oaks Crisis Phone Triage screeners man a helpline (856-428-4357) to triage calls and help link those clients who do not need the hospital based services. This "call before you come to crisis" has considerably reduced the number of clients in the Emergency Room as well as with early intervention support services (EISS). EISS provides a quicker alternative for individuals who are not in need of psychiatric hospitalization. EISS (Early Intervention Support Services) can provide individual counseling, medication treatment, psychiatric consultation, skill building groups, access to other community resources, and referrals to follow up services. EISS is for adults aged 18 and older.
- Camden City has developed a new county police force-Metro Police- which has had a positive impact, as they begin to participate in various community planning groups. One positive development is in the area of CIT- Crisis Intervention Training-where the plan is to train most of the police force. This will impact many individuals with mental health, substance abuse and homelessness in Camden City, as the police learn new interactive techniques and available resources.
- The Living Proof Recovery Center opened January 2013 on a three-year grant to provide Recovery Support Services in Camden County. The center is the second to open in New Jersey and is charged with providing support to Camden and Gloucester Counties. They offer a host 12-step programs. In addition to activities at the center, they co-lead with Camden County Department of Health & Human Services a host of Recovery Month – activities to which mental health agencies and recovery self-help centers participated.
- 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. There has been an influx of approximately 14,000 Developmental Disabilities Disorders (DDD) Clients to Department of Children and Families (DCF) in 2013. This further increases the need for more resources.
- Healthy Mothers Healthy Babies Healthy Mothers Healthy Babies Camden Healthy Start (CHS) program provides evidence-based health and parenting services to pregnant women, babies and families in Camden City. Using the Parents as Teachers home visiting model, CHS provides culturally competent services and resources to increase positive outcomes between mothers and children and their families. Parent self-efficacy is important to building healthy parent-child

relationships, and the PAT program works with parent's strengths to nurture their belief in their ability to successfully parent and help them have positive experiences with their children.

- Camden County Council on Alcoholism and Drug Abuse CCCADA, Inc. is a nonprofit dedicated to the prevention of alcohol & drug abuse and the education of our community on the risks of substance abuse. The Camden County C.A.N. Regional Coalition is housed at the Council which focuses on Prescription Drug Monitoring and Prescription Drop Boxes.

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.

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 Hurricane Sandy and the long recovery process 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.

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

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
- Continue to meet monthly and prioritize and develop annual action plans collaboratively with all Core MAPP Workgroup members.
- Ensure that the Core MAPP workgroup reflects prevention, early intervention, treatment, and recovery and wellness resource representatives.
- Support a system's integration strategy that ensures excellence in prevention, education, early intervention, treatment and recovery for all of the different entities of the behavioral health system

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

## KEY FACTS- Mental Health and Addictions

According to the 2013 Tri-County Community Health Needs Assessment:

- In 2012, there were roughly 6295 admissions to drug/alcohol treatment in Camden County
- In 2011, there were roughly 27573 arrests in Camden County. Of these, roughly 3796 (13.7 percent) were for drug abuse violations and 1684 (8 percent) for driving under the influence of alcohol
- Suicide Rate was 9 per 100,000 in 2009 for Camden County.
- Camden County, with 21 suicides, had the highest rate in New Jersey per 100,000 youth of 19.88 from 2007-2009.
- In 2011, more than 3 percent of births born were to mothers who used drugs during pregnancy, 1.6 percent to mothers who used alcohol during pregnancy and 9.4 percent to mothers who smoked during pregnancy (NJDHSS, NJ birth certificate database, 2011)
- 12.1 percent of respondents to the 2013 county Behavioral Risk Factor Surveillance Survey (BRFSS) reported 15 or more days in the past month when their mental health was 'not good'
- 17.9 percent of 2013 county BRFSS respondents reported that "poor physical or mental health" kept them from doing their usual activities between 15 and 30 days during the past month
- 25.2 percent of Camden City Data Collection Sessions respondents reported that their health care providers told them that they have a depressive disorder
- 16.7 percent of 2013 county Behavioral Risk Factor Surveillance Survey (BRFSS) respondents reported that their health care providers told them that they have a depressive disorder
- 24.8 percent of respondents of 2013 Data Collection Sessions in Camden City reported that a doctor or other health care provider told them that they have an anxiety disorder
- 17.3 percent of respondents of 2013 BRFSS Camden County reported that a doctor or other health care provider told them that they have an anxiety disorder
- Hispanic respondents are more likely than Non-Hispanic respondents to report 8-14 days of poor mental health in the past 30 days.
- Hispanic respondents are more likely than Non-Hispanic respondents to report limitations in physical activity due to physical, mental, or emotional problems.
- White respondents are more likely than Black or African American respondents to report being told they have an anxiety disorder.

### Strategies:

- Advocate for increased funding for mental illness and addictions outreach and treatment that more accurately reflects the need of the high numbers of persons, both diagnosed and undiagnosed, who suffer from co-occurring illness
- Advocate for and support the development of a county-wide Mental Health/Substance Abuse data collection model to be implemented to include previously un-captured system entry points and gaps.
- Conduct detailed analysis of current resources available and explore opportunities to bridge services and eliminate gaps.
- Increase awareness among residents and promote the early intervention support services (EISS) phone number, 856-254-3800 which provides access to sub acute levels of care (similar to 'urgent medical centers') to help reduce high-cost emergency room visits for mental health and substance abuse by ensuring residents have access to care.
- Advocate for legal and policy changes that ensure mental health services receive the same degree of coverage as other health concerns (i.e., parity).
- Gauge the County's ability to increase participation in the State's Prescription Monitoring Program by identifying trends through observation of statistical reports.

- Identify current TAKE BACK Prescription initiatives and increase the number of municipalities that participate in these prescription “drop off” programs.
- Examine relationship between barriers to admission (DETOX) and mortality date across the County.
- Continue to educate the public about the increase in prescription and heroin abuse in the County through public forum.
- Recruit culturally competent and bilingual staff for mental health services.
- Support efforts to improve pay and benefits for workers who provide mental health and substance abuse treatment services.
- In collaboration with the Camden County Suicide Prevention Task Force and the Traumatic Loss Coalition, encourage schools, parents and the community to support and allow children to participate in voluntary mental health screening and prevention programs.
- Ensure the involvement of mental health and substance abuse providers, patients and organizations in public health emergency preparedness activities.
- Conduct cross-cultural outreach and education about mental health and substance abuse with the goals of decreasing stigma, encouraging persons affected to seek treatment and assisting persons with co-occurring mental health and addictions disorders in self-advocacy efforts.
- Select a core MAPP workgroup Liaison to give brief updates/reports at Providers Meetings.
- Support the Camden County Partnership for Recovery month in planning activities during the month of September on an annual basis.
- Increase awareness of the need to utilize more trauma-informed care practices among health care providers, community based and non-profit agencies.

### **Next Steps**

Next Steps: Representatives from numerous Camden County health systems, agencies and organizations contributed their time, effort and insights to this process by participating in collaborative and coalition meetings; completion of the community health needs assessment and development of this community health improvement plan.

The Camden County MAPP Coalition in collaboration with the Tri-County Community Health Needs Assessment Collaborative has accomplished a considerable amount during the past year and a half, bringing together new partners, sharing information about events and activities and completing four assessments that have added considerably to the data and information available about public health issues in our county. However, completion of this plan is better viewed as the beginning of a new phase than the end of the MAPP process.

MAPP partners must now 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**

Evaluation of the strategies for our CHIP will play an important part throughout the planning and implementation process. Some of the evaluation methods are listed below:

Community Health Assessment and Group Evaluation (CHANGE): Using the adapted version of the CDC CHANGE tool, the CCDH will indicate progress on each strategy of policy, systems, and environmental change and implementation of activities to produce that change within Camden County municipalities. A report for each municipality will be provided at the annual Camden County Board of Health meeting. We will also explore providing municipal reports within the Camden County Department of Health's annual report. (See survey in Appendix)

Camden County BRFSS (CCBRFSS): Examining changes over time utilizing CCBRFSS data will assist with the evaluation of the communities' strategies to address nutrition, physical activity, and overweight/obesity among adults. The CCDH will continue its collaboration with the Tri-county Community Health Needs Assessment Collaborative enabling BRFSS funding to continue with the financial assistance of all county health systems.

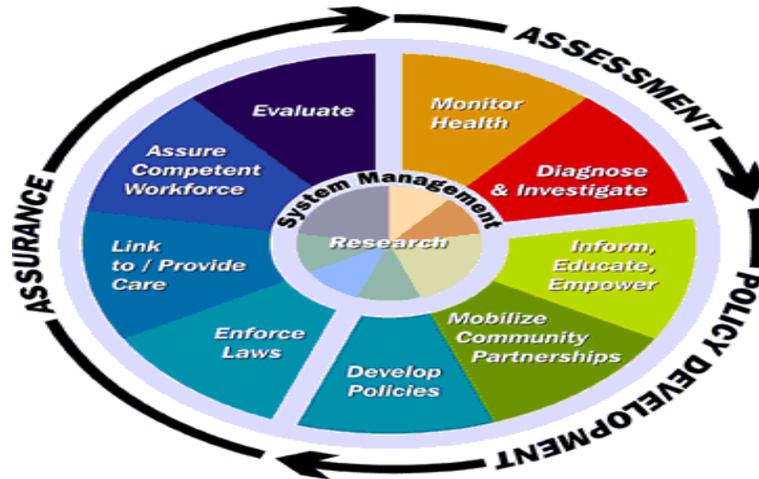
The County Health Rankings is also utilized as an evaluation tool for tracking improvements in Camden County in relation to the rest of the counties in the state of New Jersey. The rankings from 2010 provided a point where the CCDH, community partners, and coalitions could explore and discuss ways to improve health. In 2010, Camden county was ranked 19 and we were currently ranked at 17 for 2014.

Since CCMAPP partners continue to work together with their appropriate work groups, the program timelines and action plans to implement the goals and strategies discussed in this report will be monitored closely by each workgroup's chair. The work plans will be reviewed on a regular basis and efforts will continue to be evaluated utilizing the measures/metrics provided within the work plans. (see work plans in appendix)

The documentation of the CHIP's accomplishments for example, changes in policy, behaviors, or the community environment is necessary to identify progress and gaps in service. Documentation also helps provide feedback to our stakeholders to improve community efforts and continuous adjustment of strategies or programs.

# 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/nphsp/EssentialPHServices.htm>. Diagram from CDC.

**The following is a list of the core group members who worked on the CHIP:**

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**MAPP SUBCOMMITTEE**

**Topic/Issue: Access to Care**

**Date: 10/2/14**

**Specific Aim or Purpose:** Increase the proportion of persons with health insurance

Increase the proportion of persons with usual primary care provider

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

Improve access to comprehensive, quality health services.

By the end of the 5 year grant period, Increase the percentage of adults and children who have health insurance to 95%.

By the end of the 5 year grant period, Increase the percentage of adults and children who have a usual primary care provider by 25%.

**Desired Outcome or Improvement Target**

- More children, youth and adults that are physically and mentally healthy
- More people who have a medical home
- More people who have health insurance

**Plan to Achieve Target - Action Steps (who, will do what, by when)**

What will be done? (brief description)	Who will do it?	By When?	Measurement
<ul style="list-style-type: none"> <li>• Our Lady of Lourdes Hospital (OLOL) and Virtua Hospital 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> <li>• Camden County Health Department and selected partners will assist eligible residents to apply for NJ Family Care and Medicaid through NJFamily care.org.</li> </ul>	OLOL Hospital staff and Virtua Staff,	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<ul style="list-style-type: none"> <li>• Number of hits on Website</li> <li>• Number of signed pledges</li> <li>• Number of municipalities who adopt program</li> <li>• Number of Hospitals, and other health providers who adopt program</li> </ul>

<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.</li> <li>CCDH will collaborate with Kennedy Health system when appropriate on their Delivery System Reform Incentive Payment (DSRIP) initiatives, a demonstration program designed to result in better care for individuals (including access to care, quality of care, health outcomes), better health for the population, and lower costs by transitioning hospital funding to a model where payment is contingent on achieving health improvement goals.</li> <li>CCDH partners with Cooper Health System to provide Screenings and Health promotion counseling to Fire Department Staff at fire stations county wide utilizing the Camden County Health Connection mobile health unit.</li> </ul>	<p>Center for Family Services Camden County Navigators Camden County Department of Health</p> <p>Kennedy Health System and CCDH</p> <p>Cooper Health System and CCDH</p>	<p>Weekly during the enrollment period.</p> <p>Monthly</p> <p>Ongoing</p> <p>As needed</p>	<ul style="list-style-type: none"> <li>Number of Faith-based organizations that adopt program</li> <li>Number of education/information sessions held</li> <li>Number of engaged participants at community education/information sessions</li> <li>Improvement on a post-test, compared to pre-test results</li> <li>Number of health screenings: HBP, Cholesterol, and Diabetes.</li> <li>Number of referrals</li> <li>Number of behavior changes using survey data</li> </ul>
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**Evaluation: How will you measure success and monitor the process?**

- Number of people seeking help for enrollment in affordable health care.
- Number of engaged participants at community education/information sessions
- Number of partnerships
- Number of recovery stories shared
- Number of participants giving out resources
- Number of resources taken
- Number of visits to Online resources
- Quality and quantity of feedback about programs and initiatives
- Number of advocates
- Amount of awareness (Number of inquiries, number of requests for educational presentations, number of articles posted/published)

**MAPP SUBCOMMITTEE – Community Health Outreach Consortium**

**Topic/Issue:** Chronic Disease

**Date:** 1/1/15

**Specific Aim or Purpose:**

- To reduce Camden County residents' risk factors of cardiovascular disease and diabetes, through policy and environmental changes which support and facilitate the adoption of healthy behaviors.
- Reduce the proportion of adults at risk for health problems related to being overweight from 66% to 50%.
- Reduce the number of people who have been told by a doctor that they have diabetes, from 13% to 5%.

Reduce the proportion of people who have been told by a medical care provider that their cholesterol was high, from 43.2% to 35%.

**Desired Outcome or Improvement Target**

- County residents will benefit from policy and environmental changes to encourage healthy eating and increased physical activity.
- Establishment of new health promotion policies enacted by Camden County municipalities.
- Adolescents and Adults will benefit from the Establishment of wellness workplace policies within businesses and industry.
- Children and adolescents will benefit from environmental and wellness policy changes within the County school districts.

**Plan to Achieve Target - Action Steps (who, will do what, by when)**

What will be done? (brief description)	Who will do it?	By When?	Measurement
<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>1. Develop Webpage on MAPP which is on the Camden County Website which provides resources, sample policies and procedures for worksite wellness</li> <li>2. Promote availability of Web-based resources to local industry and business through the South Jersey Regional Chamber of Commerce.</li> <li>3. Provide real time assistance through contact lines on Website.</li> <li>4. Educate management and provide technical assistance to employers to offer supportive environment for breastfeeding mothers.</li> <li>5. Follow-up with those worksites that request assistance</li> </ol>	<p>CHOC members: CCDHHS, SNJPC, Collingswood Manor, and other interested members of CHOC and CC MAPP members</p>	<p>January 2016</p> <p>Ongoing/ Health Services Center/ County Offices/ The Workgroup</p>	<ul style="list-style-type: none"> <li>• Number of education sessions provided</li> <li>• Number of follow-ups</li> <li>• Track the employers who download the worksite wellness package and follow-up</li> </ul>

<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.</li> <li>8. Increase awareness of funding, guidance and training regarding chronic 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 Camden County CDSMP sites and sessions and convene a “Best Practices and Resource Sharing” Workgroup.</li> </ol>	<p>CHOC Members</p> <p>CCDHHS Staff/Health Education Unit</p> <p>CC MAPP Members Rails to Trails Sustainable Camden County CC Chronic Disease Coalition CHOC</p>	<p>September 2015</p> <p>Ongoing Ongoing</p> <p>Ongoing</p> <p>September 2015</p> <p>Ongoing</p> <p>Ongoing</p>	<ul style="list-style-type: none"> <li>• Number of policy changes in municipalities for safe and accessible sidewalks, parks, and walking/biking trails</li> <li>• By survey track the number of Walkers and Bikers on specific trails.</li> <li>• Track the number of downloads of the Mayor’s Wellness toolkit</li> <li>• The number of Community Partner Trainings</li> <li>• Number of Chronic Disease Self Management program deliveries</li> <li>• The number of email blasts, broadcast faxes, and health alert networks sent out</li> </ul>
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<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>4. Develop and or strengthen policies and programming in targeted areas of need as indicate by the SHI.</li> </ol>	<p>CHOC, Health Education Unit CCDHHS and MAPP members.</p> <p>School district and community representatives</p>	<p>2014-2017</p>	<ul style="list-style-type: none"> <li>• Number of CDC School Health Index surveys implemented</li> <li>• Number of partnerships formed for healthy eating in schools and school/community events</li> <li>• Amount of policy changes or amount of polices strengthened</li> </ul>
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**Evaluation: How will you measure success and monitor the process?**

- Number of Attendees at identified programs
- Increased number of committee volunteers
- Increased number of Advocates
- Number of hits on Website
- Increased number of grants written
- Increased number of grants funded
- Increased awareness (more inquiries, more hits on website, more requests for educational presentations, more feature stories in newspapers etc.)

Modified Slightly From Florida MAPP Field Guide

**MAPP SUBCOMMITTEE**

**Topic/Issue: Mental Health & Drug-Addiction Stigma**

**Date: 10/2/14**

<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>
<p>Hold four education/information sessions throughout the county to raise awareness about mental health and addiction</p> <ul style="list-style-type: none"> <li>• Include a visual component for visual learners</li> <li>• Incorporate videos and other resources/strategies that will make the presentation engaging and interactive</li> <li>• Inform all county residents about the presentation ahead of time, and extend specific invitations to health care providers, police departments, and policy makers</li> <li>• Make it clear that mental health disorders are not shameful and deserve medical attention</li> <li>• Make it clear that addiction is a disorder that deserves medical attention, and there is no one person or entity to blame</li> <li>• Have a discussion about the issues and increase comfort level to discuss such topics</li> <li>• Encourage participants to engage with members of their various communities about topics related to mental health and addiction</li> <li>• Emphasize that it is important to seek help for the disorders</li> <li>• Provide resources for people to utilize if they or someone they know needs help</li> </ul>	<p>Evan-Design "Cookie Cutter" Prezi Presentation that can be easily altered</p> <p>Tricia-Establish connections to hold education/information sessions</p> <p>Rasheed &amp; John-Main speakers/alter presentation as necessary</p> <p>[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>Quarterly</p>	<ul style="list-style-type: none"> <li>• Number of education/information sessions held</li> <li>• Number of engaged participants at community education/information sessions</li> <li>• Improvement on a post-test, compared to pre-test results</li> </ul>
<p>Deliver three education/information sessions (preferably assemblies to reach more students) in middle and/or high schools throughout the county</p>	<p>Evan-Design "Cookie Cutter" Prezi Presentation that can be easily altered</p>	<p>June 2016</p>	<ul style="list-style-type: none"> <li>• Number of education/information sessions held</li> </ul>

<ul style="list-style-type: none"> <li>• Include a visual component for visual learners</li> <li>• Incorporate videos and other resources/strategies that will make the presentation engaging and interactive</li> <li>• Ensure the presentation is geared towards/appropriate for the audience (take age into consideration)</li> <li>• Make it clear that mental health disorders are not shameful and deserve medical attention</li> <li>• Make it clear that addiction is a disorder that deserves medical attention, and there is no one person or entity to blame</li> <li>• Encourage participants to engage in conversations about topics related to mental health and addiction</li> <li>• Emphasize that it is important to seek help for the disorder</li> <li>• Provide resources for people to utilize if they or someone they know needs help</li> </ul>	<p>Tricia-Establish connections to hold education/information sessions (Focus on Camden, Winslow, Cherry Hill)            Rasheed &amp; John-Main speakers/alter presentation as necessary            [Assistance from remaining members of the Co-occurring Mental Health and Addictions Disorders Committee, Addiction Medicine Specialists, Municipal Alliances, Traumatic Loss Coalition, CIACC, Youth Advocate Program, Shannon Kolstack, and others with a good knowledge base]</p>		<ul style="list-style-type: none"> <li>• Number of engaged participants at community education/information sessions</li> <li>• Improvement on a post-test, compared to pre-test results</li> </ul>
<p>Provide information and resources at five high school events throughout the county, which may include, but is not limited to sporting events, “Back to School” nights, and arts performances</p> <ul style="list-style-type: none"> <li>• Use slogan: “Raise awareness. Reduce stigma.”</li> <li>• Empower SACS, PTA, and other groups to advocate at their respective schools</li> <li>• Committee members will provide paper and electronic resources about addiction, treatment, recovery, etc.</li> <li>• Provide community members with a bag with information in it</li> <li>• Provide links to Online resources for people to follow-up with</li> <li>• Make it clear that mental health disorders are not shameful and deserve medical attention</li> <li>• Make it clear that addiction is a disorder that deserves medical attention, and there is no one person or entity to blame</li> </ul>	<p>Andrea Marshall and C.A.N. Coalition, with assistance from other representatives from the Co-occurring Mental Health and Addictions Disorders Committee</p>	<p>June 2016</p>	<ul style="list-style-type: none"> <li>• Number of engaged participants</li> <li>• Number of resources taken</li> <li>• Number of visits to Online resources</li> </ul>

<ul style="list-style-type: none"> <li>• Encourage participants to engage in conversations about topics related to mental health and addiction</li> <li>• Emphasize that it is important to seek help for the disorder</li> <li>• Provide resources for people to utilize if they or someone they know needs help</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>• Gauge interest of who would be willing to collaborate with others, and then match groups based on interest, location, population, etc.</li> <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, New Beginnings, Starting Point, Celebrating Recovery, Camden Coalition of Healthcare providers</p>	<p>December 2014</p>	<ul style="list-style-type: none"> <li>• Number of mental health/drug addiction partnerships</li> </ul>
<p>Promote recovery on a monthly basis</p> <ul style="list-style-type: none"> <li>• Provide distributable information about mental health and drug-addiction to 50 willing participants in health care settings, community settings, and other locations</li> <li>• Take the existing information and resources and condense them to make it more appealing and helpful</li> <li>• Distribute the information to willing participants</li> <li>• Highlight stories of recovery (preferably of Camden county residents) -- Use a positive piece as a means of awareness and encouragement</li> <li>• Encourage participants to engage in conversations about mental health and addiction</li> <li>• Emphasize that it is important to seek help for the mental health and addiction disorders</li> <li>• Provide resources for people to utilize if they or someone they know needs help</li> </ul>	<p>Evan-Make poster and compile information/resources, with assistance from representatives from the Co-occurring Mental Health and Addictions Disorders Committee, Living Proof, Other organizations</p>	<p>August 2015</p>	<ul style="list-style-type: none"> <li>• Number of people in recovery</li> </ul>

<p>Utilize Online platforms to raise awareness about mental health and drug addiction disorders and the need to reduce stigma</p> <ul style="list-style-type: none"> <li>• Use Facebook, Blog sites, Twitter, Tumblr, and/or any other applicable platforms (An App would be ideal but difficult to accomplish)</li> <li>• Provide information and resources in an accessible and engaging format (Gear it towards youth)-Use videos, poetry, art, games, etc.</li> </ul>	<p>Evan and Andrea, with assistance from representatives from the Co-occurring Mental Health and Addictions Disorders Committee with assistance from Intern [Partner with Drug and alcohol organizations in the county, health care providers, and others]</p>	<p>August 2015</p>	

**Evaluation: How will you measure success and monitor the process?**

- Number of people seeking help for mental health and addiction disorders
- Number of engaged participants at community education/information sessions
- Number of mental health/drug-addiction partnerships
- Number of recovery stories shared
- Number of participants giving out resources
- Number of resources taken
- Number of visits to Online resources
- Quality and quantity of feedback about programs and initiatives
- Number of advocates
- Amount of awareness (Number of inquiries, number of requests for educational presentations, number of articles posted/published)

Modified Slightly From Florida MAPP Field Guide

**MAPP SUBCOMMITTEE**

**Topic/Issue: Prescription Drug Availability**

**Date: 10/2/14**

<b>Specific Aim or Purpose:</b> Reduce the amount of prescription drugs available on “The Street,” with a focus on reducing the number of unused and unwanted prescription drugs			
<b>Desired Outcome or Improvement Target :</b> Fewer people acquire and experiment with prescription drugs, which prevents opiate addictions			
<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>
<p>Make at least one Prescription Drop Box available in all 37 municipalities within the county, for community members to safely dispose of unwanted prescription drugs</p> <ul style="list-style-type: none"> <li>• Establish meetings with elected officials and police officials within the municipalities to discuss the need for Prescription Drop Boxes</li> <li>• Provide information about the need for Prescription Drop Boxes, the benefits, the responsibilities, etc. to the officials prior to the meeting</li> <li>• Utilize information about Prescription Drop Boxes during the meetings</li> <li>• Provide necessary follow-up information, meetings, resources, etc.</li> <li>• Educate community members to request Prescription Drop Boxes near them</li> </ul>	<p>Elected Officials &amp; Police Officials in the municipalities</p> <p>Andrea and C.A.N. Coalition, with assistance from representatives from the Co-occurring Mental Health and Addictions Disorders Committee [Assistance from local Municipal Alliances and environmental groups]</p>	<p>August 2015</p>	<ul style="list-style-type: none"> <li>• Number of Prescription Drop Boxes in the county</li> <li>• Number of municipalities with at least one Prescription Drop Box</li> </ul>
<p>Provide information to all residents of the county about the importance of Prescription Drop Boxes, how to use them, and where they are located</p> <ul style="list-style-type: none"> <li>• Create a template brochure for the municipalities with all of the necessary information, including a blank space for location, to be distributed as the municipality sees fit</li> <li>• Email the brochure template to the municipalities for them to use and distribute as they see fit</li> <li>• Make the information available Online for all residents of the county, including the locations of all Prescription Drop Boxes within the county</li> <li>• Provide the information to all health care providers, so that they can be advocates for the Prescription Drop Boxes</li> </ul>	<p>Representatives from the Co-occurring Mental Health and Addictions Disorders Committee with assistance from Intern [Collaborate with local Municipal Alliances, environmental groups, and municipalities]</p> <p>C.A.N. Coalition will compile a list of locations for the Drop Boxes</p>	<p>June 2015</p>	<ul style="list-style-type: none"> <li>• Weight of drugs disposed of in Prescription Drop Boxes</li> </ul>

<p>Provide information to all prescription prescribers and pharmacists in the county regarding best practices for opiate prescriptions</p> <ul style="list-style-type: none"> <li>• Utilize paper and Online resources to disseminate the information</li> <li>• Make it clear that addiction is a disorder that deserves medical attention, and there is no one person or entity to blame</li> <li>• Explain the need to reduce the amount of opiates being given to members of the community because of addiction</li> <li>• Encourage the use of other pain-management techniques (physical &amp; occupational therapy, breathing techniques, empowerment, etc.)</li> <li>• Encourage the use of an appropriate amount of over-the-counter pain relievers (be careful with acetaminophen)</li> <li>• Encourage counseling with patients on how to properly use prescription drugs</li> <li>• Explain the need to be mindful of the potential for patients to abuse and/or sell drugs</li> </ul>	<p>Representatives from the Co-occurring Mental Health and Addictions Disorders Committee with assistance from Intern [Collaborate with C.A.N. Regional Coalition Coordinator, Camden County Council on Alcoholism &amp; Drug Abuse, Inc. Addiction Medicine Specialists, other health care providers, and law enforcement officials] *Follow-Up from “Do No Harm” Symposium</p>	<p>June 2015</p>	<ul style="list-style-type: none"> <li>• Number of prescriptions given in the county</li> <li>• Number of prescriptions filled in the county</li> </ul>
<p>Provide information to patients and prescription users regarding proper use and disposal of prescription drugs</p> <ul style="list-style-type: none"> <li>• Create a poster for physicians’ offices and pharmacies with information and tips for prescription drug use and disposal</li> <li>• Create a brochure for physicians, nurses, pharmacists, and other health care providers to provide to current and discharged patients who have been prescribed opiates regarding the proper way to dispose of prescriptions</li> </ul>	<p>Representatives from the Co-occurring Mental Health and Addictions Disorders Committee with assistance from Intern [Assistance from C.A.N. Regional Coalition Coordinator, Camden County Council on Alcoholism &amp; Drug Abuse, Inc. Addiction Medicine Specialists, other health care providers, and law enforcement officials]</p>	<p>June 2015</p>	<ul style="list-style-type: none"> <li>• Weight of drugs disposed of in Prescription Drop Boxes</li> </ul>
<p>Hold two information/training sessions for prescription prescribers and pharmacists throughout the county regarding best practices for opiate prescriptions *Can be combined with NJPMP action plan</p> <ul style="list-style-type: none"> <li>• Include a visual component for visual learners</li> <li>• Incorporate videos and other resources/strategies that will make the presentation engaging and interactive</li> </ul>	<p>Andrea and C.A.N. Coalition and Evan, with assistance from representatives from the Co-occurring Mental Health and Addictions Disorders Committee [Assistance from Addiction Medicine Specialists, other health</p>	<p>August 2015</p>	<ul style="list-style-type: none"> <li>• Number of engaged participants</li> </ul>

<ul style="list-style-type: none"> <li>• Extend invitations to all prescription prescribers and pharmacists in the county</li> <li>• Make it clear that addiction is a disorder that deserves medical attention, and there is no one person or entity to blame</li> <li>• Explain the need to reduce the amount of opiates being given to members of the community because of addiction</li> <li>• Encourage the use of other pain-management techniques (physical &amp; occupational therapy, breathing techniques, empowerment, etc.)</li> <li>• Encourage the use of an appropriate amount of over-the-counter pain relievers (be careful with acetaminophen)</li> <li>• Encourage counseling with patients on how to properly use prescription drugs</li> <li>• Explain the need to be mindful of the potential for patients to abuse and/or sell drugs</li> </ul>	<p>care providers, and law enforcement officials] *Follow-Up from “Do No Harm” Symposium</p>		
<p>In association with the NJPMP Action Plan, develop strategies to increase utilization of the New Jersey Prescription Monitoring Program (NJPMP), to ensure prescription prescribers and pharmacists check for signs of drug abuse/intent to sell</p> <ul style="list-style-type: none"> <li>• Stress the importance of the Hippocratic Oath and the need to protect patients and other victims of addiction by using NJPMP to limit the number of drugs available</li> <li>• Determine incentives that can be offered to prescription prescribers and pharmacists to encourage the use of NJPMP</li> <li>• Explore the possibility of staff members using the NJPMP for the physicians, to allow them to focus on patient care</li> <li>• Explore more ways to increase utilization of NJPMP</li> </ul>	<p>Representatives from the Co-occurring Mental Health and Addictions Disorders Committee with assistance from Intern [Assistance from Addiction Medicine Specialists, other health care providers, and law enforcement officials] *Follow-Up from “Do No Harm” Symposium</p>	<p>August 2015</p>	<ul style="list-style-type: none"> <li>• Number of prescribers and pharmacists using the NJPMP</li> </ul>
<p>Hold two information/training session for Residency students and Pharmacy students at all schools/programs throughout the county*Can be combined with NJPMP action plan [Partner with Organizations in Philadelphia to also work with graduate schools/programs in Philadelphia]</p> <ul style="list-style-type: none"> <li>• Meet with administrators and faculty at the individual schools/programs to inform them how important PMP is</li> </ul>	<p>Andrea and C.A.N. Coalition and Evan, with assistance from representatives from the Co-occurring Mental Health and Addictions Disorders Committee [Assistance from Addiction Medicine Specialists, other health</p>	<p>June 2015</p>	<ul style="list-style-type: none"> <li>• Number of engaged participants</li> <li>• Number of prescribers and pharmacists using the NJPMP</li> </ul>

<p>and to request a small amount of time to present to students in their last year about best practices for opiate prescriptions</p> <ul style="list-style-type: none"> <li>• Include a visual component about best practices for opiate prescriptions for visual learners</li> <li>• Incorporate videos and other resources/strategies that will make the presentation engaging and interactive</li> <li>• Make it clear that addiction is a disorder that deserves medical attention, and there is no one person or entity to blame</li> <li>• Explain the need to reduce the amount of opiates being given to members of the community because of addiction</li> <li>• Encourage the use of other pain-management techniques (physical &amp; occupational therapy, breathing techniques, empowerment, etc.)</li> <li>• Encourage the use of an appropriate amount of over-the-counter pain relievers (be careful with acetaminophen)</li> <li>• Encourage counseling with patients on how to properly use prescription drugs</li> <li>• Explain the need to be mindful of the potential for patients to abuse and/or sell drugs</li> </ul>	<p>care providers, and law enforcement officials] *Follow-Up from “Do No Harm” Symposium</p> <p>[Assistance from faculty &amp; administrators, wellness and recovery providers]</p>		
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**Evaluation: How will you measure success and monitor the process?**

<ul style="list-style-type: none"> <li>• Number of Prescription Drop Boxes in the county</li> <li>• Number of municipalities with at least one Prescription Drop Box</li> <li>• Number of/weight of drugs disposed of in Prescription Drop Boxes</li> <li>• Number of prescriptions prescribed/filled</li> <li>• Number of prescription drugs confiscated for illicit use</li> <li>• Number of people reportedly addicted to opiates</li> <li>• Number of people who attended information/training sessions</li> <li>• Number of prescription providers/pharmacists using NJPMP</li> </ul>
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Modified Slightly From Florida MAPP Field Guide

**MAPP SUBCOMMITTEE**

**Topic/Issue: NJPMP**

**Date: 10/2/14**

<b>Specific Aim or Purpose:</b> To increase prescription provider enrollment in the New Jersey Prescription Monitoring Program (NJPMP or PMP)			
<b>Desired Outcome or Improvement Target:</b> Reduce the amount of drugs prescribed to any given person, which will prevent the abuse of said drugs and raise awareness about individuals who may need treatment for drug addiction			
<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>
<p>Provide information to all prescription prescribers and pharmacists regarding the Prescription Drug Monitoring Program</p> <ul style="list-style-type: none"> <li>• Compile information in print and in an Online format about PMP, why it is important, how to sign up, and how to use it</li> <li>• Deliver, mail, and/or email information to all practices, prescription prescribers, pharmacies, and pharmacists within the county</li> <li>• Inform recipients that PMP enrollment will soon be mandatory</li> </ul>	<p>Representatives from the Co-occurring Mental Health and Addictions Disorders Committee with assistance from Intern and C.A.N. Regional Coalition Coordinator Camden County Council on Alcoholism &amp; Drug Abuse, Inc.</p>	<p>August 2015</p>	<ul style="list-style-type: none"> <li>• Number of prescribers/pharmacists enrolled in NJPMP</li> </ul>
<p>Hold two information/training sessions for prescription providers and pharmacists throughout the county about the Prescription Drug Monitoring Program *Can be combined with Drug Availability Action Plan</p> <ul style="list-style-type: none"> <li>• Present about PMP, its importance, how to sign up, and how to use it</li> <li>• Include a visual component for visual learners</li> <li>• Hold the session at a location with Wi-Fi, and ask participants to bring a laptop or other device (some will be available if need be), to ensure all participants sign up for PMP before leaving</li> </ul>	<p>Andrea and C.A.N. Coalition and Evan, with assistance from representatives from the Co-occurring Mental Health and Addictions Disorders Committee [Assistance from Addiction Medicine Specialists, other health care providers, and law enforcement officials] *Follow-Up from "Do No Harm" Symposium</p>	<p>August 2015</p>	<ul style="list-style-type: none"> <li>• Number of engaged participants</li> <li>• Number of prescribers/pharmacists enrolled in NJPMP</li> </ul>
<p>Encourage constituents to promote the use of NJPMP by actively seeing physicians who are a part of the program</p> <ul style="list-style-type: none"> <li>• Post information online for the public to see about PMP, why it is important, and the benefits its use has for the community</li> </ul>	<p>Representatives from the Co-occurring Mental Health and Addictions Disorders Committee with assistance from Intern</p>	<p>August 2015</p>	<ul style="list-style-type: none"> <li>• Number of prescribers/pharmacists enrolled in NJPMP</li> </ul>

<ul style="list-style-type: none"> <li>Keep an active list of physicians in the county who are enrolled in NJPMP</li> </ul>			
<p>In association with the Prescription Drug Availability Action Plan, develop strategies to increase enrollment in the New Jersey Prescription Monitoring Program, to ensure prescription prescribers and pharmacists can check for signs of drug abuse/intent to sell</p> <ul style="list-style-type: none"> <li>Stress the importance of the Hippocratic Oath and the need to protect patients and other victims of addiction by using NJPMP to limit the number of drugs available</li> <li>Determine incentives that can be offered to prescription prescribers and pharmacists to encourage the enrollment in NJPMP</li> <li>Inform prescription prescribers and pharmacists that enrollment will eventually be mandatory, so it is better to enroll voluntarily ahead of time</li> <li>Explore more ways to increase enrollment in NJPMP</li> </ul>	<p>Representatives from the Co-occurring Mental Health and Addictions Disorders Committee with assistance from Intern and C.A.N. Regional Coalition Coordinator Camden County Council on Alcoholism &amp; Drug Abuse, Inc. [Assistance from Addiction Medicine Specialists, other health care providers, and law enforcement officials] *Follow-Up from "Do No Harm" Symposium</p>	<p>August 2015</p>	<ul style="list-style-type: none"> <li>Number of prescribers/pharmacists enrolled in NJPMP</li> </ul>
<p>Engage in discussions with physicians, pharmacists, and other health care providers to discuss enrollment in NJPMP</p> <ul style="list-style-type: none"> <li>Find out the issues and impediments associated with NJPMP for providers in Camden County (and across the state)</li> <li>Brainstorm ways to increase enrollment and use in NJPMP, such as incentives that could be used</li> </ul>	<p>Representatives from the Co-occurring Mental Health and Addictions Disorders Committee with assistance from Intern</p>	<p>August 2015</p>	<ul style="list-style-type: none"> <li>Number of prescribers/pharmacists enrolled in NJPMP</li> </ul>
<p>Hold two information/training session for Residency students at all schools/programs in the county* Can be combined with Drug Availability Action Plan</p> <ul style="list-style-type: none"> <li>Meet with administrators and faculty at the individual schools/programs to inform them how important PMP is and to request a small amount of time to present to students in their last year about PMP</li> <li>Present about PMP, its importance, how to sign up, and how to use it</li> </ul>	<p>Andrea and C.A.N. Coalition and Evan, with assistance from representatives from the Co-occurring Mental Health and Addictions Disorders Committee [Assistance from Addiction Medicine Specialists, other health care providers, and law enforcement officials]</p>	<p>June 2015</p>	<ul style="list-style-type: none"> <li>Number of engaged participants</li> <li>Number of prescribers/pharmacists enrolled in NJPMP</li> </ul>

<ul style="list-style-type: none"> <li>• Include a visual component for visual learners</li> <li>• Hold the session at a location with Wi-Fi, and ask participants to bring a laptop or other device (some will be available if need be), to ensure all participants sign up for PMP before leaving</li> </ul>	<p>*Follow-Up from “Do No Harm” Symposium          [Assistance from faculty &amp; administrators]</p>		
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**Evaluation: How will you measure success and monitor the process?**

- Number/percentage of prescription providers enrolled in PMP
- Number/percentage of pharmacists enrolled in PMP
- Number of prescriptions prescribed/filled
- Number of prescription drugs confiscated for illicit use
- Number of people reportedly addicted to opiates
- Number of people who attended information/training sessions

Modified Slightly From Florida MAPP Field Guide