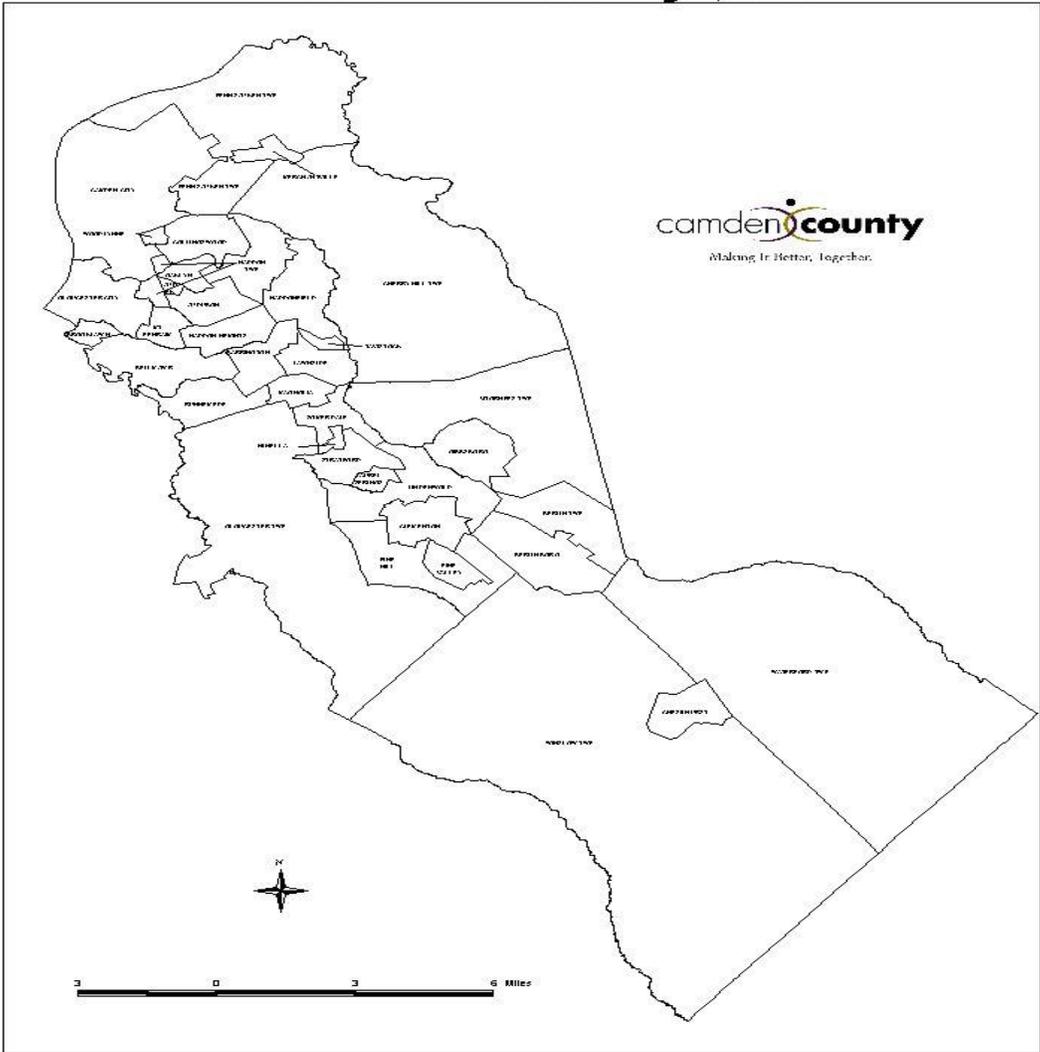




Making It Better, Together.

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

## Camden County , NJ



March 2014

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	Gloucester City Public Schools
Archway Programs	Healthy Mothers, Healthy Babies
Boat People SOS	Hispanic Family Center of Southern New Jersey
Brian Injury Association of New Jersey	Holleran Consulting
CAMCare Health Corporation	Kennedy Health System
Camden City Board of Education	Living Proof Recovery Center
Camden County College	Mental Health Association in Southwestern New Jersey
CAMConnect	New Jersey Partnership for Healthy Kids – Camden
Camden Area Health Education Center (AHEC)	New Jersey Department of Children and Families
Camden Churches Organized for People (CCOP)	Division of Child Protection and Permanency
Camden Coalition of Healthcare Providers	New Jersey Department of Education
Camden County Board of Social Services	New Jersey Department of Health & Senior Services
Camden County Chronic Disease Coalition	New Jersey Department of Human Services
Camden County Council on Alcoholism and Drug Abuse, Inc	Our Lady of Lourdes Health System
Camden County Council on Economic Opportunity	Planned Parenthood of Southern New Jersey
Camden County Department of Health & Human Services	Rails-to-Trails Conservancy
Camden County Family Support Organization	Red Cross- Camden County Chapter
Camden County Library System	RESPOND
Camden County Medical Society	Retired health department staff and consultants
Camden County One-Stop Resource Center	Rutgers Cooperative Extension-Camden County
Camden County Parks Department	Rutgers University School of Public Health
Camden County Prosecutor’s Office	Safe Kids Southern New Jersey
Camden County PTA	Salvation Army
Camden County Volunteer Center	Samaritan Hospice
Camden County Women’s Center	South Jersey Environmental Justice Alliance
Camden County Workforce Investment Board (WIB)	South Jersey Behavioral Health Resources
Camden City Youth Services Commission	Southern New Jersey Perinatal Cooperative
Camden Eye Center	Southern Regional Childhood Lead Poisoning Prevention Coalition
Campbell Healthy Communities	Sustainable Camden County
Campbell Soup Company	Tapestries of Hope
Camden Healthy Start	Twin Oaks
CASA of Camden County	The Dot Organization
Cathedral Kitchen	The Food Trust
Catholic Charities	United Way of Camden County
Center for Family Services	Urban Promise Ministries, Inc.
Community Planning & Advocacy Council	Virtua Hospital
Cooper Health	Virtua CASTLE
Court Appointed Special Advocates of Camden County (CASA)	Vitas Hospice
Devereaux	Volunteers of America of Delaware Valley
Dooley House	Traumatic Loss Coalition of Camden County
Food Bank of South Jersey	Winslow Township Board of Health
Genesis Counseling Center	

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# **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 Appendix A.

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

## 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

## **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.

## **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.

## Current Developments 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.

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

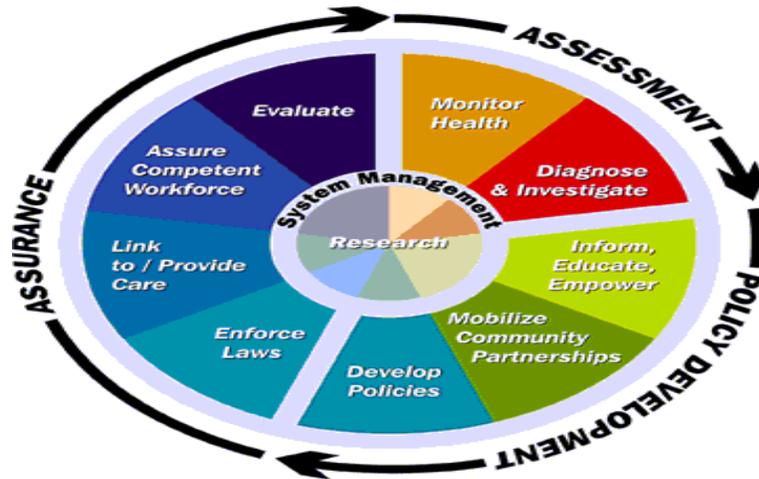
Next Steps: Representatives from numerous Camden County health systems, agencies and organizations contributed their time, effort and insights to this process by participating in collaborative and coalition meetings; completion of the community health needs assessment and development of this community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

**APPENDIX: Essential services of public health**



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

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems

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