

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	Food Bank of South Jersey
Boat People SOS	Gloucester City Public Schools
Brian Injury Association of New Jersey	Healthy Mothers, Healthy Babies
CAMCare Health Corp.	Hispanic Family Center of Southern New Jersey
Camden City Board of Education	Holleran Consulting
Camden City Office of Aging	Kennedy Health System
Camden City Special Grants/Projects	Mental Health Association in Southwestern New Jersey
Camden County College	Monday Morning Network
CAMConnect	Moorestown Visiting Nurses Association
Camden Area Health Education Center (AHEC)	New Jersey Department of Children and Families
Camden Community Connections	New Jersey Department of Education
Camden County Board of Social Services	New Jersey Department of Health & Senior Services
Camden County Cancer Coalition	New Jersey Department of Human Services
Camden County Community Partnerships Against Tobacco	New Jersey Family Care
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	Red Cross- Camden County Chapter
Camden County Family Support Organization	RESPOND
Camden County Health Services Center	Retired health department staff
Camden County Information Technology	Rutgers Cooperative Extension-Camden
Camden County Library System	Rutgers University Center for Children & Childhood Studies
Camden County Medical Society	Salvation Army
Camden County One-Stop Resource Center	Samaritan Hospice
Camden County Parks Department	South Jersey Behavioral Health Resources
Camden County PTA	Southern New Jersey Perinatal Cooperative
Camden County Volunteer Center	Southern Regional Childhood Lead Poisoning Prevention Coalition
Camden County Women's Center	Tapestries of Hope
Camden County Workforce Investment Board (WIB)	The Dot Organization
Camden City Youth Services Commission	TheraCare
Camden Eye Center	Traumatic Loss Coalition of Camden County
CASA of Camden County	UMDNJ School of Public Health
Catholic Charities	UMDNJ Urban and Community Development
Center for Family Services	United Way of Camden County
Community Planning & Advocacy Council (CPAC)	Virtua Hospital
Cooper House Women's Recovery Program	Volunteers of America of Delaware Valley
Cooper University Hospital	The Walter Rand Institute for Public Affairs at Rutgers University
Court Appointed Special Advocates of Camden County (CASA)	Winslow Township Board of Health
Delaware Valley Stroke Council	YMCA-Camden County
Dooley House	

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EXECUTIVE SUMMARY

Mobilizing for Action Through Planning and Partnership (MAPP) is a community health assessment process developed by the National Association of County and City Health Officials and federal Centers for Disease Control and Prevention (CDC). MAPP has been used by counties and cities throughout the United States. MAPP is intended 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, community nonprofit organizations, foundations, health care institutions and providers, libraries, religious and fraternal organizations, schools, social service agencies and other entities that provide public health services and share information about health issues with community residents.

As part of the MAPP process, local public health system partners work together to complete four community assessments: Forces of Change, which identifies factors, events and trends causing changes in community health and quality of life; the CDC Local Public Health System Assessment Survey, which formally evaluates how public health services are being provided in the community; the Community Perspectives Assessment, which seeks input from residents about health care and quality life issues; and the Community Health Status Assessment, during which data about health and quality of life is compiled and shared in a report. Information from these four assessments is reviewed and used to identify priority health issues that must be addressed to improve public health. MAPP Coalition members formulate goals and strategies to address these priority issues, develop a written plan and work together to implement that plan.

New Jersey's Public Health Practice Standards require county health departments to facilitate completion of the MAPP process and development of a county-level community health improvement plan. The Camden County MAPP Coalition held its first meeting June 2005. Numerous community partners have since participated in the Camden County MAPP Coalition's meetings and assessment activities. The coalition completed the four MAPP assessments between September 2005 and October 2006.

After reviewing data from the four assessments, coalition members selected six priority health issues for further action: access to care; cancer; cardiovascular health; environmental health; mental health; and obesity/overweight and nutrition issues. This report explains the reasons for selecting these six priorities and how MAPP Coalition members and other community partners will work together to address each of these issues.

Though the MAPP process (and this plan) represent an effort to identify **county-level** public health priorities, MAPP coalition members and community residents identified an especially acute need for programs and services within Camden City and the southern part of the county (e.g., Berlin Borough and Township, Chesilhurst, Waterford, Winslow). As it implements the strategies discussed in this report, the MAPP coalition will make a special effort to meet needs within these two parts of the county.

Access to public health services is a major concern in Camden County as it is at the state and federal levels. About 10 percent of county residents are without health insurance coverage. Many others have inadequate coverage. Lack of knowledge about existing services and programs, language/cultural issues and transportation also may be

barriers limiting access to care and services. The MAPP Coalition will work to ensure that: residents are able to obtain the care and services they need; organizations conduct outreach and provide materials in a variety of languages and formats; and residents can conveniently access services and programs.

Nearly one-third of Camden County residents are obese (based on self-reported body mass index) and an additional one-third are overweight. Efforts by the MAPP Coalition to encourage physical activity and healthy eating not only will reduce obesity but also help reduce death and suffering from cardiovascular disease and cancer.

Cardiovascular disease (e.g., heart disease/stroke) accounts for about one-third of deaths within Camden County. Strategies to reduce morbidity and mortality from heart disease and stroke include: helping to educate residents about the warning signs of heart disease and stroke; encouraging healthy eating and exercise; and ensuring cholesterol and blood pressure screening and proper medical treatment for those who need this assistance.

Cancer causes roughly 25 percent of deaths in Camden County. Encouraging residents to exercise regularly, have a healthy and balanced diet and refrain from such risky behaviors as smoking will help to reduce cancer risk. Increasing screening of persons at risk and educating both health care providers and residents about cancer treatment and prevention also will help to reduce cancer incidence and improve outcomes in those diagnosed.

Environmental conditions impact the health of every resident in the county. Everyone is affected by the quality of the county's air and water and their indoor environment. The MAPP Coalition will support measures to improve the county's air and water quality. Efforts to improve environmental health also will include educating residents about asthma, lead poisoning and exposure to environmental tobacco smoke. In addition, residents should be educated about exposures to hazardous substances within the home (which often exceed outdoor exposures).

Mental health issues have received significant publicity as a result of advocacy efforts by Former Governor Richard Codey and his wife. The stigma associated with mental illness and the fact that insurance coverage available for mental health problems tends to be more limited than that for other health conditions may make it difficult for persons with mental illness to obtain assistance. Efforts to educate residents about the signs/symptoms of mental illnesses, reduce stigma associated with mental health conditions and increase funding for mental health programs will be important in reducing suffering from mental illness in Camden County.

Working together, members of the MAPP Coalition hope to effectively implement the strategies discussed in this report and help to improve health and quality of life for Camden County residents in the years ahead.

Camden County- Key Statistics and Indicators¹

- **Population:** 508,000
- **Age:** Twenty-nine percent of county residents are under age 19; 16% are aged 60 or older
- **Race/Ethnicity:** 68% white; 19.6% Black/African-American; 4.8% Asian; 0.4% American Indian/Alaskan Native; 8.8% some other race; 11.4% Hispanic or Latino (may be of any race)
- **Place of birth:** 8.8% of county residents were born outside the United States
- **Household type:** There are roughly 190,000 households in Camden County. Average household size: 2.7 people. Average family size: 3.3 people. Households with one or more people 65 or over: 23.7%. Family households: 68.4%. Family households with children under 18: 34.5%. Non-family households: 31.6%. Householder living alone: 26.4%. Households with one or more persons under 18: 38.5%
- **Marital status:** 188,000 Men aged 15 and older-Never married, 37%; Now married, 52%; Separated, 2.1%; Widowed, 2.4%; Divorced, 6.6%. 209,000 women aged 15 and over- Never married, 30.5%; Now married, 45.5%; Separated, 3.2%; Widowed, 10.3%; Divorced, 10.6%
- **Languages Spoken at home:** (Population age 5 and over). English only, 83%; Language other than English, 16%; Speak English Less than 'very well', 7.6%; Speak Spanish at home, 9.3%
- **Median household income (2005):** \$53,511; Percentage of people with income below the poverty level during the past year (2005): 12.4%; Camden County families with related children under 18 with income below the poverty level during the past year: 15.9%; Median household income, Camden City (2005): \$18,000; Camden City families with related children under 18 below the poverty level during the past year: 50%
- **Unemployment rate:** Camden County unemployment rate (July 2006): 6%; Camden City unemployment rate (2005): 16%
- **Educational attainment, Camden County (2005):** (Persons 25 and older). Less than 9th grade, 4.2%; 9th through 12th grade-no diploma, 11%; High school graduate or equivalency (e.g., GED), 33.2%; Some college, no degree, 16.5%; Associate's degree, 7%; Bachelor's degree, 19%; Graduate or professional degree, 9.1%

¹ Statistics/Data from Camden County and Camden City Community Health Profiles, Sept. 2006 and Camden County Behavioral Risk Factor Surveillance Survey (BRFSS), August 2005. BRFSS is a survey of resident health risks and behaviors. For more information about the BRFSS, see <http://www.cdc.gov/brfss>

- **Educational attainment, Camden City:** (Persons 25 and older). Less than 9th grade, 16.1%; 9th grade through 12th grade- no diploma, 27%; High school graduate or equivalency (e.g., GED), 33.3%; Some college, no degree, 10.3%; Associate's degree, 5.3%; Bachelor's degree, 6.4%; Graduate or professional Degree, 1.5%
- **Causes of Death:** Top ten causes of death in Camden County (2003): Heart disease (25.5% of deaths); Cancer (23.9%); Stroke (5.8%); Chronic lower respiratory diseases (4.7%); Diabetes (3.5%); Accidents/unintentional injuries (3.2%); Influenza/pneumonia (2.8%); Alzheimer's disease (2.6%); Kidney diseases (2.5%); Septicemia (blood poisoning/infection) (2.5%)
- **Obesity:** Roughly 34% of Camden County adults are overweight (body mass index=25-29.9) and 33% are obese (body mass index >30). (See <http://www.cdc.gov/nccdphp/dnpa/bmi/> for an explanation of body mass index)
- **Health insurance:** Roughly 10% of Camden County residents lack health insurance. Eighteen percent of respondents to Camden County's 2005 Behavioral Risk Factor Surveillance Survey (BRFSS), a survey of health risks and behaviors, reported that they have gone without a needed prescription due to cost
- **Exercise (2003):** Less than half of Camden County residents reported engaging in 30+ minutes of moderate physical activity 5 or more days per week, or vigorous physical activity for 20+ minutes 3 or more days per week
- **Smoking:** Nearly half of 2005 Camden County BRFSS respondents said that they had smoked at least 100 cigarettes in their lifetime. About one-third of residents who had smoked at least 100 cigarettes in their life said they continue to smoke every day
- **Hypertension:** Roughly 42% of respondents to the 2005 Camden County BRFSS had been told by a healthcare professional that they have high blood pressure compared to about 28% of those responding to a 2004 nationwide BRFSS
- **Maternal and child health:** More than three percent of mothers in Camden County used drugs during pregnancy and more than 12% smoked during pregnancy. About 5% of births in Camden County between 2000 and 2002 were associated with late or no prenatal care
- **Emergency preparedness:** Seventy percent of those responding to the 2005 Camden County BRFSS said they did not have a personal/family plan for a public health emergency such as a nuclear, chemical or biological attack
- **Mental Health:** Roughly 9% of respondents to the 2005 Camden County BRFSS reported 15 or more days in the past month when their mental health was "not good." About 17 percent of BRFSS respondents reported that they had been worried, tense or anxious for 15 or more days during the past month

Purpose/Mission of Camden County MAPP Coalition

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 will work to ensure that all Camden County residents:

- 1) feel safe, secure and comfortable in their 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 their 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 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.**

Vision for a Healthy Community

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 the MAPP Coalition's efforts:

1. COMMITMENT AND LEADERSHIP

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

1b. Local public health system partners 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. Local public health system partners 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. Local public health system partners ensure the availability of useful and consumer-friendly health information in a variety of languages and formats.

2c. Local public health system partners continually educate residents about good health habits, such as a healthy diet and getting adequate rest and exercise, and provide incentives for maintaining good health habits.

2d. Local public health system partners ensure that all residents benefit from an outstanding educational system, including schools with good physical facilities, adequate technology, materials and resources and sufficient staff.

3. HEALTH

3a. Local public health system partners 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, disability, socioeconomic or insurance status.

3b. Local public health system partners 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 day a week basis (including holidays).

3c. Local public health system partners 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 age-appropriate intervals and health prevention programs offered at an early age.

3d. Local public health system partners increase the number of children in a ‘system’ -- such as foster care, juvenile justice or mental health – with a medical home.²

3f. Local public health system partners ensure senior citizens are healthy, integrated into their community and have advocates to assist them in accessing care and services.

3g. Local public health system partners 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. Local public health system partners provide affordable and accessible substance abuse treatment services and programs, 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. Local public health system partners 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. Local public health system partners 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. Local public health system partners ensure a culturally competent public health workforce by: recruiting public 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 interact with residents of all backgrounds and abilities.

4d. Local public health system partners promote economic self-sufficiency by ensuring all residents are able to earn sufficient income to support themselves and

² “A medical home is one primary physician or clinic that cares for a child over a long period of time, keeps a complete record of the child’s medical history, and acts as a liaison to all other medical, dental or mental health providers”

their families and are able to afford such basic necessities of life as clothing, food and housing.

4e. Local public health system partners increase awareness among residents about healthy eating and increase the number of grocery stores in the community that sell a good variety of affordable, healthy foods.

4f. Local public health system partners support the availability of adequate public transportation so that all residents can avail themselves of the many things our county has to offer

5. SAFETY AND SECURITY

5a. Local public health system partners 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. Local public health system partners help ensure all residents enjoy the benefits of open space, parks and recreational facilities that are safe, clean and accessible.

5c. Local public health system partners 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.

THE CAMDEN COUNTY MAPP COALITION STRATEGIC PLANNING APPROACH

BACKGROUND AND DESCRIPTION OF THE MAPP PROCESS

Mobilizing for Action Through Planning or Partnership (MAPP) is a community health assessment approach developed by the National Association of County and City Health Officials (NACCHO) and the federal Centers for Disease Control and Prevention (CDC).³ The MAPP process has been implemented successfully in such communities as Chicago, Columbus, Hartford, Nashville, San Antonio and many counties in Florida.⁴ The MAPP process emphasizes the importance of local public health system partners collaborating to improve public health.

As defined by the CDC and NACCHO, the local public health system includes “[a]ll of the public, private and voluntary entities that contribute to the delivery of the ten essential public health services.”⁵ The essential public health services include such activities as providing information about health and human services issues, linking residents to needed services and diagnosing and investigating health problems. (Additional information about the ten essential services is provided in the Appendix). The CDC/NACCHO definition of the local public health system therefore encompasses not only health care institutions and health departments but also schools, law enforcement agencies, community organizations, fraternal and religious organizations, foundations, businesses, transportation providers, environmental organizations and many other entities. Since all of these organizations in some way contribute to providing the ten essential public health services, they are collectively responsible for improving public health in the community.⁶

New Jersey’s Public Health Practice Standards, adopted in February 2003, require county health departments to facilitate the MAPP process and use information from the MAPP assessments to develop a **county-level** community health improvement plan.⁷ Each county health department in New Jersey has worked with its local public health system partners to develop a community health improvement plan or is currently working on a plan.

The community health improvement plan is intended to serve as a ‘roadmap’ that identifies the community’s top health priorities, contains supporting data and includes strategies local public health system partners can use to improve community health and quality of life.

³ For more information about MAPP, see <http://mapp.naccho.org>.

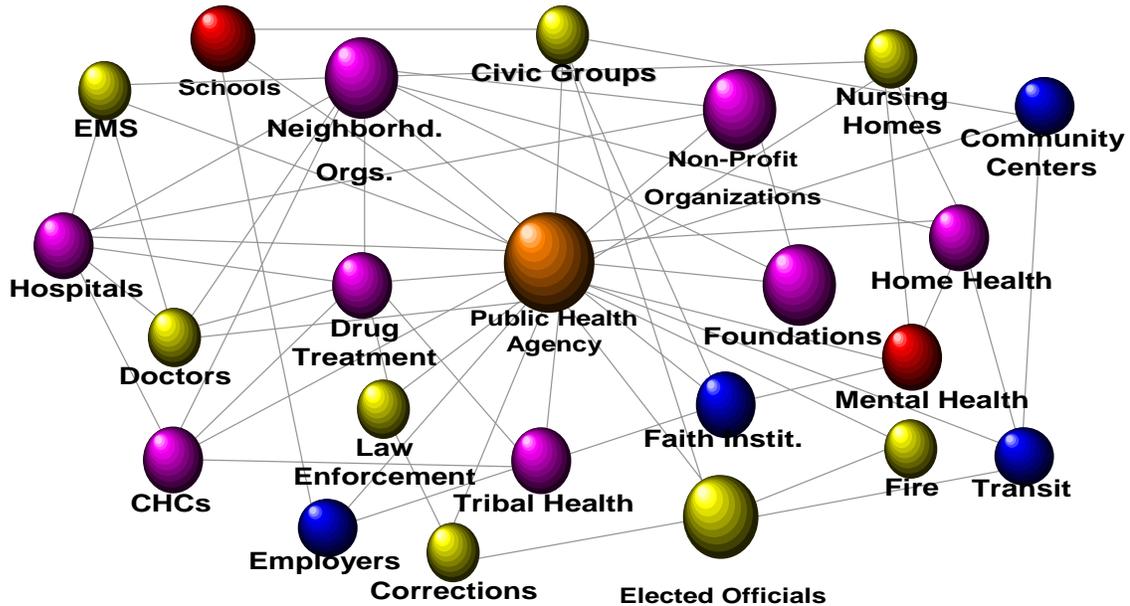
⁴ The MAPP Demonstration Site Process, NACCHO, http://mapp.naccho.org/documents/Demo_Sites_Overview.pdf; Comprehensive Assessment, Strategic Success (COMPASS), Florida Department of Health, http://www.doh.state.fl.us/planning_eval/CHAI/; MAPP Clearinghouse, <http://www.naccho.org/topics/infrastructure/MAPP/clearinghouse/phase1.cfm>; NACCHO, Achieving Healthier Communities Through MAPP, A User’s Handbook; Florida MAPP Field Guide, April 2004.

⁵ NACCHO, MAPP User’s Handbook, p. 3.

⁶ CDC National Public Health Performance Standards Program, <http://www.cdc.gov/od/ocphp/nphpsp/>
Some agencies/organizations provide services such as medical treatment, job training or financial support. Others share information about services with community residents or refer residents to programs and services administered by other organizations.

⁷ See §§8.52-9.2, 10.2, 11.2, Public Health Practice Standards of Performance for Local Boards of Health, New Jersey Dept. of Health & Senior Services, <http://www.state.nj.us/health/lh/phps.htm>.

The Public Health System



Local Public Health System Illustration, CDC, <http://www.cdc.gov/od/ocphp/nphpsp/>

The MAPP process includes six phases: Organizing for Success/Partnership Development; Visioning; Completion of the Four MAPP Assessments; Identification of Strategic Issues; Formulation of Goals and Strategies to address these issues; and development and implementation of a written plan to improve community health.

The first phase of MAPP, Organizing for Success/Partnership Development, is intended to educate stakeholders/potential participants about the MAPP process and its benefits. During this phase of the MAPP process, the lead agency/agencies identify staff to coordinate the MAPP assessments, develop timelines for completion of the MAPP assessments and ensure the availability of adequate funding and supplies.

During the visioning phase, MAPP participants identify shared values and goals for the coalition, a “shared vision for the future.” Members discuss such questions as “What are the major characteristics of a healthy community for those who live and work in our county?” and “What are the strengths and weaknesses of our local public health system?”⁸

The goal of the visioning phase is to develop a mission statement and identify values reflecting the type of health care and quality of life coalition members believe residents have a right to expect in their community. The vision/values represent the conditions that coalition members would like to see after the MAPP process has been completed and the community health improvement plan fully implemented.

While the outcome of the visioning process represents ideal conditions that coalition members would like to exist in their community, the four MAPP assessments provide a

⁸ See sources cited in footnotes 3 and 4

comprehensive view of the conditions that currently exist. The four MAPP assessments may be completed in any order, either one at a time or concurrently. The MAPP assessments include:

A. The Forces of Change Assessment: During this assessment, participants identify factors, events and trends that are causing health care and quality of life to change within the community. As explained in the NACCHO MAPP User's Handbook: "Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government. Factors are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway. Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation" (p. 65). Trends, factors, and events identified by participants are grouped into various categories: Economic; Environmental; Health; Legal/Political; Scientific/Technological; and Social. Opportunities and challenges associated with the various factors, events and trends also are identified.

B. The Local Public Health System Assessment: During this assessment, MAPP Coalition partners complete the CDC's Local Public Health System Assessment (LPHA) survey. The goal of the LPHA survey is to "[i]dentify how organizations and institutions contribute to the delivery of public health services, to understand the existing infrastructure, and to identify potential gaps or challenges."⁹ (Please see Appendix for further information about the ten essential public health services). The LPHA survey provides public health system partners with an opportunity to formally evaluate "organizational and community communication and collaboration by bringing partners to the same table" to complete the survey.¹⁰ LPHA survey results can be tracked over time and used for benchmarking/quality improvement. As of 2005, more than 350 jurisdictions nationwide had completed the LPHA survey.¹¹

The LPHA survey is divided into 10 sections, one for each of the ten essential public health services. Each essential service is further subdivided into indicators, "major components, activities or practice areas" relevant to that essential service.¹² For instance, the indicators for essential service #2 - diagnosing and investigating health problems and health hazards in the community - include identification and surveillance of health threats, planning and preparing for public health emergencies and responding to public health emergencies. CDC Model Standards describe "optimal performance" for each indicator/activity. Members of the MAPP Coalition complete the survey by evaluating the extent to which activities/functions in their jurisdiction meet the CDC's model standards.

⁹ Joan Ellison, National Public Health Performance Standards: Are they a means of Evaluating the Local Public Health System, *Journal of Public Health Management and Practice*, 2005, 11(5), 433-436

¹⁰ Florida MAPP Field Guide, LPHA materials, http://www.doh.state.fl.us/planning_eval/CHAI/Resources/FieldGuide/contentsFguide.htm#LPHSA; CDC National Public Health Performance Standards Program Users' Guide, April 2004, <http://www.cdc.gov/od/ocphp/nphpsp/>; CDC Local Public Health System Assessment Survey

¹¹ Rosemary Bakes-Martin et. al. "Developing National Performance Standards for Local Public Health Systems, *Journal of Public Health Management and Practice*, 2005, 11(5), 418-421; John Baird and Kelly Carlson, National Public Health Performance Standards Assessment, First Steps in Strengthening North Dakota's Public Health System, *Journal of Public Health Management and Practice*, 2005, 11(5), 422-427.

¹² CDC Local Public Health System Performance Assessment Instrument, Introductory materials; CDC National Public Health Performance Standards Program Users' Guide, April 2004, <http://www.cdc.gov/od/ocphp/nphpsp/>; CDC Local Public Health System Assessment Survey

When the LPHA survey has been completed, results are submitted to the CDC and Public Health Foundation. The CDC and Public Health Foundation analyze the results and provide a report to the MAPP group.

C. The Community Themes & Strengths/Community Perspectives Assessment:

The goal of the community perspectives assessment is to obtain input from residents about such issues such as air quality, arts/cultural activities, education, health care, and parks. The results of this assessment can help the MAPP committee identify priority issues and ensure that the community health improvement plan reflects community concerns. Input from residents may be obtained through surveys, focus groups and community forums.

D. The Community Health Status Assessment: The community health status assessment provides MAPP participants and community residents with data about health and quality of life issues. The report may include data about such issues as communicable diseases, chronic diseases, maternal and child health and substance abuse.

Table 1, Description of MAPP Process

MAPP PHASE	EXPLANATION
Organizing for Success/Partnership Development	Potential MAPP coalition participants are identified and provided with information about the MAPP process. Partners develop plans for implementing the process (e.g., budget, staff considerations, timelines).
Visioning	MAPP partners discuss and agree on attributes of a healthy community with good quality of life for all members. A vision statement is developed.
Completion of Four MAPP Assessments	The four MAPP assessments are completed (see text above for information).
Identification of Strategic Issues	Information from the four assessments is reviewed and key issues/concerns identified. Partners agree to focus their efforts on 3 to 6 priority issues.
Formulation of Goals and Strategies	Partners agree on goals and develop strategies to address the priority health issues.
Development and Implementation of Strategic Health Improvement Plan	MAPP partners develop and implement a written plan to improve community health. The plan may take several years to fully implement.

After the MAPP assessments are concluded, the information from the assessments is reviewed and major priorities/themes identified. From this list, which may include numerous health and quality of life issues, the MAPP coalition selects a smaller number of priority issues on which to focus its efforts. The coalition formulates goals and strategies to address each of these issues. A community health improvement plan is then developed to share information about the MAPP process, the MAPP assessments and the priority issues on which the MAPP Coalition will focus its efforts. This plan is then implemented by the MAPP coalition, which evaluates its progress on an ongoing basis. The strategies discussed in the community health improvement plan may take several years to fully implement.

THE MAPP PROCESS IN CAMDEN COUNTY

Organizing for Success/Partnership Building: Preparations for the MAPP process in Camden County started in the summer of 2004 and early 2005. During this time, Camden County Health Department staff met individually with more than 35 community leaders to discuss the MAPP process and opportunities for collaboration. In addition, health department staff participated in numerous community and coalition meetings, such as the Camden City Healthy Futures Committee, Community Health Outreach Consortium, Cooper University Hospital Community Linkages Forum; Camden City Mayors Blue Ribbon Panel, Traumatic Loss Coalition and Human Services Advisory Council. These meetings provided an opportunity to identify and recruit MAPP participants and discuss the benefits of the MAPP process.

More than 75 community leaders attended the Camden County MAPP Coalition 'kick off' meeting in July 2005 at the Camden County Library-Voorhees. Since that time, the coalition has continued to meet on a monthly basis at the Camden County One-Stop Resource Center in Camden.

Visioning: The Visioning Phase was conducted from July to September 2005. During these meetings, participants discussed several issues: what are the important characteristics of a healthy community; what are some aspects of the local public health system that participants would like the Camden County MAPP Coalition to help improve; and what are some things that agencies/organization would like to get out of the MAPP process. A vision/values statement was drafted by the Coalition in September 2005.

Completion of the Four MAPP Assessments:

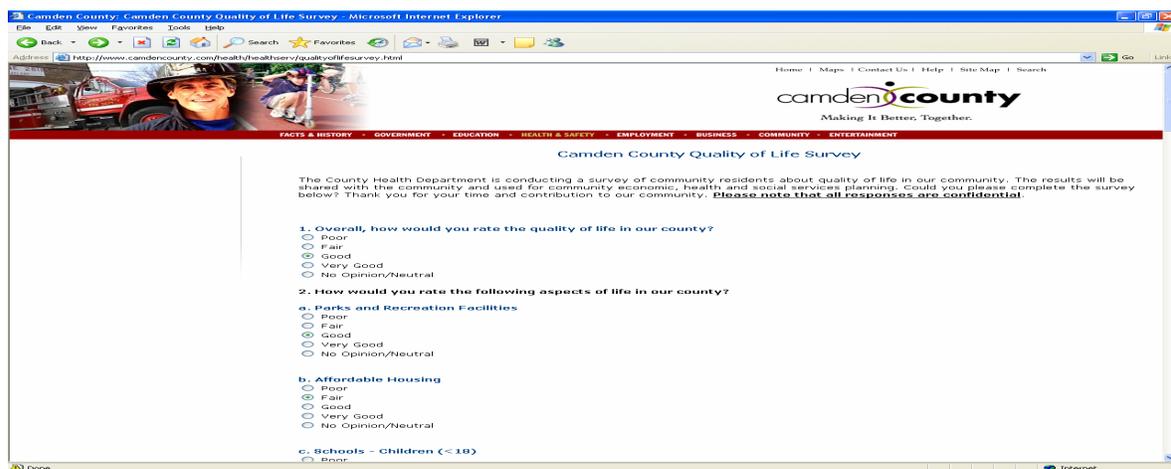
A. Forces of Change: The goal of the Forces of Change Assessment is to identify factors, events and trends that are causing changes in health care and quality of life in the county. The Camden County MAPP Coalition completed the forces of change assessment in October 2005. MAPP Coalition participants identified more than 100 factors, events and trends impacting Camden County, including decreasing availability of funding for nonprofits and government agencies, a growing disparity between 'haves' and 'have nots,' the threat of avian/pandemic flu, an aging population, an increasing need for after school programs, the implementation of Medicare Part D, redevelopment in Camden City and the nationwide impact of Hurricane Katrina.

B. Local Public Health System Assessment (LPHA) Survey: The LPHA survey is intended to evaluate the extent to which local public health system partners are providing essential public health services (See Appendix). The MAPP Coalition completed the LPHA survey in February 2006. Two separate six hour workshops were held to complete this comprehensive survey. Survey questions also were discussed at several MAPP Coalition monthly meetings. All MAPP Coalition participants were invited to participate in these workshops as well as other community partners. More than 40 representatives from 19 agencies/organizations participated in the LPHA survey workshops. Results were submitted to CDC and the Public Health Foundation (PHF). The CDC/PHF analysis, essential service briefing sheets and other materials were shared with MAPP Coalition members.

Some strengths of Camden County's local public health system identified by the LPHA include: the ability to investigate, prepare for and respond to public health emergencies; active participation by local academic institutions (UMDNJ, Rutgers, Camden County College) in public health activities; and generally good enforcement of public health laws, regulations and ordinances. Areas for improvement identified include the need for collective assessment/evaluation by public health system partners of health education/promotion and policy/advocacy activities in the county and the need to ensure better coordination in the delivery of public health services.

C. Community Perspectives Assessment: The community perspectives survey was completed between June and September 2006. The goal of this assessment was to obtain input from community residents about quality of life issues. Camden County Health Department staff developed a survey which was distributed with the help of MAPP Coalition members at such venues as health care facilities, farmers markets, senior day centers and programs for seniors and community meetings. An online version of the survey was placed on the Camden County Web site and publicized by MAPP partners. Survey respondents were asked to evaluate such aspects of community life as affordable housing, air quality, arts/cultural activities, education, government response to community concerns, job opportunities, libraries, medical/health services, parks, public safety, transportation/traffic and water quality. The survey also included open-ended questions about steps county leaders can take to improve quality of life. Three questions addressed social capital in the county, asking if residents perform volunteer work, trust those running their community and feel they live in a neighborhood where people look after one another. The survey also included questions about emergency preparedness. More than 850 residents completed the online and paper versions of the survey. In addition to the survey, health department staff conducted several focus groups with residents.

Aspects of quality of life about which many residents expressed concern (high number rating fair/poor) include: affordable housing; government response to community concerns; air quality, water quality, and traffic/transportation issues. Aspects of quality of life that many residents rated as good or excellent include: parks; schools for adults (colleges/universities); libraries; arts/cultural activities and medical/health services.



Online Camden County Quality of Life Survey

D. Community Health Status Assessment: The goal of this assessment is to provide data about health care and quality of life to residents and local public health system staff. The Camden County Community Health Status assessment includes two comprehensive community health profiles, one for Camden County and the other for Camden City. The health profiles were completed in September 2006. The 2005 Camden County Behavioral Risk Factor Surveillance Survey (BRFSS) also was part of this assessment.¹³ The community profiles and BRFSS information have been shared with MAPP Coalition members and other community partners.

E. Identification of Priority Health Issues and Formulation of Goals and Strategies: In November 2006, Camden County Health Department staff conducted a thorough review of all of the MAPP assessments and materials and shared the results with MAPP coalition participants. A table summarizing the four MAPP assessments and identifying 13 potential priority health issues was provided to MAPP Coalition members at the November 2006 MAPP meeting. Following NACCHO and CDC recommendations, coalition members were asked to select from this extensive list a smaller number of priorities on which MAPP Coalition members could focus their collective resources and attention.

To help select from among these potential priority health issues, the coalition used a method developed by public health researcher J.J. Hanlon. This method helps coalition members select from among a large number of potential priorities by evaluating the number of persons impacted by a given health issue/concern, the seriousness of the impact and the availability of effective interventions.¹⁴ This approach also considers the availability of resources to address a potential priority issue and whether addressing this issue would be suitable given the mission of MAPP coalition member agencies/organizations. In January 2007, coalition members agreed to focus their collective effort on six public health priorities: access to care; cancer; cardiovascular health; environmental health; obesity/overweight and nutrition; and mental health. The next section of this report explains why the MAPP Coalition identified these issues as priorities and its strategies to address these issues.

¹³ The Behavioral Risk Factor Surveillance Survey (BRFSS) is a comprehensive survey of health risks and behaviors developed by CDC and administered at the federal, state and local levels. The survey is usually administered to adults via telephone. Further information is available at <http://www.cdc.gov/brfss>.

¹⁴ "A Method for Setting Priorities Among Health Problems," Appendix E, NACCHO, Assessment Protocol for Excellence in Public Health Manual, August 1996.

CAMDEN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN PRIORITIES

1. ACCESS TO CARE: Improve access to comprehensive, high-quality health services¹⁵

The large number of persons entirely lacking health insurance coverage or with inadequate coverage (underinsured) has a substantial impact on public health at the local, state and national levels.¹⁶ Underinsured persons include those who lack coverage for certain services such as dental care, vision or mental health or are unable to meet

the co-pays and deductibles required by their insurance policies. Residents noted the impact of rising health care costs and the growing difficulty of obtaining good, consistent coverage. For instance, a 47-year old mother from Barrington responding to the MAPP Coalition Community Perspectives Survey said that she “work[s] 3 jobs to support myself and my children. Health care cost[s] are impossible to handle.”

MAPP Coalition participants identified several key issues and trends relevant to health care access

including: low Medicaid reimbursement rates that are adversely impacting hospitals and health care providers assisting low-income populations; the growing use of emergency rooms for conditions best treated by primary-care providers; and the trend of health care facilities and clinics closing or consolidating.¹⁷ Lack of good access to care is one reason

KEY FACTS- ACCESS TO CARE

- Based on responses to the 2005 Camden County Behavioral Risk Factor Surveillance Survey (BRFSS), about 10 percent of county residents lack health insurance coverage
- Among those with health insurance, the main sources of coverage are: HMOs/PPOs (65%); Medicaid (6%); Medicare (26%); long-term care insurance (3.5%) and other sources (6%)(e.g., AARP, supplemental/gap, private)
- Roughly 15 percent of residents responding to the 2005 Camden County BRFSS said that they had not had their teeth cleaned by a dentist or dental hygienist within the past two years. More than 8 percent of respondents had not had their teeth cleaned by a dentist or dental hygienist within the past five years
- Twelve percent of 2005 Camden County BRFSS respondents reported that there was a time during the past year when they wanted to see a doctor but did not due to concerns about cost
- About 10 percent of county residents and 20 percent of Camden City residents rely on public transportation to get to and from work
- Twelve percent of respondents to the 2005 Camden County BRFSS reported having a health problem that requires the use of special equipment such as a wheelchair, cane, special bed or special telephone
- About 9 percent of Camden County babies were born with low birth weights (2001-2003 average, low birth weight defined as less than 5 pounds, 3 ounces). Two percent of babies were born with very low birth weights (2001-2003 average, very low birth weight defined as less than 3 pounds, 5 ounces)
- In 2003, roughly 14 percent of births in Camden County were premature/preterm
- About 13 percent of county residents responding to the 2005 Camden County BRFSS reported that they act as caregivers/physically care for another person

¹⁵All goals and strategies are based on, adapted from or consistent with the U.S. Department of Health and Human Services Healthy People 2010 national health goals, <http://www.healthypeople.gov>

¹⁶ See, for instance, Cathy Schoen et al., Insured But Not Protected: How Many Adults Are Underinsured?, Health Affairs, June 14, 2005. <http://content.healthaffairs.org/>; John Hadley, Sicker and Poorer: The Health Consequences of Being Uninsured, May 2002, The Kaiser Commission on Medicaid and the Underserved, <http://www.kff.org/uninsured/20020510-index.cfm>.

¹⁷ The impact of these trends/factors at a state level is discussed in the recently published 2006 New Jersey Health Care Almanac, Avalere Consulting, http://www.njhealthcarealmanac.net/pdfs/New_Jersey_Almanac_Summary.pdf.

that many residents do not receive counseling or information about such health risks and behaviors as diet, exercise, obesity and tobacco use.¹⁸

Another concern is that many residents have inconsistent insurance coverage. For instance, residents may go through alternating periods of having adequate insurance coverage and then losing that coverage as they change jobs. In addition, employers may switch health plans, altering the scope of their employees' coverage and benefits and sometimes forcing employees and their dependents to change health care providers.

Language and cultural factors, disability, poverty and lack of education also may hinder access to care. The diversity of Camden County's population requires that local public health system partners administer programs and conduct outreach in a variety of languages and formats and ensure culturally competent staff. The dramatic impact of Hurricane Katrina, for instance, underscores the importance of local public health partners working together to help persons with disabilities, persons speaking languages other than English and other vulnerable populations prepare for emergencies.¹⁹

Unfortunately, representatives of many organizations participating in the local public health system assessment said that they **lack adequate staff and funding to reach out to many populations in need of services** as the homeless, persons with disabilities, the mentally ill and residents who speak languages other than English.

Transportation to and from services is a significant barrier to accessing care and services, particularly for those residents who cannot drive. Public transportation may be inconvenient for residents (e.g., multiple buses needed to reach a given location) and/or inaccessible. Many agencies and organizations, including faith-based institutions and nonprofit organizations, businesses and government agencies provide transportation in Camden County. As a result of funding and coordination issues, transportation is not always provided to residents in the most efficient manner. For instance neighbors may be going to the same location at the same time but be transported by different agencies/providers. Efforts to plan and coordinate how transportation is provided to seniors, persons with disabilities, low-income individuals and other persons in need may help to improve access to services and programs.²⁰

Lack of knowledge about existing services also is a barrier to accessing services in Camden County. For instance, an 83-year old male from Haddonfield responding to the community perspectives survey urged county leaders to "arrange for newspaper articles to publicize all county services" and a 21-year old Camden woman asked for "[m]ore ... communication about the opportunities and resources in the area." Another respondent commented that when her son needed help for substance abuse she did not know about available programs. During the Local Public Health System Assessment survey, public

¹⁸ That this is a concern at the national level as well is reflected in the U.S. Department of Health & Human Services Agency for Healthcare Research and Quality's 2006 National Healthcare Quality and National Healthcare Disparities Reports. See <http://www.ahrq.gov/qual/measurix.htm>

¹⁹ Numerous sources have documented the particularly severe impact of Katrina on these populations. See Spatial Structures in the Social Sciences, Damage Report, January 2006, <http://www.s4.brown.edu/katrina/>; the Social Science Research Council, Understanding Katrina essays, <http://understandingkatrina.ssrc.org/> and The Impact of Hurricanes Katrina and Rita on People with Disabilities: A Look Back and Remaining Challenges, National Council on Disability, August 2006, <http://www.ncd.gov/newsroom/publications/2006/publications.htm>

²⁰ The Camden County Workforce Investment Board (CCWIB) and other local partners currently are working on one such effort to improve coordination of transportation services. Transportation Coordination in Action, Materials/Presentation to Camden County MAPP Coalition, December 2006.

health partners identified lack of knowledge about services as a key issue and noted the need for Camden County to have a comprehensive, readily accessible, up-to-date directory of organizations similar to that found in other jurisdictions.²¹

Lastly, **lack of communication and coordination among local public health system partners** often hinders access to care and services. Different components of the local public health system, such as housing, job placement and health services need to better coordinate activities and programs. For instance, one agency may help with job placement but the reason a person is unemployed may be due to their health problems.

At times one person/family is being helped at same time by several organizations which are unaware of each other's activities/assistance. In still other cases, persons/families receiving help from one agency (e.g., housing or health) are not connected to other vital services. When an entire family is in need of help/services, parents may sometimes be provided assistance but not children or vice versa. Finally, residents and providers noted the need for services to be co-located or located nearby so persons in need may more conveniently access these services and programs.

Though the MAPP process and this plan has been focused on identifying county-level public health priorities, MAPP coalition members and community respondents noted an especially acute need for programs and services within Camden City and the southern region of the county (e.g., Winslow, Waterford, Berlin Borough and Township, Chesilhurst). Many barriers to access to care, such as poverty and unemployment, are particularly pronounced within the City of Camden. Residents of the southern part of the county also may experience difficulty accessing services because many organizations such as hospitals are located in other parts of the county. As it implements the approaches discussed in this report, the MAPP coalition will make a special effort to address needs within these two sections of the county.

Goals: Implementation locally of the following Healthy People 2010 national goals will help the local public health system to improve health care access within the county:

- The Camden County Local Public Health System (LPHS) will reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members (HP 1-6)
- The Camden County LPHS will increase the proportion of persons with health insurance (HP1-1)
- The Camden County LPHS will increase the proportion of health care providers from underrepresented racial and ethnic groups and ensure that LPHS employees receive cultural competence training (HP 1-8)
- The Camden County LPHS will increase the proportion of pregnant women who receive early and adequate prenatal care (HP 16-6)
- The Camden County LPHS will increase the proportion of persons appropriately counseled about health behaviors (HP 1-3)

²¹ See <http://www.phillyhealthinfo.org/> operated by The College of Physicians of Philadelphia and the United Way of Allegheny County (PA)/Allegheny County Department of Human Services Web site, <http://humanservices.net/>

Strategies:

- Identify health and human services data sources/databases and develop methods for LPHS organizations to share information to help better coordinate assistance provided to individuals and families²²
- Advocate for additional staff and funding to help with outreach and provision of additional services to persons facing significant obstacles to accessing services
- Support health care reform efforts to provide *all* residents with adequate health care coverage
- Refer persons seeking such services as Women, Infants, Children and housing assistance to health care providers so that any medical problems potentially impeding their benefit from these services are properly diagnosed and treated
- Enhance efforts to provide the elderly, persons with disabilities and persons speaking languages other than English with health information and materials
- Locate public health services in the same facility or nearby to help persons in need access different types of services more conveniently
- Increase the number and types of public health services that are available to all residents on a 24 hours a day, 7 day a week basis
- Identify in each LPHS agency/organization a staff person who 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 funding
- Conduct a comprehensive assessment of the local public health workforce that evaluates such aspects as size, workforce composition, the role of volunteers and staff education/training needs
- Support efforts to improve transportation services for persons in need by using appropriate technology to plan routes and schedules, improving access to public transportation and helping local agencies and organizations to collectively assess and plan how they provide transportation services to residents
- 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 make the directory available to community residents

²²Many jurisdictions are promoting use of electronic health records and development of regional health information organizations (RHIOs) to facilitate data analysis and information sharing. See Health Information Technology Home, U.S. Dept. of Health & Human Services, <http://www.hhs.gov/healthit/>

2. OBESITY/OVERWEIGHT AND NUTRITION: Promote health and reduce chronic disease associated with diet and obesity/overweight ²³

According to the Centers for Disease Control and Prevention about one-third of Americans over the age of 20 are obese. Data from New Jersey's Behavioral Risk Factor Surveillance Survey (BRFSS), a survey of health risks and behaviors, suggests that about 22 percent of the state's adult residents are obese (body mass index (BMI) >30) and 37 percent overweight (BMI= 25-29.9).²⁴ Based on responses to the 2005 Camden County BRFSS, roughly one-third of Camden County adults are obese (based on BMI) and another one-third are overweight.²⁵

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 2005 New Jersey Student Health Survey indicates that 12 percent of high-school

KEY FACTS- OBESITY/OVERWEIGHT AND NUTRITION

- 13 percent of respondents to the 2005 Camden County Behavioral Risk Factor Surveillance Survey (BRFSS) said that they have been told by a doctor that they have diabetes (compared to 6.8 percent of those responding to a 2004 statewide BRFSS)
- Nearly 26 percent of respondents to the 2005 Camden County BRFSS reported that during the past month they had not participated in any non-job related physical activities or exercises such as running, calisthenics, golf, gardening or walking
- Less than half of Camden County adults engage in 30+ minutes of moderate physical activity 5 or more days per week, or vigorous physical activity for 20+ minutes 3 or more days per week
- More than 70 percent of respondents to the 2005 Camden County BRFSS reported that to help reduce their risk of heart disease or stroke they are reducing their intake of high-fat and high-cholesterol foods. However, only about 40 percent reported eating more fruits and vegetables or exercising more in order to reduce their risk of cardiovascular disease

students are obese. Obese children are significantly more likely to become obese adults. Childhood and adult obesity are associated with heart disease, stroke, diabetes, certain cancers and high-blood pressure. A high BMI has been associated with excess mortality in persons over age 50.²⁶ Efforts to reduce obesity through proper exercise and nutrition may help significantly in managing chronic health conditions and reducing cancer risk.²⁷

²³ The authors wish to thank Robin Waddell, Rutgers Cooperative Extension-Camden County, Sr. EFNEP Program Coordinator, for her suggestions and comments concerning this section

²⁴Overweight and Obesity, Centers for Disease Control and Prevention, <http://www.cdc.gov/nccdphp/dnpa/obesity/>; New Jersey Department of Health & Senior Services, Center for Health Statistics, Health Data Fact Sheet, July 2006, Obesity in New Jersey, http://www.state.nj.us/health/chs/monthlyfactsheets/jul06_obesity.pdf; New Jersey Obesity Prevention Action Plan, June 2006, http://www.state.nj.us/health/fhs/documents/obesity_prevention.pdf; SE Hampl et. al, Resource Utilization and Expenditures for Overweight and Obese Children, Archives of Pediatrics and Adolescent Medicine, 2007; 161: 11-14. RT Kimbro et. al., Racial and Ethnic Differentials in Children's Overweight and Obesity Among 3-year olds, American Journal of Public Health, Published online ahead of print, Dec. 28, 2006, http://www.ajph.org/first_look.shtml

²⁵ See <http://www.cdc.gov/nccdphp/dnpa/bmi/> for a discussion of body mass index and obesity

²⁶ KF Adams etl. Al., Overweight, Obesity, and Mortality in a Large Prospective Cohort of Persons 50 to 71 Years Old, New England Journal of Medicine, 2006: 355, 763-778, <http://www.nejm.org>

²⁷ See, for instance, Exercise and Diabetes, American Diabetes Association, <http://www.diabetes.org/weightloss-and-exercise/exercise/overview.jsp>; Obesity and Overweight, American Heart Association Position Statement, <http://www.americanheart.org/presenter.jhtml?identifier=4639>; Roland Sturm, The Effect of Obesity, Smoking and Drinking on Medical Problems and Costs, Health Affairs, March/April 2002, pp. 245-253, <http://content.healthaffairs.org/>; Diet and Physical Activity: What's the Cancer Connection, American Cancer Society, http://www.cancer.org/docroot/PED/content/PED_3_1x_Link_Between_Lifestyle_and_CancerMarch03.asp

New Jersey's Obesity Prevention Action Plan (June 2006) recommends several ways that the state should respond to this serious health concern, including educating students about nutrition, promoting worksite wellness programs with a nutrition component and encouraging health care professionals to counsel their patients about healthy eating and exercise. Concerted action at the local level by public health system partners also will be needed to substantially reduce the level of adult and childhood obesity and convey to Camden County residents the importance of good nutrition and exercise.

Some conditions and trends identified by Camden County MAPP participants are inconsistent with the goal of reducing obesity, however. Both children and adults, for instance, are advised to eat healthy and exercise, but surrounded by junk foods and inundated with advertisements for these products. In addition, stores selling healthy, nutritious foods may be difficult to find in some areas of the county (e.g., many parts of Camden City). Healthy foods/drinks also sometimes may cost more than unhealthy items such as soda. Participation in the Women, Infants, Children (WIC) and Food Stamp programs can help improve nutrition and health outcomes for persons in need, but many eligible residents do not participate in these programs.²⁸

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. Designing exercise programs that take into account current youth interests such as video games and music also may help to encourage young people to exercise. These steps can help ensure that children and adolescents develop an interest in and enjoyment of physical activity/exercise that continues as they become adults. MAPP participants also identified a need for programs that encourage entire families (even pets) to exercise together and help motivate one another.

On a more positive note, MAPP participants noted that a 2006 federal law now requires that schools receiving federal funds to provide school breakfasts and lunches have a wellness policy that includes nutrition guidelines for food served during the school day and goals for physical education and nutrition education.²⁹ The New Jersey Department of Agriculture is further requiring that by September 2007 local school districts adopt the state's Model School Nutrition Policy, which requires such actions as prohibiting the sale of candy during the school day, banning foods and beverages in which sugar is the first listed ingredient and ensuring that food served on school property meets certain specific nutritional standards.³⁰ Many local schools already have responded to widespread

²⁸ BJ Lee et al., Effects of WIC and Food Stamp Program Participation on Child Outcomes, December 2006, USDA Economic Research Service, <http://www.ers.usda.gov/Publications/CCR27>; Food Research and Action Council, 2003 Food Stamp Participation Rates State-by-State, http://www.frac.org/html/federal_food_programs/FSP/rates03_bystate.html

²⁹ See Action For Healthy Kids, Press Release, August 21, 2006. <http://www.actionforhealthykids.org/pdf/WP%20preview%20release%2008-21-06.pdf>. The provision of federal law referred to, part of the Child Nutrition and Special Supplemental Nutrition Program (WIC) Reauthorization Act of 2004, became effective in July 2006; Healthy Schools, Local Wellness Policy Requirements, Food and Nutrition Service, USDA, http://www.fns.usda.gov/tn/Healthy/wellness_policyrequirements.html

³⁰ School Board Notes, NJ School Boards Association, Sept. 15, 2005, http://www.njsba.org/sb_notes/20050915/nut.html; Healthy Choices, Healthy Kids Campaign, NJ Department of Agriculture,

concern about childhood obesity by improving school meals and removing junk food and soda vending machines from their campuses.

Goals: Implementation locally of the following Healthy People 2010 national goals will help the local public health system to reduce prevalence of obesity/overweight and improve nutrition within Camden County:

- The Camden County LPHS will reduce the proportion of adults, children and adolescents who are obese and/or overweight (based on BMI)(HP 19-1, 19-2, 19-3)
- The Camden County LPHS will increase the proportion of children and adults who consume the recommended number of daily servings of fruits and vegetables (HP 19-5, 19-6)
- The Camden County LPHS will increase the proportion of children and adolescents whose intake of meals and snacks at school contributes to good overall dietary quality (HP 19-15)
- The Camden County LPHS will increase the proportion of employers that offer comprehensive health promotion programs to employees, including nutrition or weight management classes and counseling and the number of employees who participate in these programs (HP 19-16, 7-5)
- The Camden County LPHS will increase the proportion of employers who offer and employees who participate in employer-sponsored health promotion activities (HP 7-6)
- The Camden County LPHS will increase food security and reduce hunger (HP 19-18)
- The Camden County LPHS will increase the proportion of adults who engage regularly in moderate physical activity for at least 30 minutes per day and the proportion of adolescents who engage in moderate physical activity for 30 minutes at least 5 days per week (HP 22-2, 22-6)

Strategies:

- Provide classes and educational materials to help teach people to cook healthy foods economically and efficiently
- Encourage employers to support employee wellness programs that include information about healthy eating and exercise and encourage employees to participate in these programs

http://www.nj.gov/agriculture/divisions/fn/news/healthy_choices.html; Model School Nutrition Policy, NJ Department of Agriculture, <http://www.state.nj.us/agriculture/modelnutritionpolicy.htm>

- 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 healthy diet and exercise³¹
- Promote partnerships between schools and local nutrition experts to promote healthy eating in schools
- Develop local exercise programs using county parks as a venue (More than 60 percent of respondents to the community perspectives survey rated the quality of the county's parks as good or very good)
- Share information with residents in a variety of languages and formats about dietary guidelines and recommended consumption of fruits and vegetables and other foods (e.g., <http://mypyramid.gov>)
- Conduct locally an “intergenerational, culturally sensitive public awareness campaign on preventing obesity through healthy choices and physical activity” consistent with state efforts described in the New Jersey Obesity Prevention Action Plan
- Educate residents about and encourage participation by eligible individuals and families in such programs as Women, Infants, Children (WIC) and Food Stamps
- Develop exercise programs geared toward the entire family so family members can exercise together and motivate one another³²
- Advocate for state level policy/legal changes such as measures similar to Arkansas Act 1220 which requires school nurses to screen children, report to parents their child's BMI and explain of the consequences of obesity/overweight³³



³¹ Many New Jersey mayors already participate in such efforts through the New Jersey Mayors Wellness Campaign (<http://www.mayorswellnesscampaign.org>) and the NJ Obesity Prevention Action Plan supports this program

³² This should include programs involving pets. See discussion of the “People and Pets Exercising Together” study in Cheryl Guttman, DVM News Magazine, Tandem Dieting Programs Can Address Pet Obesity, Feb. 1st, 2005, <http://www.dvmnewsmagazine.com/dvm/article/articleDetail.jsp?id=146674>

³³ Obesity and School Body Mass Index Initiative, Arkansas Center for Health Improvement, http://www.achi.net/current_initiatives/obesity.asp. This is an ‘Action Step’ discussed in the NJ State Obesity Plan as and a strategy that several other states, including Pennsylvania, have used to reduce child obesity levels. Other states, such as Delaware are piloting programs to share information with parents/guardians about student performance on certain physical activity tests at various grade levels. See Edward Kenney, State to send fitness reports home with fourth-graders, News Journal (Wilmington), Jan. 19, 2007, <http://www.delawareonline.com>; Delaware, State-Level School Health Policies, National Association of State Boards of Education, <http://www.nasbe.org/HealthySchools/>

3. **CARDIOVASCULAR HEALTH:** Improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events.

Cardiovascular diseases cause about one-third of all deaths in Camden County. This fact alone dictates that reducing onset and ensuring proper management of cardiovascular disease rank among the local public health system’s health priorities. As high as morbidity and mortality from cardiovascular disease is generally, members of certain racial and ethnic groups such as African-Americans, Hispanics and Asian-Pacific Islanders face even greater risk³⁴

The American Heart Association points out that “[c]igarette 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.”³⁵ Many of these risk factors can be readily modified by residents, particularly if local public health system partners provide information and develop programs to help address these risks. Strategies used to reduce obesity, encourage exercise and promote healthy eating will be of great

KEY FACTS- CARDIOVASCULAR HEALTH
<ul style="list-style-type: none"> • Heart Disease is the leading cause of death in Camden County accounting for more than 25 percent of deaths (2003) • Stroke is the third leading cause of death in Camden County accounting for about 6 percent of deaths (2003) • More than 42 percent of respondents to the 2005 Camden County Behavioral Risk Factor Surveillance Survey (BRFSS) had been told by a healthcare professional that they have high blood pressure. Among these respondents, about 85 percent were taking medications for high blood pressure • 43 percent of respondents to the 2005 Camden County BRFSS had been told that their blood cholesterol is high • Four percent of respondents to the 2005 Camden County BRFSS survey reported having been told by a health professional that they have had a stroke • Seven percent of respondents to the 2005 Camden County BRFSS survey reported being told by a health professional that they have had a heart attack and about eight percent that they have angina or coronary heart disease • Roughly 5 percent of 2005 Camden County BRFSS respondents stated that they use tobacco products other than cigarettes (such as cigars and pipes)

value as well in reducing morbidity/mortality from cardiovascular diseases. Efforts to ensure residents have adequate health insurance coverage and a good relationship with

³⁴ Health Disparities: A Selected Bibliography, From the National Center for Chronic Disease Prevention and Health Promotion, January 2000–January 2005, <http://www.cdc.gov/nccdphp/publications/healthdisparities/>; Disparities in Premature Deaths from Heart Disease --- 50 States and the District of Columbia, 2001, CDC, Morbidity and Mortality Weekly Report, February 20, 2004 / 53(06):121-125; Mary Ellen Cook and Joel Cantor, White Paper on Cardiovascular Disease in New Jersey: Review of Current Strategies and Opportunities, Rutgers Center for State Health Policy, October 2006, <http://www.cshp.rutgers.edu/>

³⁵ Cigarette Smoking and Cardiovascular Disease, American Heart Association, Position Statement, <http://www.americanheart.org/presenter.jhtml?identifier=4545>; AH Lichtenstein et. al., Diet and Lifestyle Recommendations Revision 2006, A Scientific Statement From the American Heart Association Nutrition Committee, *Circulation*. 2006;114:82-9, <http://circ.ahajournals.org>. Your Guide to a Healthy Heart, National Heart, Lung and Blood Institute, http://www.nhlbi.nih.gov/health/public/heart/other/your_guide/healthyheart.htm; Scientific Statements and Practice Guidelines for 2006-2007, American Heart Association, <http://www.americanheart.org/presenter.jhtml?identifier=9181>

a primary health care provider will help to encourage healthy behaviors, ensure adequate screening and early diagnosis and improve outcomes among residents diagnosed with cardiovascular diseases.

Efforts to reduce smoking also will be an important part of the MAPP Coalition's efforts to improve cardiovascular health among residents in Camden County. The American Heart Association (AHA) states in a scientific position statement that "[m]any studies detail the evidence that cigarette smoking is a major cause of coronary heart disease, which leads to heart attack."³⁶ According to the AHA, smoking also is "an important risk factor for stroke."

Based on the county's 2005 Behavioral Risk Factor Surveillance Survey (BRFSS), there is much progress to be made in reducing what the American Heart Association further characterizes as "most important preventable cause of premature death in the United States." Nearly half of county residents responding to the BRFSS said that they have smoked during their lifetime 100 or more cigarettes. Among respondents who had smoked at least 100 cigarettes during in their lifetime, about 30 percent said that they still smoke every day and 7.5 percent that they smoke on some days.

About half of BRFSS respondents who are still 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 effort to quit smoking. Providing assistance and information to residents who wish to quit smoking will be an important strategy in the MAPP Coalition's efforts to improve cardiovascular health among residents. The MAPP Coalition also will support the Camden County Community Partnerships Against Tobacco and other initiatives to discourage residents, particularly young people, from developing smoking habits.

Though strategies to prevent stroke and heart disease are critical, it also is important that residents are educated about the early warning signs of stroke and heart attack in themselves and others and understand how to respond.³⁷ 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 the community. Encouraging institutions to offer and residents to participate in 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.³⁸

Goals: Implementation by local public health system partners of the following Healthy People 2010 national goals will help improve cardiovascular health among Camden County residents:

³⁶ Cigarette Smoking and Cardiovascular Disease, American Heart Association, Position Statement, <http://www.americanheart.org/presenter.jhtml?identifier=4545>; Cook and Cantor, White Paper; Stroke Risk Factors, American Heart Association, <http://www.americanheart.org/presenter.jhtml?identifier=4716>

³⁷ Heart Attack, Stroke and Cardiac Arrest Warning Signs, American Heart Association, <http://www.americanheart.org/presenter.jhtml?identifier=3053>; Understanding Stroke, Delaware Valley Stroke Council, <http://www.phillystroke.org/awareness.asp>

³⁸ An AED is a device used by health care professionals or trained laypersons to assist persons having a heart attack. The device analyzes heart rhythms and instructs the rescuer in how to respond, including administering a shock if appropriate. The American Heart Association supports the availability of AEDs "in public and/or private places where large numbers of people gather or people who are at high risk for heart attacks live." AED Programs, Questions and Answers, <http://www.americanheart.org/presenter.jhtml?identifier=3011859>

- The Camden County LPHS will increase the proportion of adults who can identify the early warning signs and symptoms of a stroke and heart attack (HP 12-2, 12-8)
- The Camden County LPHS will reduce the proportion of adults with high blood pressure (HP 12-9)
- The Camden County LPHS will increase the proportion of adults with high blood pressure whose blood pressure is under control (HP 12-10)
- The Camden County LPHS will decrease tobacco use by adolescents and adults and increase the proportion of adults and adolescents who have attempted to quit smoking (HP 27-1, 27-2, 27-5, 27-7)
- The Camden County LPHS will increase the proportion of adults with high blood pressure who are taking action (e.g., losing weight, increasing physical activity, or improving their diet) to help control blood pressure (HP 12-11).

Strategies:

- Advocate for additional staff and funding and support efforts to ensure that all residents receive adequate information, screening (e.g., blood pressure, cholesterol) and treatment to help maintain good cardiovascular health
- Encourage employers and schools to support CPR/AED classes within the workplace and classroom
- Explore implementation of evidence-based approaches such as the Chronic Care Model to help patients and providers more effectively manage and treat heart disease and other chronic health conditions³⁹
- Encourage organizations that can afford to do so to purchase AEDs, train staff to use these devices and place them in visible, easily accessible locations
- Conduct cross-cultural outreach and education efforts to increase awareness among residents of warning signs for heart disease and stroke. (One mnemonic for stroke is FAST: Face weakness/numbness; Arm weakness/numbness; Speech difficulty/slurred speech; Time to call 911/EMS)
- Promote action by residents to reduce their risk of cardiovascular diseases (such as regular exercise and a healthy diet)
- Promote smoking cessation programs and services for adults and adolescents

³⁹ See, for instance, <http://www.improvingchroniccare.org/change/index.html>. Briefly, the chronic care model strives to improve care for persons with chronic diseases by: working with health care providers to implement evidence-based practices; helping patients to better manage their condition by providing information and strategies to improve health; collecting data to monitor and evaluate care; and developing partnerships to bring together academic institutions, health care providers, governmental entities and others to support persons with chronic diseases in the community

- 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 advertising⁴⁰

EARLY WARNING SIGNS OF STROKE

Severe headache

Sudden numbness, especially on one side of the body

Dizziness or loss of balance

Trouble speaking or slurred speech

Trouble seeing in one or both eyes

EARLY WARNING SIGNS OF HEART ATTACK

Chest discomfort- may feel pressure, squeezing or pain

Discomfort in other parts of the body such as arms, back, neck, jaw or stomach

Shortness of breath, with or without chest discomfort

Other signs/symptoms such as nausea, lightheadedness, breaking out in cold sweat

American Heart Association and Delaware Valley Stroke Council

⁴⁰ NJ Comprehensive Tobacco Control Program, <http://www.state.nj.us/health/as/ctcp/>

CANCER: Reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer. ⁴¹

The American Cancer Society estimates that in 2006 there were roughly 1.4 million new cancer cases diagnosed in the United States.⁴² Based on New Jersey State Cancer Registry data, 45,248 new invasive cancers were diagnosed in New Jersey in 2003, including roughly 2,650 in Camden County.⁴³ Cancer is the second leading cause of death both in Camden County and in the state as a whole.

New Jersey's 2002 Comprehensive Cancer Control Plan identified as priorities seven site-specific cancers that together accounted for 63 percent of newly diagnosed cancer cases in men and women between 1999 and 2003. These priority cancers are: breast; cervical; colorectal; lung; melanoma; oral; and prostate.

In Camden County these seven cancers also comprised about 60 percent of new cancer cases in both men and women between 1999 and 2003.⁴⁴

KEY FACTS- CANCER

- Cancer (malignant neoplasms) is the second leading cause of death in Camden County, accounting for about 24 percent of deaths in 2003
- The three most commonly diagnosed cancers in Camden County men between 1999 and 2003 were prostate cancer, lung cancer and colorectal cancer
- The three most commonly diagnosed cancers in Camden County women between 1999 and 2003 were breast cancer, lung cancer and colorectal cancer
- The age-adjusted cancer incidence rate for Camden County between 1999 and 2003 was 528.5 cases of cancer per 100,000 persons. The age-adjusted cancer incidence rate in New Jersey between 1999 and 2003 was 517.3 cases per 100,000 persons. The US age-adjusted cancer incidence rate in 2002 was 462.2 cases per 100,000 persons
- Camden County ranked 9th among NJ counties for cancer incidence for the period 1999-2003 and 4th for overall mortality from cancer during this time period.
- Among New Jersey's counties, Camden County's age-adjusted cancer mortality is 4th highest in the state for men and 5th highest for women.
- The overall mortality from cancer in Camden County (all sites) is highest among African-American men and women (1999-2003)
- 76% percent of female respondents to Camden County's 2005 Behavioral Risk Factor Surveillance Survey (BRFSS) over 40 years of age reported ever having had a mammogram
- More than 90 percent of female respondents to the Camden County BRFSS reported having had a pap smear
- Seventy percent of males over 40 responding to the 2005 Camden County BRFSS reported having had a prostate-specific antigen (PSA) screening test
- More than half of respondents to the 2005 Camden County BRFSS over age 50 reported having had a colonoscopy or sigmoidoscopy (colorectal cancer screening tests)

At both the state and county level, cancer disproportionately impacts Hispanics and African-Americans. Non-whites are likely to be diagnosed later than whites and to have poorer outcomes.

⁴¹ The authors thank Dr. Jean Mouch, Coordinator, Camden County Cancer Coalition, Hilary Colbert, Director of Planning and Research, Community Planning & Advocacy Council, and Plyshette Wiggins, Director, Community Health Initiatives, American Cancer Society, South Jersey, for their review of this section

⁴² Statistics for 2006, American Cancer Society, http://www.cancer.org/docroot/STT/stt_0.asp

⁴³ Comprehensive Cancer Control Plan, Office of Cancer Control and Prevention, NJ Department of Health & Senior Services, July 2002, www.njcancer.gov; Facts from the 2004 Camden County Cancer Capacity and Needs Assessment, Camden County Cancer Coalition, www.njcancer.gov; Stanley Weiss et. al., New Jersey Comprehensive Cancer Control: Status Report to the Governor, December 2004, <http://www.njcancer.gov>

⁴⁴ Cancer Control and Prevention Capacity and Needs Assessment Report Summary, December 2004, Camden County Cancer Coalition, <http://www.camdencancercoalition.org/index.php/weblog/Downloads>; Xiaoling Niu et al., Cancer Prevalence in New Jersey on January 1, 2003, November 2006. <http://nj.gov/health/ces/reports.shtml>

The state health department has funded cancer coalitions in each county to help collect information, develop partnerships and implement recommendations to reduce cancer incidence and mortality. The Camden County Cancer Coalition and New Jersey Comprehensive Cancer Control Plan have four objectives: increase awareness and education to help prevent cancer; educate both residents and health professionals about the importance of early detection, screening and treatment; support comprehensive cancer treatment, including participation in clinical trials; and address conditions responsible for disparities between racial and ethnic groups in cancer incidence and outcomes. The Camden County Cancer Coalition is working to develop strategies for education, awareness, screening, early detection, diagnosis, and treatment and share information with county health professionals and residents whose lives have been impacted by cancer.

Further information about cancer in New Jersey and Camden County and actions by public health partners at both the state and local level to reduce morbidity and mortality is available on the New Jersey Office of Cancer Control and Prevention (<http://www.njcancer.gov>) and Camden County Cancer Coalition (<http://www.camden-cancercoalition.org/>) Web sites.

Adequate screening of persons at risk is a key element of any plan to reduce cancer risk and improve outcomes. 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. Early detection of cancer can help decrease mortality.

In an effort to ensure early and adequate screening, the state health department funds the New Jersey Cancer Education and Early Detection (CEED) program. The CEED program provides screening, education and treatment to persons with incomes under 250% of the federal poverty rate who are uninsured or unable to afford treatment.⁴⁵ Camden County's CEED programs are based at Cooper University Hospital and Virtua Health. Additional funding and support for the CEED program is required to ensure that all state residents who meet the eligibility criteria receive assistance.

Good nutrition, exercise and smoking cessation and weight control also can help reduce cancer risk. The U.S. Department of Health and Human Services (HHS) explains that "[i]t 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 "[p]hysical activity and weight control also can contribute to cancer prevention."⁴⁶

Participation in clinical trials not only benefits individual patients with cancer but also helps ensure that diagnostic methods and treatments are safe and effective for persons of all backgrounds. It is important to ensure good participation in clinical trials by persons of all backgrounds in the community. Currently, racial and ethnic minorities, women and

⁴⁵A family/household of four earning less than \$20000 would be considered poor under the 2006 HHS Poverty Guidelines, <http://aspe.hhs.gov/poverty/06poverty.shtml>

⁴⁶Cancer, Healthy People 2010, Volume I, <http://www.healthypeople.gov/Document/HTML/Volume1/03Cancer.htm>

the elderly are significantly underrepresented in cancer clinical trials.⁴⁷ The MAPP Coalition will help provide information to residents and health professionals about ongoing clinical trials and encourage participation by a diverse cross-section of Camden County residents.⁴⁸

Finally, the **needs of cancer survivors** merit growing recognition. Today, roughly 10 million Americans have survived cancer.⁴⁹ As of January 1, 2003, it is estimated that roughly 334,000 New Jersey residents, nearly four percent of the state's total population, had been diagnosed with cancer during their lifetime. Roughly 5.5 percent of the state's estimated cancer survivors as of Jan. 1, 2003 are Camden County residents, including 8,000 men and 10,500 women.⁵⁰

Cancer survivors often face medical and psychological complications, difficulty obtaining good health insurance coverage and problems in the workplace. Survivors of childhood cancer, for instance, may be at greater long-term risk for such chronic disease conditions such as heart disease, cognitive problems and osteoporosis.⁵¹

Goals: Healthy People 2010 goals consistent with state and local objectives include:

- Reducing the overall cancer death rate and the death rate from lung, colorectal, prostate, breast, oral and cervical cancers and melanoma by ensuring early screening and diagnosis and adequate access to medical care (HP 3-1 to 3-8);
- Increasing the proportion of at-risk persons who receive counseling from health care professionals about tobacco use cessation, physical activity, nutrition and cancer screening (HP 3-10)
- Increasing the proportion of adults who receive colorectal cancer screening exams, pap smears (women), mammograms and screening for prostate cancer (men) (HP 3-11, 3-12, 3-13)

Strategies:⁵²

- Sponsor continuing education courses for health care providers within the county to educate health professionals about state and local efforts to reduce cancer

⁴⁷ VH Murthy et. al., Participation in Cancer Clinical Trials: Race-, Sex-, and Age-Based Disparities, Journal of the American Medical Association, 2004; 291: 2270-2276, <http://jama.ama-assn.org/cgi/content/abstract/291/22/2720>

⁴⁸ Two databases of clinical trials are Clinical Trials, National Cancer Institute, http://www.cancer.gov/search/clinical_trials/ and CenterWatch's Clinical Trials Listing Service, <http://www.centerwatch.com/>

⁴⁹ From Cancer Patient to Cancer Survivor: Lost in Transition, National Cancer Policy Board, National Academy of Sciences, 2006, Executive Summary available at <http://www.nap.edu/catalog/11468.html>; Cancer Survivorship Research, National Cancer Institute, <http://cancercontrol.cancer.gov/ocs/>; Survivors, American Cancer Society, http://www.cancer.org/docroot/HOME/srv/srv_0.asp

⁵⁰ Niu et. al., <http://nj.gov/health/ces/reports.shtml>

⁵¹ Adult Survivors of Childhood Cancer Are Prone to Chronic Health Conditions, National Cancer Institute, <http://www.cancer.gov/cancertopics/coping/childhood-cancer-survivor-study>; KC Oeffinger et. al., Chronic Health Conditions in Adult Survivors of Childhood Cancer, New England Journal of Medicine, Oct. 12, 2006; 355: 1572-1582, <http://www.nejm.org>. This analysis of patients with certain cancers treated during the 1970s and 1980s found serious chronic health problems in more than 40 percent of those treated; NJ Comprehensive Cancer Control Plan

⁵² Several of these strategies are based on the Camden County Cancer Coalition Action Plan for 2006-2007 and Camden County Cancer Control and Prevention Capacity and Needs Assessment Report

and increase awareness among residents about detection, screening and treatment

- Continue to recruit interested residents, health professionals and representatives of local public health system organizations to participate in Camden County Cancer Coalition and Camden County Community Partnerships Against Tobacco meetings and activities
- Assess primary care provider knowledge and practices with respect to cancer prevention, screening, palliative care and post-treatment support and educate primary care providers about these issues
- Inform providers and residents about tobacco dependence/addiction services in Camden County
- Advocate for universal health care coverage that includes comprehensive coverage for cancer detection, screening, treatment and ongoing care
- Support additional funding for the NJ CEED programs and county cancer coalition activities
- Educate health care providers and residents, particularly members of underrepresented groups, about the importance of cancer clinical trials and encourage patients who can benefit to enroll in these trials
- Conduct outreach efforts to increase the screening and early detection of cancer for prostate, cervical, breast and colorectal cancer, focusing especially for African-Americans and Hispanic Americans in large municipalities (e.g., the Camden County “Get Screened, Stay Healthy, Stay Alive” campaign and the Camden City Cancer Initiative sponsored by the American Cancer Society and various community partners, including the Camden County Cancer Coalition)

4. ENVIRONMENTAL HEALTH: Promote health through a healthy environment

Environmental Health can be defined as “protection against environmental factors that may adversely impact human health or the ecological balances essential to long-term human health and environmental quality, whether in the natural or man-made environment.”⁵³ Environmental exposures to chemicals and toxins are associated with a wide range of diseases and conditions, including cardiovascular diseases, respiratory problems, certain cancers, reproductive problems and neurological disorders.⁵⁴

The importance of environmental health is reflected in both the high level of interest in environmental issues among local public health system partners and responses by residents to the MAPP Coalition Community Perspectives Survey. Environmental health was viewed by public health system partners as affecting more county residents than any other issue/concern.

KEY FACTS- ENVIRONMENTAL HEALTH

- About 9 percent of respondents to the 2005 Camden County Behavioral Risk Factor Surveillance Survey (BRFSS) reported mold in their home on an area larger than the size of a dollar bill
- Asked the most frequent source of the water they consume at home, 37 percent of county residents responding to the BRFSS said unfiltered tap water, 33 percent vended/bottled water, 27 percent filtered tap water and 2.5 percent other sources.
- 2.6 percent of children in Camden County and 4.4 percent in Camden City met the criteria for childhood lead poisoning (blood lead 10ug/dL or higher)
- Among respondents to the 2005 Camden County BRFSS with children under 18, about 25 percent said that at least one child had been diagnosed with asthma
- Roughly 9 percent of Camden County adults currently have asthma
- About 76 percent of respondents to the 2005 Camden County BRFSS said that they do not allow smoking anywhere inside their home
- Nearly 30 percent of Camden County homes were built prior to 1950 and therefore are particularly likely to have lead-based paint

Public health partners and residents expressed concern about **air and water quality** in the county generally and conditions within Camden City in particular (for instance, the Waterfront South area).⁵⁵ A 24-year old woman from Camden responding to the MAPP Community Perspectives Survey wrote that: “I live in Waterfront South. It reeks of sewage there everyday. It is the most oppressive smell ever. It does not have to be that way. There is technology out there to prevent that smell from happening. That is the greatest assault to the quality of life in my neighborhood.” A 60-year old Camden woman similarly implored officials to “clean up the water in the City.”

However, environmental issues are of great concern to county residents living outside of Camden City as well, as evidenced by the fact that roughly half of those responding to

⁵³ National Environmental Health Association, Position Statement, Definition of Environmental Health, April 1996

⁵⁴ Environmental Pollution and Disease, U.S. Environmental Protection Agency, Draft Report on the Environment, <http://www.epa.gov/indicate/roe/html/roeHealthEn.htm>; EPA Topics, Health Effects, <http://www.epa.gov/ehtpages/humahealtheffects.html>; CHE Toxicant and Disease Database, Collaborative on Health & the Environment, <http://www.healthandenvironment.org/>; Clifford Weisel, Assessing Exposure to Air Toxics Relative to Asthma, Environmental Health Perspectives, 2002: 110(S4): 527-537; <http://www.ehponline.org/>

⁵⁵ NJ Department of Environmental Protection, Camden Waterfront South Air Toxics Pilot Project, <http://www.state.nj.us/dep/ej/camden/index.html>; Air Monitoring, NJ Department of Environmental Protection (DEP), <http://www.state.nj.us/dep/airmon/>; Olga Pomar, Fighting for Air, National Housing Institute, Shelterforce Online, Vol. 126, Nov/Dec. 2002, <http://www.nhi.org/online/issues/126/camdenair.html>. Information about pollutants in our area is available at Green Media’s Toolshed’s Web site, <http://www.scorecard.org/> and OMB Watch’s Right-to-Know Network, <http://www.rtknet.org/>

the MAPP Community Perspectives Survey rated both air quality and water quality in the county as fair or poor. Residents from all parts of the county commented about clean air and water and the importance of county and municipal efforts to preserve open space.

It is important to note that even though environmental health is most commonly thought of in relation to the outdoors, environmental conditions within the home are no less important. Indeed, levels of hazardous substances within the home and workplace often exceed those outdoors.⁵⁶

Ensuring clean air and water both indoors and outdoors can significantly improve overall health. **Asthma**, for instance, which can be exacerbated by poor outdoor and indoor air quality, constitutes a significant disease burden for New Jersey residents, including those in Camden County⁵⁷. In Camden County about 9 percent of adults currently have asthma, which is consistent with the reported statewide prevalence of 8 percent.

Lead poisoning, another important environmental health challenge, has been linked to such complications as anemia, hearing problems, learning disabilities, reproductive disorders, cardiovascular problems and impaired renal function. Though lead poisoning can impact persons of any age, young children are especially vulnerable. Paint in older homes is especially likely to contain lead. State law requires screening for blood lead poisoning of children before age two and interventions for those with blood lead levels exceeding 10 ug/dL. Lower levels also may be unsafe.⁵⁸

The well-documented hazards of **environmental tobacco smoke (ETS)** also are a concern.⁵⁹ ETS is associated with cardiovascular disease and cancer. Strict enforcement of the recently enacted New Jersey Clean Indoor Air Act, which prohibits smoking in most indoor public settings, will substantially reduce exposure to ETS in these venues. However, it is important to educate residents that smoking at home also poses risks.

Goals: Achievement by local public health system partners of the following relevant Healthy People 2010 goals will help to improve health within Camden County:

- The Camden County LPHS will reduce the proportion of persons exposed to air that does not meet U.S. Environmental Protection Agency's standards for harmful air pollutants (HP 8-1)

⁵⁶ Indoor Air Quality, U.S. Environmental Protection Agency, <http://www.epa.gov/iaq/pubs/>; MaryBeth Smuts, Hazardous Air Pollutants: Inside and Out, Public Health Reports, 2001: 116: 58-60; Indoor Air Quality, American Lung Association, <http://www.lungusa.org/site/apps/lk/links.aspx?c=dvLUK9O0E&b=36056>

⁵⁷ Asthma in New Jersey, September 2006, Family Health Services, NJ Dept. of Health & Senior Services, <http://www.state.nj.us/health/fhs/>; Weisel, 2002; American Lung Association; See LL Lombardo and JR Balmes, Occupational Asthma: A Review, EHP, Vol. 108(S4), August 2000, <http://www.ehponline.org>

⁵⁸ Childhood Lead Poisoning in New Jersey, Annual Report, Fiscal Year, 2005, Family Health Services, NJ Dept. of Health & Senior Services, August 2006, <http://www.state.nj.us/health/fhs/archives.shtml>; Childhood Lead Poisoning Prevention, <http://www.state.nj.us/health/fhs/newborn/lead.shtml>; Dr. Jung Cho, Camden County Health Officer, Letter to Camden County Physicians, re: Lead Poison Abatement and Control Act; Amy Norton, No 'Safe' Lead Level seen for Fetal Brain, Jan. 19, 2006, Reuters Health, http://www.ucsfhealth.org/childrens/health_library/reuters/2006/01/20060119elin027.html; Margaret Sanborn et. al., Identifying and managing adverse environmental health effects: 3. Lead exposure, CMAJ, 2002, 166: 1287-1292; <http://www.cmaj.ca/cgi/content/full/166/10/1287>; CHE Database; Brian S. Schwartz and Howard Hu, Adult Lead Exposure- Time for Change, Environmental Health Perspectives (EHP), Dec. 22, 2006, <http://www.ehponline.org/members/2006/9782/9782.pdf>; Angela Spivey, The weight of Lead: Effects Add Up in Adults, EHP, January 2007, Vol. 115(1), <http://www.ehponline.org>

⁵⁹ Second hand Smoke, CDC, <http://www.cdc.gov/tobacco/ets.htm>

- The Camden County LPHS will eliminate elevated blood lead levels in children (HP 8-11)
- The Camden County LPHS will educate residents and building owners about indoor air quality (e.g., allergens, radon) (HP 8-16, 8-17, 8-18)
- The Camden County LPHS will increase the proportion of persons living in pre-1950s homes that are tested for the presence of lead-based paint (HP 8-22)
- The Camden County LPHS will reduce the proportion of nonsmokers and children exposed to second hand tobacco smoke at home (HP 27-9, 27-10)
- The Camden County LPHS will increase the proportion of persons with asthma who receive formal patient education, including information about available community resources (HP 24-6)

Strategies:

- Educate local public health system professionals about environmental health and encourage environmental exposure history taking in patient examinations⁶⁰
- Advocate for environmental justice for all communities within Camden County and for increased staff/funding to develop programs and educate residents⁶¹
- Reduce work-related asthma through employee training, safe work practices, medical screening and use of proper protective equipment
- Ensure proper referrals, screening and primary care for persons with asthma
- Educate health and human services providers, school nurses, educators, and community residents about resources for asthma/indoor air quality⁶²
- Educate residents and building owners about the importance of indoor air quality and ways to eliminate or reduce exposure to irritants and chemicals
- Educate residents about ETS and encourage residents to restrict smoking within their home and comply fully with the New Jersey Clean Indoor Air Act⁶³
- Educate health professionals, child care providers and parents about childhood lead poisoning prevention and screening efforts and encourage participation in the Southern Regional Childhood Lead Poisoning Prevention Coalition

⁶⁰ Pediatric Environmental History Initiative, National Environmental Education and Training Fund, <http://www.neetf.org/Health/PEHI/index.htm>; Lynn Marshall et. al., Identifying and Managing Adverse Environmental Health Effects: 1. Taking an Exposure History. CMAJ: 2002, 166(8): 1049-1055.

⁶¹ A Feb. 2004 state executive order requires NJ government agencies to “ensur[e] that communities of color and low income communities are afforded fair treatment and meaningful involvement in decision-making regardless of race, color, ethnicity, religion, income or education level.” NJDEP, Environmental Justice, <http://www.state.nj.us/dep/ej/>

⁶² For instance, information from the Pediatric/Adult Asthma Coalition of New Jersey, <http://www.pacnj.org/>

⁶³ Smoke-Free Air Act Initiative, NJ Department of Health & Senior Services, <http://www.state.nj.us/health/ctcp/smokefree/index.shtml>

MENTAL HEALTH: Improve mental health and ensure access to appropriate quality mental health services⁶⁴

The U.S. Department of Health & Human Services estimates that each year roughly 18 million adults - more than seven percent of the adult population - are affected by a serious mental illness.⁶⁵ 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.

For several reasons, however, including the stigma often associated with mental illness and the costs associated with treatment, many of those with mental illnesses do not seek care and do not receive help. Mental health parity - the idea that insurers and government agencies should provide the same scope of coverage and benefits for mental illness as for other health conditions - has become a major

KEY FACTS- MENTAL HEALTH

- In 2005, there were roughly 3,800 admissions to drug/alcohol treatment in Camden County
- In 2005, there were roughly 32,800 arrests in Camden County. Of these, roughly 5000 (15 percent) were for drug abuse violations and 2600 (8 percent) for driving under the influence of alcohol
- There were 65 deaths attributed to suicide in Camden County in 2003
- More than 3 percent of babies born in 2003 were to mothers who used drugs during pregnancy, one percent to mothers who used alcohol during pregnancy and twelve percent to mothers who smoked during pregnancy
- Roughly 9 percent of respondents to the 2005 Camden County Behavioral Risk Factor Surveillance Survey (BRFSS) reported 15 or more days in the past month when their mental health was 'not good'
- Roughly 10 percent of 2005 Camden County BRFSS respondents reported that they had "felt sad, blue or depressed" between 15 and 30 days during the past month

concern of mental health advocates.⁶⁶ New Jersey law currently requires that insurers cover biologically-based mental illnesses "under the same terms and conditions as provided for any other sickness."⁶⁷ This law does not mandate coverage for

⁶⁴ The authors gratefully acknowledge Barbara Steltz, Coordinator, Camden County Traumatic Loss Coalition, for her comments on this section.

⁶⁵ Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders, November 2002, <http://samhsa.gov/reports/congress2002/index.html>; The NJ Governor's Task Force on Mental Health, Final Report, March 2005, <http://www.nj.gov/mentalhealth/finalreport.html> cites studies suggesting as many as 20 percent of adults may suffer from a "diagnosable mental disorder in a given year"; Mental Health: A report of the Surgeon General, 1999, Mental Health: A report of the Surgeon General; Mental Health Association in Southwestern New Jersey, <http://www.mhaswnj.org/>. The New Jersey Mandated Health Benefits Advisory Commission suggests that about 26 percent of New Jersey residents have a mental health/substance abuse disorder. Mental Health, Alcoholism and Substance Abuse Parity, Analysis of A333, Feb. 2005, New Jersey Mandated Health Benefits Advisory Commission, <http://www.state.nj.us/dobi/mhbadone.htm>.

⁶⁶ See sources above and Parity, National Mental Health Association Policy Statement, <http://www1.nmha.org/state/parity/index.cfm>; Mental Health Association in NJ, http://www.mhanj.org/leg_main.htm

⁶⁷P.L. 2006, CHAPTER 106, NJ Mental Health Parity Law, Approved May 13, 1999, http://www.njleg.state.nj.us/9899/Bills/AL99/106_PDF. A biologically-based mental illness is a "mental or nervous condition that is caused by a biological disorder of the brain and results in a clinically significant or psychological syndrome or pattern that substantially limits the functioning of the person with the illness, including but not limited to, schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, panic disorder and pervasive developmental disorder or autism."; NJ Department of Banking and Insurance, 2001 Bulletins, 01-06. New Jersey Mental Health Parity Law,

such *non-biologically* based mental health disorders as alcohol and substance abuse problems, post-traumatic stress disorder and eating disorders.⁶⁸ In addition, children and adolescents may need mental health services but (given their youth) may not have been diagnosed with a biologically-based mental disorder. Former Governor Richard Codey's Task Force on Mental Health, a panel of experts and consumers that convened statewide hearings and reviewed mental health issues in 2005, recommends in its final report that New Jersey "mandate full mental health parity for all state regulated [health] insurance plans" by expanding the current legal mandate to include non-biologically based mental disorders.

The Camden County MAPP Coalition's Vision Statement explicitly recognizes the need to ensure coordination 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. Prevalence of co-occurring illness is high among both adults and adolescents. Persons with mental illness sometimes may turn to alcohol, tobacco and other drugs to feel better. Drugs may, in turn, aggravate existing mental disorders and may trigger mental health problems for those who did not previously have such illnesses. 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 for both mental illness and substance abuse.

Another concern of residents and public health partners is the need to **improve mental health services for adolescents and young children**. During the LPHA survey, local public health system partners noted significant gaps in data about prevalence of mental illness in Camden County, particularly mental illness among children. These gaps are attributable at least 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/awareness and patient privacy/confidentiality issues. Some local schools have asked parents to allow children to participate in TeenScreen and other *voluntary* screening programs to help identify young people who may benefit from receiving mental health services.⁶⁹

<http://www.state.nj.us/dobi/bulletin01.html>; New Jersey Mandated Health Benefits Advisory Commission, Analysis of A333.

⁶⁸ NJ Governor's Task Force on Mental Health Final Report; Carolyn Beauchamp, Mental Health Association of New Jersey, Testimony on Mental Health Parity, <http://www.mhanj.org/PublicPolicyLegislative/parity.htm>; Joan Arehart-Treichel, Insurers' Refusal to Cover Eating Disorders Prompts Lawsuits, *Psychiatric News*, Jan. 19, 2007; vol. 42, p. 1; <http://pn.psychiatryonline.org>; NJ Governor's Task Force on Mental Health, Public Hearings, http://www.nj.gov/mentalhealth/hearing_transcripts.html; New Jersey Mandated Health Benefits Advisory Commission, Analysis of A333. It should be noted that there is some disagreement among experts as to which mental illnesses are biologically based.

⁶⁹ Columbia University TeenScreen Program, <http://www.teenscreen.org/>; Richard Friedman, Uncovering an Epidemic-Screening for Mental Illness in Teens, *New England Journal of Medicine*, Dec. 28, 2006, 355: 2717-2719, <http://content.nejm.org/cgi/content/full/355/26/2717>

Funding and staff limitations sometimes 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. Moreover, there are often limited placements available for treatment, limited numbers of providers and very long waiting lists for therapeutic treatment. Local public health system partners also noted the need to recruit, train and retain culturally competent and bilingual staff to conduct outreach and provide treatment to residents of all backgrounds.⁷⁰ Another concern is that the pay for mental health workers, particularly at the entry level, tends to be low and working hours long.

Though often overlooked, it is important to recognize that among those with mental illness are persons facing other severe physical and cognitive challenges including **traumatic brain injury** and **developmental disabilities** such as autism/autism spectrum disorder and mental retardation.⁷¹ The Governor's Mental Health Task Force Report notes that "[t]he mental health system must strive to develop the competencies to treat people with mental illness who have [such] existing conditions." Persons with such conditions need approaches and programs properly tailored to their unique challenges.

Some 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 and inmates with mental illness are identified and offered treatment.⁷²

Another trend is that some local organizations now are using a 'wrap around' approach in working with at-risk youth, developing treatment approaches not only with the help of the child and his/her parents, but also clergy, coaches, teachers and other adults who play an important role in the child's life.

MAPP Coalition members also commented on what appears to be an increase in aggression and poor social skills, which is reflected in behaviors such as road rage and rage based on relatively minor provocations. MAPP participants noted that community residents are leading increasingly busy lives, which can increase stress and anxiety.

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. Public health partners noted the severe

⁷⁰ The need for culturally competent mental health services in this area was highlighted in a recent Courier Post article. See Dana Forde, Bilingual Changes Urged in Health Care, Courier Post, Jan. 29, 2007.

<http://www.courierpostonline.com>; See also, Elsa Candelario, Executive Director, Hispanic Family Center of Southern New Jersey, Public Testimony, Senate Budget and Appropriations Committee regarding NJ Department of Health & Senior Services budget, April 5, 2006, NJ Legislature, Analysis of the Governor's Budget, FY 2006-2007, <http://www.njleg.state.nj.us/legislativepub/govbudget2006-2007.asp>

⁷¹ Brain Injury Association of New Jersey, http://www.bianj.org/hwch_pubs.html; Division of Developmental Disabilities, NJ Department of Human Services, <http://www.state.nj.us/humanservices/ddd/index.html>; NJ Governor's Task Force on Mental Health, Hearing Transcript, Camden County, Public Hearing, Jan. 19, 2005, http://www.nj.gov/mentalhealth/hearing_transcripts.html; Lindy Washburn, New Jersey has highest [autism] rate ever documented in U.S., North Jersey Media Group, Feb. 9, 2007, <http://www.northjersey.com>

⁷² MHASWNJ, Fall 2006 Newsletter, <http://www.mhaswnj.org/>; Jason Laughlin, Office to screen for mentally ill, Courier Post, Jan. 9, 2007, <http://www.courierpostonline.com>

impact of Hurricane Katrina on persons with mental illnesses. During and following this emergency, persons with mental illness were discriminated against and encountered difficulty obtaining medications and treatment. The severity of this emergency 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 in Hurricane Katrina survivors/evacuees.⁷³ To help address the need for emergency preparedness to include a strong mental health component, the Governor's Task Force on Mental Health recommends stable funding, training for emergency first responders and coordination on mental health issues between various agencies involved in emergency planning at the state level. Similar steps should be implemented at the county level.

Participants pointed out that the work of the NJ Governor's Mental Health Task Force, publicity from Mary Jo Codey's open discussion of her **postpartum depression** and efforts to enact new legislation concerning mental health issues are helping to raise awareness of mental illness among New Jersey residents and public health professionals. For instance, a recently enacted law requires health providers in New Jersey to screen new mothers for postpartum depression, which affects more than 10 percent of new mothers.⁷⁴ Another 2006 law requires that educators receive training in suicide prevention and that the New Jersey Department of Education Core Curriculum Standards in Comprehensive Health & Physical Education for elementary, middle and high school students include topics related to suicide prevention.⁷⁵

Goals: Implementation locally of the following Healthy People 2010 national goals will help to improve the local public health system to address the mental health needs of residents in our community:

- The Camden County LPHS will increase the proportion of persons with co-occurring substance abuse and mental illnesses who receive treatment for both health issues (HP 18-10)
- The Camden County LPHS will increase the availability of drug and alcohol treatment for persons in need (HP 26-18, 26-21)
- The Camden County LPHS will increase the number of persons seen in primary health care who receive mental health screening and assessment (HP 18-6)
- The Camden County LPHS will increase the proportion of children who are screened for mental illness and receive treatment if needed (HP 18-7)

⁷³ See, for instance, Susan Saulny, A Legacy of the Storm: Depression and Suicide, New York Times, June 21, 2006, <http://www.nytimes.com>; The Needs of People With Psychiatric Disabilities During and After Hurricanes Katrina and Rita: Position Paper and Recommendations, National Council on Disability, July 2006, <http://www.ncd.gov/newsroom/publications/2006/publications.htm>

⁷⁴ T. Munk-Olsen et. al., New Parents and Mental Disorders, A population-based register study, Journal of the American Medical Association, 2006; 296: 2582-2589; N.J. now requires postpartum-depression screening, Philadelphia Inquirer, Oct. 11, 2006, <http://www.philly.com/mld/inquirer/news/local/15728864.htm>; Report says new mothers are at risk for mood disorders, Herald-Net (Everett, WA) Dec. 6, 2006, http://www.heraldnet.com/stories/06/12/06/100wir_a4mood001.cfm; P.L. 2006, CHAPTER 12, approved April 13, 2006

⁷⁵ P.L. 2005, CHAPTER 310, approved January 11, 2006

- The Camden County LPHS will increase the proportion of adults with mental illness who receive treatment (HP 19-9)

Strategies:

- Advocate for increased funding for mental health outreach and treatment that reflects the high numbers of persons, both diagnosed and undiagnosed, who suffer from mental illness in New Jersey
- Advocate for legal and policy changes that ensure mental health conditions receive the same level of insurance coverage as that available for other illnesses (i.e., full parity, with adequate coverage for both biologically based and non-biologically based mental health conditions)
- Recruit culturally competent and bilingual staff for mental health services and support efforts to improve pay and benefits for workers who provide mental health and substance abuse treatment
- Encourage schools and parents to support and allow children to participate in *voluntary* mental health screening programs such as the Columbia University TeenScreen Program to help identify children and adolescents who may benefit from mental health services.
- Expand involvement of mental health professionals, consumers and agencies/organizations in public health emergency preparedness activities
- Conduct cross-cultural outreach and education about mental health with the goals of helping residents to recognize mental illness in themselves and others, decreasing stigma, encouraging persons affected to seek treatment and assisting persons with mental illness in self-advocacy efforts
- Support efforts to train and educate parents about mental illness, treatment options and ways to advocate on behalf of and assist their children

Next Steps: Representatives from numerous Camden County agencies and organizations contributed their time, effort and insights to the MAPP process, participating in MAPP coalition meetings, helping to complete the four assessments and assisting in the development of the community health improvement plan.

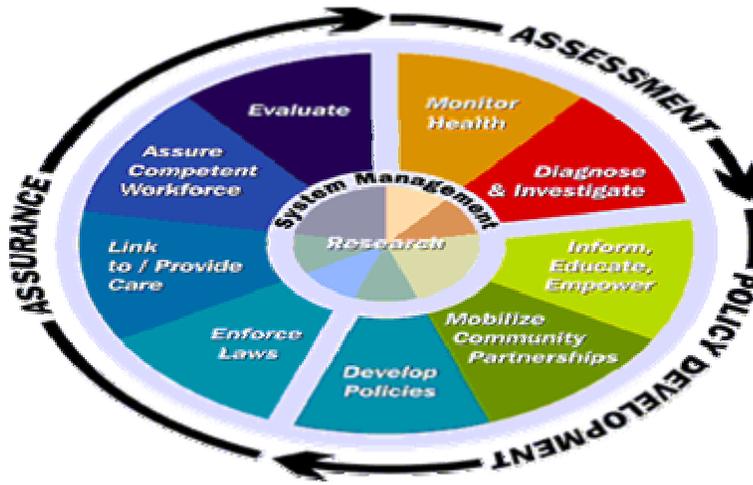
The four MAPP assessments have provided significant new data and information about public health and quality of life in Camden County. Responses to a survey of MAPP Coalition members and comments to Camden County Health Department staff suggest that the coalition has helped local public health system staff to network, collaborate on grants and programs and become better informed about services provided by county agencies and organizations.

The health department has similarly benefited from helping to facilitate the MAPP process. The MAPP process has enabled the department to work with local public health system partners on important public health activities such as health education, collaborative efforts to obtain grant funding and emergency preparedness. For instance, the health department has shared information about emergency preparedness with MAPP Coalition members and provided materials for agencies and organizations to distribute to their constituents/members. MAPP Coalition members have also been invited to participate in emergency preparedness meetings and activities, such as a recent workshop about pandemic flu preparedness and the Camden County Medical Reserve Corps.

The community health improvement plan hopefully will assist MAPP Coalition members in working together in an efficient and coordinated manner to provide essential public health services. MAPP partners must work together to develop specific ways to implement the strategies discussed in this report and evaluate the coalition's progress in achieving goals for the six priority health issues. With hard work and commitment from all of the agencies and organizations that participate in MAPP and help from new partners, local public health system partners can help to significantly improve public health and quality of life in Camden County.

Further Information: For additional information about the MAPP process/assessments or to join the Camden County MAPP Coalition, please contact the Camden County Department of Health & Human Services at 856-374-6037 or ccho@camdencounty.com.

APPENDIX: Ten 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.



Geographic Coordinate System (WGS84)

Aerial View of Camden County, U.S. Geological Survey

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