

An aerial photograph of a city street, likely in Lowell, Massachusetts. The street is lined with tall, multi-story buildings. On the left is a prominent brick building with many windows. On the right is a taller, more modern building with a distinctive tower-like structure. In the distance, a church with a tall steeple is visible. The street has several cars parked and driving. The sky is blue with some light clouds.

MIDDLESEX COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

Preface

(Community Health Improvement Plan)

The Middlesex County Governmental Public Health Partnership is pleased to present the Community Health Improvement Plan (CHIP) to county residents, community organizations, and civic groups. The Middlesex County Community Health Improvement Plan is a strategic plan created by the community to help improve the quality of life through better health. As President of the Governmental Public Health Partnership and Director of Middlesex County Public Health Department, I am pleased to see the overwhelming participation and support of the community. This document is the result of a two year strategic planning process involving the Middlesex County Public Health Department, the local health officers, and over 100 member organizations and individuals who represent a broad spectrum of the community, and subscribe to a broad definition of health. Through their collaboration, five issues were identified as key health priorities in Middlesex County:

1. Access to Health Care
2. Cancer Prevention
3. Obesity
4. Substance Abuse
5. Mental Health

No individual organization has the depth of resources needed to raise community health to an optimal level or even to maintain it at its current level. The CHIP process is based on the idea that through collaboration and synergy, working together will accomplish more than working alone. Another important feature of the CHIP is that the genesis of the plan is the community; thereby, affording them a greater investment in its implementation.

All residents and community groups are encouraged to join the CHIP process as it enters the new “Action Phase”. By collaborating on priority health issues, local residents, community organizations and government agencies will show their deep commitment in maintaining Middlesex County as a healthy place to live.

Thank you for your continued support in this new and innovative approach to a healthy life in Middlesex County

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Table of Contents

Executive Summary:.....	- 4 -
VISION.....	- 6 -
Section I Introduction:	- 7 -
Middlesex County Demographics:	- 7 -
Section II Assessments:	- 9 -
Phase 1: Internal capacity assessment:	- 9 -
Phase 2: Visioning:	- 9 -
Phase 3: Local Health Assessment, and Community Needs assessment:.....	- 9 -
Phase 4: Forces of Change Assessments:	- 9 -
Phase 5: Focus Groups Targeted to Specific Populations:	- 10 -
Section III Priority Issues:	- 11 -
Access to Health Care:.....	- 11 -
Long Term Objectives:	- 12 -
Short Term Objectives:.....	- 12 -
Cancer Prevention:.....	- 13 -
Long Term Objectives:	- 15 -
Short Term Objectives:.....	- 15 -
Obesity:.....	- 17 -
Long Term Objectives:	- 18 -
Short Term Objectives:.....	- 19 -
Substance Abuse:.....	- 20 -
Long Term Objectives:	- 22 -
Short Term Objectives:.....	- 22 -
Mental Health:	- 23 -
Long Term Objectives:	- 24 -
Short Term Objectives:.....	- 24 -
What’s Next?	- 26 -
Conclusion:	- 27 -
Task Force Members.....	- 28 -

Executive Summary:

Middlesex County is pleased to present the Community Health Improvement Plan (CHIP) to county residents, community organizations and civic groups following a two-year strategic planning process. The CHIP Committee is composed of the Middlesex County Public Health Department, five local health departments, over 100 member organizations, and individuals who represent a broad spectrum of the community and subscribe to a broad definition of health.

The community health assessment data was both quantitative and qualitative; input was gathered from residents through community forums, focus groups, issue focused surveys, and trend analysis. Other assessments involved gathering data on the health status of the community and the workings of the local public health system, as well as an assessment of forces likely to impact the health of the public in the near future. The resulting data was examined by the CHIP committee, who identified the following five issues as health priorities:

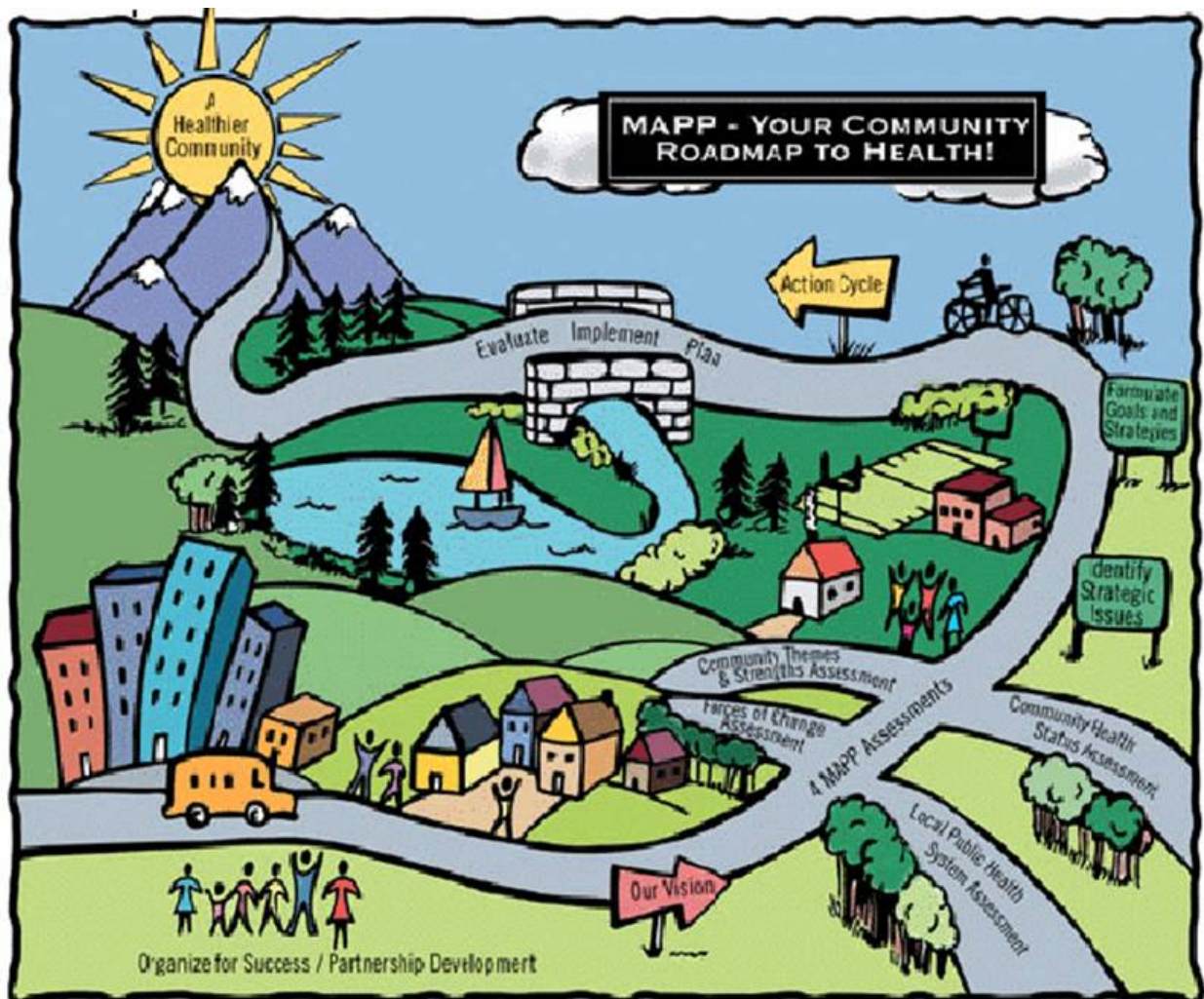
- 1. Access to Health Care**
- 2. Cancer Prevention**
- 3. Obesity – Nutrition and Physical Activity**
- 4. Substance Abuse (Alcohol, Tobacco and Other Drugs)**
- 5. Mental Health**

Goals and objectives relating to these issues as well as suggested strategies, barriers, and community resources comprise the health improvement plan. The next step in the process is an anticipated three-year action cycle during which the strategies deemed most promising will be implemented. Currently, task forces composed of individuals and groups committed to improving the identified health issues are being organized. Many task force members have been drawn from CHIP Committee organizations who engaged in the process to date, Other community residents are encouraged to step forward to participate. No single organization has the depth of resources needed to raise community health to an optimal level or even to maintain it at its current level. The CHIP process is based on the idea that through collaboration and

synergy, we can offer many programs that are cost and time efficient. Another important feature of CHIP is that the plan was developed by the community, which gives them a greater investment in its implementation.

VISION

The purpose of the CHIP (Community Health Improvement Plan) is to Collaborate with other agencies and organizations, to Advocate for early screenings, to Reach-out to all communities and to Educate individuals through collaborative partnerships, programs, and events



Section I Introduction:

The Middlesex County Community Health Improvement Plan (CHIP) addresses the health concerns of Middlesex County's residents and details how the County plans to react to these public health issues in relation to "Healthy New Jersey 2010" and "Project 2010 Healthy People". A health improvement plan is a tool that provides a strategic framework for implementing consensus-based recommendations from community residents to improve the health of its residents. The globalization of our world; for example, trade, changes in technology, pollution, and living style provide new threats to our healthy communities and open new opportunities for services. In a time when new health information is presented and refuted daily and budgets revolve around the latest health threat, a health improvement plan provides insight into health solutions for the long term. It presents a road map on how to achieve good health for all.

Middlesex County Demographics:

According to the 2000 U.S. Census, Middlesex County's population totaled 750,162 persons, making it the state's third most populated county. The county's culturally diverse population is 68% white, lower than the statewide average of 73%. The county's Asian population is the largest minority population in the county, primarily Asian Indian (53% of the county's Asian population), and comprises 22% of the state's Asian population. Blacks comprise 9.1% of the Middlesex County population, compared to 13.6% in the state. Edison Township is home to 27% of the county's Asian population, followed by Woodbridge (13%) and Piscataway Townships (12%). New Brunswick (16%), Piscataway (15%), and Woodbridge (12%) are home to the largest number of Afro American residents in the county. The majority of the county's Hispanic population resides in Perth Amboy (32% of the County's population), followed by New Brunswick (19% of the County's population).

Middlesex County is generally more affluent than the state overall and has a smaller percentage of residents in the lowest income ranges and a larger percentage in the middle to upper income ranges. The county's median household income in 1999 was \$61,446, 11% higher than the New Jersey median (\$55,146). Poverty, however, exists predominantly in New Brunswick which comprises 24% below the federal poverty level followed by Perth Amboy with 17% below poverty level.

The educational attainment of Middlesex County adults is similar to educational attainment in the state. The 2000 census also indicates that 84% of county residents aged 25 and over have attained a high school diploma or higher, compared to 82% statewide and that one-third of Middlesex County residents have a bachelor's degree or higher (30% statewide).

A wide range of government and non-government representatives participated in the development of the Middlesex County Community Health Improvement Plan by forming the Middlesex County Community Public Health Partnership (CPHP). The Middlesex County Community Public Health Partnership is made up of over 100 representatives from local health departments, academia, healthcare providers, non-profit organizations, faith-based groups, business entities, and other community groups. The Governmental Public Health Partnership (GPHP) is made up of the directors of the five local health departments (Edison, South Brunswick, Piscataway, Woodbridge, Middle-Brook Regional Health Commission), plus the Director of Middlesex County Public Health Department who represents twenty municipalities. The GPHP formed the steering committee, approved the overall concept, and was instrumental in overseeing the year-long development process. In the fall of 2004, the Mobilizing for Action through Planning and Partnerships (MAPP) process was initiated and consisted of sessions devoted to discussing changing health concerns, forces behind these changes and working together to address these concerns. Input from all parties was solicited through focus groups. The CHIP committee conducted the assessments outlined in section II.

Section II Assessments:

Phase 1: Internal capacity assessment:

An internal capacity assessment was done using the New Jersey enhanced APEXPH (Assessment Protocol for Excellence in Public Health) tool with the help of UMDNJ. This process helped us to understand our internal strengths and weaknesses and the areas of improvement needed within the Middlesex County Public Health Department. We invited our partners to participate in fourteen sessions to complete the surveys. The data collected was analyzed by a third party consultant from the University of Medicine and Dentistry retained by the New Jersey State Department of Health.

Phase 2: Visioning:

During this stage many different health concerns were discussed among partners and were grouped into five major categories as follows: Adult Health, Child Health, Mental Health, Environmental Health, and Women's Health Issues. Participants were asked to meet and identify major health concerns. These concerns were collected, and prioritized by the committee members. We again asked the participants to rank those concerns and chose the top five which became our priority topics.

Phase 3: Local Health Assessment, and Community Needs assessment:

The Assessment phase is the most tedious and time consuming as it is comprised of two parts. Key informant interviews and community needs assessments were carried out in various municipalities and local health departments. We utilized data from the 1999 Middlesex County Public Health Department Needs Assessment, 2004 Needs Assessment data prepared by the City of New Brunswick, 2006 data from all municipal alliance coordinators, together with assessments done by local health departments.

Phase 4: Forces of Change Assessments:

Six discussion groups involving 66 community leaders representing a wide variety of organizations and community stakeholders were held by health educators and health officers. These community leaders represented health care organizations, businesses, philanthropic

organizations, the faith community, environmental health, policy makers, civic groups, media, education, volunteer organizations, and advocates for all age groups from infants to adults. Participants discussed how public health has been impacted by various forces such as policies, environmental change, social system change, economy, and lifestyle.

Phase 5: Focus Groups Targeted to Specific Populations:

The final segment of the Community Themes and Strengths Assessment (a series of six focus groups) was held in the Fall of 2006. The purpose was to pursue, in greater depth the most pressing health issues that had arisen during the community forums and how to best address them. The CHIP Committee was responsible for scheduling and recruiting participants for the focus groups, The Middlesex County Public Health Department engaged UMDNJ to conduct these focus groups under the leadership of Dr. Bernadette West who planned for specific target groups including young people, senior adults, men, women, parents; and recent immigrants. Participants for the men's, women's and recent immigrants' groups were successfully recruited through the CHIP Committee and the Public Health Partnerships. County resources were instrumental in reaching young people and older adults; high school students were accessed through the county school districts and NCADD. Senior adults were reached through the county's senior activity programs, Transportation were provided by the county's transportation system where needed.

The CHIP Committee provided a great deal of input regarding the focus group discussion guide. First, CHIP Core Group members analyzed the proceedings of the community forums to select topic areas to pursue and drafted questions. The areas selected were Access to Health Care, Substance Abuse, Obesity/Nutrition and Physical Activity, Mental Health Issues, and Cancer Prevention. Total attendance at all five groups exclusive of facilitators and observers was 128. Observers noted a reflection of the diverse nature of the County among the participants as well as a strong willingness on their part to listen and share. A great deal of enthusiasm for improving public health issues was voiced, generating high expectations for the CHIP Committee to fulfill.

Section III Priority Issues:

Access to Health Care:



Health care for the underserved emerged as a priority health theme. Issues are as follows :access to dental health and affordable dental care; the uninsured; access and follow-up care for medical assistance recipients; the impact of lower income in decreasing health care access, support for community health centers serving the uninsured, and access to primary care for the working poor. Most

initiatives to improve access focus on providing health care to those who cannot afford health insurance. Two other factors, the availability of services and cultural and social barriers, also produce consequences which impact access to health care statewide and at the local level. Around the State, there exists many pockets of underserved populations who lack access to “willing providers” for needed primary and various specialty medical care services.

Available information indicates that Middlesex County has a number of access issues. Transportation, lack of primary care, lack of insurance, and long waits for appointments at the major Federally Qualified Health Centers in Middlesex County together with cultural and language barriers were top concerns.

Major risk factors identified were small business owners who do not provide insurance; recent immigrants; and cultural diversity; and lack of awareness of services provided by the health departments; federally Qualified Health Centers; poverty; lack of education; and lack of employment. Many segments of the diversified communities are unaware of free services provided by the FQHC’s and the County Transportation Department. Our strategies were, therefore created to address these concerns.

Goal: Increase Access to Health Care

Long Term Objectives:

- Increase awareness and the number of referrals to available free health care facilities.
- Promote enrollment in KidCare and other free or low cost health coverage programs (for example Catastrophic Children's Fund).
- Advocate for the establishment of nonprofit health care facilities providing free health care to the uninsured.
- Increase awareness to improve the delivery of culturally competent health care services.
- Increase awareness of free or reduced cost prescription drug programs.
- Increase awareness of proper use of preventive health care services.
- Promote health literacy as a means to increasing access to care.
- Advocate to decrease barriers to care.
- Advocate to incorporate screening into health care at all clinical services.
- Develop a strategic plan to improve access to health care.
- Establish a single point of contact for the uninsured in need of medical and pharmacological care.
- Develop a network of health care providers who agree to provide services to eligible patients at reduced fees.
- Develop a method to ensure that county residents have reasonable transportation to and from medical appointments.
- Identify gaps in services and establish strategies to overcome barriers and unmet needs.
- Encourage faith based leaders to communicate health information.
- Recruit volunteers who can provide translation of important health education materials.
- Actively participate in community gatherings and become a part of the community to reduce the fear of unknown authorities.

Short Term Objectives:

- By the end of 2009, prepare a resource guide with all free and affordable care provided within Middlesex County.
- By the end of 2009, work with the Middlesex County Department of Transportation and incorporate the free clinic information and locations in the transit guide.

- By the end of 2009, provide at least 50 health education classes on health literacy and increase awareness of clinics.
- By the end of 2009, prepare a complete guidebook of all resources where free medical prescriptions can be obtained.
- By the end of 2009, provide at least 10 health education classes to professionals on the importance of cultural competency and language barriers.
- By the end of 2009, meet with centers such as Jewish Renaissance, Eric B Chandler, and Catholic Charities to prepare a resource guide of all free screening services provided in Middlesex County for distribution to the community.
- By the end of 2009, increase access to the Federally Qualified Health Centers by 10% by partnering with various agencies who may provide transportation.
- By the end of 2009, increase outreach services to ethnic communities by 15% through our partners, local municipal alliance coordinators, town hall meetings, and health fairs. Increase our partnerships with local community based newspapers and multi-lingual television channels to promote early screening and regular check ups.

We have begun to identify partners who are willing to work with us on these activities including NJ Transit, FQHC in Middlesex County, Cathedral Community Development Center, and South East Asian Organization.

Cancer Prevention:



Cancer is the second leading cause of death in both the county and the state. Two factors which may contribute to a higher cancer risk are excessive alcohol consumption and smoking. In 2002, Middlesex County resident admissions for alcohol addiction totaled 849 (5.5%

of all admissions statewide). In addition, key informants stated that smoking, particularly among youth continues to be a problem.

Middlesex County has available resources, or capacity for cancer prevention, education, treatment, and support, as well as a wide variety of activities designed to modify behaviors and provide appropriate access to cancer services.

In Middlesex County, a vast array of cancer-related prevention and education activities are offered. These efforts are primarily spearheaded by the aforementioned coalition members. The health departments provide health screening and education services.

Although resources are widely available, access issues exist for minority and low-income populations, especially Afro-Americans and Hispanics. Lack of transportation, language, culture, and lack of awareness contribute to these problems. Key informants indicated that many blacks distrust the medical establishment and are often in denial due to a significant fear of a cancer diagnosis. Both issues may delay accessing preventive cancer screenings and may ultimately result in cancer diagnosis at a later disease stage than their white counterparts. Hispanics confront the same systemic barriers to cancer screening and care, but the barriers are exacerbated by language, immigration status, and stigmatization of cancer. It is believed that the county's Asian Indian residents are unaware of cancer risks and available screening services. Support groups for Asian Indians and Hispanics are either non-existent or very limited. Professionals and the general population do not know enough about palliative care. A general misconception exists that palliative care is another name for hospice care, and many do not realize its benefits. Suggested strategies for overcoming these misconceptions include increasing awareness and educating the county's healthcare professionals and the public-at-large. Quality of life is improved when cancer patients and/or their families receive physical, social, psychological, and spiritual support, according to the American Cancer Society. Middlesex County recommendations are based upon the premise that all county residents, regardless of their age, race, or income status, should have appropriate access to the county's cancer resources. Below is a summary of some of the most important issues identified during the assessment process followed by recommendations to address each issue.

- **Issue 1** – Middlesex County has a culturally diverse population that presents language barriers and cultural issues.
- **Issue 2** – In Middlesex County, cancer incidence and mortality rates generally increase with age, especially for breast, colorectal, lung, and prostate cancer.

Goals: Reduce cancer burden in Middlesex County and provide resource information to residents.

Long Term Objectives:

- Create and maintain a coalition of professionals and consumers, with a membership that is comprised of healthcare and other service providers, civic and community-based organizations, faith-based organizations, community participants, minority and aged advocacy groups, ethnic and culture-based organizations, cancer survivors, caretakers, and other interested parties, who are dedicated to the cause of cancer awareness and other public health issues.
- Improve outreach to and access to cancer-related care and resources in New Jersey for those at high risk and populations in need such as low-income individuals, minority populations, and other medically underserved residents by networking with coalition members and the community.
- Identify, improve access to, and promote cancer related care and resources in Middlesex County, especially for those populations at risk and in need.
- Build and expand partnerships through networking with various sectors of the community to promote coalition awareness and participation and to improve access to health care.

Short Term Objectives:

- The Coalition will expand culturally sensitive education and outreach to Asian Indian, Afro American, and Hispanics, targeting geographic areas without current outreach services. Develop a coalition with Indian Camp and other Asian organizations, the American Cancer Society, and local faith-based organizations

- Cancer awareness materials and Cancer Education and Early Deduction (CEED) information will be translated into multiple languages and will be distributed on an ongoing basis. Networking with coalition members and other community groups via mail, face-to-face contact, and telephone calls will be conducted in order to expand the locations of and the times for cancer screening services. The Coalition will locate screening activities within local neighborhoods by building partnerships with community organizations.
- The Coalition will provide representation at meetings addressing cancer related or other public health issues in order to engage in networking activities, to sustain and gain new partnerships with the Cancer Coalition, and to broaden outreach opportunities for distribution of cancer awareness and CEED information.
- Conduct active outreach to organizations representing all sectors of the community.
- Continue to develop and update a database of targeted organizations in order to promote the Cancer Coalition and its activities.
- Develop local support groups targeting minorities, particularly Hispanic and Asian Indians. Provide resources including trained culturally competent counselors to establish and operate groups, making them easily accessible.

Action Plan

The Coalition will network with various ethnic and cultural institutions, community groups, local health departments, local government, and others throughout Middlesex County to establish partnerships, to participate in outreach events throughout the county, and to establish an ongoing site for distributing cancer awareness and CEED information. These sites will be encouraged to participate in the Cancer Coalition, CEED program, local public health departments, community groups, to address public health issues such as healthcare access and barriers, particularly issues pertaining to cancer solutions and resources. Contact organizations to provide information on the promotion of cancer awareness and encourage participation in the Cancer Coalition

Network with Cancer Coalition members, CEED, the Cancer Institute, the American Cancer Society, local hospitals, local health departments, the Sister's Network of Central Jersey, and others regarding current support groups and resources. These entities, community groups, and citizens will be asked to identify gaps in services and to indicate areas of need for support

services and resources. Outreach efforts will focus on healthcare provider sites, including Federally Qualified Healthcare Centers, (particularly sites which have self pay patients who must apply for Uncompensated Care), NJ Family Care (NJFC), and Presumptive Eligibility (PE), Women, Infant, & Children (WIC) sites, private provider offices, social service providers sites, professional organizations and societies, outreach workers, community based organizations, schools, daycare centers, preschools, faith-based organizations, minority and ethnic organizations, immigrant support organizations and businesses.

Obesity:

New Jersey has the 40th highest level of adult obesity in the nation at 20.1 percent, and the highest overweight level for low-income children ages 2-5 at 17.5 percent. The state spent an estimated \$271 per person in 2003 on medical costs related to obesity, which was the 20th highest amount in the nation.



In 1995, the U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS) in their report on *Dietary Guidelines for Americans* noted, "... to stay healthy, one should eat a variety of foods; maintain or improve one's weight by balancing food intake with physical activity; choose a diet that is plentiful in grain products, vegetables, and fruits, moderate in salt, sodium, and sugars, and low in fat, particularly saturated fat, and cholesterol; and moderate consumption of alcoholic beverages.

According to the CDC, dietary factors are linked to four of the ten leading causes of death: coronary heart disease, some types of cancers, stroke, and type 2 diabetes. Dietary factors are also associated with osteoporosis, which affects more than 25 million people in the United States and is the major underlying cause of bone fractures in the elderly and postmenopausal women. Nutrition education and services are also a critical component of improved health outcomes for many other diseases and conditions, including

obesity, gastrointestinal and hepatic disease, renal disease, cancer, HIV/AIDS, pressure ulcers, burns and trauma, eating disorders, and prenatal care. A change from a once nutrient deficient diet to the present day diet with excesses and imbalances in some food components has resulted in an increase in the number of persons classified as overweight. This situation is exacerbated by the sedentary lifestyle of a growing percentage of the population. With the recent change in the definition of overweight, half of the United States adult population is now considered overweight. Persons who are overweight or obese are at increased risk for high blood pressure, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some types of cancer. The health outcomes related to these diseases, however, often can be improved through weight loss or, at a minimum, no further weight gain. In New Jersey, there has been little noticeable improvement in the proportion of adults eating at least five servings of fruits and vegetables per day. In 1996 through 1998 only twenty-seven percent of the population reported consuming five servings per day. While New Jersey's record is somewhat better than the national average of twenty-two percent in 1994, it is still alarmingly low. Obesity is a result of lack of proper nutrition and physical activities. With both parents working, most middle class children spend time watching TV or playing video games. Increased security concerns are factors in not letting children go to the park on their own to play and most children's games have become organized sports that need a sufficient time investment on the parent's part. Poor families cannot afford very expensive specialized organic food and get attracted to cost effective high caloric fast food meals. These are people who cannot afford proper medical care or exercise programs and as a result suffer the consequences. It is important to address this issue to prevent significant negative health outcomes.

Goal:

Reduce prevalence of overweight and obesity in Middlesex County.

Long Term Objectives:

- Develop an appropriate set of indicators to measure progress in the fight against obesity. Instead of focusing solely on weight loss, measure improved nutrition and increased physical activity.

- Community driven efforts that increase access to healthy foods for low-income families and improve the "built environment" (such as sidewalks, parks, bike paths) so that the community setting is more conducive to physical activity. The recent Mayor's Wellness Campaign in New Jersey introduced a walk to the next bus stop program and also encourages many sport activities.
- School-based efforts to strengthen physical fitness curricula and improve the nutritional content of all foods and beverages served and sold on school campuses have begun. Many partners, however, felt that physical education requirements are often not enforced due to time constraints, lack of adequate staff members or lack of funding in schools, and that nutrition in school lunches is often substandard. School vending machines need to stock healthy drinks instead of sodas that have a high sugar content.

Short Term Objectives:

- By end of 2009, we will provide and promote education to show regular physical activity reduces the risk of dying prematurely from heart disease and high blood pressure, developing colon cancer, reducing stress and increasing awareness among people about healthy lifestyles.
- By the end of 2009, we will increase the proportion of children who engage in daily physical activity for 30 to 60 minutes per day by 20%. We will ask the students to record and maintain their daily activities with the help of school nurses.
- By the end of 2009, we will conduct 200 health education classes for the community and increase awareness on fruit and vegetables intake.
- By the end of 2009, we will prepare and distribute coloring books and informational materials through schools promoting healthy diets and physical activities.
- By the end of 2009, we will initiate a detailed program for senior citizens to educate them on nutritional guidelines and physical activity.
- By the end of 2009, we will educate parents and children to increase their awareness of physical activity and how exercise can be a fun activity.
- By the end of 2009, we will prepare simple tips and a resource guide for healthy, time and cost efficient recipes for distribution.

Action Plan:

Health education sessions will be conducted by health educators, the Rutgers Nutrition Program, and the Obesity Control Group at Rutgers Co Operative Extension of New Jersey. Middlesex County Public Health department has created educational materials to target different age groups from toddlers to seniors.

We will promote Health education sessions in schools and day care centers on the importance of providing quality physical education daily will be promoted. An emphasis will be placed on reducing the time spent watching television, sitting at the computer, playing video games and other similar sedentary behaviors. A health promotion program encouraging incorporating physical activity into regular routines and playtime for children and their families will be developed. Some partners already identified for this action are school nurses, Carteret Head Start, Hub Teen Center, New Brunswick; Puerto Rican Action Board Perth Amboy; YMCA of Metuchen, and Cathedral Health Alert.

Substance Abuse:

Over the counter medication abuse as well as underage drinking have also become major concerns in addition to tobacco, alcohol and drug abuse. Over-the-counter (OTC) drugs, especially cough and cold medications, are becoming popular as recreational products for teenagers. Both are readily available and can be easily obtained.

Most medicine cabinets contain one or more OTC drugs at any given time and there is also unlimited, nonrestrictive access to many medications on the Internet. Addiction counselors are alarmed to see how grossly unaware county youth regarding the serious health consequences and addictive properties involved in abusing prescription drugs. Anecdotal information from county agencies suggests that some adolescents are misusing their own prescriptions; for example,

cutting up Ritalin pills and snorting the drug to achieve a high. Many young Middlesex County Residents are unaware of the serious health risks and addictive properties involved in abusing prescription drugs. There is a distressing trend of teens throwing “Pharming Parties” to exchange prescription medications and to get high taking one or multiple medications which result in an emergency room visit.

Substance use is prevalent among school-age children, aged 7 through 18, with up to 70% having experimented with substances, and the rates of abuse have been steady at approximately 6% from 1996 to 1999. There are numerous situations that influence the likelihood of a child using a substance, ranging from school to home to peers, with each offering both risk and protective factors. Drug abuse education programs vary widely, and their implementation can take many forms, with interactive, multimodal approaches working the best. The Middlesex County Public Health Department has been working on intervention with children and their families. We would like to continue educating children and their parents at an early stage starting from pre school.

It is imperative to understand the mechanism of addiction in order to implement a potential preventive measure to the persistence of the tobacco and other drug abuse pattern and attitudes and beliefs toward substance use among children. In order to successfully develop strategies that effectively address the scope and complexity of this public health challenge, one needs to incorporate knowledge and skills from a variety of perspectives including but not limited to, biological and psychosocial context of addiction, medical understandings of tobacco caused disease processes and treatment for addiction, epidemiological methods for measuring the spread of tobacco use and resulting morbidity and mortality and psychosocial factors that lead to initiation and maintenance of tobacco use.

Goal: Provide convincing information about the problem and offer guidance about how to protect youth via the website, literature and various workshops throughout [Middlesex](#) County. We have recently organized a legislative event to address underage drinking through our substance abuse coalition.

Long Term Objectives:

- Organize town meetings and other events to increase awareness about the
- issue of underage drinking.
- Promote use of programs/initiatives for Alcohol and Tobacco and Other Drugs(ATOD) prevention, especially those involving schools, parents and faith-based organizations that take into account culture and language spoken.
- Increase awareness of “Quit Smoking Programs” and substance abuse resources
- including those promoting the risks of alcohol, for example, effects on the fetus, driving
- under the influence, etc.
- Increase youth involvement in ATOD prevention and cessation activities.
- Promote “Resiliency Building” for young people in youth programs, schools,
- and other community settings.
- Improve parenting skills through education.
- Encourage health care professionals to advise patients who use and abuse
- ATOD of the health risks.
- Increase awareness of grassroots efforts to reduce the use and abuse of substances, for example, Municipal Alliances.
- Advocate for increased alcohol abuse interventions among the elderly.
- Create uniformity throughout the county in regard to education, policies, and enforcement on alcohol and other substances.

Short Term Objectives:

- By the end of 2009, increase the number of students who currently say they smoke to enroll in quit smoking programs by 25%.
- By the end of 2009, conduct at least 200 education classes on substance abuse.
- By the end of 2009, prepare and distribute fact sheets on over the counter medication abuse.

- By the end of 2009, prepare educational materials suitable for teens to educate them on underage drinking.
- By the end of 2009, prepare a health education program for senior citizens on drinking.

Action Plan:

We will work with our substance abuse coalition to educate children and adults on the effects of substance abuse, in particular, drinking, smoking, and drug abuse. We will organize town hall meetings through our Municipal Alliance coordinators. The Middlesex County Human Services Department has recently contacted many of the stakeholders to create a unified plan to address this issue. Clinical support will be available to those who want to quit smoking or drinking. UMDNJ Tobacco Dependence Program can offer these services, as well as counselors at NCADD. Furthermore, our substance abuse coalition will provide training and education to high school women and men to build skills to stay away from drugs and also to educate their peers.

Mental Health:



In regard to the diagnosed mentally ill, focus group participants called for more care providers, support, education, housing subsidies, job training and placement. They also cited mental health issues such as lifestyle pressures and stress for the general population. Stress was viewed as a public health issue affecting all residents, including children. Most attendees indicated that depression, anxiety and stress are serious problems. Young people noted that stress and anxiety over school and peer pressure affected their age group. Mental health issues for children highlighted at the Forces of Change Assessment were harassment and bullying of peers including cyber bullying, or intimidation occurring via the internet. In the older adult focus group, participants expressed particular concerns about depression and isolation. The

Forces of Change Assessment reinforced these concerns as participants noted the aging of the population was creating a need for more senior services, including those related to mental health.

Populations comprised of recent immigrants, feel stressed in adjusting to their new environments in addition to distancing from their loved ones. We understand that poverty, aging, lack of insurance coverage, cost of treatment/medications, unavailability of treatment, resources, unavailability of culturally competent care, social stigma, domestic violence, and lack of understanding are all contributing factors.

Goal: Promote mental health and increase awareness techniques to cope with stress.

Long Term Objectives:

- Improve access to mental health services.
- Reduce stigma of mental illness in the community.
- Strengthen the linkage and referral system between mental health providers and other service organizations.
- Increase the proportion of mental health care providers who are culturally and linguistically competent.

Short Term Objectives:

- By the end of 2009, create programs to teach kids and teens to cope with stress
- By the end of 2009, offer at least 100 education sessions to educate adults on stress relaxing techniques
- By the end of 2009, increase the awareness of mental health hot lines and increase the use of these help lines.
- By the end of 2009, create a comprehensive program to teach residents about mental health and try to reduce the stigma associated with mental illness.

Action Plan:

We will work with mental health providers and counselors to promote mental health screenings by service providers. Focus groups noted the importance of depression and anxiety screening needs in addition to addressing issues such as domestic violence, sexual violence, and their impact on mental health. Some cultural diverse communities tolerate domestic violence and children growing up in these backgrounds receive conflicting information which cause stress. Educational programs to address this issue will also incorporate dating violence among school aged children. We need to expand our partnerships to include mental health service providers and school personnel who will educate parents on early intervention. This will be more successful if we implement “Train the Trainer Program” for teachers, student guidance counselors, and community leaders regarding domestic and dating violence.

What's Next?

By definition the CHIP process is a cyclical progression toward community health improvement. With the completion of the Community Health Improvement Plan, participants will move to the Action Phase. This part of the cycle consists of Planning, Implementing and Evaluating initiatives and interventions to reach measurable objectives. Members of the CHIP Committee have already joined task forces who will focus on each of the five priority health issues. Their next step will be to recruit more community members who will help set measurable objectives and select strategies to reach them. Some of the action plans have been detailed under each health concern.

Major Action Areas for Middlesex County include:

- Improving the statewide public health infrastructure.
- Garnering support of the business and faith communities in Middlesex County.
- Narrowing the gap between public health theory and public health practice.
- Addressing gender, age, cultural, racial, and geographic health disparities.
- Updating “Healthy Middlesex County NJ” and other related health status indicator assessments and profiles.
- Improving health status outcome measurement capability.
- Improving the quality of local level health data.
- Promoting collaboration among all health promotion advocates.
- Broadening participation from all Middlesex County, New Jersey, communities in the Community Public Health Partnership.

Conclusion:

The Middlesex County Community Health Improvement Plan defines specific objectives for improving the health of Middlesex County residents. In addition, the CHIP presents action steps for how to achieve these objectives. Everyone is encouraged to participate in improving the health of Middlesex County's residents. Achieving the objectives outlined in the CHIP will require the combined efforts of government, organizations, families, and individuals.

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