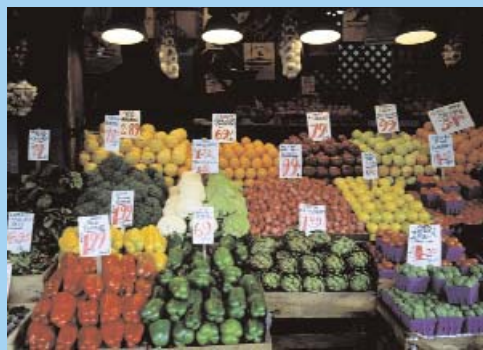


Ocean County

Community Health

Improvement Plan



Public Health
Prevent. Promote. Protect.



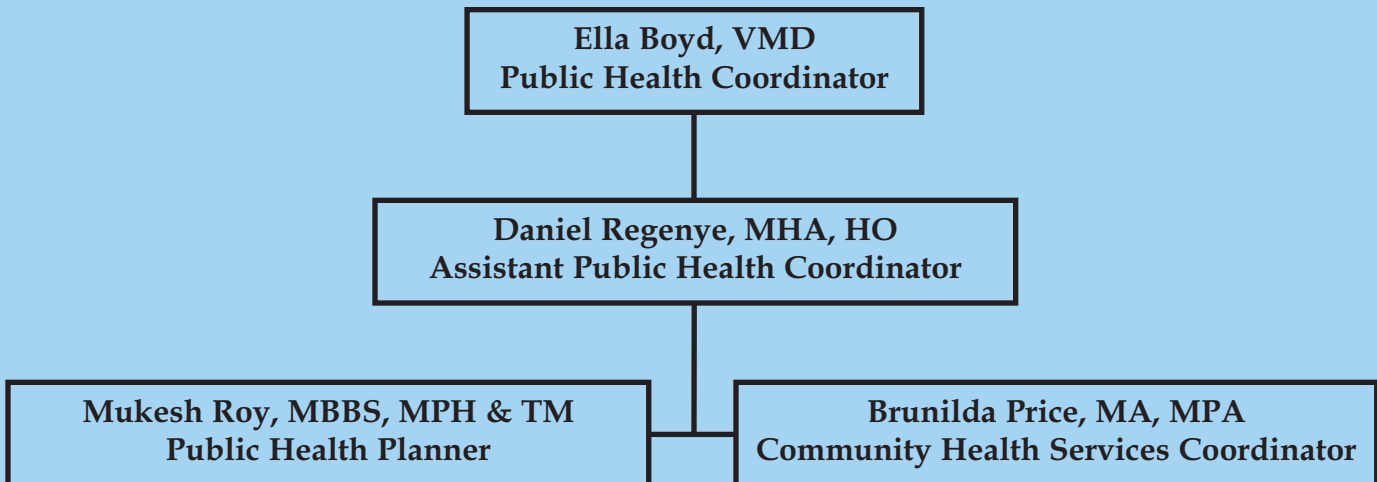
Ocean County Health Department

Board of Health Members

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John P. Kelly, *Deputy Director*
John C. Bartlett Jr.
Gerry P. Little
Joseph H. Vicari



Our Mission

In partnership with our community, we are committed to promoting healthy lifestyles and a clean and safe environment. We are dedicated to advocate for and to provide leadership in assuring consistent quality healthcare in our community.



Public Health
Prevent. Promote. Protect.



revised 2009

The **Community Health Improvement Plan** (CHIP) is designed to summarize the Mobilizing for Action through Planning and Partnership (MAPP) process, as well as describe the strategic issues that have been identified through the MAPP process. The plan is designed to be a concise, easy to read, comprehensive document that can be used as a resource. The plan describes the rationale behind each issue, as well as proposed goals, strategies, and barriers that are associated with each issue.

Separate subcommittees have been organized for each priority issue. Stakeholders who have an interest related to a priority issue sit on these subcommittees and collaborate with each other to address potential initiatives. The goal of these subcommittees is to look back in three to five years and see the impact of the initiatives that have been implemented.

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The Ocean County Health Department would like to thank the MAPP Steering Committee Members for dedicating their valuable time and input in to this process:

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Mary Gibson – Ocean County Health Department

Michelle Green – Southern Ocean County Hospital

Dr. Bruce Greenfield – Ocean County Superintendent of Schools

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Kathy Jaworski – Ocean County Department of Human Services

Mary Fran McFadden – Ocean County Board of Social Services

Dana O'Connor – Long Beach Island Health Department

Maria-Elena O'Connor – Ocean County Senior Services

Rick Pallamary – Community Medical Center

Brunilda Price – Ocean County Health Department

Daniel Regenye – Ocean County Health Department

Caryl Russo – Kimball Medical Center

Leslie Terjesen – Ocean County Health Department



Partnering Agencies that Contributed to the MAPP Process

ADACO

American Cancer Society

Barnegat Rehab & Nursing Center

Berkeley Township Police Department

Big Brothers/Big Sisters

Brick Municipal Alliance

Brick Township Police Department

Community Medical Center

Division of Youth and Family Services

Dottie's House

Epilepsy Foundation

Georgian Court University

Interfaith Hospitality Network

Jackson Municipal Alliance

Kimball Medical Center

Lacey Township Police Department

Long Beach Island Health Department

Long Beach Township Police Department

Manchester OEM

Meridian Health

New Jersey Natural Gas

Ocean County Board of Social Services

Ocean County College

Ocean County Emergency Medical Services

Ocean County Health Department

Ocean County Department of Human Services

Ocean County Department of Planning

Ocean County Prosecutors Office

Ocean County Senior Advisory Council

Ocean County Office of Senior Services

Ocean County Superintendent of Schools

Ocean County YMCA

Ocean Harbor House

O.C.E.A.N., Inc.

Ocean Health Initiatives

Preferred Behavioral Health

Point Pleasant Beach School District

Providence House of Catholic Charities

Southern Ocean County Hospital

Southern Reg. Schools Community Education

Advisory Committee

Sovereign Bank

St. Barnabas Church

St. Francis Center

Stafford Township Police Department

Stafford Township Municipal Alliance

The Regional Perinatal Consortium of

Monmouth and Ocean Counties, Inc.

Toms River Municipal Alliance

Toms River Regional Schools

Toms River Township Police Department

Township of Lakewood

United Way of Ocean County







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Executive Summary

In June 2005, the Ocean County Health Department embarked on a strategic health planning process called Mobilizing for Action through Planning and Partnerships (MAPP). This innovative approach is designed to be community driven involving various community stakeholders, residents, needs assessments, and local, state, and national statistics. The goal of this process is to identify the major issues affecting the residents of Ocean County.

One of the end results of MAPP is this Community Health Improvement Plan (CHIP), which will provide an easy to read synopsis of the process. Furthermore, subcommittees will create and carry out action plans based on the outcome of the MAPP process. The Ocean County MAPP process was completed in August of 2007. Listed below, in no particular order, The MAPP process identified six strategic issues:

-  Access to Healthcare
-  Mental Health
-  Substance Abuse
-  General Health
-  Resource & Asset Management
-  Emergency Preparedness

Overview of Ocean County

Located in the Atlantic Coastal Plain in Central Jersey, Ocean County is the second largest county in the State in terms of size. Ocean is just one of four New Jersey counties that border the Atlantic Ocean. The County started out as a very rural county. In 1940 the population was 37,675. By the year 2000 the County's population increased to 510,916 persons. Over those sixty-years the decennial Censuses exhibit that Ocean County was the fastest growing county in the State. Current census estimates calculate the population at 569,111. Ocean County is also unique in that the senior population makes up about a quarter of the total population. There are currently 93 active adult communities within Ocean County with more projected to be built. As the County has grown, so has this special population. Almost all of this growth was due to in-migration, rather than the natural increase of the population. Ocean County has many tourist attractions, including the coastal beaches, boardwalks, and amusement parks which continually draw thousands of seasonal visitors to the area each year. During the summer months it is estimated that the County population doubles.

The U.S. Census Bureau, 2008

Ocean County Planning Department, 2010

Mobilizing for Action Through Planning and Partnerships



To initiate the MAPP process, public and private agencies designated as leaders within the community are organized to implement MAPP (**Organize for Success/ Partnership Development**). Community-wide strategic planning requires strong organization and high level of commitment from partners, stakeholders, and the community residents who are recruited to participate.

The second phase of the MAPP process is **Visioning**. A shared vision and common values provide a framework for pursuing long-range community goals.

In May, 2007, the Ocean County MAPP Steering committee collaborated and created a Vision statement, Core Values, and a Mission statement. The vision statement was derived by asking the Steering Committee three questions:

- 1) What does a healthy county mean to you?
- 2) What are important characteristics of a healthy community for all who live, work and play here?
- 3) How do you envision the local public health system in the next five or 10 years?

Vision

“A unique community where all are empowered to access opportunities and resources to achieve a healthy and fit lifestyle”

Taking into consideration the shared vision, participants were asked to think of the key behaviors or Core Values that will be required of the local public health system partners, the community, and others in the next five to 10 years to achieve the vision. Also, what type of working environment or climate is necessary to support participants in performing the above behaviors and in achieving the vision?

Core Values

Responsive

Collaborative

Responsible

Proactive

Accessible

Ethical

Communicative

A Mission Statement was also developed by the Steering Committee to provide some more specific direction with the process as well.

Mission

Ocean County will develop and strengthen partnerships and collaborative efforts that will allow our multiple resources and organizations to provide proactive opportunities to ensure the well-being and quality of life for our community.

The Next phase of MAPP involves the four MAPP Assessments listed below.

The **Community Themes and Strengths Assessment** provides a deep understanding of the issues residents feel are important by answering the questions, *“What is important to our community?”*, *“How is quality of life perceived in our community?”* and *“What assets do we have that can be used to improve community health?”*

During the summer of 2006, Community surveys and Stakeholder surveys were sent throughout Ocean County. The Community survey was distributed to major agencies within the county that service the public, and also was available online for residents to complete.

The Stakeholder survey was distributed to directors, and coordinators of major agencies, companies, and programs. Over the course of the summer there were 369 Community and 95 Stakeholder surveys collected.

The Ocean County Health Department also contracted with a consultant to perform a Behavioral Risk Factor Surveillance Study (BRFSS). The BRFSS is a nationally used comprehensive tool developed by the Centers for Disease Control and Prevention (CDC), and is designed to assess the health status and behavioral risk factors among individuals.

The Ocean County Health Department customized the BRFSS tool to assess the needs of Ocean County residents. The tool was developed by selecting various core questions on topics such as cardiovascular disease, smoking, sun exposure, etc. Through a strategic sampling strategy, residents were randomly called and interviewed with the core questions. The interviews took an average of 12 to 15 minutes each to complete. Data collection took place between February 26, 2007 and March 30, 2007, with a final sample count of 1,115 survey participants. The data was then compiled into a comprehensive report describing the health behaviors and ideas of residents designed to represent Ocean County as a whole.

The **Local Public Health System Assessment** (LPHSA) is a comprehensive assessment that includes all of the organizations and entities that contribute to the public’s health. The LPHSA answers the questions, *“What are the activities, competencies, and capacities of our local public health system?”* and *“How are the 10 Essential Public Health Services being provided to our community?”*

The *10 Essential Public Health Services* (EPHS) are an integral part of the LPHSA assessment. The Essential Public Health Services provide the fundamental framework by describing the public health activities that should be undertaken in all communities. The Core Public Health Functions Steering Committee developed the framework for the Essential Services in 1994, based on a 1988 Institute of Medicine Report (IOM). This IOM report identified three core functions that further describes the role of a local health authority.

The identified three "core functions" of a local health authority are:

- Assessment
- Policy Development
- Assurance

Essential Public Health Services (EPHS) and Subcategories in the Local Public Health System Assessment (LPHSA) Tool

EPHS #1

- a. Population-Based Community Health Profile (CHP)
- b. Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data
- c. Maintenance of Population Health Registries

EPHS #2

- a. Identification and surveillance of health threats
- b. Investigation and response to public health threats and emergencies
- c. Laboratory support for investigation of health threats

EPHS#3

- a. Health education and promotion
- b. Health communication
- c. Risk communication

EPHS #4

- a. Constituency development
- b. Community partnerships

EPHS#5

- a. Government presence at the local level
- b. Public health policy development
- c. Community Health Improvement Process
- d. Plan for public health emergencies

EPHS#6

- a. Review and evaluate laws, regulations, and ordinances
- b. Involvement in the improvement of laws, regulations, and ordinances
- c. Enforce laws, regulations and ordinances

EPHS #7

- a. Identification of populations with barriers to personal health services
- b. Assuring the linkage of people to personal health services

EPHS #8

- a. Assure a competent public and personal health care workforce
- b. Public health workforce standards
- c. Life-long learning through continuing education, training, and mentoring

EPHS #9

- a. Evaluation of population-based health services
- b. Evaluation of personal health care services
- c. Evaluation of the local public health system

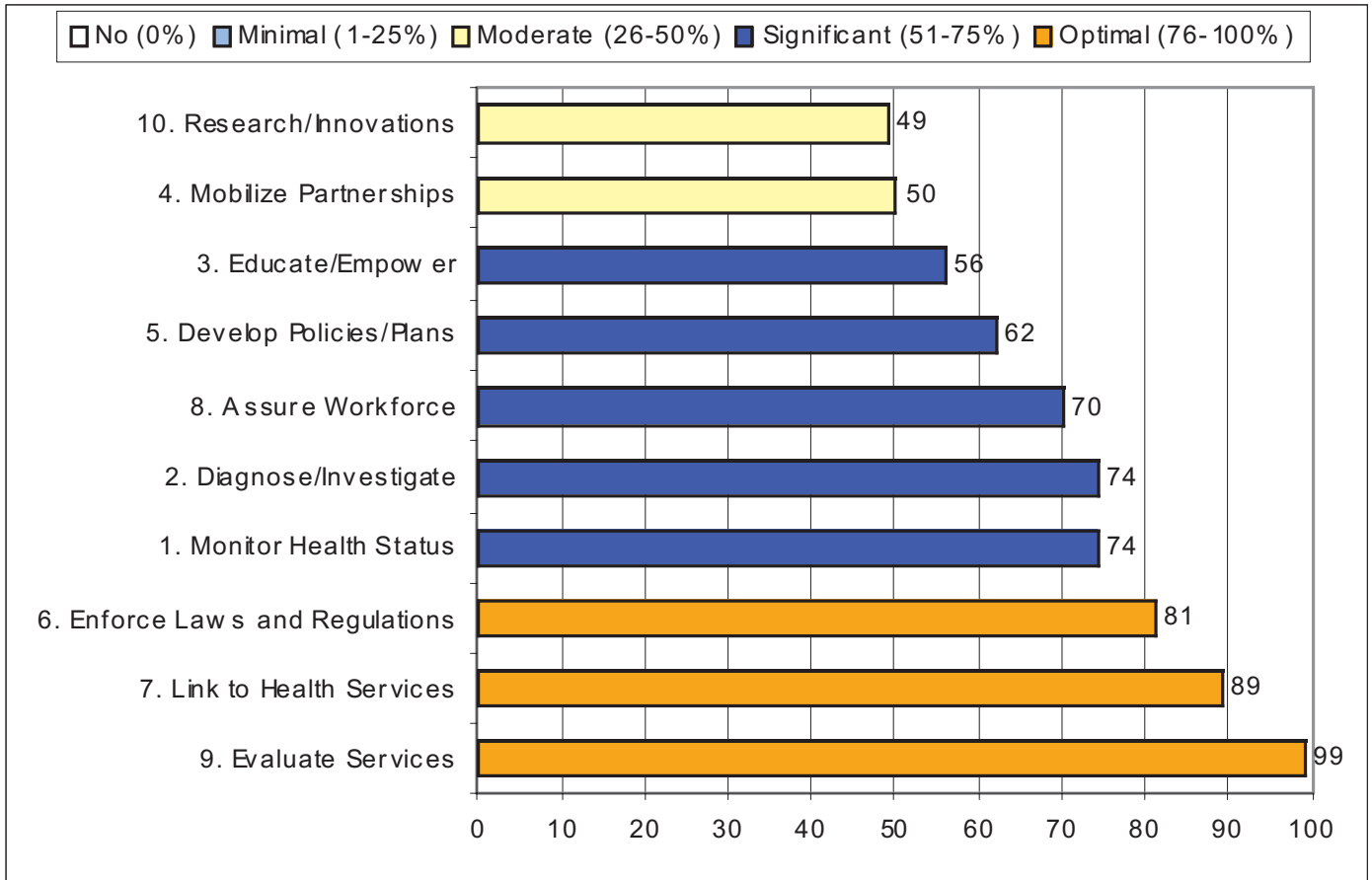
EPHS #10

- a. Fostering innovation
- b. Linkage with institutions of higher learning and/or research
- c. Capacity to initiate or participate in research



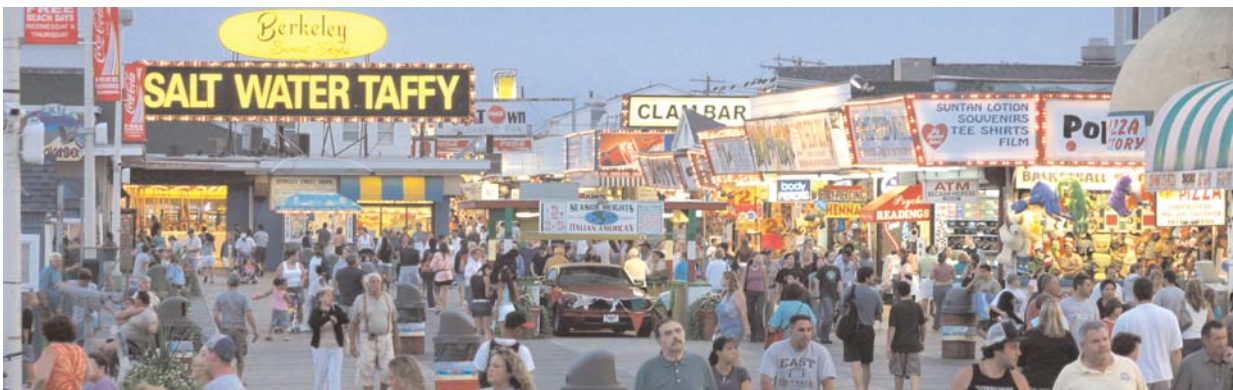
Barnegat Lighthouse

The figure below displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak. The graph shows the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.



The **Forces of Change Assessment** is aimed at identifying forces—such as trends, factors, or events—that are or will be influencing the health and quality of life of the community and the work of the local public health system. During the **Forces of Change Assessment**, participants answer the following question: “What is occurring or might occur that affect the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?”

During the Summer of 2007, stakeholders attended County community forum meetings and identified forces of change. Attendees noted forces that directly correlate with the identified strategic issues. Generally the forces of change can be categorized into issues relating to a lack of knowledge of resources, lack of funding, and Ocean County’s large senior population.













Seaside Heights Boardwalk











The **Community Health Status Assessment** identifies priority community health and quality of life issues. Questions answered during the phase include, “How healthy are our residents?” and “What does the health status of our community look like?”

In 2005, various statistics regarding health status, education, mortality, crime, employment, and other information was collected to portray the current health status of Ocean County residents. Conclusions were compared to New Jersey and National Data. As a result, the “Areas of Strength”, positive areas, and “Areas of Opportunity”, areas in need of improvement, were compiled.

Ocean County’s “Areas of Strength” included:

-  Females being the head of the house
-  Poverty levels
-  County unemployment rates
-  Mortality rates related to cerebrovascular disease
-  Infant mortality rates
-  Infant deaths due to birth defects
-  Cholesterol screenings
-  Low teen birth rates
-  Prenatal care in first trimester
-  Lead poisoning

Ocean County’s “Areas of Opportunity” included:

-  Municipality unemployment rates within Ocean Gate Borough and Seaside Heights Borough
-  Commuting to work
-  Mortality rates related to diseases of the heart
-  High cholesterol
-  Late and late latent Syphilis
-  Cancer incidence
-  Smoking during pregnancy
-  Attempts to quit smoking
-  Substance abuse treatment within the county
-  Insurance for substance abuse treatment

Ocean County Priority Health Issues

Access to Healthcare

Mental Health

Emergency Preparedness



Substance Abuse

Resource & Asset Management

General Health

Access to Healthcare



residents age 65 and over and their increasing medical needs are a primary area of concern. Access to care is also limited by the lack of accessible transportation. Limited route stops and service contribute to this concern.

Another developing concern is the increasing misuse of local hospital emergency rooms and how these practices are contributing to healthcare access issues. 18.1% of Ocean County residents report that they do not have a personal doctor or health care provider. Therefore, this has resulted in individuals using hospital emergency rooms as their principal source for primary care issues.*

How can we ensure access to quality healthcare for all Ocean County residents?

Among the attendees at the 2007 summer County community forums a common theme was the lack of access to affordable quality healthcare. Currently, there are four hospitals located within Ocean County. Ocean Medical Center, Kimball Medical Center, Community Medical Center and Southern Ocean County Hospital have a total bed capacity of 1,394. Ocean County also has a Federally Qualified Health Center (FQHC), Ocean Health Initiatives (OHI), in Lakewood and Toms River. OHI serves approximately 16,000 clients per year.

According to the 2007 Behavioral Risk Factor Surveillance Survey (BRFSS), 16.5%, or 84,301 Ocean County residents reported not having any kind of healthcare coverage. The Hospital Data Overview Assessment and Ocean County demographic information elicited discussion on how to ensure access to quality healthcare for all Ocean County residents. The growth in

Top 10 ER
Primary Diagnosis
Codes for Ocean
County Hospitals**

- 1) Upper Respiratory Infection/Cold
- 2) Stomach Pain
- 3) Sore Throat
- 4) Ankle Sprain
- 5) Finger Cut
- 6) Fever
- 7) Dental/Toothache
- 8) Ear Infection
- 9) Urinary Tract Infection
- 10) Bronchitis

**Source:
Hospital Data
Overview
July 2007

*BRFSS Survey 2007

Goal Statement

Ensure that all Ocean County residents have access to quality healthcare.

Strategies

1. Develop a healthcare resource directory for the uninsured, underinsured and undocumented residents
2. Educate residents on the proper use of the emergency room
3. Increase 24 hour emergency care through Quick Care Centers
4. Create a language fluency program for medical staff at Ocean County College to address the lack of bi-lingual staff
5. Create a "Seniors for Seniors Care Program"
6. Create Public Service Announcements (PSA) and explore other media outlets, such as the "Sunday Morning" talk show with Bob Levy, "Sean and Sue" and Comcast's "Newsmakers"

Barriers

1. Acceptance of ownership of the resource directory project at one agency
2. Translation
3. Distribution
4. Availability of alternate sites
5. 24-hour availability of personnel
6. Insurance
7. Language barriers
8. Staffing
9. Finances
10. Licensure
11. Transportation
12. Awareness
13. Program development
14. Health of senior workers
15. Cost associated with training
16. Specialized training regarding limitations
17. Ownership
18. Production

Implementation Details

1. Utilize volunteers and interns to create the resource directory
2. Create the directory as a PDF so that it can easily be downloaded and accessed
3. Explore potential contributions from hospitals in Ocean County to assist with financial needs
4. Create Public Service Announcements about the appropriate use of the emergency rooms, targeting families with children and seniors
5. Create an information sheet about Family Care eligibility
6. Develop an information sheet about when to use the emergency room and distribute through churches and schools
7. Distribute emergency room information through closed-circuit television to senior communities
8. Assess the number of Ocean County residents that utilize emergency care
9. Create health care facilities for acute care, home care, ambulatory care and long-term care
10. Create language fluency programs which include a medical terminology course
11. Implement home health courses at all senior communities
12. Establish criteria for the Senior Care Program
13. Determine the interest of Home Health Agencies in utilizing this workforce
14. Allow volunteers to work in their own community
15. Develop the PSA and have it distributed by members of the community

Mental Health



How do we improve access to mental health services through increased recognition and intervention, early intervention, prevention and better allocation of resources, alleviating later involvement in the mental health system?

Of the national population, 5% to 7% has a diagnosable mental illness characterized by alteration in thinking, mood, or behavior associated with distress, and impaired functioning which spawns a host of problems that may include disability, pain, or death.

During the summer 2007 meetings, presentations on the status of the mental health of residents and current resources identified a need for increased mental health services in Ocean County. Ocean County's \$18 million dollar mental health system faces capacity issues in meeting the needs of NJ's fastest growing county. CHIP participants noted that a lack of resources in mental health services to meet the community's needs. That is consistent with the Ocean County Mental Health Board's Community Needs Assessment for 2008. Financial resources, inpatient treatment facilities and mental health practitioners were identified as critical areas of need for the mental health system.

CHIP participants documented concern regarding individuals seeking mental health services contributing to the overcrowding of hospital emergency rooms. Ocean County's current landscape places the New Jersey Division of Mental Health Services Psychiatric Emergency Screening Services (PESS) in all four hospitals in Ocean County. Inherently, access to PESS for psychiatric and mental health services falls upon emergency rooms.

According to 2007-2008 data provided by the Ocean County Mental Health Board, approximately 800 individuals are seen by PESS, county-wide, each month, which has the highest volume of any screening center in the state of NJ. CHIP participant concerns regarding individuals seeking mental health services in mass at emergency rooms is a shared concern in all 21 NJ Counties and is under current analysis by the Ocean County Mental Health Administrator and also the New Jersey Division of Mental Health Services.

Group members identified concerns regarding how mental health needs are recognized in a community that is struggling with limited access to overall medical services. The group concluded that infrastructure issues should be addressed to enhance identification, intervention and treatment in the community.

In general, Ocean County's rates of depression are lower than New Jersey's. According to BRFSS data, 10.3% of respondents indicate their mental health was "not good" for 15 to 30 days of the month prior to taking the survey. This percentage is slightly higher than both national and state BRFSS benchmarks.

Also, two at risk populations for depression and suicide are veterans and males 65 and older. This is of great concern because there is a high concentration of this age group and population residing in Ocean County.

Stigma related to mental health issues

Stigma is commonly defined as the use of stereotypes and labels when describing someone. Stereotypes are often attached to people who are suffering from a mental illness and may keep people from seeking the help they need.* Nationally, stigma related responses included perceptions that treatment might cause negative opinions about oneself (10.5%), that treatment might negatively affect employment (9.8%), and that individuals did not want others to find out about their treatment or mental illness (9.1%).**

*National Mental Health Awareness Campaign

** (SAMHSA, 2006)

“76% of Ocean County Residents report that they feel their mental health is generally good.”

Ocean County BRFSS 2007

Goal Statement

Enhance the continuum of quality mental health services available to all residents of Ocean County.

Strategies

1. Foster avenues to access mental health care
2. Reduce stigma of people accessing mental health care
3. Utilize the Professional Advisory Committee (PAC), of the Mental Health Board, to assess the needs of local providers
4. Enhance training programs for caretakers and staff
5. Facilitate and enhance cross-training opportunities for staff working within and amongst mental health services
6. Acquire state funded grants, funding and internships
7. Enhance the current program for seniors to identify mental health issues within the senior community

Barriers

1. Communication
2. Education
3. Funds
4. Low pay scale for mental health service workers
5. Need for culturally diverse social workers
6. Stigma associated with mental health
7. Transportation

Implementation Details

1. Educate the public regarding how to access mental health services, including the utilization of Psychiatric Emergency Screening Services (PESS)
2. Enhance and potentially create further education opportunities for all necessary groups (providers, seniors, community members, etc.)
3. Foster communication to enhance partnerships
 - a. Leverage resources (i.e. cultivate partnerships and collaboratives for grant opportunities and program development)
 - b. Develop strategic solutions
4. Utilize the PAC, Mental Health Board and Legislative Advocacy Committee to advocate to elected officials for increases in allocated resources and funding
5. Utilize programs that are already in place to educate staff that work in mental health
6. Promote Parity Law

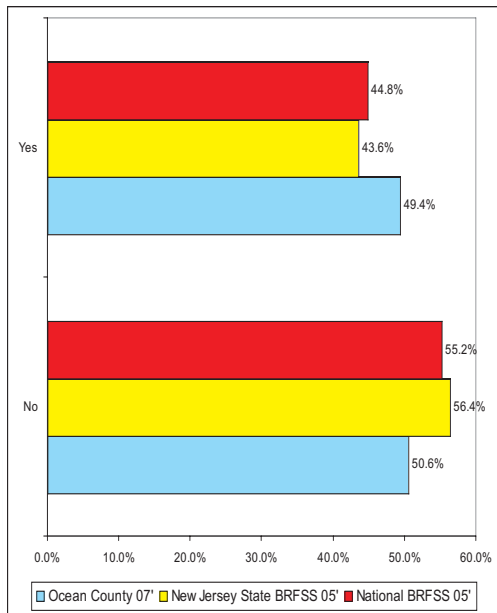
Substance Abuse



How do we address the use/abuse and prevention of tobacco, alcohol and drugs in Ocean County?

According to the 2007 BRFSS survey, less people who have ever smoked currently smoke. However a higher number of Ocean County residents who smoke currently are not trying to quit. This statistic of Ocean County residents is higher when compared to state and national data.

Have you smoked at least 100 cigarettes in your entire life?

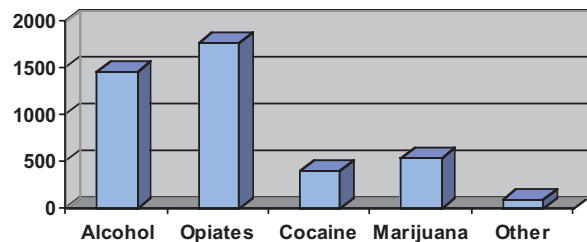


In addition, the Healthy People 2010 comparison demonstrated a significantly higher rate of lung cancer in Ocean County than the overall rate for the State of New Jersey.

New Jersey Substance Abuse Monitoring System (NJSAMS) data identifies four primary substances as cause for total admissions (See chart below). The age range of 35-44 accounts for the highest number of admissions at 22.8%.

The summer 2007 community forum groups discussed the funding issues that are affecting individuals from receiving treatment who do not have insurance.

Substance Abuse Admission Records



Ocean County 2007
(Based on 4,300 Admissions)

Data presented in relation to the rate of drug use and treatment resources throughout Ocean County identified a need to address the emergence of drug abuse. Participants noted an increase in issues related to substance abuse such as mental illness, unemployment and homelessness.

Data also has indicated that fewer Ocean County residents who seek drug and alcohol abuse treatment are doing so within Ocean County due to lack of available resources. Ocean County residents are more likely to be treated for their addiction in another county.*

*Ocean County Secondary Data Profile

Goal Statement

To decrease the use and abuse of tobacco, alcohol and drug use in Ocean County through continued education, prevention and intervention.

Strategies

1. Education in schools
2. Education for seniors
3. Increase access to inpatient and outpatient facilities
4. Create policies that encourage accountability among industries and individuals
5. Foster collaboration and coordination between local agencies
6. Work collaboratively on specific projects to alleviate stress on agencies
7. Funding
8. Provide assistance to healthcare professionals where necessary
9. Identify substance abuse among hidden populations

Barriers

1. Resources and funding
2. Buy-in from physicians
3. Education among physicians
4. Funding, insurance, facilities, legislation and government support
5. Accountability among individuals and industry
6. Professionalism within groups
7. Cultural competence
8. "Fear Factor"

Implementation Details

1. Update curriculum and ensure uniformity among other agencies
2. Create a specific curriculum to address seniors
3. Work with legislators to change policies that would address a prevention model versus a disease model
4. Develop a survey, portable billboard or a self-assessment tool
5. Identify agencies which have a trustworthy relationship with different cultural groups throughout Ocean County
6. Explore alternative funding sources
7. Avoid funding competition among local agencies
8. Identify duplication of services
9. Overcome potential territorial issues

General Health



Almost two-thirds of residents in Ocean County also reported that they have no issues with their physical health during a normal month's time.

However, residents within Ocean County statistically are overweight or obese. The final demographic question asked of residents in the BRFSS survey was their height and weight. Based on the height and weight statistics reported, Body Mass Index (BMI) was calculated for each respondent. Respondents were categorized as either "neither overweight nor obese," "overweight," or "obese." Nearly 37% percent of Ocean County respondents are "overweight," with an additional 27.5% being "obese."

How do we create a healthy community which encourages and motivates residents to prioritize health through lifestyle choices?

During the summer 2007 community forum meetings, participants discussed the need for educating Ocean County residents concerning healthy choices, health screenings, vaccine opportunities, preventative healthcare, exercise, nutrition, and immunizations.

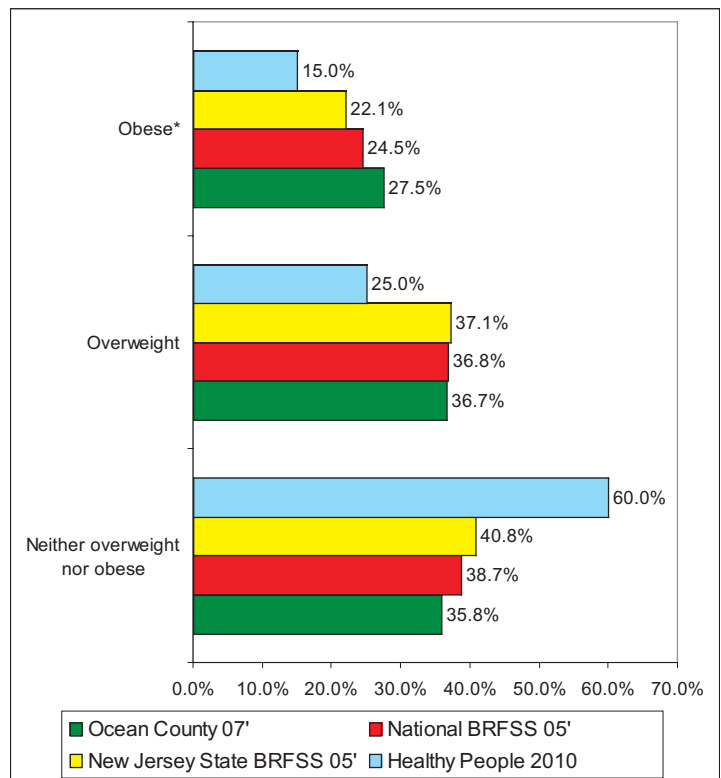
The Ocean County BRFSS survey results showed that residents, in general, feel positive about their health.

83.3% of Ocean County residents would say in general that their health is either good, very good, or excellent.*

**Ocean County BRFSS*

Body Mass Index (BMI)

(Frequency of Responses)



**Ocean County is significantly different than the New Jersey comparison.*

Goal Statement

Continue to educate the community to prioritize health through lifestyle choices so that we become a healthy community.

Strategies

1. Educate the community about healthy choices
2. Encourage fast food restaurants to offer healthy choices
3. New Jersey Fresh Farm Markets will be available
4. Create transportation to New Jersey Fresh Farm Markets
5. Educate the population about health screenings
6. Enhance comprehensive education for teens and preteens about the risks and prevention of STD's
7. Expand vaccine opportunities
8. Provide preventative healthcare
9. Provide resources and information to healthcare
10. Providers to distribute information to their patients
11. Update resources yearly
12. Provide opportunities (for all ages) to prevent/address chronic illness
13. Decrease smoking
14. Increase knowledge of nutrition and exercise
15. Increase cultural competence when educating all populations of Ocean County
16. Increase workplace wellness awareness
17. Provide better bike/walking paths
18. Encourage/educate parents to make healthier choices for their children
19. Increase/maintain immunization levels
20. Identify/publicize existing programs
21. Increase accessibility to better foods at a reasonable price

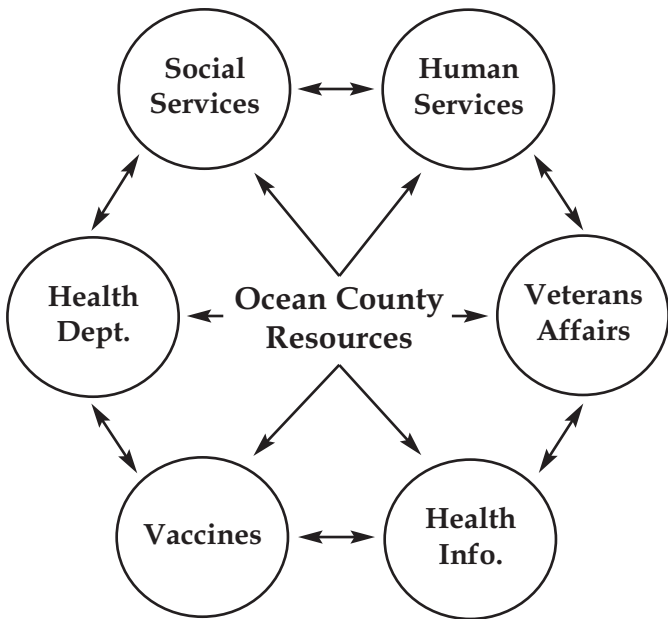
Barriers

1. Transportation and parking
2. Cost of healthy foods
3. Media promotion of fast foods
4. Safe places to walk
5. Transportation to green markets
6. Identification and knowledge of resources
7. Motivation
8. Decreased funds for tobacco cessation
9. Knowledge of technology
10. Populations resistant to vaccinations
11. Political and religious barriers

Implementation Details

1. Schools will enforce up-to-date immunizations before students start school
2. Make community aware of places which currently exist where they can walk safely
3. Work with state, local and county roads and recreation departments to create more spaces to safely walk and bike
4. Office of Senior Services will expand their New Jersey Easy Access, Single Entry (EASE) program to include:
 - a. Ambassadors in all Senior Communities
 - b. Meetings related to healthy lifestyles and chronic disease rotated throughout the county
5. Implementation of New Jersey Model School Lunch Plan
6. Nutritional awareness education by the YMCA

Resource & Asset Management



Identification of all groups is necessary to disseminate the proper information to allow all residents to be aware of the resources available. Group members noted the need to identify all potential avenues to distribute public health information throughout the community. Group members believed not identifying these avenues would result in a further decline in public health.

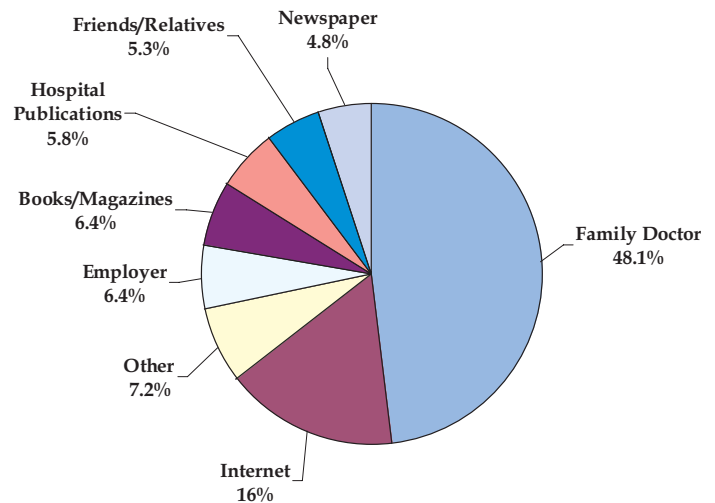
The senior population and the resources needed to adequately address their needs is another area of concern that is constantly changing with the high influx of this population. Individuals are living longer and therefore their needs are consistently changing. Therefore, their access to resources will vary as well.

How can we help the community be more aware of and engaged in resources available to Ocean County residents?

During the 2007 summer community forums, attendees felt that the information provided through the various assessments displayed many areas of strength and community assets available to residents, but there was often a lack of communication regarding these resources. Related to this issue, group members noted the need to identify all potential avenues to distribute public health information throughout the community. Transportation, language barriers, and general lack of knowledge are many reasons that residents are unaware of available resources.

Attendees during the 2007 community forum noted a high level of competition for funding among community agencies. If the issue of managing resources and assets is not addressed, there will be a continuous struggle to meet the needs of the population.

Primary Source of Health Care Information*



*2006 Meridian Health's two-county 2006 Community Health Needs Assessment

Goal Statement

To ensure that the community at large is aware of and engaged in resources available in Ocean County.

Strategies

1. Better coordinate messages and programs.
2. Deliver information through religious organizations and faith-based activities
3. Distribute information through schools and community centers
4. Further develop a “One-Stop” concept for information and resources
5. Distribute information through businesses, supermarkets, food banks, healthcare professionals, municipal buildings and non-profit agencies
6. Identify channels necessary to reach all populations
7. Identify traditional and non-traditional leaders in the community in order to facilitate information sharing
8. Engage other businesses and grass-roots efforts

Barriers

1. Language barriers
2. Transient populations
3. Transportation to various resources
4. Cultural sensitivity
5. Knowledge
6. Fear of deportation for illegal residents
7. Bureaucratic policy/regulation

Implementation Details

1. Develop a consortium with a lead person responsible for coordination of efforts
2. Hire a paid organizer or person responsible for follow through of action plans
3. Engage current programs to do intakes, screenings, and referrals
4. Provide opportunities and reduce missed opportunities through outreach and education
5. Provide assistance in accessing what is currently available
6. Further develop resources, such as finances and technology
7. Improve transportation to services/resources
8. Change policies that prohibit engagement

Emergency Preparedness



How do we better prepare for medical emergencies during mass casualty events through improved communication and coordination?

Due to Ocean County's large population size, location and other unique characteristics, we are potentially at risk for several public health emergencies during mass casualty events. In the Southern part of our county is a nuclear power plant, while the location of Ocean County makes it vulnerable to natural disaster threats such as hurricanes, or Nor-Easters.

During the 2007 Summer County Community forums, attendees cited transportation on the barrier islands and in the Pine Barrens, congestion in Northern Ocean County, and the large summer population unfamiliar with the shore area on the barrier islands and in the Pine Barrens as potential areas of concern.

The summer forum also identified potential hospital overcrowding during these events without increased preparation.

Ocean County also has the largest senior population in the state to contend with as well.

As a result of the large senior population, there are a significant number of assisted living and skilled nursing facilities in the area. In addition, there are 93 independent senior communities. This senior population also has a higher number of disabled individuals who are mostly unidentified. These statistics play a major factor in Emergency Preparedness planning efforts. Therefore, County agencies are currently in the process of accumulating figures of the homebound and disabled population.

*Ocean County's senior population makes up over 20% of the total population

Communication among the various agencies throughout Ocean County also has been identified as a critical issue in Emergency Preparedness. Quality and comprehensive communication plays a vital role in coordinating planning efforts. First responder agencies within Ocean County continually work to establish good relationships with each other and collaborate when necessary on various activities. Ocean County is unique in that collaboration has been in existence for some time.



Oyster Creek Nuclear Power Plant

Goal Statement

To enhance the coordination of resources to better respond to emergency events.

Strategies

1. Survey or partner to help assess Ocean County needs in case of an emergency. Necessary assessments and surveys include:
 - a. The availability and status of county squads annually
 - b. The senior facilities of Ocean County to determine needs and plans
 - c. Schools and day care centers to determine the status in regard to evacuation and emergency plans
2. Partner with Ocean County Emergency Management to enhance Emergency Plans
3. Create a list of media outlets, religious institutions and community groups through which plans can be communicated
4. Educate the public regarding plans and resources

Barriers

1. Not taking this issue seriously
2. Motivation to respond to surveys and assessments
3. Local residents unwilling to disclose personal and private information
4. Health Insurance Portability and Accountability Act (HIPAA)
5. Logistical issues
6. Language and cultural barriers

Implementation Details

1. Investigate technologies that can be used to improve tracking of vulnerable community members and improve communication while maintaining their privacy.
2. Implement a concise procedure for evacuation and accountability of vulnerable populations:
 - a. Nursing homes
 - b. Special needs population
 - c. Assisted living communities
 - d. Residents' associations
 - e. Schools
 - f. Daycare centers
 - g. At-risk populations
 - h. Indigent community members
 - i. Service animals
 - j. Latch-key children
 - k. Correctional facilities

Ocean County Planning for Public Health Emergencies

The Ocean County Health Department has incorporated various plans in preparation for Public Health Emergencies. Each plan is specific and is designed to coordinate and collaborate with other County, State, and Federal agencies.

Public Health Annex:

The Public Health Annex is a specific all-hazards plan that is updated periodically by the Ocean County Health Department. The plan was recently updated and resubmitted to the Ocean County Office of Emergency Management (OEM) in 2007.

First Responder Plan:

A database of Ocean County's first responders who will be of assistance in the event of a public health emergency. All first responders assisting in such an event and their household family members would need to receive the vaccination/medication.

Pandemic Flu Plan:

The Ocean County Health Department, in cooperation with many state and local organizations and partners, have developed this Pandemic Influenza Emergency Response Plan which provides strategies to reduce pandemic influenza-related morbidity, mortality, and social disruption in the county.

SARS Preparedness and Response Plan:

To ensure that Ocean County is prepared to implement an effective response before and during an outbreak if SARS occurs, and additionally to help minimize morbidity and mortality.

Smallpox Vaccination Plan:

The purpose of this document is to clearly define and describe how Ocean County will prepare for and respond to a potential smallpox threat.

Strategic National Stockpile (SNS) Plan:

The initiative assists states and communities in responding to public health emergencies, including those resulting from terrorist attacks and natural disasters. The program ensures the availability of medicines, antidotes, medical supplies, and medical equipment to counter the effects of biological pathogens and chemical and nerve agents.

Bioterrorism Advisory Committee (BTAC):

This Committee provides advice and counsel to the Ocean County LINCS region to build the critical capacities necessary to reach the desired state of readiness to prepare for, and respond to acts of terrorism and other public health emergencies; and:

- Strengthen the capacity of Ocean County to respond to a Pandemic Outbreak.
- Assure adequate education and training of all stakeholders as it relates to bioterrorism.
- Enhance Ocean County's response coordination efforts.
- Identify and assess current emergency response plans for the inclusion of bioterrorism.

Ocean County Medical Reserve Corps (MRC):

The MRC is a program designed to help identify and train individuals who are willing to serve within Ocean County in the event of a public health emergency. Healthcare professionals and community volunteers will be utilized as part of the emergency management system.

Resources

Access to Care

CHEMED Health

Phone: (732) 364-3559

www.chemedhealth.org

Ocean County Health Department

(732) 341-9700 or 1-800-342-9738

www.ochd.org

Ocean Health Initiatives

Lakewood: (732)-363-6655 Toms River: (732)-552-0377

<http://www.ohinj.org/>

Mental Health

Acute Mental Health Care

Psychiatric Emergency Screening Services (Kimball Medical Center)

(732) 363-1900 http://www.saintbarnabas.com/hospitals/kimball_medical/index.html

St. Barnabas Behavioral Health Services

1-800-300-0628 <http://www.saintbarnabas.com/hospitals/psychiatric/index.html>

Community Mental Health Centers

Ocean Mental Health Services, Inc.

(732)-349-5550 <http://www.oceanmentalhealth.org/>

Preferred Behavioral Health

(732)-367-4700 <http://www.preferredbehavioral.org/>

Disaster Mental Health

Ocean County ERC

(732)-506-5374

Community Resources

Ocean County Mental Health Board

(732)-506-5374 <http://www.co.ocean.nj.us/ocdhs/mhb/index.html>

Ocean County Department of Human Services

(732)-506-5374 <http://www.co.ocean.nj.us/ocdhs/index.html>

Substance Abuse

Alcoholism and Drug Abuse Council of Ocean, Inc. (ADACO)

(732) 367-5515 www.adaco.org

Ocean County Health Department Drug and Alcohol Unit

(732)-341-9700 or 1-800-342-9738

www.ochd.org

General Health

Ocean County Department of Senior Services

(732) 929-2091 <http://www.co.ocean.nj.us/SeniorServicesMainPage.aspx>

Ocean County Department of Parks and Recreation

(732) 506-9090 <http://www.ocean.nj.us/Parks/infopage.htm>

Ocean County Health Department

(732)-341-9700 or 1-800-342-9738 www.ochd.org

Resource & Asset Management

Ocean County Board of Social Services

Phone: (732) 349-1500 TDD: (732) 244-3812

www.co.ocean.nj.us/SocialServices

Ocean County Health Department

Phone: (732) 341-9700 or 1-800-342-9738

www.ochd.org

Ocean County Office of Human Services

Phone: (732) 506-5374 or 1-800-544-7184

www.co.ocean.nj.us/ocdhs/index.html

Ocean County Office of Senior Services

1-(800)-668-4899 (732) 929-2091 www.co.ocean.nj.us/SeniorServicesMainPage.aspx

Veterans Service Bureau

Phone: (732) 929-2096 www.co.ocean.nj.us/VeteransBureauMainForm.aspx

Emergency Preparedness

Ocean County Office of Emergency Management (OEM)

(732) 341-3451 <http://www.co.ocean.nj.us/sheriff/emergencies.htm>

Department of Homeland Security

www.ready.gov

FEMA

www.fema.gov

New Jersey Office of Emergency Management

<http://ready.nj.gov/>

Addendum

Ocean County MAPP Subcommittee Initiatives to date

Access to Healthcare Subcommittee

Goal: Educate residents on the proper use of the emergency room.

Objective: Implement the "What to do when you child gets sick program." "What To Do When Your Child Gets Sick," the most popular book in the "What To Do For Health" series, covers the management of more than 50 common childhood illnesses, injuries, and health problems. It is written in easy-to-read language for parents and caregivers of children from birth to 8 years of age. The program will be coordinated with the Women, Infants, and Children (WIC) program, Regional Perinatal Consortium of Monmouth and Ocean County (RPCMOC), & Ocean Health Initiatives (OHI), to educate clients on ways to care for their children at home first instead of going to the ER for basic care.

Programs have been held at the two county WIC locations, as well as the two county OHI facilities. Facilitators have come from the Ocean County Health Department, RPCMOC, and OHI. All programs are offered in both English and Spanish. Participants are given a pre-test before the program, and post-test after the program. Participants will then be mailed a survey one-year after their participation in the program to see if decisions on caring for their children were influenced by the program and utilization of the book.

Emergency Preparedness Subcommittee

Goal #1: Improve coordination of resources to better respond to mass casualty emergency events.

Objective #1: Survey senior facilities within Ocean County to help assess their current resources. First responder agencies could then utilize that survey to determine what resources will be required during an emergency. The survey was developed by Manchester OEM Coordinator. Sample provided to Administrator of a local continual care retirement community to review and provide feedback. Final copy reviewed by subcommittee and submitted to County OEM.

Goal #2: Educate the public regarding County Public Health Preparedness, emergency plans and resources.

Objective #2: For National Preparedness Month, September 2009, collaborate with the Ocean County OEM, Ocean County Health Department, and selected municipal OEM coordinators to organize an education campaign for the residents of Ocean County. The campaign focused on the distribution of material at frequently traveled locations, such as supermarkets, Ocean County Library Branches, college campuses and the Ocean County Mall. Volunteers from the Community Emergency Response Teams (CERT), and Ocean County Medical Reserve Corps (OCMRC) were utilized to assist in carrying out this initiative. Volunteers distributed information related to emergency and public health preparedness within Ocean County.

Substance Abuse Subcommittee

Goal: Decrease the use and abuse of tobacco, alcohol and drug use in Ocean County through education, prevention and intervention.

Objective: Provide Substance Abuse Prevention Education for seniors, who are a rising demographic of substance abusers within Ocean County. The committee has developed a pilot

project to create and then disseminate educational material to seniors regarding substance abuse. The subcommittee has developed a brochure that includes information on mixing substances and prescription drugs. A self assessment is also included in the brochure. The pilot project will include involvement from two CVS pharmacies, one is located in Toms River and the other in Brick. Brochures will be inserted into prescription bags to ensure anonymity. Contact information for the Ocean County Health Department Alcohol & Drug (D&A) Unit is included in the brochure for individuals to call should they have questions or concerns after completing the self assessment.

General Health Subcommittee

Goal: To educate the community to prioritize health through lifestyle choices that lead to a healthier community.

Objective: Implement the Stanford Chronic Disease Self Management program. The program is an evidence-based curriculum for people with chronic disease that helps individuals understand problems caused by their condition and helps better manage disease, solve problems, relax, assist in managing depression, attain better communication skills, and assist in managing depression. In early 2008, the Stanford Chronic Disease Program (CDSM) was launched in Ocean County. To date, CDSM programs continue throughout Ocean County. Ocean County Health Department's Leslie Terjesen won the 2008 Best Practices award for the CDSM program from the NJ Society on Aging.

Mental Health Subcommittee/Professional Advisory Committee

Goal: Enhance the continuum of quality mental health services available to all residents of Ocean County.

Objective: The Ocean County Professional Advisory Committee (PAC) of the County Mental Health Board is established and regulated by the State of New Jersey (NJAC 10:37) to serve as the primary community mental health planning body for Ocean County. The PAC provides an opportunity for local community mental health providers, professionals, consumers and other service delivery/planning partners to participate in activities targeted at enhancing the mental health system of care in Ocean County. The PAC has been operational in Ocean County for over 15 years, and to minimize duplication, agreed to serve as and carry out the function of the MAPP Mental Health Subcommittee.

Ocean County's PAC engages the community in a planning process every three (3) years to facilitate input regarding current mental health service needs, trends and issues affecting the community. In 2008 the PAC began a planning update process, which was successfully completed in April of 2009.

All planning activities were designed to ensure that the recommendations uncovered through the MAPP, and subsequent CHIP, were targeted for consideration along with results from a County-Wide Community Mental Health Needs Assessment. Additional Federal, State and Local demographic, treatment and service delivery trends were examined throughout the process.

The Ocean County Mental Health Plan Update for 2009 was made possible by the hard work and dedication demonstrated by numerous community stakeholders and volunteer planning partners who took part in an intensive year-long progression of data analysis, prioritization and consensus building.

The Mental Health Plan Update was introduced to the community in May of 2009, and is available online through the Ocean County Department of Human Services Website <http://www.co.ocean.nj.us/ocdhs/mhb>.

Community Health
OCEAN COUNTY
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NEW JERSEY
Improvement Plan

Revised 2009



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