



# **SOMERSET COUNTY 2007 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)**

**“Public Health is defined as an organized effort by society to protect, promote and restore people’s health.”**

## **Somerset County Governmental Public Health Partnership (GPHP)**

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The Somerset County Department of Health and the North Plainfield Board of Health,  
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**Somerset County Community Public Health Partnership (CPHP) Members who  
have worked on and support this plan .**

Somerset Medical Center  
Women's Health and Counseling Center  
Somerset County Business Partnership  
American Cancer Society  
Mayors Wellness Campaign  
Saint Peters University Hospital  
New Jersey Beijing Girls Student Association  
Somerset County School Nurse Association  
Somerset County Department of Human Services  
Somerset County Office on Aging

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## **The Somerset County GPHP/CPHP Vision Statement -**

*“Somerset County strives to support a community of optimal physical, mental, spiritual, and social well being which allows the individual to pursue the most fulfilling life possible.”*

### **Summary**

The Somerset County Community Health Improvement Plan (CHIP) is the first step toward improving the health of the citizens of our county; a road map to a healthier community. The intent of this document is to concisely present the public health issues of concern supported by the recently completed countywide 2006 Behavioral Risk Factor Surveillance (BRFS) Survey. The CHIP is written in a fashion to provide a practical framework for future activities that could be designed, implemented, and evaluated for specific target issues. The Somerset County CHIP will remain a *dynamic document* that can be tailored and expanded to address future public health needs as identified by the county’s adult residents and public and private health care providers.

A brief history of the Local Information Network and Communications (LINCS) System and the CHIP is required in order to understand how the CHIP came into being. In 1997, the New Jersey Department of Health and Senior Services in cooperation with the States local health departments established the LINCS System with grant funding from the federal government. Using the Internet, LINCS acts as an electronic information system that supports reporting, analysis and dissemination of public health information among governmental and private sector groups. Included in the LINCS plan was funding for additional County public health personnel and other activities, which were to be utilized to build up the public health infrastructure. One of the goals of the LINCS Team and local health departments was to complete a Community Health Improvement Plan.

In order to accomplish this the New Jersey Department of Health and Senior Services and the Local Health Departments worked together to form two groups to be utilized as strategic planning forums. These two groups are composed of public health professionals, community organizations, civic groups and County residents. The Somerset County Governmental Public Health Partnership (GPHP) composed of the local health officers and the Community Public Health Partnership (CPHP), made up of citizen and private sector organizations concerned with public health issues, formed a committee to devise a Community Health Improvement Plan (CHIP) as required by State regulations

under the revised Public Health Practice Standards for Local Boards of Health in New Jersey. These two groups had been working together since 2004 to formulate the following Community Health Improvement Plan (CHIP) for the residents of Somerset County. This enterprise began in the summer of 2004, utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) Process. The MAPP process is a Centers for Disease Control strategic planning tool. This exercise involved, at different times, as many as 50 community members representing a wide variety of public and private sector organizations that are concerned with public health issues in Somerset County.

The community health assessment data was both quantitative and qualitative. Input was gathered from residents through a Behavioral Risk Factor Surveillance (BRFS) Survey of 2000 adult County residents and two years of meetings of the governmental and community strategic planning groups the (GPHP and the CPHP). Other assessments included gathering data on the operations of the local public health system and a review of the forces of change that might have a major impact on the health of Somerset County residents as well as a community themes and strengths assessment.

The CHIP Committee reviewed and discussed the data and identified these four areas as our top Somerset County health priorities.

- A. Access to health care
- B. Healthy Lifestyle
- C. Alcohol, Tobacco and other Drugs
- D. Environmental Health

The future of public health practice is at a crossroads. To achieve improvement in the public's health and afford it protection against natural and man made health threats, the public health system requires a robust sustainable planning, preparedness and response infrastructure. However, this complex system is constantly challenged by a limited amount of money and resources available to fully accomplish our goals and missions.

This Community Health Improvement Plan (CHIP) is the end product of the first phase of our goal of protecting and improving the health of all our people. If all public health partners pull together to implement this CHIP the result will be an improvement in the quality of life for all. The goals and objectives relating to these issues and the suggested strategies, obstacles and community resources comprise the Community Health Improvement Plan.

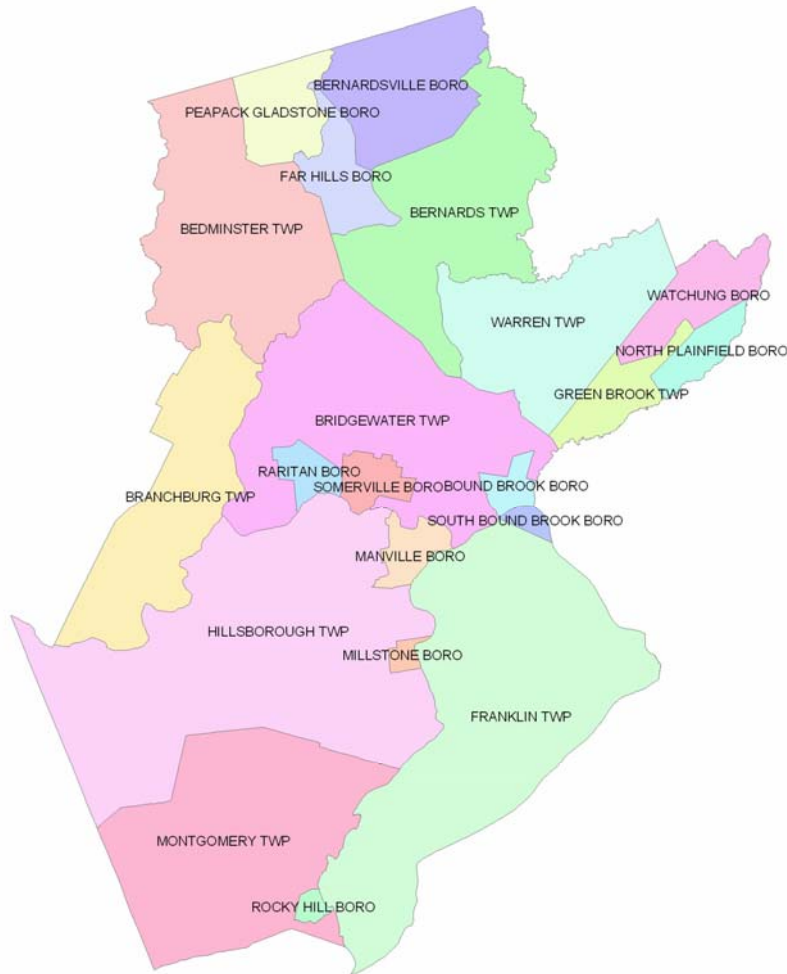
*John A.Horensky, MS  
M.P.H*

*County Health Officer*

*Steven T. Krajewski,*

*President, Somerset County  
Health Officers Association*

## Section 1 – Map of Somerset County



### 1. County Demographic Profile

Somerset County consists of 305 square miles, which is located in the fourth-wealthiest metropolitan area in the United States.

Somerset County is a very desirable and economically prosperous balance between urban and suburban neighborhoods and rural countryside

The County is comprised of 21 municipalities with an estimated population of 319,900 in 2005.

In 2000 there were 14,086 individuals living in poverty in Somerset County, which translates into a 3.85 poverty rate for Somerset County. Of those individuals 4,119 were children living in poverty under 18 years old or (4.2%). Another 1,120 or (4.1%) of the children in poverty were under 5 years old.

## Somerset County QuickFacts

### People QuickFacts Somerset County New Jersey

Population, 2005 estimate 319,900  
Population, percent change, April 1, 2000 to July 1, 2005 7.5%  
Persons under 5 years old, percent, 2005 7.0%  
Persons under 18 years old, percent, 2005 26.0%  
Persons 65 years old and over, percent, 2005 11.2%  
Female persons, percent, 2005 50.9%  
White persons, percent, 2005 78.3% (a)  
Black or African American persons, percent, 2005 8.8% (a)  
American Indian and Alaska Native persons, percent, 2005 0.2% (a)  
Asian persons, percent, 2005 11.7% (a)  
Native Hawaiian and Other Pacific Islander, percent, 2005 0.0% (a)  
Persons reporting two or more races, percent, 2005 1.1% (b)  
White persons, not of Hispanic/Latino origin, percent, 2005 68.0%  
Persons of Hispanic or Latino origin, percent, 2005 11.1% (b)  
Persons below poverty, percent, 2003 4.7%, vs. New Jersey – 8.9%

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

Source: US Census Bureau State & County QuickFacts



## **Section 2. MAPP Assessment Results**

The GPHP and the CPHP worked on four assessments undertaken as a part of the Mobilizing for Action through Planning and Partnerships (MAPP) Process. The MAPP Process is an overarching approach to improving community health. This tool assists communities to improve their health and their quality of life through community driven planning. These assessments can be accessed by going online to the Somerset County Department of Health website <http://www.co.somerset.nj.us/health>.

The four MAPP Somerset County surveys are:

A. Local Public Health System Assessment – This Survey is a comprehensive assessment by the local public health agencies to determine the capabilities, competencies and activities of the local public health network. This assessment gives the CHIP committee insight into how well the ten essential public health services are being delivered in Somerset County.

B. Forces of Change Assessment – Focuses on identifying actors and factors that the CHIP Committee should be aware of that will bring about changes in Somerset County that will impact the health of our residents.

C. Community Health Status Assessment – The Somerset County 2006 Behavioral Risk Factor Surveillance (BRFS) Survey was conducted to gain insight into the health behaviors of Somerset County residents. For further details see Section 4.

D. Community Themes and Strengths Assessment – This Survey gauged the public health priorities of County residents. This enables the CHIP Committee to have a greater understanding of what is important to the community.

## **Section 3. Holleran Consulting Behavioral Risk Factor Surveillance (BRFS) SURVEY Background and Executive Summary.**

The Somerset County Health Officers Association, located in Somerset County, New Jersey, requested that Holleran Consulting conduct a Behavioral Risk Factor Surveillance (BRFS) Survey study among its adult community using the CDC BRFS Survey tool. The BRFS Survey is a national initiative, headed by the Centers for Disease Control and Prevention (CDC) that assesses the health status and risk factors among U.S. citizens.



The Somerset County Health Officers Association, in coordination with representatives from Holleran, personalized the BRFSS Survey tool to assess the needs of Somerset County.

A sampling strategy was developed by Holleran and approved by the Somerset County Health Officers Association. The sampling strategy identified the number of completed surveys needed within each zip code across the county. The final sample (2,019) yields an overall error rate of +/-2.2% at a 95% confidence level. Data collection took place between May 15 and August 4, 2006.

### **Research Objectives**

The research objectives of the assessment were as follows:

1. To gather statistically valid information on the health status of adult Somerset County residents.
2. To accurately represent all populations within Somerset County.
3. To develop accurate comparisons to the state and national baseline of health and quality of life measures to provide trending information for the future.
4. To interpret the meaning of the data collected so that health related issues are accurately identified for Somerset County residents.

### **BRFSS Survey Summary of Findings**

Areas of strength and opportunity are identified below. It is important to note that a number of questions on the Somerset County survey did not have comparisons to New Jersey and/or national data. For example this is the only New Jersey BRFSS Survey to include emergency preparedness questions as a part of a County Survey. Additionally, some areas can be debated as either a strength or opportunity; those areas may not be listed below, as they do not clearly appear to be a strength or opportunity.

### Areas of Strength

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

- ✓ **General health:** The proportion of residents in Somerset County reporting “excellent” general health is above the proportions throughout New Jersey and nationally.
- ✓ **Mental health & physical health in previous 30 days:** When asked about the number of days where their mental health and/or physical health was not good, more Somerset County residents reported “no days” compared to throughout New Jersey and the nation.
- ✓ **Exercise in previous month:** While they are more likely to be overweight than New Jersey residents, Somerset County residents are more likely than residents throughout New Jersey and the national to have exercised in the previous month. The proportion of obese residents, however, is not significantly different from the state and national figures. This pattern also pertains to the amount of time spent doing moderate and vigorous physical activities in a typical week.

### Areas of Opportunity

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

- ✓ **Body Mass Index:** Somerset County residents are more likely than residents throughout New Jersey to be overweight, according to their Body Mass Index statistics. Somerset County residents, however, are not statistically different from the national figures of overweight residents.
- ✓ **Quitting smoking:** Compared to the New Jersey statistics, Somerset County smokers are less likely to have quit in the previous year. Somerset County does not statistically differ from the national statistics in this regard.
- ✓ **Advice to quit smoking:** Fewer Somerset County smokers have been advised to quit smoking by a health professional in the previous year compared to smokers throughout the state and nation.
- ✓ **Alcohol use:** More Somerset County residents consumed alcohol in the previous month compared to residents nationally. However, among those that did consume

alcohol, the number of drinks in Somerset County is lower than the state and national proportions.

- ✓ **Digital rectal exam:** Males 40 and over within Somerset County are less likely than their male counterparts throughout the nation to have had a digital rectal exam. However, among those who have had a digital rectal exam, they are most likely to have had the exam within the past year.
- ✓ **High blood pressure:** Somerset County residents are more likely to have high blood pressure compared to the rest of New Jersey and the nation as a whole.

## Somerset County 2006 BRFSS Summary Highlights by Region.

The GPHP decided to break Somerset County down into three regions by town and analyze the Behavioral Risk Factor Surveillance Survey results without an income level for the respondents. The strengths and opportunities for the three regions are:

The Northern Region: Warren, Bedminster, Bernards, Watchung, Basking Ridge, Bernardsville, Far Hills, Peapack, Gladstone, and Pluckemin.

### Northern Region Strengths

- Highest proportion reporting excellent health
- Highest rate of health coverage
- Highest rates of alternative medicine use
- Highest reporting of no days of “not good” physical health
- Lowest rate of being unable to see a doctor due to cost
- Lowest rates of smoking, diabetes and prostate cancer
- Highest rates of dental visits and teeth cleaning
- Highest rates of mammograms, colonoscopies, and PSA tests
- Highest rate of water testing
- Lowest rate of obesity
- Highest rate of college graduates
- Highest rate of income always meeting living expenses

### Northern Region Opportunities

- Lowest rate of participation in classes on managing diabetes
- Lowest rate of an evacuation plan
- Lowest rate of a communication plan in the event of a disaster
- Highest rate of Angina or coronary heart disease

- Highest rate of high blood pressure
- Highest rate of high cholesterol
- Lowest rate of HIV testing
- Lowest rate of digital rectal exams
- Highest rate of individuals ever experiencing a threatening relationship

The Central Region: North Plainfield, Boundbrook, Bridgewater, Green Brook, Manville, Martinsville, Raritan, Somerville, South Bound Brook, FINDERNE.

#### Central Region Strengths

- Highest rate of those trying to quit smoking
- Highest rate of no alcoholic drinks in the past 30
- Highest rate of HIV testing
- Lowest rate of HIV risk behaviors
- Highest rate of those who have taken a course in managing their diabetes

#### Central Region Opportunities

- Lowest rate of individuals seeing a doctor for their diabetes in the past 12 months
- Lowest rate of individuals having hemoglobin “A one C” checked
- Highest rate of individuals unable to take diabetes medications
- Highest rate of being unemployed for 1 year or more
- Highest rate of never having well water tested
- Lowest rate of individuals having blood cholesterol checked
- Highest rate of income not meeting expenses
- Lowest rate of feeling safe in home or neighborhood
- Lowest rate of having a mammogram
- Highest rate of overweight or obese individuals
- Highest rate of cost preventing a doctor visit, dental visit or prescription
- Lowest rate of health coverage
- Lowest rate of non-smoking
- Lowest rate of individuals receiving a flu shot
- Highest rate of poor general health
- Highest rate of physical and mental health “not good” for 15-31 days

The Southern Region: Branchburg, Belle Mead, Montgomery, Rocky Hill, Skillman, Flagtown, Franklin Park, Hillsborough, Millstone, Neshanic, Somerset, Franklin, Middlebush, Zarephath.

#### Southern Region Strengths

- Highest proportion reporting no days depressed in past 30 days

- Highest reporting no days “not good” mental health
- Lowest rate of those being unable to see a doctor due to transportation
- Lowest rate of those unable to get a prescription due to cost
- Highest rate of those who check their blood sugar daily

### Southern Region Opportunities

- Highest rate of diabetes
- Highest rate of stroke
- Lowest rate of PSA testing
- Highest rate of prostate cancer



## Section 4. CHIP Priority Areas

### ACCESS TASK FORCE RECOMMENDATIONS

Governmental health policies have historically tried to solve or prevent perceived deficiencies in health care delivery. Most of these policy decisions have focused on access to care, cost of care and quality of care. Legislation has been specific in addressing all three of these aspects of health care. Most Americans believe they have the right to have access to the highest quality of care at the least expensive cost.

Healthy People 2010, a national comprehensive health promotion and disease prevention agenda of the Department of Health and Human Services, was enacted to help reduce these health disparities between socio-economic populations. Most health disparities are a result of non-medical factors. These factors include education, income, culture, language barriers, residency and insurance.

Access to preventive health care should be available to all residents. There are presently 46 million people in the United States, including children, without health insurance. This breaks down to approximately 1.2 million people in New Jersey. A further breakdown shows there are approximately 45,000 uninsured people in Somerset County. Many of the uninsured and underinsured delay getting medical care until their health problem becomes very serious. Eventually they end up going to the hospital emergency room for health care. This is a very expensive way for health care to be delivered. The final cost ends up being borne by society through charity care or other forms of public assistance. The Somerset County BRFS Survey indicates that Somerset County residents are better off than most of New Jersey residents when it comes to access to care, however there still remains a large underserved population whose needs should be addressed other than in the emergency room. Examples of the underserved population are recent immigrants, the working poor and their children. The CHIP committee focused on improving outreach and education to increase the awareness and use of the currently available programs by our underserved populations.

#### **Goal –**

Increase Access to Health Care for Somerset County's uninsured, underinsured and underserved population.

**1. Objective** - Decrease the number of uninsured patients who are treated in the Somerset Medical Center Emergency Room.

**Recommended Intervention Strategy** - Create and promote a media campaign to reach out to the underserved and underinsured population of Somerset County that highlights the free and low cost services available county-wide.

**Recommended Intervention Strategy** - Promote enrollment in existing programs such as FAMILYCARE et al.

**Recommended Intervention Strategy** - Distribute FAMILYCARE enrollment information and vaccination information with all copies of birth certificates issued in the County.

**Recommended Intervention Strategy** - Increase awareness of free or reduced cost prescription drug programs through public health announcements.

**Recommended Intervention Strategy** - Develop a pilot “Ride to the Doctor Program”, possibly in the southern tier of the County, to encourage non-emergency preventive care visits for the medically underserved.

**Recommended Intervention Strategy** - Promote and increase the number of mobile health and wellness visits providing health services, utilizing the Visiting Nurse Associations and the Saint Peters University Hospital Community Mobile Health Services in locations with underserved populations.

*Measurable* – A reduction in the number of uninsured patients being treated in the Somerset Medical Center emergency Room.

**2. Objective** - Refer all uninsured patients being treated at Somerset Medical Center to follow up care at cooperating centers for future care.

**Recommended Intervention Strategy** - Increase awareness of free or reduced cost prescription drug programs through public health announcements.

**Recommended Intervention Strategy** - Promote and increase the number of mobile health and wellness visits providing health services utilizing the Visiting Nurse Associations and the Saint Peters University Hospital Community Mobile Health Services in locations with underserved populations.

**Recommended Intervention Strategy** - Identify and promote awareness of low cost health care providers among health care professionals in Somerset County.

*Measurable* – Follow up with uninsured emergency room patients to determine the percentage that accessed the referred programs and the barriers they encountered.

**3. Objective** - Increase the number of women referred to the Women's Health and Counseling Center.

**Recommended Intervention Strategy** – Utilize the Community Public Health Partnership (CPHP) members and particularly faith based groups and community organizations, as facilitators to reach out to the underserved population and community partners to increase awareness of available services.

**Recommended Intervention Strategy** – Promote and increase the number of mobile health and wellness visits providing health services in locations with underserved populations.

**Recommended Intervention Strategy** - Increase awareness of free or reduced cost prescription drug programs through public health announcements.

**Recommended Intervention Strategy** - Create and promote a media campaign to reach out to the underserved and underinsured population of Somerset County that highlights the free and low cost services available county-wide.

**Recommended Intervention Strategy** – Identify and promote awareness of the Women's Health and Counseling Center among health care professionals in Somerset County.

*Measurable* – An increase in the number of new patients seen by the Women's Health and Counseling Center.

**4. Objective** - Create a website on the County Health Department web page to act as a clearing house for providers and public health officials to increase awareness of public health resources and programs along with contact information for referrals in addition to links to all local health department websites.

**Recommended Intervention Strategy** - Increase awareness of free or reduced cost prescription drug programs through public health announcements.

*Measurable* – Successfully starting up and maintaining a County web portal for this information, including links to community partners such as the Visiting Nurse Associations and the Women's Health and Counseling Center and monitoring the activity on the site.

**5. Objective** - Increase awareness of the Community's social responsibility regarding the issues of the uninsured and underinsured through regular advocacy on their behalf through various intervention strategies outlined above.



**Recommended Intervention Strategy** - Distribute FAMILYCARE enrollment information and vaccination information with all copies of birth certificates issued in the County.

**Recommended Intervention Strategy** - Hold regular trainings with community partners to improve the delivery of culturally competent health care services.

**Recommended Intervention Strategy** - Identify and promote awareness of low cost health care providers among health care professionals in Somerset County.

**Recommended Intervention Strategy** - Encourage an increased role for public health agencies in the municipal and county planning process.

*Measurable* – Mail a questionnaire to all community partners and agencies annually for the purpose of assessing their awareness and the effectiveness of the advocacy effort.

### **HEALTHY LIFESTYLE TASK FORCE RECOMENDATIONS**

The recent 2006 Somerset County Behavioral Risk Factor Surveillance (BRFS) Survey revealed that County residents are more likely to be overweight and obese than the residents of the rest of the State. This problem mirrors the national trend of increasingly overweight and obese children and adults. According to the National Center for Health Statistics, nearly 20% of children between the ages of 6 and 19 are overweight or obese. This health issue in turn increases the risk of many chronic illnesses such as heart disease, cancer, high blood pressure, diabetes and stroke. According to the New Jersey Department of Health and Senior Services mortality data heart disease, cancer and stroke were the top three leading causes of death in Somerset County. The Somerset County Community Health Improvement Plan focused its efforts on improving current ongoing health education activities in the areas of improved nutritional education and increased public awareness advocating the benefits of a more active healthy lifestyle. Limited funding at all levels has focused our efforts on increased cooperation among public agencies such as the Somerset County Office on Aging and community partners like the Visiting Nurse Associations to improve our health promotion and information campaign.

**Goal –**

Increase awareness and knowledge of the benefits of good nutrition and physical activity through a public awareness campaign utilizing all forms of local media to reduce the prevalence of obesity, diabetes, stroke, high blood pressure, cancer and heart disease.

**1. Objective** - Create and maintain a website to act as a cyber clearing house to increase both the public and the public health work forces awareness of the services, resources and activities that exist in Somerset County.

**Recommended Intervention Strategy** - Expand upon joint efforts between community partners such as the Somerset County United Way, faith based groups et al and public sector organizations for joint health education and promotion activities at community events.

**Recommended Intervention Strategy** - Public health partners should increase their communication efforts and work more cooperatively to enhance existing educational programs dealing with nutrition and physical activity.

**Recommended Intervention Strategy** - Expand upon joint efforts between private and public sector groups for joint health education and promotion activities.

*Measurable – Successfully starting up and maintaining a County web portal for this information and monitoring the activity on the site.*

**2. Objective** - Encourage and cooperate with other municipalities in responding to the Mayor's wellness Campaign to establish a baseline of data regarding current physical education programs and resources for future public health activities.

**Recommended Intervention Strategy** - Advocate for changes that encourage healthy lifestyles during the municipal and county land use process process.

**Recommended Intervention Strategy** - Utilize the Woman's Health and Counseling Center, the Somerset Medical Center and the Saint Peters University Hospital Community Mobile Health Services as focal points in communicating the benefits of good nutrition and physical activity to the underserved population.

**Recommended Intervention Strategy** - Public health partners should increase their communication efforts and work more cooperatively to enhance existing educational programs dealing with nutrition and physical activity.

*Measurable* – Regularly promote and disseminate the Mayors Wellness Campaign resource database to encourage greater physical activity and a healthier lifestyle among County residents.

**3. Objective** - Incorporate a clear message advocating for the increased consumption of fruits and vegetables into every local health education campaign.

**Recommended Intervention Strategy** - Educate consumers, emphasizing underserved populations, seniors and children about the benefit of good nutrition and healthy lifestyle choices through intensive health education in schools and community events and senior centers.

**Recommended Intervention Strategy** - Public health partners should increase their communication efforts and work more cooperatively to enhance existing educational programs dealing with nutrition and physical activity.

**Recommended Intervention Strategy** - Utilize the Woman’s Health and Counseling Center, the Somerset Medical Center, the Visiting Nurse Associations, the Somerset County School Nurse Association and the Saint Peters University Hospital Community Mobile Health Services as focal points in communicating the benefits of good nutrition and physical activity to the underserved population.

*Measurable* – Increased promotion and dissemination of this message through every municipality and utilizing all available media outlets.

**4. Objective** - Identify the current gaps in the public health system by utilizing Focus Groups to determine the best strategy to reach all the communities of Somerset County especially the underserved populations.

**Recommended Intervention Strategy** – Focus groups will determine healthy lifestyle media messages, with emphasis on our minority communities, referring to major health issues such as diabetes, heart disease, stroke, cancer and obesity.

**Recommended Intervention Strategy** - Public health partners should increase their communication efforts and work more cooperatively to enhance existing educational programs dealing with nutrition and physical activity.

*Measurable – The activation of multiple focus groups throughout Somerset County and the dissemination of the results of these meetings to all local public health agencies.*

## **ALCOHOL TOBACCO AND OTHER DRUGS TASK FORCE** **RECOMENDATIONS**

It is a well-established fact that substance abuse and its related problems are among society's most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related adverse outcome deaths account for at least another 12,000 deaths. In 1995, the economic cost of alcohol and drug abuse was \$276 billion. This represents more than \$1,000 for every man, woman, and child in the United States to cover the costs of health care, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse. Tobacco use adversely affects the smokers themselves, and also non-smokers due to the deleterious effects of secondhand smoke exposure. It has been revealed that 72 conditions requiring hospitalization are wholly or partially attributable to substance abuse.

According to the 2006 BRFSS Survey, more Somerset County residents consumed alcohol compared to residents nationally. Additionally, 3% of county residents who drink reported binge drinking (consuming 5 or more drinks at a time) in the past 30 days.

With regards to smoking, 10.7% of Somerset County residents reported cigarette smoking. A conclusive comparison of this finding could not be made with the state and national data due to a mismatch in the question. However, compared to the New Jersey statistics, Somerset County smokers are less likely to have quit in the previous year. In addition fewer Somerset County residents have been advised to quit smoking by a health professional in the previous year compared to smokers throughout New Jersey and the nation.

This CHIP hopes to promote cooperative efforts to support interventions appropriate to the population to be served, based on adaptations of current proven programs for diverse racial and ethnic populations in the areas where it is most needed.

### **Goal –**

Reduce substance abuse by County residents by promoting a healthier lifestyle among all age groups.

**1. Objective** - Create and maintain a website to act as a clearinghouse or Cyber Health Fair for all Local Health Departments health promotion activities.

*Measurable* – The inception and maintenance of this type of website on the Somerset County Health Department website.

**2. Objective** - Increase the Countywide enforcement efforts to reduce the access to tobacco products by youths.

**Recommended Intervention Strategy** – Organize town, school and other meetings and or cooperate with ongoing public health education programs, such as the Municipal Alliances, to increase awareness about the issue of drug and tobacco abuse and underage drinking.

**Recommended Intervention Strategy** - Emphasize a crack down on the sale of tobacco products to minors.

**Recommended Intervention Strategy** - Promote and emphasize public health education programs that are culturally sensitive that emphasize the risks of alcohol, tobacco and drugs.

*Measurable* – Monitor the number of violation reports from each municipality.

**3. Objective** - Increase public health education efforts in order to reduce the number of County residents who are binge drinking.

**Recommended Intervention Strategy** – Organize town, school and other meetings and or cooperate with ongoing public health education programs, such as the Municipal Alliances and the County School Nurse Association to increase awareness about the issue of drug and tobacco abuse and underage drinking.

**Recommended Intervention Strategy** – Advocate for increased alcohol abuse interventions for the elderly.

**Recommended Intervention Strategy** – Promote and emphasize public health education programs that are culturally sensitive that highlight the risks of alcohol, tobacco and drugs

*Measurable* – The County Health Department and the municipal health departments will commit to holding a number of educational seminars each year concerning binge drinking.

**4. Objective** – Increase the awareness of the availability of smoking cessation programs through health education.

**Recommended Intervention Strategy** – Conduct a public health education program to promote smoking cessation programs among the private physicians in Somerset County.

**Recommended Intervention Strategy** – Organize town, school and other meetings and or cooperate with ongoing public health education programs, such as the Municipal Alliances and the Visiting Nurse Associations, to increase awareness about programs assisting with smoking cessation.

**Recommended Intervention Strategy** – Promote and emphasize public health education programs that are culturally sensitive that highlight the risks of alcohol, tobacco and drugs

*Measurable* – The County Health Department and the Municipal health departments will commit to an annual mass mailing to health care providers, detailing available smoking cessation programs. This will be followed up a health promotion campaign to be determined later.

**5. Objective** - The County Health Officer and the municipal health officers will advocate regularly for more activities and facilities to increase the availability for physical education and recreational activities for youths and adults referencing Healthy People 2010 for the County’s long-term public health goals.

**Recommended Intervention Strategy** – Advocate on all levels of government for increased funding for programs that promote a healthy lifestyle and offer increased opportunities for recreational activities.

**Recommended Intervention Strategy** – Promote and emphasize public health education programs that are culturally sensitive that highlight the risks of alcohol, tobacco and drugs

*Measurable* – A focused and sustained advocacy campaign by the local health officers in support of recreational facilities and programs on a countywide basis.



### **ENVIRONMENTAL HEALTH TASK FORCE RECOMMENDATIONS**

Public health and environmental quality are intrinsically linked; indeed, the history of public health success has been largely built upon the foundation of environmental health efforts. The well being of a community is dependant upon assuring a safe and healthy environment, free from exposure to contaminants and hazardous surroundings. Yet, according to the Pew Environmental Health Commission's 2000 report, there is a large gap in scientific knowledge regarding

correlations between environmental factors and chronic diseases. Asthma, birth defects, Alzheimer's, autism, endocrine and metabolic disorders, and a variety of cancers are not widely tracked to find correlations with environmental exposures. At the local level, over the last decade, public health priorities and available funding have shifted many agencies' focus toward bioterrorism and disaster preparedness efforts. Nonetheless, public environmental health issues remain at the forefront of day-to-day operations. Unfortunately, time and resources allocated to monitoring the environmental health status of the community, or planning for the optimal delivery of environmental health services, have been overshadowed by other mandates.

Additionally, a fragmentation of authority regarding environmental matters is common. Whereas a local health official may be held generally accountable for environmental health issues in his/her community, the responsibility and authority for action often lies among many agencies. For example, protection of the environment falls within the scope of state and federal departments of natural resources, land use planners, public works departments, etc. There is no common framework within the United States. While local environmental health services occasionally parallel state programs, many states, including New Jersey, utilize multiple agencies to manage environmental public health issues. The interaction between state health departments, their environmental protection counterparts, and local health agencies is complex to say the least. The local health official often takes on the role of community advocate and catalyst, to ensure that the appropriate agencies take necessary action. To meet the core functions of public health (assessment, policy development and assurance) in an environmental health framework, environmental health professionals must build collaborations with multiple entities to achieve their goals.

New Jersey's Office of Public Health Infrastructure recommends a minimum core environmental health capacity of 1 Registered Environmental Health Specialist (REHS) per 15,000 residents. It is important to note that this is a bare-bones population estimate that was developed in 1942. It is generally recognized that REHS responsibilities have evolved significantly since that time. A more comprehensive and quantitative analysis is available, which accounts for the actual time required to adequately and professionally serve a community's needs. This in-depth analysis obviously yields a higher REHS staffing requirement. Among Somerset County's 21 municipalities, there are presently 10 distinct public health agencies, with a combined total of 23 licensed REHS's. With a County population of approximately 320,000 individuals, this staffing level corresponds to 1 REHS professional per 15,000 residents. While currently meeting the bare minimum, with ever-increasing roles, responsibilities and training mandates, it remains critical for our environmental health infrastructure to pool its resources, identify service gaps, and capitalize on the unique strengths that each environmental health professional can offer, whether in terms of specialized knowledge, or the use and development of emerging technology, that can be beneficial to the environmental health workforce at large. The CHIP Environmental Health taskforce will establish routine networking opportunities and increase the collaborative efforts among all public environmental health professionals within Somerset County. These efforts will seek to identify the most efficient and effective use of limited time and resources within the community, and will ultimately



create and implement a plan of action that approaches environmental health issues from the community's viewpoint.

*\*Pew Environmental Health Commission 2000. America's Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network. Baltimore, MD: Johns Hopkins School of Hygiene and Public Health.*

**Goal –**

To refocus the Municipal and County Health Departments on core environmental issues by emphasizing cooperative planning, partnerships and educational activities.

1. **Objective** – Increase the percentage of County residents who receive information regarding well water testing.

**Recommended Intervention Strategy** - Advocate for and institute an Arsenic Testing Program on a countywide basis.

*Measurable* – An annual environmental health article in the County newsletter that is part of a public information campaign that coincides with the County hazardous waste disposal days.

2. **Objective** – Increase the number of cooperative activities among health departments dealing with environmental issues.

**Recommended Intervention Strategy** - Conduct a countywide alternative lawn maintenance and pesticide education plan for homeowners.

**Recommended Intervention Strategy** - Institute a working group known as the Somerset County Environmental Health Partnership (SCEHP) to act as a forum for discussing and cooperating on environmental issues.

**Recommended Intervention Strategy** - Institute an Indoor Air Quality Program, in cooperation with the DEP, to educate the public on radon and mold issues.

**Recommended Intervention Strategy** – Institute a Countywide septic management system.

*Measurable* – Regular quarterly meeting by municipal health departments devoted solely to environmental health issues.

**3. Objective** – Increase the number of opportunities to share expertise and training concerning environmental issues.

**Recommended Intervention Strategy** - Advocate for and institute an Arsenic Testing Program on a countywide basis.

**Recommended Intervention Strategy** - Conduct a countywide alternative lawn maintenance and pesticide education plan for homeowners.

**Recommended Intervention Strategy** - Advocate for increased funding and resources for public health agencies to address environmental issues.

**Recommended Intervention Strategy** - Institute a working group known as the Somerset County Environmental Health Partnership (SCEHP) to act as a forum for discussing and cooperating on environmental issues.

**Recommended Intervention Strategy** - Institute an Indoor Air Quality Program, in cooperation with the DEP, to educate the public on radon and mold issues.

**Recommended Intervention Strategy** – Institute a Countywide septic management system.

*Measurable* – Bi-annual trainings involving the County and municipal health departments regarding environmental health issues.

**4. Objective** – Re-energize public health efforts dealing with environmental issues.

**Recommended Intervention Strategy** – Encourage a dialog with municipal environmental commissions and other community partners to foster greater participation in the planning process.

**Recommended Intervention Strategy** – Explore options to increase cooperative efforts regarding the use of grease trap inspections through joint enforcement activities.

**Recommended Intervention Strategy** - Advocate for and institute an Arsenic Testing Program on a countywide basis.

**Recommended Intervention Strategy** - Conduct a countywide alternative lawn maintenance and pesticide education plan for homeowners.

**Recommended Intervention Strategy** - Institute a working group known as the Somerset County Environmental Health Partnership (SCEHP) to act as a forum for discussing and cooperating on environmental issues.

**Recommended Intervention Strategy** - Institute an Indoor Air Quality Program, in cooperation with the DEP, to educate the public on radon and mold issues.

**Recommended Intervention Strategy** – Institute a Countywide septic management system.

*Measurable* – The number of environmental health advocacy letters the Somerset County Health Officers Association writes concerning environmental issues and legislation effecting Somerset County.

**5. Objective** – Increase by 5% the number of County residents who have their well tested.

**Recommended Intervention Strategy** - Advocate for and institute an Arsenic Testing Program on a countywide basis.

*Measurable* – The activation of a municipal pilot program to test for volatile organic compounds.

**6. Objective** - Increase funding levels and resources for environmental issues.

**Recommended Intervention Strategy** - Conduct a countywide alternative lawn maintenance and pesticide education plan for homeowners.

**Recommended Intervention Strategy** - Institute a working group known as the Somerset County Environmental Health Partnership (SCEHP) to act as a forum for discussing and cooperating on environmental issues.

**Recommended Intervention Strategy** - Advocate for and institute an Arsenic Testing Program on a countywide basis.

**Recommended Intervention Strategy** - Advocate for increased funding and resources for public health agencies to address environmental issues.

*Measurable* – An increase in Municipal or County funding for environmental health issues that the Governmental Public Health Partnership (GPHP) has been advocating for.

**7. Objective-** Increase and standardize cooperative efforts between all local health departments.

**Recommended Intervention Strategy** - Conduct a countywide alternative lawn maintenance and pesticide education plan for homeowners.

**Recommended Intervention Strategy** - Advocate for and institute an Arsenic Testing Program on a countywide basis.

**Recommended Intervention Strategy** - Institute a working group known as the Somerset County Environmental Health Partnership (SCEHP) to act as a forum for discussing and cooperating on environmental issues.

**Recommended Intervention Strategy** - Institute an Indoor Air Quality Program, in cooperation with the DEP, to educate the public on radon and mold issues.

**Recommended Intervention Strategy** – Institute a Countywide septic management system.

**Recommended Intervention Strategy** – Investigate the expanded use of plumbers and Municipal Utility Authorities to carry out grease trap inspections through joint enforcement activities.

*Measurable* – An annual joint environmental health program conducted by the County and Municipal health departments.

**8. Objective** - Advocate for a reduction of environmentally unsound pesticide use in Somerset County municipalities.

**Recommended Intervention Strategy** - Conduct a countywide alternative lawn maintenance and pesticide education plan for homeowners.

*Measurable* – The implementation of a County program that utilizes the most environmentally friendly pesticides in Somerset County municipalities.

## **Section 5. Barriers**

During the CHIP discussions many barriers have been noted among the participants. Several of these barriers were applicable to each priority area, the chief among them being a lack of funding, health insurance and resources. In addition an increasingly diverse population will also encounter problems relating to language and cultural sensitivity and a lack of Internet access. The public health system will also have to operate in a more cooperative and robust fashion in order to get public health information out to the underinsured and underserved populations concerning available services and the organizations that provide them. Limited transportation options can also pose major obstacles to the underserved population. An enhanced public health cooperative effort to recognize and work to reduce potential barriers has been a major focus of all those involved in the CHIP as we move forward into the action phase of this plan.

## **Section 6. Next Steps**

The completion and presentation of the CHIP marks the beginning of the Action Phase of the plan. The GPHP and the CPHP will form a working group to diligently promote and accomplish the proposed recommendations and goals through meetings, health education, advocacy, focus groups and direct actions. This will also require a sustained discussion and effort in concert with all of our community partners to achieve the goal of improving public health in the priority areas of Somerset County by the year 2010.

For further information or to volunteer to join the Somerset County Community Public Health Partnership please send an email to the Partnership Coordinator Ben Strong at [Strong@co.somerset.nj.us](mailto:Strong@co.somerset.nj.us) or contact the Somerset County Department of Health at 908 – 231-7155.

## Section 7. Sources of Information

2000 United States Census State and County Quick Facts  
2006 Somerset County Behavioral Risk Factor Surveillance Survey  
Healthy People 2010 Centers for Disease Control and Prevention  
National Center for Health Statistics  
American Cancer Society Cancer Statistics for Somerset County  
Somerset County Department of Human Services Priorities Population Plan  
State Coverage Initiatives, an Initiative of the Robert Wood Johnson Foundation  
New Jersey Department of Health and Senior Services Mortality Data  
Pew Environmental Health Commission 2000



