



## HEALTHIER MIDDLESEX COMMUNITY HEALTH IMPROVEMENT PLAN

February 2020

Dear Community Member:

The 2019 Community Health Improvement Plan (CHIP) is one result of a longstanding collaboration between Saint Peter's University Hospital (SPUH), Robert Wood Johnson University Hospital (RWJUH), Healthier Middlesex and our various community partners. The work that has been accomplished in developing this Plan could not have been done without the leadership of Robert LaForgia, Coordinator of The Healthier Middlesex Consortium; Margaret Drozd, MSN, RN, APRN, Director of Community Health Services, Saint Peter's University Hospital; Mariam Merced, MA, Director of Community Health Promotion Programs, RWJUH; and Camilla Comer-Carruthers, MPH, Manager of Community Health Education at RWJUH. Our thanks also go to the more than 65 people representing numerous community organizations who came together to help us establish a way forward to positively impact the health of our communities.

This report is designed to serve as a strategic framework for building relationships with members of our diverse community to positively impact the health of our communities in a real and lasting manner. In addition to laying out a framework for a better future this document provides a rationale for how we arrived at our priorities and how the collaborations built through The Healthier Middlesex Consortium provide a unique opportunity to amplify and align the efforts of individual organizations and combine our resources and strengths as we work toward the common goals identified in this CHIP.

It is our hope that this document will serve as a catalyst for others to identify how they might implement strategies that help us to create powerful and lasting improvements to our community's health.

Sincerely,

Healthier Middlesex Consortium

## **ACKNOWLEDGEMENTS**

Healthier Middlesex would like to thank the following organizations and community partners for participating in the planning sessions that led to the identification of community health priorities and implementation plan outlined in this report.

### **HEALTHIER MIDDLESEX COMMITTEE MEMBERS**

#### **Healthier Middlesex Administrative Support:**

- Camilla Comer-Carruthers- Manager, Community Health Education, Robert Wood Johnson University Hospital, New Brunswick
- Margaret Drozd- Director of Community Health Services, Saint Peter’s University Hospital
- Robert LaForgia- Coordinator, Healthier Middlesex
- Mariam Merced- Director of Community Health Promotions Program, Robert Wood Johnson University Hospital, New Brunswick
- Choula Panchal- Administrative Assistant, Healthier Middlesex

#### **Healthier Middlesex Partner Organizations:**

- Robert Wood Johnson University Hospital, New Brunswick (RWJUH)
- Saint Peter’s University Hospital (SPUH)
- Hackensack Meridian Health System
- Middlesex County Office of Planning
- National Alliance on Mental Illness, NJ
- Mobile Family Success Center
- WellSpring Center for Prevention
- Middlesex County Office of Health Services
- New Brunswick Tomorrow
- Middlesex County Office of Aging and Disabled Services
- Middlesex County Food Organization and Outreach Distribution Services (MCFOODS)
- Saint Peter’s Healthcare System
- Robert Wood Johnson University Hospital, Somerset
- Rutgers Robert Wood Johnson Medical School
- Raritan Bay Area YMCA
- WellCare
- Rutgers University Cooperative Extension
- Puerto Rican Action Board
- Keep Middlesex Moving
- East Brunswick Public Library
- Somerset County Department of Health
- Raritan Valley YMCA
- New Americans Program of New Jersey
- Rutgers Cancer Institute of New Jersey (CINJ)
- Girls on the Run
- Office on Compulsive Gambling

- New Jersey Community Capitol
- Eric B. Chandler Health Center
- Rutgers University
- Sustainable Jersey
- Rutgers Institute for Health Care Policy and Research

**IMPLEMENTATION PLAN ADVISOR**

- New Solutions Inc. (Nancy Erickson)

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## **INTRODUCTION**

The Community Health Improvement Plan (CHIP) was developed by Healthier Middlesex, a collaboration of hospitals, the Middlesex County Office of Health Services, Somerset County Office of Health Services, and other not-for-profit organizations to measurably improve the health of residents of Middlesex County and the southeast Somerset County region. The development of the CHIP began in November of 2019, following completion of the Community Health Needs Assessment (CHNA) that identified significant health needs for the region. The process included a combination of data collection and analysis of detailed public health data at State, County, and community levels; a large Community Health Survey, focus groups, and a survey of its membership. This process resulted in the Healthier Middlesex Steering Committee identifying priority health areas to be addressed in a plan for collaboratively improving the community's health. The issues included:

- Access to Care and Services
  - Transportation, Insurance, Availability of Services, Health Literacy
  - Behavioral/Mental Health/Substance Abuse Use for Adults and Children
    - Trauma Informed Care
- Preventative Care and Vaccination Use
  - Chronic Diseases Prevention and Management (various, heart disease, diabetes, cancer)
  - STI Prevention/Screening
  - Vaccination Use
  - Maternal Child Health/Prenatal Care and Well Baby
- Nutrition and Physical Activity
  - Food Security
  - Obesity

This document explains the goals, objectives and actions for addressing the priority areas identified. The CHIP is not intended to

represent all activities that are undertaken by Healthier Middlesex or its community partners. Healthier Middlesex will continue to focus on ongoing initiatives of prior CHIPs. Other needs identified in the CHNA will be addressed through other activities or deferred as limited resources are deployed to address agreed upon priorities. This is a living document that will be amended as additional data and resources are identified.

The region served by the Healthier Middlesex Consortium is racially diverse and multi-ethnic. Given this rich multi-cultural background and the Consortium's values of respect for our differences and inclusion, this CHIP will focus on developing, providing and expanding services, programs and activities within each priority area which are culturally and linguistically appropriate. The intent of this plan is to focus the health improvement efforts on serving the most vulnerable populations in the County and the greater catchment area. The 5 towns in Middlesex County whose health outcomes fared worse than their counterparts include: New Brunswick, Perth Amboy, Keasbey, South River and Woodbridge. Relative to the general populations within the county, other vulnerable populations with limited access to care, utilization of health and social services, and in need of targeted intervention include individuals who are low-income, immigrant, and/or LGBTQ+. Every activity outlined in the CHIP will reflect this focus as a key component of the Consortium's longstanding commitment to health equity.

## **BACKGROUND**

Healthier Middlesex is a diverse, multi-sector, community-focused consortium comprised of a wide variety of stakeholders including community-based organizations, hospitals, academic institutions, and health departments. Through this partnership, Healthier Middlesex is able to provide its community with the best programs and policies available. Healthier Middlesex constantly strives to develop more effective strategies to positively impact the health of the community. The Consortium is focused on identifying the strengths and opportunities within the community, aligning the efforts and resources of its partners, while developing structure and sustainable strategies that integrate health and wellness into all aspects of community life.

Robert Wood Johnson University Hospital (RWJUH) and Saint Peter's University Hospital (SPUH) are founding members of the Consortium and provide sponsorship for the development of the Community Health Needs Assessment (CHNA) and the Community Health Improvement Plan (CHIP). These documents are designed to ensure that the Hospitals and other community stakeholders continue to effectively and efficiently serve the health needs of Middlesex County and the southeast Somerset County region. The CHNA was developed in accordance with all federal rules and statues, specifically, PL 111-148 (the Affordable Care Act) which added Section 501(r) to the Internal Revenue Code, and in accordance with New Jersey regulations 8:52-10.1-10.3 governing local boards of health. The Healthier Middlesex Community Health Needs Assessment was undertaken in this context and developed for the purpose of enhancing health and quality of life throughout the community. The CHIP which is contained herein is based on the data information contained in the CHNA.

The complete CHNA which served as the foundation for developing this CHIP, can be found in its entirety at [www.healthiermiddlesex.com](http://www.healthiermiddlesex.com). And on <https://www.saintpetershcs.com/>, <https://www.rwjbh.org/rwj-university-hospital-new-brunswick/>.



## **PURPOSE**

Healthier Middlesex's mission is to measurably improve the health of residents of Middlesex County and the southeast region of Somerset County. The CHIP presents an action-oriented guide for Healthier Middlesex and community partners to work together to implement programs that can positively impact the health of the County and its residents.

Collaborating through Healthier Middlesex presents a unique opportunity to amplify the efforts of individual organizations and combine strengths as we purposefully work toward the common goals identified in the CHIP.

## **PRIORITY DEVELOPMENT**

Healthier Middlesex used the data collected through the CHNA to determine the counties' top health issues. After obtaining feedback from the membership, consultants developed a list of 17 issues identified as common themes of the research. The issues identified below were presented to the Committee and reviewed to ensure agreement on major themes.

- Access to Care
- Heart Disease
- Cancer
- Behavioral/Mental Health
- Behavioral Health in Youth and Adolescents
- Diabetes
- Substance Abuse/Opioid Crisis
- Physical Activity/Obesity
- Food Security/Nutrition
- Cost/Insurance
- Limited English Proficiency
- Transportation
- Maternal and Child Health
- High Crime Rate/Safety
- Coordination and Communication
- Community Outreach (Awareness)
- Cultural Awareness

- Access to Care and Services
  - Transportation, Insurance, Availability of Services, Health Literacy
  - Behavioral/Mental Health/Substance Abuse Use for Adults and Children
    - Trauma Informed Care
- Preventative Care and Vaccination Use
  - Chronic Diseases Prevention and Management (various, heart disease, diabetes, cancer)
  - STI Prevention/Screening
  - Vaccination Use
  - Maternal Child Health/Prenatal Care and Well Baby
- Nutrition and Physical Activity
  - Food Security
  - Obesity

On July 31, 2019, members met to rank the major themes into priority areas for actions using a voting process that asked members to rank each of the major themes identified in the CHNA using the following criteria.

- Number of people impacted
- Risk of mortality and morbidity associated with the problem
- Impact of the problem on vulnerable populations
- Meaningful progress can be made within a three-year timeframe
- Community’s capability and competency to impact

The Steering Committee reviewed the results of the prioritization process and through discussion determined that the top three priority issues of the Plan would address included Access to Care and Services, Preventive Care and Vaccine Use, and Nutrition and Physical Activity. Specific areas of concern within the major areas included:

**CHIP**

The development of the CHIP began in November 2019 following identification of the top 3 priority areas.

Community Partners were asked to participate in the process of developing goals, objectives and actions, and in identifying assets and resources to help Healthier Middlesex achieve its goals for a healthier future. At an initial meeting community partners were asked to select a priority area to work on and to identify community resources and assets related to their selected priority area. The group met four times between November 2019 and February 2020 to develop the Plan. Each action step has a dedicated organization(s) or individual committed to the strategy and each action has a measurable outcome.

The CHIP included in this document represents the full outcome of the process.





### **RELATIONSHIP TO FEDERAL & STATE PLANS**

The development of the CHIP encompassed multiple components to ensure delivery of a comprehensive improvement plan relevant to the health needs of the community. While this CHIP focuses on Middlesex County, the health priorities in this document are reflective of the national and statewide health backdrops. *Healthy People 2020* is the federal government's plan to promote a healthier nation over the decade. For more information on *Healthy People 2020* visit [www.healthypeople.gov](http://www.healthypeople.gov).

### **Comparison with New Jersey State Health Improvement Plan**

Healthy New Jersey 2020 (HNJ2020), the State Health Improvement Plan (SHIP) was the result of a multiyear process to obtain input from a diverse group of stakeholders from throughout New Jersey. The SHIP includes over one hundred health improvement objectives. The HNJ 2020 leading health indicators have been

the focus of the state's effort over the last several years. These indicators include:

- Access to Health Care
- Improve Birth Outcomes
- Increase Childhood Vaccination
- Reduce the Burden of Heart Disease and Stroke
- Prevent Obesity

These leading health indicators are related to the state's overarching goals of:

1. Achieving high quality, longer lives free of preventable disease disability, injury and premature death.
2. Achieving health equity, eliminate disparities and improve health for all people.
3. Creating social and physical environments that promote good health for all.
4. Promoting quality of life, healthy development and healthy behaviors across all life stages.

The 2020 health indicators identified in HNJ are the same or very similar to those identified by Healthier Middlesex: (1) Access to Health Care; (2) Preventative Care and Vaccine Use; and (3) Nutrition and Physical Activity. Healthier Middlesex will address access to care by addressing transportation barriers and by improving access to mental health and substance abuse services for children and adults in a manner which reflects the diversity of the communities within the region. Healthier Middlesex will address preventative care and vaccine use by improving access to chronic disease management and prevention services and enhancing vaccine use among targeted populations, and actions and activities to improve maternal and child health outcomes. Lastly, Healthier Middlesex will address the issues of preventing obesity through efforts to combat food insecurity and obesity, and access to physical activity opportunities.

To identify measures of success at the start, the planning process incorporated the S.M.A.R.T. (Specific Measurable Achievable Relevant and Timely) goal-setting framework. The health priorities and strategies were also compared with the County Health Rankings to help ensure that the actions identified in the CHIP will help to foster the overall mission of Healthier Middlesex.

To track implementation of the CHIP and ensure progress, members of Healthier Middlesex were identified as community assets and resources within the plan and will report progress to the Consortium on a quarterly basis.



## **TOP PRIORITY AREAS**

### **1. Access to Healthcare**

Costs, culture and education are three main barriers to healthcare access. The Office of Minority Health's "National Standards for Culturally and Linguistically Appropriate Services in Health Care" (CLAS), defines full access as care that "recognizes and responds to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy."<sup>1</sup> In order to achieve optimal access, effective patient communication is essential. Language differences, diverse cultures, and low health literacy are barriers to high quality care. Linguistic skill, cultural norms and health literacy strategies are integral to ensure a quality patient care plan.

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<sup>1</sup> Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services in Health Care  
<http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>

The Robert Wood Johnson Foundation identified five barriers to healthcare access including: affordability (patients do not have enough money to get care), accommodation (patients are too busy to get care), availability (patients could not get an appointment soon enough), accessibility (patients took too long to get to the doctor's office or clinic), and acceptability (doctor or hospital wouldn't accept patient's health insurance).<sup>2</sup> Healthier Middlesex is sensitive to these barriers and strives to ensure patient access to quality care by addressing low health literacy, cultural differences, and limited English proficiency. Other barriers include lack of transportation or resources to pay transportation costs.

In addition, barriers to specific types of services including mental health and substance abuse services were often mentioned in surveys and in focus groups. Barriers to the receipt of these services include provider shortages, insurance coverage and costs, stigma, and the availability and use of trauma-informed care.

While adolescents are generally healthy, the teen years do present a variety of health challenges, mostly due to risk taking behaviors of teens related to vaping, alcohol, drug use, sex, violence, bullying, suicide and motor vehicle use. In an increasingly complex and social media-oriented society, giving teens the skills, they need to navigate these challenges is critically important.

- In 2016, 11.0% of Middlesex County residents did not graduate high school, 0.1 percentage points lower than New Jersey.<sup>3</sup>
  - In 2016, 39.4% of New Brunswick residents did not complete high school, more than the county (11.0%) and higher than state rate (11.1%).
  - In 2016, 4.2% of Highland Park residents did not complete high school, lowest in the region.
- In 2016, the percentage of Limited English Proficiency (LEP) households in New Brunswick (36.7%) was higher than New Jersey (12.2%) and Middlesex County (16.4%).
- In 2016, 27.2% of Somerset's population was African American, higher than 9.6% in Middlesex County.
  - In 2018, 41.1% of the Edison's population was Asian, higher than the 9.9% in New Jersey.
  - In 2018, 54.2% of the New Brunswick population was Hispanic/Latino, higher than 21.3% in Middlesex County.

## **2. Prevention/Screening and Vaccine Use**

Clinical preventive services occupy an important position within the realm of interventions designed to prevent, forestall or mitigate illness. In the U.S., recommendations for clinicians regarding delivery of clinical preventive services are issued by two independent groups of experts: The Advisory Committee of Immunization Practices (ACIP) and the U.S. Preventive Services Task Force (USPSTF). These entities are charged with rigorously evaluating the merits of preventive health services including immunizations and screening tests, counseling and chemoprophylaxis. The Community Preventive Services Task Force (CPSTF), a national independent body of public health and prevention experts, makes recommendations about public health interventions and policies to improve health and promote safety. Between them, the USPSTF and CPSTF evaluated

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<sup>2</sup> Robert Wood Johnson Foundation: Barriers to Access <http://www.rwjf.org/en/library/research/2012/02/special-issue-of-health-services-research-links-health-care-rese/nonfinancial-barriers-and-access-to-care-for-us-adults.html>

<sup>3</sup> United States Census Bureau American Community Survey 2016

evidence of how health can be improved by prevention in both clinical and community settings. Vaccines and disease-screening services occupy an important position within the constellation of interventions designed to prevent, forestall or mitigate illness. With the rapid increase in the number of U.S. residents 65+, this issue grows in even greater importance. With aging, the immune system can get suppressed so annual vaccinations such as a flu shot are a must. Other diseases such as cancer and heart disease tend to onset as people age, screenings can help to identify and treat such diseases. Disease prevention has never been more important to the health of older Americans and to the health of the U.S. economy as it is today. A recent economic analysis concludes that the rise in health care expenditure would be moderated by significantly broadening the provision of 20 proven clinical preventive services, including screenings and vaccinations. Farley et al estimate that 50,000 – 100,000 deaths among persons aged 80 and younger could be prevented through optimal use of 9 clinical preventive services.<sup>4</sup> However, current U.S. spending on prevention accounts for only 2-3% of health care expenditures; with the overwhelming portion of financial outlays covering hospitals, physician services, pharmaceutical services and administrative costs.<sup>5</sup>



<sup>4</sup> Farley T. Dalal, Mostashar F., Fruelan, T. Deaths Preventable in the U.S. by Improvements in Use of Preventive Services. *American Journal of Preventive Medicine* 2010; 38:600-609.

<sup>5</sup> Satcher D. The prevention challenge and opportunity. *Health Affairs*, 2006; 25:1009-1011, and Kaiser Family Health Foundation Health Care Costs. Background Brief.

Improving the health and well-being of pregnant women, infants and children is an important public health goal for our county. Their well-being determines the health of the next generation and can help predict the future public health challenges for families, communities and the health care system. Pregnancy can provide an opportunity for early identification of existing health risks in women and prevent future health problems for women and their children.

Environmental and social factors such as access to health care and early intervention of services, educational, employment, economic opportunities, social support and availability of resources are the key social determinants that influence health behaviors and status.

- In 2016, a lower percentage of Middlesex County adults over age 50 (62.4%) participated in colorectal screening than adults statewide (65.1%).
- 84.5% of Middlesex County's 1<sup>st</sup> grade students received all required immunizations, compared to the statewide percentage (92.7%).
- In 2016, the percent of Middlesex County adults who received a flu shot (67.0%) was lower than the *Healthy People 2020* target of 90%.
- The percent of Middlesex County adults (74.7%) who had a pneumonia vaccine is higher than the statewide rate (66.5%).

### **3. Nutrition and Physical Activity**

Good nutrition, physical activity and a healthy body weight are essential to overall health and well-being. Food security and the environmental factors that are involved in safe, healthy communities play an important part in ensuring that basic needs are available to support healthy nutrition and physical activity.

Poor nutrition and a lack of a healthy diet pattern, and regular physical activity, are health behaviors that contribute to obesity. A healthy diet pattern is one that emphasizes eating whole grains, fruits, vegetables, lean protein, low fat and fat-free dairy products, and drinking water. Healthy activity patterns include 150 minutes of moderate intensity activity or 75 minutes of vigorous activity or a combination of both, along with two days of weight training per week.



Being overweight or obese can have a serious impact on health. Overweight and obesity are risk factors for several chronic diseases, including cardiovascular disease (mainly heart disease and stroke), Type 2 diabetes, musculoskeletal disorders like osteoarthritis, and some cancers (endometrial, breast and

colon). These conditions cause premature death and disability. Onset of increased risk begins when someone is only slightly overweight, and the risk increases as weight rises. Many conditions cause long-term consequences for individuals and families. In addition, the costs of care are high. Prevention and wellness programs are necessary to address the insidious effects of excess weight.

Approximately 39.8% of the U.S. population, or 93.3 million adults, are affected by obesity according to the 2015-2016 National Center for Health Statistics data brief. But some groups are disproportionately impacted. For example, Hispanics (47%) and non-Hispanic Blacks (46.85%) had the highest age-adjusted prevalence of obesity followed by non-Hispanic Whites (37.9%) and non-Hispanic Asians (12.7%). The association between obesity and income or education level is complex and differs by age, sex and ethnicity.

- Overall, men and women with college degrees had lower obesity prevalence compared to those with less education.
- By race/ethnicity, the same obesity and education pattern was seen among non-Hispanic White, non-Hispanic Black, and Hispanic women, and also among non-Hispanic White men, although the differences were not all statistically significant. Although the difference was not statistically significant among non-Hispanic Black men, obesity prevalence increased with educational attainment. Among non-Hispanic Asian women and men, and Hispanic men there were no differences in obesity prevalence by education level.
- Among men, obesity prevalence was lower in the lowest and highest income groups compared with the middle-income group. This pattern was seen among non-Hispanic White and Hispanic men. Obesity prevalence was higher in the highest income group than in the lowest income group among non-Hispanic Black men.
- Among women, obesity prevalence was lower in the highest income group than in the middle- and lowest-income groups. This pattern was observed among non-Hispanic White, non-Hispanic Asian, and Hispanic women. Among non-Hispanic Black women, there was no difference in obesity prevalence by income.<sup>6</sup>



Obesity can occur at any age, even among young children. Hormonal changes and physical inactivity in older individuals also increase risk. The amount of body muscle decreases with age, leading to a decrease in metabolism. Quitting smoking is also associated with weight gain, sometimes resulting in obesity. Structured smoking cessation programs can help mitigate the effects of weight gain associated

<sup>6</sup> <https://www.cdc.gov/obesity/data/adult.html>

with quitting. Not getting enough sleep or conversely getting too much sleep can cause changes in the hormones that increase appetite and contribute to weight gain.

- Nearly 28% of Middlesex residents reported a BMI  $\geq 30$  in 2016.
- 11.3/1,000 patients who used a hospital service in Middlesex County had a diagnosis of obesity compared to 14.1/1,000 New Jersey residents.
  - Obesity rates among hospitalized patients were found to be amongst the highest in Monroe and Somerset (13.55/1,000).
- Between 2014-2016 the percent of Middlesex County residents reporting no leisure time activity trended upwards from 26.2% in 2014 to 29.5% in 2016.
- Nearly half of all survey respondents claimed to have or to have a family member with hypertension, high cholesterol or a weight problem.
- Obesity was the number one concern among survey respondents from Middlesex County.
- 46% of survey residents indicating obesity said they or a family member were under a physician's care for the issue, while 30% were monitoring it on their own.



**ASSETS AND RESOURCES**

During the first of four meetings held to develop the Implementation Plan, the following list of community assets and resources were identified as entities with competencies related to the three priority areas. Outreach to these organizations will be important to the successful outcome of this CHIP.

- Middlesex County School Nurses
- YSS New Brunswick
- Middlesex Workforce Development
- Middlesex County School Assistance Counselors
- Middlesex County Municipal Alliance
- City of Perth Amboy
- Association of Student Professionals of NJ
- Jewish Renaissance Foundation
- Puerto Rican Association for Human Development
- Metuchen, Edison, Woodbridge, South Amboy YMCAs
- Middlesex County Health and Wellness Council
- YMCA Somerset
- Horizon NJ
- Community Food Bank of NJ, Middlesex SNAP ED
- Sister 2 Sister Network
- Edison Township Health Center
- Woodbridge Township Health Center
- Central Jersey Family Health Consortium
- VNA Health Group, Monroe Township
- Middlesex County WIC Offices
- Center for Great Expectations
- Diaper Bank
- Middlesex County Food Organization and Outreach Distribution Services (MCFOODS)
- Our Lady of Fatimah Church
- First Reformed Church
- South River Food Bank
- Feeding Middlesex
- Parks and Recreations (Various communities)
- Elijah’s Promise



**CHIP ACTION PLANS**

**Priority Area I: Access to Care**

**Priority Group I – Transportation**

**GOAL I: UTILIZING A TECHNOLOGY PLATFORM, INCREASE ACCESSIBILITY OF TRANSPORT SERVICES THROUGH COORDINATION OF EXISTING SERVICES.**

Key CHNA Finding:

- Focus group discussions and survey of membership confirms the lack of accessible transportation services.

Objective:

- 1.1 Develop a comprehensive electronic database of available transportation services by 2021.

	Action	Performance Indicator	Responsible Party
1.1a	Form data committee to collect information on existing transportation resources in Middlesex/Somerset County.	<ul style="list-style-type: none"> <li>• Committee established, 2020.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Data Committee</li> </ul>
1.1b	Review nationwide best practices on how to coordinate transportation resource information.	<ul style="list-style-type: none"> <li>• Best practice information obtained, 2020.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Data Committee</li> </ul>
1.1c	Begin data collection.	<ul style="list-style-type: none"> <li>• Data collected by 2020.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex</li> <li>• Keep Middlesex Moving</li> <li>• Middlesex County Municipalities</li> </ul>
1.1d	Set meeting with MCDOT to obtain buy-in for assistance in developing electronic database of resources.	<ul style="list-style-type: none"> <li>• Set up meeting and get buy-in, 2020.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Data Committee</li> </ul>
1.1e	Work with MCDOT to develop and test the electronic data platform.	<ul style="list-style-type: none"> <li>• Platform available for use, Dec. 2021.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex/MCDOT</li> </ul>

## Priority Area I: Access to Care

### Priority Group I – Transportation

**GOAL I: UTILIZING A TECHNOLOGY PLATFORM, INCREASE ACCESSIBILITY OF TRANSPORT SERVICES THROUGH COORDINATION OF EXISTING SERVICES.**

Key CHNA Finding:

- Focus group discussions and survey of membership confirms the lack of accessible transportation services.

Objective:

- 1.2 By 2022, ensure that access to transportation resources are widely available to the community via Healthier Middlesex website and via dissemination to community partners.

	Action	Performance Indicator	Responsible Party
1.2a	Community partners with access to the electronic database will be responsible for training of their front line/outreach staff.	<ul style="list-style-type: none"> <li>• Staff trained, 2022.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Data Committee</li> <li>• Healthier Middlesex Partners</li> </ul>
1.2b	Printed information will be translated into top 3 languages spoken in the community.	<ul style="list-style-type: none"> <li>• Printed information translated and disseminated to partners, 2022.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Data Committee</li> </ul>

## Priority Area I: Access to Care

### Priority Group II – Behavioral Health / Trauma Informed Care

**GOAL II: INCREASE ACCESS TO BEHAVIORAL HEALTH CARE AND BEHAVIORAL HEALTH EDUCATION FOR ADULTS AND CHILDREN.**

**Key CHNA Finding:**

- Mental health was a top health care concern reported by area residents in the Community Health Survey. Middlesex County residents reporting 14 or more of the past 30 days of poor mental health ranked in the lowest quartile compared to the County Health Ranking benchmark.
- Behavioral health concerns among children were a priority concern of Healthier Middlesex and focus group results confirmed the need for program expansion.
- According to the community survey results, opportunities exist to lower the level of interpersonal violence in the community.

**Objective:**

2.1 By 2022, train 200 people in Mental Health First Aid and Mental Health First Aid for Youth.

	Action	Performance Indicator	Responsible Party
2.1a	Identify Mental Health First Aid and Youth Mental Health First Aid trainers.	<ul style="list-style-type: none"> <li>• By July 2020, have contracts in place with Facilitator(s).</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• Wellspring Center for Prevention</li> </ul>
2.2b	Identify locations throughout Middlesex County to host trainings.	<ul style="list-style-type: none"> <li>• Agreements with a minimum of 5 locations throughout the county to utilize training space, annually.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• Wellspring Center for Prevention</li> </ul>
2.1c	Identify organizations and populations within each municipality who serve youth to market YMhFA training.	<ul style="list-style-type: none"> <li>• Develop contact list based on municipality.</li> <li>• A minimum of 10 municipalities represented and complete training, annually.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• Wellspring Center for Prevention</li> </ul>
2.1db	Hold trainings and certify 100 people in Mental Health and Youth Mental Health First Aid.	<ul style="list-style-type: none"> <li>• Number of certificates, 2022.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• Wellspring Center for Prevention</li> </ul>

## Priority Area I: Access to Care

### Priority Group II – Behavioral Health / Trauma Informed Care

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Key CHNA Finding:

- Mental health was a top health care concern reported by area residents in the Community Health Survey. Middlesex County residents reporting 14 or more of the past 30 days of poor mental health ranked in the lowest quartile compared to the County Health Ranking benchmark.
- Behavioral health concerns among children were a priority concern of Healthier Middlesex and focus group results confirmed the need for program expansion.
- According to the community survey results, opportunities exist to lower the level of interpersonal violence in the community.

Objective:

- 2.2 By 2022, develop a hospital-based program to identify, refer and service victims of violence and build a Crime Victim Survivors Consortium of community-based organizations to provide education, resources and referrals for victims and survivors of violent crimes and their families.

	Action	Performance Indicator	Responsible Party
2.2a	By the end of 2020, train and on board RWJUH and PRAB staff and implement program.	<ul style="list-style-type: none"> <li>• System working, project staff hired, trained on the delivery of trauma informed care, and HVIP implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• RWJUH</li> <li>• PRAB</li> <li>• HAVI (Health Alliance for Violence)</li> </ul>
2.2b	By the end of 2020, create and implement an algorithm in the RWJUH Electronic Medical Records (EMR) system to screen 100% of in-patient in the Trauma Department and identify violently-injured patients for referral to the HVIP.	<ul style="list-style-type: none"> <li>• System developed within the EMR; system implemented.</li> <li>• In-patient participants identified and referred to HVIP; consented, enrolled, and provided services for 6-12 months.</li> </ul>	<ul style="list-style-type: none"> <li>• RWJUH</li> <li>• PRAB</li> </ul>
2.2c	By the end of 4Q - 2020, collect data to create baseline of program evaluation measures (e.g. numbers of violently-injured patients identified, referred, consented, and enrolled).	<ul style="list-style-type: none"> <li>• Program evaluation measures collected (e.g. numbers of violently-injured patients identified, referred, consented, and enrolled).</li> </ul>	<ul style="list-style-type: none"> <li>• RWJUH</li> </ul>
2.2d	Recruit community-based organization (CBOs) to create a Hospital-based Violence Community Consortium (HVCC) to support the patient case conferencing intervention model for the RWJUH HVIP.	By Q2 – 2020, a minimum of 12 CBOs is recruited, and the Hospital-based Violence Community Consortium (HVCC) is established.	<ul style="list-style-type: none"> <li>• RWJUH</li> <li>• Various community partners</li> </ul>

(continues)

2.2e	By the end of Q4 - 2020, expand number of CBO partners to include organizations in Union, Middlesex and Somerset Counties.	<ul style="list-style-type: none"> <li>At least 3 additional organizations recruited.</li> </ul> Franklin Twp. (Somerset County) Healthier Somerset members (Somerset County) Plainfield (Union County)	<ul style="list-style-type: none"> <li>RWJUH</li> </ul>
2.2f	By the end of Q4 - 2020, create a patient gun safety intervention.	<ul style="list-style-type: none"> <li>By the end of Q4 - 2020, patient gun safety intervention created.</li> </ul>	<ul style="list-style-type: none"> <li>RWJUH</li> <li>Middlesex County Sheriff's Office</li> </ul>
2.2g	By the end of Q4 - 2020, gun safety handouts will be created, and trauma navigators trained to provide gun safety education and distribute gun locks.	<ul style="list-style-type: none"> <li>Materials created and distributed and staffed trained.</li> </ul>	<ul style="list-style-type: none"> <li>RWJUH</li> <li>Middlesex County Sheriff's Office</li> </ul>
2.2h	By 2020, develop program evaluation tools and recruit trainers for HVIP Community Consortium (HVCC) member programs.	<ul style="list-style-type: none"> <li>Evaluation tools developed.</li> <li>Trainers recruited; training held.</li> </ul>	<ul style="list-style-type: none"> <li>RWJUH</li> </ul>
2.2i	By the end of Q3 - 2020, implement evaluations tools.	<ul style="list-style-type: none"> <li>Evaluation tools implemented.</li> <li>Violently-injured in-patients received 6-12 months of case management, mental health counseling, or other supportive services.</li> <li>Data analyzed and reported to funding source.</li> </ul>	<ul style="list-style-type: none"> <li>RWJUH</li> <li>PRAB</li> </ul>

## Priority Area I: Access to Care

### Priority Group II – Behavioral Health / Trauma Informed Care

#### GOAL II: INCREASE ACCESS TO BEHAVIORAL HEALTH CARE AND BEHAVIORAL HEALTH EDUCATION FOR ADULTS AND CHILDREN.

Key CHNA Finding:

- Mental health was a top health care concern reported by area residents in the Community Health Survey. Middlesex County residents reporting 14 or more of the past 30 days of poor mental health ranked in the lowest quartile compared to the County Health Ranking benchmark.
- Behavioral health concerns among children were a priority concern of Healthier Middlesex and focus group results confirmed the need for program expansion.
- According to the community survey results, opportunities exist to lower the level of interpersonal violence in the community.

Objective:

- 2.3 By 2022, increase providers' and community members' knowledge of Adverse Childhood Experiences (ACEs).

	Action	Performance Indicator	Responsible Party
2.3a	Partner with Family Success Centers to provide and implement ACEs training.	<ul style="list-style-type: none"> <li>• Memorandum of Understanding with Family Success Centers to provide training signed.</li> <li>• Develop Pre/Post Test to test knowledge on subject.</li> <li>• By the end of 2020, develop baseline data.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• Wellspring Center for Prevention.</li> <li>• Family Success Center</li> <li>• RWJUH</li> <li>• SPUH</li> </ul>
2.3b	Implement 20 presentations yearly with a minimum of 10 municipalities represented, until 2022.	<ul style="list-style-type: none"> <li>• Locations of presentations and number of presentations completed.</li> <li>• 50% of participants will increase knowledge in ACEs.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• Wellspring Center for Prevention</li> <li>• Family Success Center</li> <li>• SPUH</li> <li>• RWJUH</li> </ul>
2.3c	Identify and train a minimum of 5 Community Health Ambassadors (CHA) to become ACEs experts and provide trainings to the community (July 2020).	<ul style="list-style-type: none"> <li>• CHA's Identified</li> <li>• 90% of participants will complete the course</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• Wellspring Center for Prevention.</li> <li>• Family Success Center</li> <li>• SPUH</li> <li>• RWJUH</li> </ul>
2.3d	Implement 10 ACEs workshops targeting 75 residents facilitated by CHA in the community (December 2020).	<ul style="list-style-type: none"> <li>• Number of participants.</li> <li>• Number of presentations done.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• Wellspring Center for Prevention.</li> <li>• Family Success Center</li> <li>• SPUH</li> <li>• RWJBH</li> </ul>

## Priority Area I: Access to Care

### Priority Group II – Behavioral Health / Trauma Informed Care

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- According to the community survey results, opportunities exist to lower the level of interpersonal violence in the community.

Objective:

- 2.4 During 2020 to 2022 advocate for the need, and garner support for the development of a Youth Detox Center in Middlesex County.

	Action	Performance Indicator	Responsible Party
2.4a	Gather data to demonstrate need for youth detox center in Middlesex County and process to develop center, 2020.	<ul style="list-style-type: none"> <li>• 3 sources of data identified.</li> <li>• Best practice identified to develop centers.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• RWJUH Peer Recovery</li> <li>• SPUH Peer Recovery</li> </ul>
2.4b	By 2021, contact local officials and send letters with CHNA data and information regarding youth Opioid cases in the county.	<ul style="list-style-type: none"> <li>• Number of officials contacted.</li> <li>• Letters and materials created.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• RWJUH</li> <li>• SPUH</li> </ul>
2.4c	Present data to state, county of local officials, 2021.	<ul style="list-style-type: none"> <li>• Annual presentations with 50% of officials contacted present at the meeting.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• RWJUH</li> <li>• SPUH</li> </ul>
2.4d	Support community efforts for the creation of a Youth Detox Center in Middlesex County, 2022.	<ul style="list-style-type: none"> <li>• Healthier Middlesex representation at local Youth Detox Center in Middlesex County.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• RWJUH</li> <li>• SPUH</li> </ul>

## Priority Area I: Access to Care

### Priority Group II – Behavioral Health / Trauma Informed Care

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Objective:

- 2.5 By 2022, update, expand, and increase utilization of the Behavioral Health Referral and Resource Guide (BHRRG).

	Action	Performance Indicator	Responsible Party
2.5a	Update, distribute and train community providers on the BHRRG.	<ul style="list-style-type: none"> <li>• Updated annually by Behavioral Health Sub-Committee.</li> <li>• Trainings occur.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• Wellspring Center for Prevention.</li> <li>• RWJUH</li> <li>• SPUH</li> </ul>
2.5b	Translate presentation and hold BHRRG training in Spanish, 2021.	<ul style="list-style-type: none"> <li>• Presentation is translated.</li> <li>• Training occurs.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• Wellspring Center for Prevention.</li> <li>• RWJUH</li> <li>• SPUH</li> </ul>
2.5c	Market trainings and BHRRG to appropriate community providers, annually.	<ul style="list-style-type: none"> <li>• Flyer and Marketing Materials are created.</li> <li>• Contact list of appropriate organizations to market trainings to.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• Wellspring Center for Prevention.</li> <li>• RWJUH</li> <li>• SPUH</li> </ul>
2.5d	Add BHRRG to the Healthier Middlesex Website and track utilization.	<ul style="list-style-type: none"> <li>• By 2020 develop baseline data for website engagements.</li> <li>• Increase engagement by 10% by 2022.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• Wellspring Center for Prevention.</li> <li>• RWJUH</li> <li>• SPUH</li> </ul>



## Priority Area I: Access to Care

### Priority Group II – Behavioral Health/Trauma Informed Care

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Key CHNA Finding:

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- Behavioral health concerns among children were a priority concern of Healthier Middlesex and focus group results confirmed the need for program expansion.
- According to the community survey results, opportunities exist to lower the level of interpersonal violence in the community.

Objective:

- 2.6 By 2022, encourage schools, camps, after school programs and faith-based organizations to offer programs designed to provide children and families with the tools and resources they need to navigate the challenges they face on a daily basis.

	Action	Performance Indicator	Responsible Party
2.6a	Utilize Family Success Center’s ACEs training for providers and make available for Healthy Kids Camp staff.	<ul style="list-style-type: none"> <li>• Number of Camps who participated in the training.</li> <li>• Train 1 camp in 2020 and increase by 10 percent each year until 2022.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• Wellspring Center for Prevention</li> </ul>
2.6b	Implement the <a href="#">Footprints For Life program</a> in 5 schools throughout the county (annually).	<ul style="list-style-type: none"> <li>• Teachers reporting 50% of participants demonstrating behavioral change through pre and post survey for teachers. Utilize 2019 data from Wellspring as baseline.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Behavioral and Mental Health Sub-Committee</li> <li>• Wellspring Center for Prevention</li> </ul>

## Priority Area I: Access to Care

### Priority Group III – Health Literacy

**GOAL III: TO CREATE HEALTHY COMMUNITIES THROUGHOUT MIDDLESEX COUNTY BY MOBILIZING LIBRARIANS TO DISSEMINATE UNDERSTANDABLE AND ACTIONABLE HEALTH INFORMATION TO EMPOWER INDIVIDUALS TO ACHIEVE AND MAINTAIN A HEALTHY QUALITY OF LIFE.**

**Key CHNA Finding:**

- A barrier to accessing health care is a fear of doctors/hospitals (8%).
- Hispanics cite significantly more barriers to getting health care services, while Caucasians and African Americans cite less difficulty getting the services they need.
- Lower income groups (<\$50K) are the most likely to encounter problems when seeking care.
- Caucasians are the most likely to get preventive screening exams overall, while Hispanics are the least likely.
- Older adults (50+) are the most likely to get screening exams, with the exception of mental health and alcohol/drug counseling; higher income respondents have more screening exams than lower income respondents, with the exception of alcohol/drug counseling.

**Objective:**

- 3.1 By 2020, increase the number of librarians in the Greater Middlesex Region trained in consumer health information science (CHIS) by the National Network of Libraries of Medicine (NNLM) by 10%.

	Action	Performance Indicator	Responsible Party
3.1a	Recruit and provide funding for librarians to receive CHIS training.	<ul style="list-style-type: none"> <li>• NNLM trainings conducted for librarians.</li> <li>• Number of librarians trained in CHIS relative to baseline.</li> </ul>	<ul style="list-style-type: none"> <li>• National Network of Libraries of Medicine (NNLM)</li> <li>• East Brunswick Public Library-Manager of Information Services</li> </ul>

## Priority Area I: Access to Care

### Priority Group III – Health Literacy

GOAL III: TO CREATE HEALTHY COMMUNITIES THROUGHOUT MIDDLESEX COUNTY BY MOBILIZING LIBRARIANS TO DISSEMINATE UNDERSTANDABLE AND ACTIONABLE HEALTH INFORMATION TO EMPOWER INDIVIDUALS TO ACHIEVE AND MAINTAIN A HEALTHY QUALITY OF LIFE.

#### Key CHNA Finding:

- A barrier to accessing health care is a fear of doctors/hospitals (8%).
- Hispanics cite significantly more barriers to getting health care services, while Caucasians and African Americans cite less difficulty getting the services they need.
- Lower income groups (<\$50K) are the most likely to encounter problems when seeking care.
- Caucasians are the most likely to get preventive screening exams overall, while Hispanics are the least likely.
- Older adults (50+) are the most likely to get screening exams, with the exception of mental health and alcohol/drug counseling; higher income respondents have more screening exams than lower income respondents, with the exception of alcohol/drug counseling.

#### Objective:

- 3.2 By 2021, increase the number of libraries in the Greater Middlesex Region that offer health information as part of the HILOW initiative by 10%.

	Action	Performance Indicator	Responsible Party
3.2a	Recruit librarians in Middlesex County to participate in the HILOW initiative.	<ul style="list-style-type: none"> <li>• Librarians conduct outreach events in various locations throughout Middlesex County.</li> <li>• Number of outreach events conducted in Middlesex County during the reporting period relative to baseline, 2021.</li> </ul>	<ul style="list-style-type: none"> <li>• National Network of Libraries of Medicine (NNLM)</li> <li>• East Brunswick Public Library-Manager of Information Services</li> <li>• RWJUH</li> <li>• East Brunswick Public Library CHIS Certified Librarians</li> <li>• Healthier Middlesex</li> <li>• Other Community Partners</li> </ul>

## Priority Area I: Access to Care

### Priority Group III – Health Literacy

**GOAL III: TO CREATE HEALTHY COMMUNITIES THROUGHOUT MIDDLESEX COUNTY BY MOBILIZING LIBRARIANS TO DISSEMINATE UNDERSTANDABLE AND ACTIONABLE HEALTH INFORMATION TO EMPOWER INDIVIDUALS TO ACHIEVE AND MAINTAIN A HEALTHY QUALITY OF LIFE.**

**Key CHNA Finding:**

- A barrier to accessing health care is a fear of doctors/hospitals (8%).
- Hispanics cite significantly more barriers to getting health care services, while Caucasians and African Americans cite less difficulty getting the services they need.
- Lower income groups (<\$50K) are the most likely to encounter problems when seeking care.
- Caucasians are the most likely to get preventive screening exams overall, while Hispanics are the least likely.
- Older adults (50+) are the most likely to get screening exams, with the exception of mental health and alcohol/drug counseling; higher income respondents have more screening exams than lower income respondents, with the exception of alcohol/drug counseling.

**Objective:**

- 3.3 By 2021, deploy librarians to community sites to disseminate health information and promote health literacy.

	Action	Performance Indicator	Responsible Party
3.3a	By 2020, develop a list of topics most often requested by community members for lectures/workshops.	<ul style="list-style-type: none"> <li>• List completed and shared with community partners.</li> </ul>	<ul style="list-style-type: none"> <li>• East Brunswick Public Library CHIS Certified Librarians</li> </ul>
3.3b	By 2021, conduct 5 lectures, workshops, and/or screening events in collaboration with Healthier Middlesex partners.	<ul style="list-style-type: none"> <li>• Librarians conduct outreach events in various locations throughout Middlesex County.</li> <li>• Number of outreach events conducted in Middlesex County during the reporting period relative to baseline.</li> <li>• Number of lectures, workshops, and/or screening events conducted in collaboration with Healthier Middlesex partners.</li> </ul>	<ul style="list-style-type: none"> <li>• RWJUH</li> <li>• East Brunswick Public Library-Manager of Information Services</li> <li>• Healthier Middlesex</li> <li>• Other Community Partners</li> </ul>

## Priority Area II: Preventive Care and Vaccine Use

### Priority Group IV – Chronic Disease Prevention & Management

GOAL IV: INCREASE UTILIZATION OF COMMUNITY RESOURCES FOR PREVENTION AND MANAGEMENT OF CHRONIC DISEASES.

Key CHNA Finding:

- Mortality rates among various chronic diseases are up among varying racial groups suggesting a need for community-based interventions.
- A lower percent of Middlesex County residents had colon cancer screenings than New Jersey residents and the *Healthy People 2020* target.

Objectives:

- 4.1 Increase the number of chronic disease self-management peer leaders by training 10 new peer educators each year.

	Action	Performance Indicator	Responsible Party
4.1a	Recruit training volunteers through existing community partnerships.	<ul style="list-style-type: none"> <li>• 10 peer educators trained annually.</li> </ul>	<ul style="list-style-type: none"> <li>• Middlesex County Office of Health Services</li> <li>• Hackensack Meridian Health</li> <li>• SPUH</li> </ul>
4.1b	By 2022, identify mechanisms to enhance continued participation in classes (e.g., introductory sessions, incentives, etc.).	<ul style="list-style-type: none"> <li>• “Lessons learned” shared with Partners.</li> </ul>	<ul style="list-style-type: none"> <li>• Middlesex County Office of Health Services</li> <li>• SPUH</li> <li>• Hackensack Meridian Health</li> </ul>

## Priority Area II: Preventive Care and Vaccine Use

### Priority Group IV – Chronic Disease Prevention & Management

GOAL IV: INCREASE UTILIZATION OF COMMUNITY RESOURCES FOR PREVENTION AND MANAGEMENT OF CHRONIC DISEASES.

Key CHNA Finding:

- Mortality rates among various chronic diseases are up among varying racial groups suggesting a need for community-based interventions.
- A lower percent of Middlesex County residents had colon cancer screenings than New Jersey residents and the *Healthy People 2020* target.

Objectives:

- 4.2 Increase participation in community health screenings related to chronic disease by 5% over the next 3 years.

	Action	Performance Indicator	Responsible Party
4.2a	Continue relationships with community organizations / sites to provide screenings.	<ul style="list-style-type: none"> <li>• Participation of sites continued, and participants grow by 10%, annually.</li> </ul>	<ul style="list-style-type: none"> <li>• SPUH</li> <li>• RWJUH</li> <li>• Hackensack Meridian Health</li> <li>• CINJ</li> <li>• Middlesex County Office of Health Services</li> </ul>
4.2b	Expand community outreach to new screening sites, aimed at under-served areas of the region.	<ul style="list-style-type: none"> <li>• 10 new sites developed annually.</li> </ul>	<ul style="list-style-type: none"> <li>• SPUH</li> <li>• RWJUH</li> <li>• Hackensack Meridian Health</li> <li>• CINJ</li> <li>• Middlesex County Office of Health Services</li> </ul>
4.2c	Develop long-term strategy for measuring program compliance / behavioral modification.	<ul style="list-style-type: none"> <li>• Strategy developed and shared with other organizations, 2021.</li> </ul>	<ul style="list-style-type: none"> <li>• SPUH</li> <li>• RWJUH</li> <li>• Hackensack Meridian Health</li> <li>• CINJ</li> <li>• Middlesex County Office of Health Services</li> </ul>
4.2d	Provide cancer (Breast, Lung, Skin and Colorectal) screenings with targeted approach for at risk populations.	<ul style="list-style-type: none"> <li>• Increase screenings by 5% annually</li> </ul>	<ul style="list-style-type: none"> <li>• SPUH</li> <li>• RWJUH</li> <li>• CINJ</li> <li>• Hackensack Meridian Health</li> <li>• Middlesex County Office of Health Services</li> </ul>

## Priority Area II: Preventive Care and Vaccine Use

### Priority Group V – Vaccine Use / STI Prevention / Screening

#### GOAL V: IMPROVE EDUCATION ABOUT AND INCREASE ACCESS TO VACCINE USE AND DISEASE PREVENTION.

Key CHNA Findings:

- Vector borne disease transmissions in 2019 totaled 3,353, down from 4,817 in 2018.
- Middlesex County performed in the worst performing quartile with respect to the percent of first grade students who got all their immunizations. However, updates from county indicates levels have increased to 100%.
- Middlesex County performs in the lowest County Health Rankings quartile for chlamydia infections.
- Middlesex County ranked in the middle quartile for those 65+ who received a pneumonia shot and the lowest quartile for adult flu.

Objective:

- 5.1 By 2021, increase awareness and education of Vector borne disease prevention and responses to preventable disease outbreaks.

	Action	Performance Indicator	Responsible Party
5.1a	Identify sources of educational materials on vector borne disease prevention.	<ul style="list-style-type: none"> <li>• Sources identified on vector borne disease prevention.</li> </ul>	<ul style="list-style-type: none"> <li>• Middlesex County Office of Health Services</li> <li>• Parks Service</li> <li>• Somerset County Department of Health</li> <li>• Libraries</li> <li>• Camps</li> </ul>
5.1b	Distribute CDC and other relevant educational materials about vector borne disease prevention throughout the region.	<ul style="list-style-type: none"> <li>• Increase by 10% the number of education sites/sessions where information on vector borne disease are distributed and posted on websites.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex</li> <li>• Middlesex County Office of Health Services</li> <li>• Parks Service</li> <li>• Camps</li> <li>• Libraries</li> <li>• Somerset County Department of Health</li> </ul>
5.1c	By 2020, County and Local Health Departments should develop or update response plans for preventable disease outbreaks and share documents with each other.	<ul style="list-style-type: none"> <li>• Plans developed, updated and shared.</li> </ul>	<ul style="list-style-type: none"> <li>• Middlesex County Office of Health Services</li> <li>• Somerset County Department of Health</li> </ul>

## Priority Area II: Preventive Care and Vaccine Use

### Priority Group V – Vaccine Use / STI Prevention / Screening

GOAL V: IMPROVE THE TOOLS, STANDARDS AND APPROACHES FOR ACCESS TO VACCINE USE AND DISEASE PREVENTION.

Key CHNA Findings:

- Middlesex County performed in the worst performing quartile with respect to the percent of first grade students who got all their immunizations. However, updates from county indicates levels have increased to 100%.
- Middlesex County performs in the lowest County Health Rankings quartile for chlamydia infections.
- Middlesex County ranked in the middle quartile for those 65+ who received a pneumonia shot and the lowest quartile for adult flu.

Objective:

- 5.2 Reduce incidence of vaccine preventable diseases by increased use of vaccines for:
- (a) flu (67%), by 5%,
  - (b) pneumonia (74.7%), by 5%,
  - (c) maintain the level of children who receive immunizations,
  - (d) decrease number of Middlesex/Somerset Hepatitis A cases (15) by 20%, by 2021, and
  - (e) reduce the rate of sexually transmitted infections (STIs) (305.2/100,000) by 5%, by 2022.

	Action	Performance Indicator	Responsible Party
5.2a	Support communications to enhance informed vaccine decision making, including August Campaign to remind parents about getting children vaccinated before school starts.	<ul style="list-style-type: none"> <li>• Flyers developed and distributed, 2020.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex</li> <li>• SPUH</li> <li>• RWJUH</li> </ul>
5.2b	By 2021 develop at least 1 new campaign to educate residents about the benefits of vaccine use in the prevention of flu and pneumonia.	<ul style="list-style-type: none"> <li>• New campaign developed.</li> </ul>	<ul style="list-style-type: none"> <li>• Middlesex County Office of Health Services</li> <li>• Healthier Middlesex</li> <li>• Somerset County Health Department</li> <li>• SPUH</li> <li>• RWJUH</li> </ul>
5.2c	In 2020, offer program to food handlers on Hepatitis A prevention and provide access to free or low-cost vaccines.	<ul style="list-style-type: none"> <li>• Increase the percentage of vaccines provided by 10%.</li> </ul>	<ul style="list-style-type: none"> <li>• Middlesex County Office of Health Services</li> <li>• Somerset County Health Department</li> <li>• SPUH</li> <li>• RWJUH</li> </ul>

(continues)



	Action	Performance Indicator	Responsible Party
5.2d	Work with community partners to increase the number of community sites providing free or low-cost flu and pneumonia vaccines.	<ul style="list-style-type: none"> <li>• Number of sites increased by 5%, by 2022.</li> </ul>	<ul style="list-style-type: none"> <li>• Middlesex County Office of Health Services</li> <li>• Somerset County Health Department</li> <li>• Federally Qualified Health Centers</li> <li>• Hospital Clinics</li> <li>• SPUH</li> <li>• RWJUH</li> </ul>
5.3e	Enhance education of sexually transmitted infection prevention and availability of screening services in the region.	<ul style="list-style-type: none"> <li>• Number of education programs and flyers distributed increased by 5% in 2022.</li> </ul>	<ul style="list-style-type: none"> <li>• Middlesex County Office of Health Services</li> <li>• Somerset County Health Department</li> <li>• SPUH</li> <li>• RWJUH</li> </ul>

## Priority Area II: Preventive Care and Vaccine Use

### Priority Group VI – Maternal Child Health/Prenatal and Well-Baby Care

GOAL VI: IMPROVE THE HEALTH AND WELL-BEING OF WOMEN, INFANTS AND CHILDREN.

#### Key CHNA Findings:

- The percent of pregnant women entering first trimester prenatal care declined 10 percentage points from 2010-2016.
- The infant mortality rate rose from 3.6/1,000 in 2007-2009, to 4.0/1,000 in 2013-2015.
- In 2016, Middlesex County had a higher percentage of low birth weight babies than the surrounding counties.
- The New Jersey maternal mortality rate (38.1/100,000) is among the worst in the U.S.

#### Objectives:

- 6.1 By 2022, decrease the rate of maternal morbidity and mortality, and build awareness of the importance of pre-conceptual, pre-natal and post-partum care.

	Action	Performance Indicator	Responsible Party
6.1a	Assess current resources in Middlesex and Somerset hospitals to address education to reduce c-section rates to 23.9%.	<ul style="list-style-type: none"> <li>• C-section rates in the region are at or below 23.9%, by 2022.</li> </ul>	<ul style="list-style-type: none"> <li>• Central Jersey Family Health Consortium</li> <li>• Middlesex, Somerset County Hospitals</li> </ul>
6.1b	Develop an educational conference for health professionals dealing with issues of preconceptual care, timely prenatal care, postpartum depression, maternal mortality, neonatal abstinence, etc.	<ul style="list-style-type: none"> <li>• Program implemented, 2021.</li> </ul>	<ul style="list-style-type: none"> <li>• Middlesex, Somerset County Hospitals</li> <li>• Central New Jersey Family Health Consortium</li> </ul>
6.1c	Adopt hospital-based best practices to reduce the incidence of maternal complications and morbidity.	<ul style="list-style-type: none"> <li>• Best practices adopted and in practice as measured by policy development, 2020.</li> </ul>	<ul style="list-style-type: none"> <li>• Middlesex, Somerset County Hospitals</li> </ul>
6.1d	Enhance education for new families and their support systems by reviewing contents of gift packages provided by hospitals for inclusion of educational materials on post-natal and infant care.	<ul style="list-style-type: none"> <li>• Gift packages reviewed and additional information provided, 2021.</li> </ul>	<ul style="list-style-type: none"> <li>• Middlesex, Somerset County Hospitals</li> </ul>
6.1e	Sponsor community education/ baby showers with a focus on prenatal and postnatal care.	<ul style="list-style-type: none"> <li>• At least 1 baby shower initiated in 2020.</li> <li>• At least 5 moms will be referred to local social service programs.</li> </ul>	<ul style="list-style-type: none"> <li>• Central New Jersey Family Health Consortium</li> <li>• Healthier Middlesex</li> </ul>
6.1f	By 2022, work with Central New Jersey Family Health Consortium on an initiative to reduce disparities in infant mortality among racial/ethnic groups.	<ul style="list-style-type: none"> <li>• Collaboration built with Central New Jersey Family Health Consortium around reducing infant mortality among minority populations.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex</li> <li>• Central New Jersey Family Health Consortium</li> </ul>

## Priority Area III: Nutrition and Physical Activity

### Priority Group VII – Food Security and Obesity

GOAL VII: ENSURE THE PUBLIC HAS ACCESS TO NUTRITIOUS AND AFFORDABLE FOOD AND OPPORTUNITIES TO PARTICIPATE IN PHYSICAL ACTIVITY.

Key CHNA Finding:

- Obesity was the top health care concern of area residents according to the Community Health Survey. An increasing percent of county residents reported problems in accessing healthy foods. Nearly 30% of residents report no leisure time physical activity.

Objectives:

- 7.1 By the end of 2021, increase public education efforts to inform residents of free or low-cost options for healthy food.

	Action	Performance Indicator	Responsible Party
7.1a	By 2020, use GIS mapping tools to locate and identify free or low-cost healthy food sources within each municipality in Middlesex County.	<ul style="list-style-type: none"> <li>• The creation of an online accessible map displaying relevant food sources.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Physical Activity and Nutrition Workgroup</li> <li>• MCFOODS</li> <li>• Middlesex County Office of Health Services</li> </ul>
7.1b	By 2021, promote free and low-cost food distribution services (food pantries, soup kitchens, farmer's markets) by developing marketing and promotional materials and provide to municipalities and other social services.	<ul style="list-style-type: none"> <li>• Creation of relevant marketing materials.</li> <li>• Database/distribution list of municipality contacts, nonprofits and other social services.</li> <li>• Measure reach of the promotion by the municipality/organization distribution list.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Physical Activity and Nutrition Workgroup</li> <li>• MCFOODS</li> <li>• Middlesex County Office of Health Services</li> <li>• New Brunswick Food Alliance</li> </ul>
7.1c	Support food retail stores to prominently display healthy options within key municipalities in need, outlined in the CHNA.	<ul style="list-style-type: none"> <li>• Establish a list/database of municipalities with healthy corner store initiatives that includes the names of participating store.</li> <li>• Develop best practices checklist and factsheet.</li> <li>• Distributed to municipalities and/or businesses interested in launching a healthy corner store initiative.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Physical Activity and Nutrition Workgroup</li> <li>• MCFOODS</li> <li>• Middlesex County Office of Health Services</li> </ul>

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	Action	Performance Indicator	Responsible Party
7.1d	Work with food sources and pantries to maximize the number of the days/hours of operation for increased access area-wide	<ul style="list-style-type: none"> <li>• Creation of food pantry coalition within Southern Middlesex County</li> <li>• Monthly Meetings of the coalition</li> <li>• Healthier Middlesex Representation at coalition meetings.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Physical Activity and Nutrition Workgroup</li> <li>• MCFOODS</li> <li>• Middlesex County Office of Health Services</li> </ul>

## Priority Area III: Nutrition and Physical Activity

### Priority Group VIII – Physical Activity

GOAL VII: ENSURE THE PUBLIC HAS ACCESS TO NUTRITIOUS AND AFFORDABLE FOOD AND OPPORTUNITIES TO PARTICIPATE IN PHYSICAL ACTIVITY.

Key CHNA Finding:

- Obesity was the top health care concern of area residents according to the Community Health Survey. An increasing percent of county residents reported problems in accessing healthy foods. Nearly 30% of residents report no leisure time physical activity.

Objectives:

7.2 By 2022, incorporate physical activity and wellness initiatives into existing programs through partner organizations and expand the utilization of Healthy Kids Camp, Walk with a Doc, ParksRx.

	Action	Performance Indicator	Responsible Party
7.2a	Redevelop Healthy Kids Camp MOU and programming to increase participation in Healthy Kids Camp yearly by 10%.	<ul style="list-style-type: none"> <li>• Number of Camps participating, and Kids impacted by programming.</li> <li>• Revising of the MOU yearly.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Physical Activity and Nutrition Workgroup</li> <li>• MCFOODS</li> <li>• Middlesex County Office of Health Services</li> </ul>
7.2b	Increase participation in Middlesex County's Walk with a Doc program by 10 % yearly.	<ul style="list-style-type: none"> <li>• Baseline 2019.</li> <li>• Number of walks and participants.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Physical Activity and Nutrition Workgroup</li> <li>• MCFOODS</li> <li>• Middlesex County Office of Health Services</li> </ul>
7.2c	Incorporate ParksRX program into wellness initiatives and build network of Providers who are prescribing Physical activity through ParksRX.	<ul style="list-style-type: none"> <li>• Conduct 10 ParksRX information sessions for providers.</li> <li>• Increase provider participation by 10% each year.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Physical Activity and Nutrition Workgroup</li> <li>• MCFOODS</li> <li>• Middlesex County Office of Health Services</li> </ul>
7.2d	By 2022, increase the amount of organizations offering workplace wellness initiative through the Rutgers Cooperative Extension's Workplace Wellness Initiative by 10%.	<ul style="list-style-type: none"> <li>• Baseline from 2019.</li> <li>• Recruit organizations to incorporate online wellness tool.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier Middlesex Physical Activity and Nutrition Workgroup</li> <li>• MCFOODS</li> <li>• Middlesex County Office of Health Services</li> <li>• Rutgers Cooperative Extension</li> </ul>