This Morris County Health Improvement Plan identifies health service and system needs and states goals and objectives that can improve the health status of county residents. Its guiding principle is its intent to stimulate organizations and individuals to initiate goal implementing programs and projects. The plan is primarily for the attention of the providers of health and human services that can originate such projects and programs and to the attention of state and local government agencies concerned with the public's health, and to the residents of the county.

MORRIS REGIONAL
PUBLIC HEALTH PARTNERSHIP

LETTER OF TRANSMITTAL

August 2007

To Interested Parties

The Morris Regional Public Health Partnership is pleased to publish this Morris County Health Improvement Plan prepared during a three year period with the assistance of numerous health and human services organizations.

It is addressed to the attention of all of the health services providers and human services organizations that serve the county to alert them to the health priorities and recommendations for action identified by their peers. The information provided in the plan is intended for their use with the intent that it be used to initiate the programs and services that will address their specific needs.

The plan is also addressed to the residents of the county with the wish that they become more informed of the status of health conditions in the county and that they might encourage health services providers to address the needs identified.

The Morris Regional Public Health Partnership will maintain the planning process that produced this plan and intends to publish additional versions in the months to come. Persons and organizations that wish to participate in the planning process or to obtain more information are invited to contact our offices for more information.

Sincerely,

Peter Correale, President

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MORRIS REGIONAL
PUBLIC HEALTH PARTNERSHIP

Morris Regional Public Health Partnership, Inc.

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MORRIS REGIONAL
PUBLIC HEALTH PARTNERSHIP

EXECUTIVE SUMMARY

This Morris County Health Improvement Plan identifies health service and system needs and states goals and objectives that, if fulfilled, will improve the health status of county residents. The plan is directed to the attention of the providers of health and human services, to the state and local government agencies concerned with the public's health, and to the residents of the county. The aim of the plan is to stimulate organizations and individuals to develop the programs and projects that will implement the stated goals and objectives.

This plan identifies several conditions that threaten the health and longevity of the county's residents in general and demonstrates that specific populations are more severely afflicted by these conditions than others. It is also offers solutions for health status improvement that may be implemented by health and human services organizations working independently or in concert with one another.

The Partnership prepared four assessments that provide the basic information upon which the goals and objectives are determined. All four are available from the Partnership and are posted on the Partnership's web site. They are:

County Health System Assessment: identification of the strengths and weaknesses of the County's system, including the communications and working relationships of its components;

County Health Profile: statistical health indicators and other information that helps to identify the health status of county residents;

Assessment of Forces of Change: a compilation of the economic, social, business, and governmental activities which are likely to affect health status and the delivery of health care services for the foreseeable future;

Household Survey of Community Satisfaction: the results of a direct mail survey of households, including those for whom Spanish is the main language, in all county municipalities to identify residents' perceptions of community life, health, and their own priorities.

These assessments were reviewed by a Planning Committee that then identified the county's health priorities. Regardless of the specific health topic considered, the Planning Committee found that certain underlying issues must be addressed in order to improve the health status of Morris residents:

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A. The improved management of the health system, particularly the development of better coordination and cooperation among health and social services providers;

B. The increased availability of programs of health education, particularly activities that feature instruction for the maintenance of good health and disease prevention;

C. The improvement of access to the health system, especially for low income persons, and those new to residency in the United States who may have an inadequate understanding of its components and how to obtain its benefits.

The topics considered by the Planning Committee are:

AGING
CANCER
ENVIRONMENT
HEALTH SYSTEM PAYORS
HEART DISEASE and STROKE
OBESITY
SEXUALLY TRANSMITTED DISEASES
ASTHMA
COMMUNICABLE DISEASES
DIABETES
HEALTH SYSTEM STRUCTURE
MENTAL ILLNESS
SUBSTANCE ABUSE

County goals are recommended for all of these subjects and are offered to the providers of Morris County health services whom, it is hoped, will develop the projects and action plans to implement them. In the months to come, the Partnership will evaluate the adequacy of this plan by soliciting feedback from the organizations it affects.

The Partnership will originate its own action plan to be implemented primarily by the public health professionals at both the municipal and county levels. Members of the public and other health professionals will be involved in the preparation of the plan and with the continuing planning process. When requested, the Partnership will participate with other organizations to assist the preparation and implementation of their plans and projects.

Research and planning activities to maintain and improve the plan will be conducted with the participation of other health and social services organizations that serve the county. New editions of the plan will be prepared with current data and revised goals and objectives.

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MORRIS REGIONAL PUBLIC HEALTH PARTNERSHIP
Morris County Health Improvement Plan

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INTRODUCTION

This Morris County Health Improvement Plan identifies health service and system needs and states goals and objectives that can improve the health status of county residents. Its guiding principle is its intent to stimulate organizations and individuals to initiate goal implementing programs and projects. The plan is primarily for the attention of the providers of health and human services that can originate such projects and programs and to the attention of state and local government agencies concerned with the public's health, and to the residents of the county.

There are various ways that planning is conducted and the method selected is affected by the time and resources available to carry out the process. Municipal and county health agencies in New Jersey are charged by state regulation to create a countywide Community Health Improvement Plan.

In 2004, the Morris Regional Public Health Partnership, Inc. initiated its planning process by researching information that reports the health conditions of county residents. To that time no organization existed that could carry out the countywide health planning function and the MRPHP was formed for that purpose. There is no county health department and the county's Office of Health Management is charged with specific functions for environmental and emergency management. The 39 individual municipalities that deliver "traditional" public health services can not easily lead and coordinate their peers for such a countywide activity that is intended for operation into the foreseeable future.

The Community Health Profile Committee of public health and hospital staff formed to conduct the initial research uses well established information published by authoritative state and federal sources. This evidence of demographic and health conditions has subsequently been discussed by numerous persons recruited into the planning process and who represent the health and human services organizations that serve the county. The priorities, goals and objectives that are recommended by this plan are a consensus of those who participated that are informed by the researched facts.

The overarching goal of the Partnership is that this plan be accepted by the health providers and residents of the county. The planning process is intended to be participated with by a combination of public and private organizations. In general, all organizations that affect or are affected by public health activities are invited to participate. The future activities of the Partnership include the evaluation of the plan and the planning process, and the expansion of the number of persons and organizations that participate.

Following the completion of baseline information the Partnership formed a Planning Committee of health services leaders in Morris County to develop the plans goals and objectives. The committee met during the course of six meetings between January and April, 2007 to discuss the baseline information and to come to their conclusions.

Importance of the Health Plan

The importance of this plan lies in its identification of several health conditions that threaten the health and longevity of the county's residents generally, and that of specific populations that are more severely afflicted with them than others, and that it offers solutions for health status improvement that may be implemented by health and human services organizations working independently or in concert with one another.

Generally, the population to whom Morris County services are available is one of the wealthiest and best educated in the United States. And yet the data available suggest that their advantages are accompanied by significant harmful health conditions and practices, and certain dysfunctions of the health system. If these defects are corrected the health status of county residents is likely to approve. This plan makes recommendations for programs that intend the reduction of poor health conditions and the systemic changes required to achieve them.

Even the wealthiest and best educated of Morris' population sustain death rates associated with such afflictions as heart disease and cancer that can be reduced by detection activities, educational programs that encourage healthy behaviors, and the avoidance of poor health habits. Programs can be designed for the benefit of those at high risk, and can be directed to the advantage of threatened populations, stimulating them to commence behaviors that will produce health benefits. Obesity is one preventable and widespread condition that is strongly associated with the onset of several pathologies including heart disease, cancer and diabetes. This plan makes recommendations for the necessary programs of education and prevention that can stimulate the origination of healthy behaviors.

Numerous persons in Morris County are elderly and living longer, and many of these require an increased variety of support services to manage the chronic diseases they sustain. Persons with cancer may have no knowledge of the availability of support services they require such as transportation, the necessity for new tests, and the benefits associated with participation in clinical trials. Many support services that are required are not available. This plan makes recommendations to provide such services.

The specialized activities that are engaged with by Morris County residents in the course of their daily activities do not influence them to regard health matters as a high priority, as was shown by the Partnership's survey of each county municipality. Persons of all educational and income levels and from all races and ethnicities require the availability of health information. This plan makes recommendations to improve the availability of health education resources.

Such programs are especially necessary for those Morris County residents who are less educated and who have low incomes. These populations are associated with the later detection of their diseases, higher death rates and riskier health behaviors. Many are new to the United States and are not familiar with the use of the health system available to

them, and are not aware of the risks they are taking by engaging in poor health behaviors. This plan makes recommendations that will beneficially affect these populations.

Health institutions and health providers are independent entities that often compete for patients. In recent years the privatization of the health system has increased this competition and increased their focus for economic survival. Programs that are not profitable but which are beneficial to county residents, particularly those requiring volunteer personnel and donated funds are tending to decline. However, the possibilities exist for grants-in-aid to support them with the assistance of cooperating organizations and individuals. This plan makes recommendations for a health system structure to initiate such cooperative actions and that can attract the government and private foundation funds to support them.

This plan recognizes traditional public and personal health services as its subjects. Other plans concerned with health specify activities required during such incidents as bio-terror attacks and pandemic diseases. Local and county governments in Morris County are responsible to respond to these urgent matters and their activities are guided by the plans prepared by the New Jersey Department of Health and Senior Services and the Morris County Office of Health Management

Morris Regional Public Health Partnership

The Morris Regional Public Health Partnership, Inc. was incorporated as a not-for-profit organization in 2004. Its establishment is motivated by national activities that intend the reform of public health services delivery throughout the United States. One change is to implement formally established national public health performance standards. The State of New Jersey participates with this reform and has passed a regulation requiring the implementation of the standards. Implementation includes two components: the recognition that all health related organizations such as hospitals and human services associations are part of the public health system, and the necessity for county health plans that include those organizations in its preparation.

Among the Partnership objectives stated in its by-laws, is to ". . . support coalition building with governmental and non-governmental organizations for the planning and implementation of public health service policies and projects."

Planning Process Overview

The planning process used by the Partnership is also being used to produce health plans in each New Jersey County, and in other states. Named the Mobilization for Action through Planning and Partnerships (MAPP), it has been developed for national use by the joint action of the federal government and the National Association of City and County Health Officials. Its approach is an adaptation of traditional planning processes calling for the sequence of problem identification, specification of priorities and goals, and then

implementation and evaluation. The focus of the process that is used by the Partnership is one of problem control.

With the resources available, the process was implemented over a period of three years using modest Partnership membership fees received from municipalities, grant funds received from the Morristown Memorial Hospital, the Morris County Freeholders, and from the state and federal government through the Morris County Office of Health Management. A professional planning firm was retained to organize and manage the planning process.

The process provides interested parties in Morris County with four health related assessments that they may use to develop projects and policies of their own. These are the County Health Profile; the results of a survey of public opinion; a review of the local health system; and a statement of the forces expected to affect the delivery of health services. The information developed in each was prepared from authoritative sources. In the instance of the statistical data stated in the County Health Profile published information obtained from authoritative sources was used., sound procedures were applied when carrying out the survey of public opinion, and; a broad range of organizations were involved with both the preparation of the assessments of the local health systems and the identification of those forces that are expected to affect the health system.

These assessments are the informational basis upon which the Partnership's Planning Committee formulated the goals and objectives that are the plan. Their discussions resulted in the statement of problems directly and indirectly derived from them, and the formulations of high level goals and objectives to address them. The Planning Committee is comprised of health and human services professionals from organizations located in Morris County, each of which serves a broad range of health conditions. Resources limitations of the Partnership restricted the participation of numerous other more specialized organizations that serve Morris County residents. As the planning process continues, these organizations will be invited to participate.

Assessments: The Basis for the Plan

All four assessments are available from the Partnership, and are posted on the Partnership's website. They are:

A. County Health System Assessment: This reviews several components of the Morris County Health system. The county's status is measured by the components of the Public Health Practice Standards. The results are compiled using the Local Public Health System Performance Assessment Instrument originated by the National Public Health Performance Standards Program of the federal Centers for Disease Control. The preparation of the report was conducted by the Morris County Office of Health Management and included a variety of subjects such as the availability of health status data; the extent to which health problems are being investigated, reported and resolved;

the adequacy of communication among health professionals and their institutions; and, the degree to which programs of public information are provided.

During a series of meetings persons in Morris County leadership roles discussed their perceptions of the status and adequacy of these components, recording their observations for use in this plan. They voted their degree of satisfaction with the components that they discussed, and the results were reported to the Centers for Disease Control, which subsequently provided the Partnership with an electronically generated report of the status of the county's health system. The results of the report are available as a baseline understanding of the functioning of the system and a point of departure upon which improvements to it can be made.

B. County Health Profile: Basic health statistical and other information relevant to Morris County is compiled and comparisons are made to other counties, the state, and national experience. The Partnership's Community Health Profile Committee developed this profile over the course of two years. At the outset of their work the Partnership determined that it would use published information from the most authoritative sources. Most of the data included in the report is obtained from the U.S. Census Bureau, the federal Centers for Disease Control, and the Center for Health Statistics of the New Jersey Department of Health and Senior Services. A wide range of health topics are included with accompanying notes that identify their sources and establish their adequacy for use in this plan's preparation.

Not all of the published data is adequate to understand the extent of a topical problem. Accordingly, we don't know the full extent and character of the problems in Morris County. Asthma and Diabetes, for example, each estimated to be afflicting six percent of the population, is represented by inpatient hospital data that can only suggest the nature of the problem since these conditions are primarily experienced by persons who are not hospitalized. To develop goals and objectives that use hospitalization data can address only a small portion of the target populations. Additional information from hospital records that further reports characteristics of these conditions would be useful to identify whether hospitalization was required primarily for the asthmatic or diabetic condition or for another condition. Development of a further understanding of these conditions will require hospitals to make known the characteristics of the afflicted persons such as their ages, races, sex and such other demographic and financial characteristics. But without information that describes the nature of these afflictions to persons who are ambulatory, and their effects upon them as family members, productive employees, and school attendees, and users of health services the characteristics of the largest portion of the afflicted population will remain unknown.

Information that describers the problems experienced by such ambulatory persons may be available from such organizations as the American Lung Association and the American Diabetes Association, and others.

C. Assessment of Forces of Change: The assessment assists the identification of the current phenomena that are likely to affect the future delivery of health services.

Meetings conducted with representatives of county health, education, government and human service organizations identified those forces which affect health professionals and the general public, but over which they had little influence. Among the topics identified are: population changes, including new immigration into Morris County; the changing nature of the family; problems associated with aging; the changing character of the health system; state and federal health policies; the limitations of the social service safety net, medical and information technology and the availability of the health services system including its manpower.

D. Household Survey of Community Satisfaction: The Partnership conducted a direct mail survey assessing public opinion on what constituted a healthy community. The survey instrument used is that developed for the MAPP planning process by the National Association of City and County Health Officials. It inquired into several aspects of community life and was not confined to matters relating to public and personal health. Some 11,000 survey instruments were mailed to each of Morris County's thirty-nine towns. The number of surveys mailed to each town was proportional to its population. Of the surveys mailed 1,000 were mailed to Spanish speaking households. Approximately ten percent of the surveys were returned.

Use of the Assessments by the Planning committee

The results of the four assessments were made the subject of review by a Planning Committee which was formed in late 2006 and began meeting in January 2007. Membership is comprised of individuals representing a range of the health and human services organizations that are based in Morris County. Their charge was to identify the county health priorities, and to formulate the related goals and objectives which could be derived from the four assessments coupled with their own experience and observations. Over the course of several meetings the priorities, goals and objectives stated in this plan were developed. The section reporting cancer was initially developed by the Morris County Cancer Coalition. All priorities, goals and objectives identified by the Planning Committee were reported to the members of the Partnership at its May, 2007 meeting when they were adopted.

The Planning Committee activity commenced with a discussion of the disease related subjects listed in the County Health Profile. It quickly became evident that the statistics associated with them were not regarded as the primary indicators of the health problems and needs in Morris County. That is to say, the Planning Committee acknowledged the authority of the statistical information and the need to improve upon the status it portrayed, but held that, generally, there are ample supplies of hospital beds, professional staff and other "hard" assets.

The planning process used by the Partnership is continual. As the plan is distributed the Partnership will monitor the degree to which it is used and accepted by other organizations, as well as it's affect on them. Interested parties including the representatives of other health related organizations will be asked to join the planning

process. The Partnership will keep the plan current with new information and revised goals and objectives that respond to emerging issues.

Priorities

Regarding almost every health topic, the Planning Committee discussion of the assessments resulted in recommendations to the Partnership that the most important requirements for the improved health status of Morris residents are:

A. The improved management of the health system, and particularly coordination and cooperation among the health and social services providers;

B. The increased availability of programs of health education, and particularly activities that feature instruction for the maintenance of good health and disease prevention;

C. The improvement of access to the health system; especially for low income persons, and those persons new to residency in the United States who may have an inadequate understanding of its components and how to obtain its benefits.

Accordingly, the goals and objectives which are presented for each of the topical subjects that follow (Aging, Substance Abuse, etc.) are generally arranged within their presentation by the priority areas.

Goals And Objectives

Goals in this plan are longer term desirable states of a general nature that require numerous activities for their realization. Objectives are more specific of the goals to which they refer and are presented here as policy recommendations for the programs and projects that are expected to lead to their achievement.

The goals and objectives stated below are the product of a consensus among planning participants that is endorsed by the members of the Partnership and offered to all of the health and human services organizations that serve Morris County residents. They are policy recommendations upon which implementing activities may be originated. The Partnership's intent is that these organizations will consider them and originate programs and projects to achieve them. The Partnership will originate its own Action Plan based in the goals and objectives of this report.

Goals and objectives were originated in writing at Partnership and Planning Committee meetings. Additionally, Planning Committee member comments describing problems and related desired activities have been obtained from the recordings of their discussions. Both are included in the goal statements below. These are factually based in the

assessments, but the evidence used for them necessarily includes the un-quantified experience and observations of the Planning Committee. Indeed, the use of such experience and observations is in many instances preferred as a guide to the use of "hard" statistical information.

Consider a typical planning problem in light of the following question: Shall the hard data available to us inform a problem with additional information on a subject with which we have experience, or shall such data be the exclusive rationale for determining a problem? During the Partnership's planning process extensive statistical data has been brought to bear but its relevance to the Plan Committee's identification of problems and goal determination is often far less important than the committee members' experience.

For example, statistics published in the assessments that describe Morris County's aging population inform, but do not directly specify, the Planning Committee's stated concerns for this cohort's incidence of social isolation, and the limitations to their continuity of health care services. Similarly, the hard data available on mental illness and substance abuse does not reveal any of the underlying family and community dysfunctions identified at the meeting that may lead to the onset of such problems among children and adolescents. In other well documented instances, as in the case of cancer, the statistical data had a stronger role for goals formation.

For these reasons the point of departure for goals formation is to consider first the experience of the planning participants; and to this experience add such hard data as is available for its qualification.

In several instances goals and objectives for the health system that are expressed on behalf of one topic are applicable to another. This is particularly true for objectives that are specified for prevention, education and activities that will increase the cultural competency of services providers. Revisions to this plan will consolidate such recommendations under an appropriate classification.

A Note on Measurable Goals And Objectives

Goals and objectives are often accompanied by measures that define their realization, and that may be used to evaluate the degree of their attainment. The goals and objectives stated in this plan are "high level" and are policy statements that are not accompanied by measures. These are directed to the attention of a wide range of organizations for their origination of the action plans and the projects and programs that will implement them. It is those action plans that will consider the time and resources required for their realization, and that realization should be expressed with measures of attainment. Each implementing organization will have its own unique set of circumstances and preferences for project intentions and design.

However, the measurement of plan achievement is a requirement of any planning process. These are no measures at hand that provide Morris County baseline data for the

priorities of access, education, and health system management and systemic improvement. Those will be the subject of attention as these priorities are addressed. At this time the only measures available are those published by the New Jersey Department of Health and Senior Services in its Healthy New Jersey 2010 documents. Those goals are for the state and are supported by the Partnership and this plan. They may be used for the guidance of activities in Morris County. The Healthy New Jersey 2010 goals that are related to the health topics stated in the County Health Profile assessment are stated in Appendix 1. It can only be assumed that activities originated to implement the goals and objectives of this plan will have an effect on the Healthy New Jersey 2010 measures.

Creating quantifiable goals and objectives for Morris County for all persons afflicted with such conditions as Asthma or Diabetes by using the information now in hand would be arbitrary and scientifically irrelevant in the absence of additional data collected in a sound statistical manner and upon which factually based trends and rates can be calculated and to which the attention of persons and organizations that are specifically informed to these conditions can be drawn. The absence of Morris County data that can be used to formulate calculated goals and objectives will result in no such measures being stated. At this time the formulation of such is the province of other expertise as that of the New Jersey Department of Health and Senior Services that has created the statewide goals and objectives for a limited range of subjects that are expressed in Healthy New Jersey 2010.

Plan Evaluation

"Evaluation is needed to tell us whether we are doing that which brings us what is wanted, whether we are doing it effectively, and in an efficient way, whether our planning methods are any good, and what should we do the next time around." [1]

The issues described by Blum, quoted above, are more applicable to projects than to the high level goal and objectives statements made by this plan. The action plans of the organizations that accept the recommendations of this plan are anticipated to be in the form of projects and programs for implementation, the outcomes of which can be measured as a function of the time and resources expended on them.

As previously stated, the Partnership will initially evaluate this plan by assessing its acceptance by the health services providers and the county residents to which it is addressed, and to determine the alterations required to the planning process that produced it. The Partnership, as part of its Action Plan, will consult with those to whom the plan has been distributed and seek their involvement in the planning process and their suggestions for plan and plan process revisions. That information will be used to change and improve subsequent plans.

[1] P. 543. Blum. Henrik L, Planning For Health: Development and Application of Social Change Theory, Human Sciences Press, New York, 1974

AGING

With regard to aging and human services organizations the Partnership was provided the data compiled in the *County Health Profile* and found it relevant to their current efforts, but with limitations. As mentioned in the Introduction, the data inform but do not directly specify the Planning Committee's stated concerns for this cohort's social isolation and the limitations to their continuity of health care services

Among the forces of change which members alluded to in meetings were: aging population, with the attendant increase in the need for continuity of health care services; increased average life span, with respect to the greater burden placed on the health care system as a result of people living longer, and accordingly more of them entering that phase of advanced age when health issues begin to manifest in much higher numbers; family structure, particularly with regard to both the weakening of the nuclear family, the resultant increases in the incidence of social isolation, and an ever growing dependence on the public health system to fill a caretaker role once principally assumed by family members; medical technology, which impacts the aging population in a number of ways including the need for this population to become aware of the possibilities provided by advances in treatment and prevention, as well as higher costs associated with the current tendencies toward prolonging life in the last stages of illness that these advances allow; transportation, a critical need in a group that finds itself less and less able to provide it for themselves, decreases in its availability due to the current tendency of family members to live farther apart, and because many seniors begin experiencing problems operating a vehicle. There is a need to increase awareness of transportation options that now exist while working to provide a greater number of them for this population. Social service safety net limitations, which directly affect the aging through such matters as whether Social Security will be able to support the Baby Boom generation now entering their senior years, and the burgeoning demand for publicly sponsored services as a result of increased treatment costs caused by a growing trend toward the privatization of medicine.

The following goals and objectives, grouped by area of concern, were identified by the Partnership. Groups are here presented alphabetically for ease of cross-reference, and the arrangement of goals and objectives within each group does not reflect relative importance, nor does their order of presentation imply a sequence in which they should be addressed or implemented.

Access

GOAL AG1. Establish a working group to make needed improvements in the availability and conditions of senior housing.

1a. Combine authorities whose specific expertise is in public housing, assisted living, senior issues and other subjects appropriate to identifying, aiding, and implementing the improvements needed to improve the availability and conditions of senior housing;

1b. Plan for the creation of cooperative apartment-style housing, of the type where senior residents take part in the governance and administration of their residence.

GOAL AG2. Establish a working group combining authorities whose specific expertise is in the areas of senior nutrition and health care, food distribution and any other specialty appropriate to identifying and implementing the improvements needed for senior nutrition.

Health System Changes

GOAL AG3. Establish a permanent working group to study and improve health care delivery to Morris County seniors.

3a. Combine authorities whose specific expertise is in the areas of senior nutrition, assisted living, senior health care, hospice care and other specialties appropriate to identifying and implementing the improvements necessary for more effective health care delivery to Morris County seniors;

3b. Identify the support services required by isolated elderly persons in Morris County;

3c. Research and define the type of management system required for the delivery of services to the elderly.

Outreach

GOAL AG4. Create a working group whose goal will be the improvement of outreach services for seniors through an approach which considers all facets of the Provider – Patient – Caregiver equation.

4a. Improve outreach through "gatekeepers" and other means;

4b. Consider the needs of caregivers, and how their needs evolve as more intensive care is required, and establish a program to address those needs;

4c. Identify the changing levels of health care required, and ramifications for the Provider, Caregiver and Patient as those levels of need change.

Public Education & Prevention

GOAL AG5. Establish a cost effective and responsive approach to providing counseling for elderly persons and their caregivers.

5a. Consider individual and joint counseling to provide information and help to alleviate some of the problems which can develop when the direction of responsibility and care becomes reversed [i.e. when a son or daughter find themselves caring for a parent].

ASTHMA

With regard to asthma and human services organizations the Partnership was provided the data stated in the *County Health Profile* and found it relevant to their current efforts in tangential ways only, due to the primarily outpatient nature of the condition. The New Jersey Department of Health and Senior Services estimates that six percent of the state population has asthma. In Morris County only hospital admissions are available as "hard data", but the members agree that there is enough information available to see that Asthma continues to be a significant problem, with 1 in 13 affected, and with higher rates among blacks and women. The members also reached a consensus that this is not a critical priority, given the fact that groups like the Lung Association are effectively working on this subject.

Pediatric asthma is one of the diseases specified by the federal government as an Ambulatory Care Sensitive Condition, along with uncontrolled diabetes, and immunization-preventable pneumonia and influenza.[2] The goals and objectives below apply to these conditions, and not simply to Asthma; broadening the scope of the Partnership's considerations is deemed the more productive path.

Among the forces of change which members alluded to in meetings were: aging population, with deaths increasing substantially with age, and most occurring in persons over age 85 (Morris County enjoys good placement in relation to other counties for asthma hospitalization rates, but while the *County Health Profile*, p.66, reports Morris as having the 2nd lowest hospitalization rates by county in the State for ages 20-64, the 3rd lowest hospitalization rate in the State for individuals age 5-19, and the 5th lowest rate for individuals under age 5 statewide, it's ranking as the 6th lowest for ages 65+ makes this group the worst *in terms of Morris' relative placement*); chronic disease, with the New Jersey Commissioner of Health stating in September, 2005 that asthma is "a chronic disease that has escalated into a national public health epidemic"; environment, with the NJBRFS estimating that 37,673 cases (9.1%) of asthma among New Jersey adults may be work related; government health policies, particularly initiatives such as the active state-wide planning process which led to the formation of the New Jersey Interdepartmental Asthma Committee, whose strategic the *Interdepartmental Report and Strategic Plan for Asthma* defines eight goals with related objectives and strategies (available as *Asthma Strategic Plan*) on the NJDHSS website www.NJAsthma.com; no health insurance coverage, which hampers efforts to mitigate the damage caused by those cases which can be controlled through simple treatments such as the use of inhalers; information technology, which has been used effectively to create web-based initiatives between health care professionals, and between health system workers and patients; as well as medical technology, social service safety net limitations and the public health environment.

[2] Healthy People 2010- U.S. Office of Disease Prevention and Health Promotion) http://www.healthypeople.gov/data/midcourse/comments/faobjective.asp?id=1&subid=9

The following goals and objectives, grouped by area of concern, were identified by the Partnership. Groups are here presented alphabetically for ease of cross-reference, and the arrangement of goals and objectives within each group does not reflect relative importance, nor does their order of presentation imply a sequence in which they should be addressed or implemented.

Health System Changes

GOAL AS1. Initiate a study to investigate Morris County's current needs with regard to treatment for three ambulatory-care-sensitive conditions—pediatric asthma, uncontrolled diabetes, and immunization-preventable diseases in order to develop the health system.

- 1a. Create activities that focus on the current needs for primary care services;
- 1b. Expedite the implementation of policies and practices for primary care.

Professional Education & Prevention

GOAL AS2. Establish a training program which insures that all healthcare workers in Morris County are capable of satisfying the public's public health needs irrespective of the economic, ethnic or racial background of the patient.

- 2a. Include cultural competency training for physicians, nurses and other healthcare workers;
- 2b. Establish related annual in-services hospital training;
- 2c. Orient programs to improve the performance of providers to reduce the underlying distrust of consumers.

Public Education & Prevention

GOAL AS3. Utilize recent successful local, regional and national Asthma prevention and education efforts as a foundation to continue informing the public and improving community health.

- 3a. Distribute a comprehensive directory of health services and providers and make copies available in hospital emergency departments to assist patients with selecting a primary care provider in their communities;
- 3b. Provide patient education classes on proper control, self-management, use of medications, importance and availability of immunizations, diet and signs and symptoms for such chronic conditions as asthma, diabetes, congestive heart failure and other leading causes of adult or pediatric hospitalization as they relate to ambulatory care sensitive conditions;
- 3c. Create educational materials in languages other than English and Spanish to provide better health education to New Jersey's ethnically diverse population, especially on managing the leading ambulatory care sensitive conditions.

System Improvements

GOAL AS4. Improve existing facilities in a manner that will make them more accessible -- especially to the populations who need them most, and to those who are having the most difficulty currently utilizing these establishments.

4a. Design multidisciplinary clinics allowing adults and children to be seen at the same setting;
4b. Add more non-English-speaking staff to hospital clinics and other primary care settings;
4c. Utilize nurse practitioners and/or physician assistants in primary care settings to enhance provider hours;
4d. Offer more appointment slots to reduce waiting periods, including the making of allowances for "same day" or “walk in” appointments;
4e. Provide consumers easy phone access to healthcare providers;
4f. Add evening and weekend office hours to clinicians' practices that serve the Medicaid and "working poor" populations;
4g. Establish contracts with Medicaid managed care providers to allow patients to fill prescriptions at clinic or hospital pharmacies to improve medication compliance;
4h. Plan to establishing additional facilities and programs that specifically target low income and working poor members in the county;
4i. Create neighborhood-based and work site-based health primary care services. Consider establishing primary care services within school, church, other community-based organizational settings and large work sites employing low-income workers;
4j. Provide additional training for hospital or community outreach workers employed in the emergency department, outpatient clinics, admission or cashier areas to assist patient enrollment in NJ FamilyCare.

GOAL AS5. Research, discuss and make recommendations for establishing new and improving existing means of outpatient data collection specific to Morris County.

5a. Monitor all hospital admissions and emergency department visits for ambulatory care sensitive conditions.

CANCER

The Partnership considered the cancer data published in the *County Health Profile* and found it both relevant and useful, as well as finding the availability of cancer data overall to be good. A working group from the Morris County Cancer Coalition developed information that became the basis for the Partnership's review. The goals and objective stated below are also the basis for the Coalition's Morris County Cancer Plan.

Among the forces of change which members alluded to in meetings that can affect persons with cancer in the future are: Morris County's aging population and the increases in cancer incidence associated with advanced age; immigration trends indicating a continual increase of the County's foreign born population, which is likely to result in larger numbers of persons that are not familiar with the health system and how to use it; chronic disease, with cancer typically requiring life-long services; government health policy that provides resources which are the primary source of services for uninsured and low income persons with cancer; increased average lifespan suggesting that longer lived persons will be more likely to incur cancer; medical technology, advances that will provide added cancer care benefits, while most likely raising the costs of associated services to the health provider and consumer; and public health system complexity that can act both as an aid and a barrier to obtaining health services.

The following goals and objectives, grouped by area of concern, were identified by the Partnership. Overarching goals and objectives are presented first, followed by site specific goals and objectives targeting each of the seven cancers (lung, colorectal, breast, prostate, cervical, oral, and melanoma) identified by the NJ Comprehensive Cancer Control Plan. The Area of Concern groups are presented alphabetically for ease of cross-reference. The arrangement of goals and objectives within each group does not specify relative importance, nor does their order of presentation imply a sequence in which they should be addressed or implemented.

Overarching Goals

To create culturally and linguistically appropriate county programs for cancer education, screening, and early detection for all county residents (insured and uninsured) that addresses each of the 7 cancers (including breast, cervical, colorectal, prostate, skin (melanoma), lung and oral).

Awareness and Education

G1. Increase awareness by providing cancer specific outreach and educational campaigns focusing on prevention, primary risk factors and early detection.
   - 1a. Identify social marketing techniques to help create and implement a Morris County specific educational campaign that identifies obesity, tobacco, and alcohol as high risk behaviors for cancer, and encourages adoption of health promotion

strategies to reduce cancer risk through exercise and other healthier lifestyle behaviors;

1b. Identify services available through the federal Cancer Information Service (CIS) partnership, National Cancer Institute, New Jersey Department of Health and Senior Services and other cancer specific organizations to reach minority, medically underserved and other residents of Morris County;

1c. Identify grant opportunities to help support the marketing campaign efforts adopted by the Morris County Cancer Coalition and those of other organizations that support the goals and objectives of the Morris County Cancer Control Plan.

Screening

G2. Improve the use of cancer screening by promoting awareness of, and access to, cancer specific early detection and treatment services for Morris County residents.

2a. Expand the knowledge and awareness of NJCEED screening programs for breast, prostate, cervical and colorectal cancers;

2b. Expand the knowledge and awareness of all community screening programs for the seven priority cancers identified by the New Jersey Comprehensive cancer Control Plan;

2c. Implement a program to enhance physician knowledge and adoption of the current screening and treatment standards as detailed by the National Cancer Institute (NCI) screening guidelines and the American Cancer Society;

2d. Identify mechanisms to increase funding for screening and treatment of cancers for minority and medically underserved residents of Morris County.

Advocacy

G3. Support, enhance and expand advocacy activities for cancer services in Morris County.

3a. Strengthen and support cancer services programs delivered locally;

3b. Develop methods to advocate for increased funding for screening, research and treatment for services available through the NJCEED program and other cancer related organizations in Morris County;

3c. Research, adopt and publish the best practices used by culturally relevant outreach and health education programs specific to the diverse populations in Morris County;

3d. Strengthen and expand advocacy partners associated with the Morris County Cancer Coalition;

3e. Provide assistance in advocating that additional NJCEED funding specific to NJCEED outreach, education, screening and treatment efforts be made available, particularly with respect to NJCEED funding limitations which currently provide insufficient support for county wide programs.

Access

G4. Provide Morris County residents with access to cancer specific education and early detection services.
  - 4a. Coordinate with the NJCEED program, county and local health departments, hospitals, health clinics and other organizations;
  - 4b. Advocate for increased funding for these screenings and educational activities;
  - 4c. Advocate for increased funding for the treatment of cancers identified by screenings on behalf of non-NJCEED program eligible patients, or for those services for which the NJCEED program is not able to pay.

G5. Provide the NJCEED eligible community with screening, education, opportunities for risk factor review, and the means of early detection for skin (melanoma), lung, and oral cancers.
  - 5a. Encourage participation in scheduled cancer related events including special skin, lung and oral screenings;
  - 5b. Engage primary care physicians, insurance companies, and pharmaceutical companies to participate in the process to address financial commitments, the promotion of screenings to employees and the community at large, and the provision of other resources (materials, marketing, etc);
  - 5c. Promote patient empowerment and provide a call for action in the form of encouraging patients to work with their physicians to access screening and other cancer preventative services -- particularly via the outreach and cancer education campaigns held during nationally observed cancer months (e.g., October for breast, September for prostate, etc.), but at other time as well;
  - 5d. Recommend that all persons in Morris County participate in programs that encourage a healthy lifestyle for prevention of cancer;
  - 5e. Provide a means to strengthen the referral system for persons requiring cancer related services among all hospital and community based health services providers in Morris County.

Cancer Site Specific Goals

Breast Cancer

GOAL BC1. Recommend that all women over 40 years of age in Morris County be directed to breast cancer screening services.

- 1a. Recommend that minority and low income populations located primarily in Dover and Morristown be given special attention with regard to providing them breast cancer screening services;
- 1b. Recommend that specialized and culturally appropriate breast cancer screening and education outreach programs be mounted on behalf of those minority and low income populations located primarily in Dover and Morristown;
- 1c. Recommend that health services providers serving Morris County residents identify and refer low income, and low income minority persons to breast cancer screenings available through the New Jersey Cancer Education and Early Detection (NJCEED) Program located at Morristown Memorial Hospital;
- 1d. Recommend that breast cancer support networks in Morris County be identified and made the subject of breast cancer related information programs.

GOAL BC2. Recommend that women of all ages be made the subject of breast cancer education programs that identify the risk factors for the disease, its incidence and mortality in Morris County, and the resources available for its screening.

- 2a. Recommend that schools in Morris County undertake activities to comply with state law requiring instruction of adolescents in the techniques of breast self examination and the risk factors for breast cancer;
- 2b. Recommend that women in Morris County be made the subject of programs that encourage a healthy lifestyle for prevention of breast cancer;
- 2c. Recommend that programs of general public information be provided to the general public to heighten awareness and knowledge of breast cancer and the need for early detection in Morris County.

GOAL BC3. Initiate activities to increase public awareness of clinical research being undertaken on behalf of breast cancer.

- 3a. Initiate activities that increases women's awareness of in breast cancer clinical trials and that encourages their participation with them;
- 3b. Provide appropriate education on breast cancer to physicians and all other health care providers.

GOAL BC4. Recommend that breast cancer programs be chosen as the subject of advocacy activities, with the goal of increasing both their funding and treatment services.

Cervical Cancer

GOAL CV1. Initiate programs of public and medical education regarding cervical cancer.

- 1a. Recommend that specialized and culturally appropriate outreach programs be mounted on behalf of the minority and low income populations located primarily in Dover and Morristown;
- 1b. Initiate programs that identify and promulgate information on behalf of women of all ages regarding cervical cancer risk factors, and the availability of screening services and other resources;
- 1c. Increase the public's awareness and knowledge of the incidence and mortality of cervical cancer and the need for its early detection in Morris County;
- 1d. Publicize information that identifies cervical cancer support networks in Morris County using written material and other communications media;
- 1e. Provide programs of education on cervical cancer to medical practitioners and other health services providers;
- 1f. Initiate activities to increase public awareness of clinical research being undertaken on behalf of cervical cancer;
- 1g. Provide programs of education that encourage the participation by women in cervical cancer clinical trials;
- 1h. Recommend that women in Morris County be made the subject of programs that encourage a healthy lifestyle for prevention of cervical cancer.

GOAL CV2. Recommend that the Morris County Cancer Coalition encourage medical services providers to report the stage at which cervical cancer is detected by using the methods endorsed in the American Joint Commission on Cancer Staging manual.

GOAL CV3. Recommend that cervical cancer programs be made the subject of advocacy activities to increase their funding and to increase treatment services.

Colorectal Cancer

GOAL CR1. Initiate programs of public and medical education regarding colorectal cancer.

- 1a. Recommend that specialized and culturally appropriate outreach programs be mounted on behalf of the minority and low income populations located primarily in Dover and Morristown;
- 1b. Initiate programs on behalf of adult men and women that provide information on colorectal cancer risk factors, screening, the need for early detection and the availability of screening and treatment resources in Morris County;
- 1c. Publicize information that identifies colorectal cancer support networks using written material and other communications media;
- 1d. Provide programs of education on colorectal cancer to medical practitioners and other health services providers;
- 1e. Initiate activities to increase public awareness of clinical research being undertaken on behalf of colorectal cancer;
- 1f. Provide programs of education that encourage the participation by women in colorectal cancer clinical trials;
- 1g. Recommend that men and women in Morris County be made the subject of programs that encourage a healthy lifestyle, to assist in the prevention of colorectal cancer.

GOAL CR2. Colorectal cancer programs are recommended to be the subject of advocacy activities to increase their funding and to increase treatment services.

Lung Cancer

GOAL LC1. Initiate programs of public and medical education for lung cancer.

- 1a. Recommend that specialized and culturally appropriate outreach programs be mounted on behalf of the minority and low income populations located primarily in Dover and Morristown;
- 1b. Initiate programs on behalf of adolescents, and adult men and women, that provide information on lung cancer risk factors, the incidence and mortality of lung cancer in Morris County, the need for early detection, and the availability of screening and treatment resources in Morris County;
- 1c. Expand both public and health professional knowledge with regard to lung cancer support networks in Morris County, through the use of written material and other communications media;
- 1d. Provide professional level, lung cancer education programs to physicians and other health services providers;
- 1e. Contact physicians and provide them with information regarding the standards for the treatment of tobacco dependency, and the appropriateness of lung cancer screenings for high-risk patients;
- 1f. Initiate activities to increase the public's awareness of clinical research being conducted on lung cancer;
- 1g. Provide programs of education that encourage men and women to participate in lung cancer clinical trials;
- 1h. Provide programs that increase the public's awareness of lung cancer among non-smokers and ex-smokers;
- 1i. Recommend that men and women in Morris County be made the subject of programs that encourage a healthy lifestyle, to assist in the prevention of lung cancer.

GOAL LC2. Expand activities in Morris County that reduce and eliminate the use of tobacco.

- 2a. Promote activities that prevent the use of tobacco products;
- 2b. Increase knowledge of lung cancer risks associated with exposure to second-hand smoke;
- 2c. Increase the amount and availability of culturally relevant resources required by tobacco use cessation programs.

GOAL LC3. Recommend that lung cancer programs be made the subject of advocacy activities directed towards increasing funding for smoking cessation, reducing nicotine dependency, and increasing access to lung cancer treatment services.

Melanoma Cancer

GOAL MC1. Initiate programs of public and professional education regarding melanoma cancer.

1a. Recommend that specialized and culturally appropriate outreach programs be mounted on behalf of the minority and low income populations located primarily in Dover and Morristown;
1b. Provide public education programs to assist in screening, and the prevention and early detection of melanoma and other skin cancers;
1c. Encourage employers to provide worksite education programs for their employees which focus on melanoma and other skin cancer prevention, detection, and screening;
1d. Initiate activities to increase the public's awareness of clinical research being conducted on melanoma and other skin cancers;
1e. Provide programs that encourage men and women to participate in clinical trials for melanoma and other skin cancers;
1f. Provide professional level, lung cancer education programs for physicians and other health services providers;
1g. Initiate activities directed at young persons that increase preventive behaviors for melanoma and other skin cancers;
1h. Instruct students in Morris County school districts on prevention, detection, and screening for melanoma and other skin cancers;
1i. Expand the public's and health professional's knowledge of the availability of skin cancers support networks in Morris County using written material and other communications media;
1j. Recommend that men and women in Morris County be made the subject of programs that encourage a healthy lifestyle, to assist in the prevention of colorectal cancer.

GOAL MC2. Initiate programs to increase melanoma and other skin cancer prevention and screening services in Morris County.

2a. Increase the proportion of Morris County school districts that provide structural sun protection and have sun-safe environmental policies;
2b. Increase the ability of health professionals to reach all segments of the Morris County population, so that they may improve access to melanoma cancer screening services.

GOAL MC3. Recommend that melanoma and other skin cancer programs be made the subject of advocacy activities as a means of increasing their funding and improving access to their treatment services.

Oral and Oropharyngeal Cancer

GOAL OC1. Initiate public and professional oral and oropharyngeal cancer education programs in Morris County.

1a. Recommend that specialized and culturally appropriate outreach programs be mounted on behalf of the minority and low income populations located primarily in Dover and Morristown;
1b. Provide public education programs regarding oral and oropharyngeal cancers for their prevention, early detection and screening;
3a. Encourage employers to provide worksite education programs for their employees which focus on oral and oropharyngeal cancer prevention, detection, and screening;
1c. Initiate activities to increase the public's awareness of clinical research being conducted on oral and oropharyngeal cancers;
1d. Provide programs that encourage men and women to participate in oral and oropharyngeal clinical trials;
1e. Provide professional level, oral and oropharyngeal cancer education programs for physicians and other health services providers;
1f. Increase the practice of prevention behaviors among youth by instructing students in Morris County school districts on prevention, detection, and screening for oral and oropharyngeal cancers;
1g. Promote activities that prevent the use of tobacco products;
1h. Expand both public and health professional knowledge with regard to oral and oropharyngeal cancer support networks in Morris County, through the use of written material and other communications media;
1i. Recommend that men and women in Morris County be made the subject of programs that encourage a healthy lifestyle, to assist in the prevention of oral and oropharyngeal cancer.

GOAL OC2. Initiate programs that increase oral and oropharyngeal cancer prevention and screening services in Morris County.

2a. Increase the ability of health professionals to reach all segments of the Morris County population, so that they may improve access to oral and oropharyngeal cancer screening services.

GOAL OC3. Recommend that oral and oropharyngeal cancer programs be made the subject of advocacy activities as a means of increasing their funding and improving access to their treatment services.

Prostate Cancer

GOAL PC1. Initiate programs of public and professional education regarding prostate cancer.

- 1a. Recommend that specialized and culturally appropriate outreach programs be mounted on behalf of the minority and low income populations located primarily in Dover and Morristown.

GOAL PC2. Provide public education programs to expedite early detection of prostate cancer, including information on the benefits and risk factors associated with the normal and abnormal outcomes of screening and treatment.

- 2a. Encourage employers to provide worksite education programs for their employees which focus on prostate cancer prevention, detection, and screening;
- 2b. Initiate activities to increase the public's awareness of clinical research being conducted on prostate cancer;
- 2c. Provide programs that encourage men and women to participate in prostate cancer clinical trials;
- 2d. Provide professional level, prostate cancer education programs to physicians and other health services providers;
- 2e. Expand both public and health professional knowledge of the availability of prostate cancers support networks in Morris County, using written material and other communications media;
- 2f. Recommend that men and women in Morris County be made the subject of programs that encourage a healthy lifestyle, to assist in the prevention of prostate cancer.

GOAL PC3. Initiate programs that increase prostate cancer screening and treatment services in Morris County.

- 3a. Increase access to prostate cancer screening services;
- 3b. Increase the amount of screening and treatment services in Morris County to increase access to all culturally distinct segments of the population.

GOAL PC4. Recommend that prostate cancer programs be made the subject of advocacy activities as a means of increasing their funding and improving access to their treatment services.

COMMUNICABLE DISEASES

In general, the subject of those communicable diseases that are water, food and vector related are not regarded as requiring priority attention. Although these -- particularly Lyme Disease, which appears in Morris County at higher incidence rates than anywhere else in the state -- are not to be lightly regarded, the Partnership held that sufficient reporting, public information and control tools were in place that priority attention to them is not required at this time.

Hepatitis B

Background and Public Health Impact

Hepatitis B is a serious liver disease that is caused by the hepatitis B virus (HBV). It is extremely infectious and can be transmitted sexually or through contact with the infected blood or body fluids of infected individuals.

Although there is no cure for Hepatitis B, there is a safe and effective vaccine that can prevent the disease. Public health interventions designed to educate high risk groups on the prevention and spread of Hepatitis B virus can reduce the transmission of the virus in close contact situations and among high risk groups.

Education & Prevention (HBV)

GOAL CD1. Identify, counsel, and test persons at risk for HBV infection.

GOAL CD2. Provide referral for medical evaluation of those found to be infected.

GOAL CD3. Conduct outreach and community-based activities to address practices that put people at risk for HBV infection.

GOAL CD4. Improve communication of information about Hepatitis B to health care and public health professionals, and provide education to the public and persons at risk for infection.

Health System Changes (HBV)

GOAL CD5. Conduct HBV related surveillance activities to monitor acute and chronic disease trends.

GOAL CD6. Evaluate the effectiveness of prevention and medical care activities to reduce the incidence of HBV.

GOAL CD7. Conduct epidemiological and laboratory investigations to better guide HBV prevention efforts.

Hepatitis C

Background and Public Health Impact

Hepatitis C is a contagious viral disease that leads to serious, permanent liver damage, and in many cases, death. The majority of people who have hepatitis C have no symptoms and are unaware of their infection. However, they can transmit it to others during this stage. There is no vaccine. Other prevention and control methods are the only ways to halt the cycle of transmission.

Education & Prevention (HCV)

GOAL CD8. Identify, counsel, and test persons at risk for HCV infection.

GOAL CD9. Provide referral for medical evaluation of those found to be infected.

GOAL CD10. Conduct outreach and community-based activities to address practices that put people at risk for HBV infection.

GOAL CD11. Improve communication of information about Hepatitis C to health care and public health professionals, and provide education to the public generally, and specifically to persons at risk for infection.

Health System Changes (HCV)

GOAL CD12. Conduct HCV related surveillance activities to monitor acute and chronic disease trends.

GOAL CD13. Evaluate the effectiveness of prevention and medical care activities to reduce the incidence of HCV.

GOAL CD14. Conduct epidemiological and laboratory investigations to better guide HCV prevention efforts.

Invasive Group A Streptococcal Infections

Background

Group A Streptococci (GAS) causes a broad spectrum of disease, from severe invasive infections to mild superficial infections of the throat and skin. An estimated 25% of the population are asymptomatic carriers of the bacteria in their throat and skin. In the past 2 decades, there has been growing concern over the increased incidence and severity of Invasive Group A Streptococcal infections.

Public Health Impact

Invasive GAS has a substantial risk of transmission in close contacts, among households and in institutional settings such as nursing homes. More than 50% of cases seem to occur in older patients, the very young and those with chronic illness.

A working group report from the National Institute of Allergy and Infectious Diseases has found Invasive group A Streptococcus to have an increased incidence and case fatality rate when compared to meningococcal disease.

In light of it's potential as an emerging public health threat, coupled with the growing need to better characterize the burden of disease in Morris County, the following goals are recommended with regard to GAS:

Education & Prevention (GAS)

GOAL CD15. Conduct retrospective and prospective surveillance activities related to Invasive GAS to assess the burden of disease and recognize groups at risk.

GOAL CD16. Analyze related surveillance data to characterize the disease burden.

GOAL CD17. Implement appropriate public health control measures to address the Invasive GAS problems identified.

<u>Lyme's Disease</u>

Background

The data compiled in the *Morris County Profile of Health Status Indicators*, version 1.0 June 2006 identifies Lyme's Disease as being the most frequently reported communicable disease in the county. The data indicate that Morris County rates are significantly and consistently higher than state rates for the disease.

Education & Prevention (Lyme's)

GOAL CD18. Decrease the incidence of Lyme's Disease.

- 18a. Continue to provide education to the public regarding methods of Lyme's Disease prevention;
- 18b. Investigate and participate in research to identify methods of education (identify influence of attitudes and health beliefs) that will motivate and promote behavioral change in order to decrease exposure of residents to ticks, thereby decreasing Lyme's Disease infection rates;
- 18c. Institute evidence-based interventions to change residents' risky behavior;
- 18d. Research methods such as habitat modification to create activities that reduces exposures and thereby restricts and lowers tick infestations;
- 18e. Encourage modification of tick habitat to decrease tick populations in recreational facilities, parks, and homes;
- 18f. Educate public and primary health care providers regarding signs and symptoms to promote early diagnosis and treatment.

Methicillin Resistant Staphylococcus Aureus (MRSA)

Background

Based on epidemiological data collected by the NJDHSS and stated in the Morris County Profile of Health Status Indicators, in 2001 Morris County was 4th among 18 counties in the incidence of MRSA with a reported rate of 344.08 versus the state average of 274.41 per 100,000 populations. Epidemiological data collected by the Morris County Office of Health Management suggests that community acquired MRSA in Morris County may be increasing.

Education & Prevention (MRSA)

GOAL CD19. Conduct retrospective and prospective surveillance in Morris County to assess the burden of MRSA, identifying its mode of transmission (i.e. community acquired vs. hospital acquired) and risk factors.
GOAL CD20. Analyze the resulting surveillance data to characterize the disease burden (determine frequency of MRSA and genotype).
GOAL CD21. Implement appropriate public health control measures to address problems identified during surveillance.

Pertussis

Pertussis- Due to the nationwide resurgence of this disease in older children and adults, action must be taken to mitigate the spread of the disease. Additional surveillance is needed to characterize the incidence and prevalence of the disease in Morris County. In the interim, the following control measures are recommended:

Education & Prevention (Pertussis)

GOAL CD22. Educate the public, particularly parents of infants, about the dangers of whooping cough and the advantages of initiating timely immunizations and adherence to the immunization schedule.
GOAL CD23. Increase education for health care providers on the use of appropriate screening for Pertussis.
GOAL CD24. Encourage the use of acellular Pertussis vaccine to be given concurrently with Tetanus boosters, as recommended by the Advisory Committee on Immunization Practice (ACIP).

Rotavirus Associated Gastroenteritis

Background

Rotavirus is the leading cause of severe diarrhea among infants and children. Over 3 million cases of Rotavirus Gastroenteritis occur annually in the U.S. Reports of increased hospital admissions due to Rotavirus have been documented in Morris County; in 2006 alone one acute care facility witnessed a 40% increase in hospital admissions due to Rotavirus, when compared to the previous year.

Public Health Impact

Rotavirus gastroenteritis is the leading cause of severe, dehydrating diarrhea in infants and young children. It is the most common cause of diarrhea in children ages 3 months to 2 years.

Rotavirus infection is very contagious; the virus passes in the stool of infected persons before and after they have symptoms of the illness, contributing to it's role as a cause of outbreaks, particularly in child-care centers and children's hospitals.

The current burden of Rotavirus gastroenteritis is unknown, because it is not a reportable disease and there is no baseline data available. To characterize the burden of Rotavirus Associated Gastroenteritis the following goals and objectives are proposed:

Education & Prevention (RAG)

GOAL CD25. Assess the burden of Rotavirus Associated Gastroenteritis by retrospective and prospective surveillance.

GOAL CD26. Implement appropriate public health control measures to address issues identified.

DIABETES

Discussing Diabetes often brought the planning discussion to the topic of risk behaviors associated with obesity, whose goals and objectives below should be considered along with those listed here. Also, goals and objectives for uncontrolled diabetes are included in the asthma topic as they relate to ambulatory care sensitive conditions. With regard to diabetes and human services organizations the Partnership used data compiled in the *County Health Profile* but found it to be only marginally relevant to their work.

Among the forces of change that members alluded to as affecting diabetes in the future were its effects on an aging population; the services it requires as an increasing chronic disease; the consequences of it on persons with no, or inadequate health insurance; and the relation of these forces to the requirements for patient compliance. Discussion also considered the benefits and the increased cost associated with medical and other information technology; the adequacy of the social service safety net and public health services.

The following goals and objectives, grouped by area of concern, were identified by the Partnership. Groups are here presented alphabetically for ease of cross-reference, and the arrangement of goals and objectives within each group does not reflect relative importance, nor does their order of presentation imply a sequence in which they should be addressed or implemented.

Diabetes Management

GOAL D1. Identify the principal reasons people cannot or will not monitor their diabetic condition and originate education programs to alleviate the cause or causes.

- 1a. Create programs that expand the availability of diabetes testing kits;
- 1b. Create culturally viable diabetes management programs; for example, family focus in the Hispanic community requires that assessment and outreach programs must provide care for children.

Health System Changes

GOAL D2. Create diabetes programs in four areas: prevention, education, nutrition and disease management.

GOAL D3. Initiate simple system of outpatient data for diabetic patients.

Nutrition [Please See Obesity]

Outreach

GOAL D4. Establish a program that identifies persons at high risk for diabetes.

Public Education & Prevention

GOAL D5. Establish community based, culturally competent outreach programs using persons from within the target community.

5a. Establish programs that emulate existing culturally competent models, such as the education programs associated with the Hispanic-specific health fairs sponsored by the Save Latin America organization.

GOAL D6. Establish a long term, comprehensive, sustained, and focused programs of prevention and education.

GOAL D7. Make diabetes programs the subject of advocacy activities to increase funding and improve access to related treatment services.

GOAL D8. Establish liaison with the school system to reaching the young with prevention and monitoring information and to obtain access to their family members.

8a. Initiate programs and provide curriculum creation assistance with the aid of health teachers;

8b. Investigate the applicability of the Paterson Catholic Charities Parish Nursing program, for diabetes and other ambulatory care sensitive conditions to Morris County churches;

8c. Investigate the applicability of the "Tools for School" being used in Rockaway, a successful clean air program which involves sending information home with children with the assistance of the school nurse;

8d. Provide model of healthy behavior for kids that features the benefits of diabetes relevant good nutrition for all three daily meals.

HEALTH SYSTEM PAYOR

With regard to health system payors and human services organizations the Partnership was provided the data compiled in the *County Health Profile* and found that only a portion of the existing data was relevant to their current efforts. The data available for Morris County includes some financial reporting by insurance companies and HMO's. Among the relevant forces of change affecting the future that members alluded to in meetings were the effects of government health policy on funds available for the payment of health services, the need for leadership to address needs for increased funding of health services to residents, and the role of the public health system that would likely sustain more demands as restrictions on the payment of health services by payors increased.

The following goals and objectives, grouped by area of concern, were identified by the Partnership. Groups are here presented alphabetically for ease of cross-reference, and the arrangement of goals and objectives within each group does not reflect relative importance, nor does their order of presentation imply a sequence in which they should be addressed or implemented.

Partnering

GOAL HP1. Establish contact with major insurance companies and health care management organizations encouraging them to institute policies that will result in better health status outcomes for services purchased.

- 1a. Obtain their support for health services demonstration projects for prevention and early detection services to be mounted by hospitals and other services providers in Morris County.

GOAL HP2. Conduct joint discussions among Morris County providers and act to advocate the health care support of problem populations by the payers for services.

HEALTH SYSTEM STRUCTURE

The Partnership was provided the data compiled in the *County Health Profile* and found that while it was relevant to their current efforts, there was a need for much more information that specifically deals with the health delivery system in Morris County. The results of the local health system assessment concluded that the improvements needed most were those which allow the county to develop a process of community health improvement, to do so with the aid of current technology, to improve research conducted on behalf of Morris County residents, to assess the workforce providing services to Morris County, and to develop linkages between health providers and institutions of higher education.

Among the forces of change affecting the system in the future were the effects of an increasing aging population, threats of emerging pathogens, government health policy, medical and other information technology, leadership, concerns of the size of the public health workforce, social service safety net limitations, terrorism, the availability of transportation, and the quality of the public health environment. Some of these forces of change figured into the discussion tangentially –for example terrorism, which was not directly related to health system structure but affected it with regard to recent federal funding priorities emerging in the current atmosphere of national readiness.

The following goals and objectives, grouped by area of concern, were identified by the Partnership. Groups are here presented alphabetically for ease of cross-reference, and the arrangement of goals and objectives within each group does not reflect relative importance, nor does their order of presentation imply a sequence in which they should be addressed or implemented.

A Note on Consensus

Upon consideration of the composition of the Planning Committee and the Partnership, it was concluded that there were omissions to considerations of the health system that prevented the Committee from reaching a full consensus on behalf of the county, and recommended that the points of view of elected officials and the clergy must be involved. Some suggestions were made for the creation of a broadly based county organization that would address the more formal development and improvement of the health system.

Health Education and Prevention

GOAL HS1. Provide a comprehensive program of health education that focuses on disease and disorder prevention; organize the program in a manner that addresses the whole person or community and minimizes an exclusive focus on disease and disorder specialization.

1a. Identify resources currently available to Morris County residents that may be included in such a program. Consider the participation of pharmaceutical companies, schools, social service agencies;
1b. Identify any barriers preventing access to those health programs that are planned and originated, and act to reduce them;
1c. Consider the use of the First Call For Help (211) system now functioning in Morris County as a resource directory for the prevention program;
1d. Initiate an education program describing the provision of health and human services that targets the institutional and corporate leadership in Morris County;
1e. Initiate a community education program that explains the functioning of the health care system and its institutions in Morris County;
1f. Identify the "touch points" of such education in the county that can best reach local community leadership;
1g. Initiate a program that improves the health related information historically available to health services providers on behalf of persons presenting for services.

GOAL HS2. Establish permanent programs of health education throughout the county for small groups in community locations that are designed for differing population cohorts in those communities and persons with diverse life styles and behaviors.
2a. Utilize available health and social services professionals in conjunction with local community leadership in these programs as a means of establishing specific educational goals;
2b. Emphasize the management of chronic diseases.

Health System Changes

GOAL HS3. Create a formal health and human services organization that acts on behalf of Morris County residents and those of other nearby areas by conducting studies, assisting communication and services coordination among health providers, and obtains funding to originate health and human services and that can lead the implementation of the County Health Improvement Plan's goals and objectives.
3a. Identify the programs now being delivered in Morris County that are related to the goals and objectives of the County Health Improvement Plan as a baseline for future activities;
3b. Study the needs for health services manpower in Morris County;
3c. Link resources and related efforts that are functioning in Morris County which are addressing the goals and objectives specified by the County Health Improvement Plan.

GOAL HS4. Reduce the fragmenting effects of highly specialized health service providers in the health care system through demonstration projects and collaborative activities among Morris County providers that link such activities.

GOAL HS5. Study the Morris County health system and identify the deficiencies of services delivery.
5a. Increase the number of primary prevention and health education programs.

GOAL HS6. Initiate a program to acquire grants-in-aid that is associated with the Morris County Health Improvement Plan goals and objectives.

GOAL HS7. Initiate a program for Morris County health providers and other services organizations for their cooperation in the coordination of services delivery to implement the Morris County Health Improvement Plan.
7a. Review major grants made to Morris County organizations to determine their possibilities for interagency cooperation;
7b. Study community health services programs and make a plan to avoid duplications.

GOAL HS8. Establish regular communications with the relevant departments of state government and act to influence their polices in order to improve health services in Morris County.
8a. Initiate a program of legislative and regulatory advocacy.

Outreach

GOAL HS9. Study the possibility to use locally based “gatekeepers” to assist the development of health services required by Morris County residents.
9a. Develop inexpensive resource guides for “gatekeeper” use;
9b. Initiate outreach programs to bring Morris County residents on contact with the services they require.

HEART DISEASE and STROKE

Respecting Heart Disease the Partnership used the data compiled in the *County Health Profile* and found that while some of the existing data was relevant to their current efforts and accurately reflected the circumstances they encounter in their fields, there were exceptions and limitations to its applicability. As with the other disease topics discussed in this report the Partnership agreed that there was a need for more information that specifically deals with the cardiac services system in Morris County. Furthermore, there were questions, including whether the data, which is reported for both sexes, is an accurate reflection of the health status of women, and whether it includes statistical anomalies. Problems with the data with respect to women's cardiovascular health include the possibility that women may be under-diagnosed, or that they are misdiagnosed, particularly for women presenting with classic early cardiac disease symptoms.

Among the forces of change which members anticipated as affecting cardiac patients in the future are government health policy; advances in medical and information technology, that may increase medical capability at the same time that it raises the costs of service; the adequacy of the health workforce; and the social service safety net and public health system environment that will have an effect on lower income and underinsured and uninsured persons.

The following goals and objectives, grouped by area of concern, were identified by the Partnership. Groups are here presented alphabetically for ease of cross-reference, and the arrangement of goals and objectives within each group does not reflect relative importance, nor does their order of presentation imply a sequence in which they should be addressed or implemented.

Access

GOAL HD1. Reduce waiting time for persons requiring heart disease treatment services.

1a. Identify and address cultural and religious issues which can make it more difficult for services outreach workers to enlist certain people into health screening;
1b. Create programs that reduce long waits for cardiac services and correct the associated lack of child care which often contributes to the delay in receiving screening services;
1c. Compile a comprehensive list of resources available to those people who have been diagnosed with cardiac conditions and who require pharmaceuticals, but who cannot afford to fill their prescriptions.

Health System Changes

GOAL HD2. Establish a multi-disciplinary, multi-agency heart disease and stroke screening and health education program.

2a. Utilize the participation of community leaders.

GOAL HD3. Identify persons that are at high risk for heart disease and stroke.

3a. Provide programs of public health education to persons at high risk for heart disease and stroke.

GOAL HD4. Create screening and assessment services and follow up activities, sized so that they are convenient for patients to use.

GOAL HD5. Create programs that target and reach a less educated and health system-conscious population.

5a. Organize large scale, comprehensive health fairs featuring cardiac and stroke education and screenings more frequently than annually.

GOAL HD6. Integrate a professional nursing presence throughout the cardiac and stroke prevention and education system and encourage a holistic approach to health services education and delivery.

6a. Create programs that enable communication between social workers and primary care physicians, so that the needs of patients presenting with multiple health problems, including cardiovascular and diabetic issues, can be addressed.

Outreach

GOAL HD7. Create cardiac outreach activities that include a variety of non-cardiac health subjects.

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GOAL HD8. Create balanced programs that combine cardiac, behavioral and general physical health.

Education & Prevention

GOAL HD9. Cross-train mental health professionals and substance abuse personnel by providing them with a basic knowledge of cardiac health.

GOAL HD10. Establish a special focus on women's cardio-vascular problems [see Women's Issues, below].

10a. Educate health professionals to encourage women to obtain stress tests at the onset of symptoms, correcting a disparity in the number of women versus men who are directed to them;

10b. Programs of education for health professionals should be originated to make them familiar with ways in which women present differently, and self-diagnose differently;

10c. Programs of education should be originated to educate health professionals, introducing them to new programs being developed around the country that address coronary artery disease and cardiovascular issues among women;

10d. Target specific problem areas, such as lack of awareness among women of their own cardiovascular problems;
10e. Teach patients how to engage health providers during cardiac and other examinations and screening, and instruct them with regard to the information they should obtain.

Women's Issues

GOAL HD11. Create programs to determine if cardiac conditions are being misrepresented or underreported for women.

GOAL HD12. Reduce the number of women presenting with classic early signs of cardiovascular problems who are misdiagnosed as suffering from stress or anxiety.

GOAL HD13. Create programs of professional education to screen for women's cardiac disease and to obtain early diagnosis.

GOAL HD14. Educate women to understand the difference between the effects of menopause and the symptoms of heart disease.

GOAL HD15. Initiate "grass roots" efforts required for primary prevention; the suggestion is a mall-based outreach program staffed by personnel who can determine blood pressures and provide other procedures.

GOAL HD16. Create programs that link public health personnel with larger organizations, such as the American Heart Association, to provide joint programs of public information.

GOAL HD17. Identify the problems associated with providing cardiac services to the poor and working poor.

Stroke Related Professional Education &Prevention

GOAL ST1. Create programs for health care providers that emphasize the importance of early stroke intervention, the need for their assistance in providing public education, and the necessity of maintaining related staff education and training.
1a. Educate provider facilities to the benefits of educating their public [e.g. of Louisville facility that ran newspaper ads listing the 5 major signs of stroke, and moved 90% of stroke cases to their hospital], and encourage them to do so, either on their own or as part of shared initiatives.

GOAL ST2. Stimulate provider facilities to the awareness of the benefits of new technologies and improvements to treatment methods [e.g. the ability of treatment to

now remove a clot, not just dissolve it], encouraging them to stay abreast of latest developments.

2a. Create programs that coordinate caregivers' education with public education;

2b. Emphasize the importance of instructing staff on the importance of transportation to stroke and other trauma issues.

GOAL ST3. Create a website based database informing professionals of those stroke and other pathology [cancer / stroke etc.] resources available to Morris County residents.

MENTAL ILLNESS

With regard to Mental Health and human services organizations the Partnership was provided the data compiled in the *County Health Profile* but found – in common with most of the other disease topics discussed in this report –that there was a need for more "hard" information that specifically addresses conditions in Morris County.

Among the forces of change which members alluded to in meetings that will affect the delivery of mental health services are the complications of chronic disease, the changing family structure, the limitations of the social service safety net, and the availability of public health services. The need to cross train professional staff members of mental health organizations to include basic health assessments and health education as part of their work was recognized.

The following goals and objectives, grouped by area of concern, were identified by the Partnership. Groups are presented alphabetically for ease of cross-reference, and the arrangement of goals and objectives within each group in no way reflects relative importance, nor does their order of presentation imply a sequence in which they should be addressed or implemented.

Access

GOAL MH1. Increase the availability of specialized housing for persons with behavioral problems.
- 1a. Reduce public attitudes of resistance to behavioral services locations;
- 1b. Reduce the incidence of long waits for mental, health services.

GOAL MH2. Compile and make available a comprehensive list of mental health resources available to Morris county residents.

Health System Changes

GOAL MH3. Improve access to behavioral health programs in both the substance abuse and mental health areas.
- 3a. Increase the services currently available and eliminate waiting lists for persons requiring those services;
- 3b. Establish a steering committee to mobilize these health system improvement efforts;
- 3c. Provide primary prevention services which are related to behavioral problems such as substance abuse, gang memberships and other destructive behaviors;
- 3d. Examine whether sufficient transportation is available to those who require these services;
- 3e. Obtain resources to be used in the treatment of persons who cannot pay for services;

3f. Eliminate gaps in services experienced by young adults ages 18-23;
3g. Identify the necessary continuum of care regarding behavioral health issues for residents from birth through aging using DHSS, DHS, education institutions, and insurance company participation;
3h. Identify the referral sources for persons in need of services;
3i. Hold large scale health fairs with mental health components, more frequently than annually;
3j. Increase mental health outreach and counseling services.

GOAL MH4. Initiate activities that review the medications received by children and adolescents for behavioral problems to determine their appropriateness and consequences.
4a. Act to identify the possibility of cardiac related problems that may be associated with behavioral medications.

Outreach

GOAL MH5. Develop the use of community based volunteer "gatekeepers" for primary and secondary detection of behavioral problems.

Professional Education & Prevention

GOAL MH6. Provide mental health professionals and substance abuse personnel a basic knowledge of health issues.

GOAL MH7. Initiate programs of education that identify and educate health professionals on family based behavioral problems.

Public Education & Prevention

GOAL MH8. Initiate programs of education that identify and educate the public to family based behavioral problems.
8a. Create programs of public education for family dysfunction;
8b. Create programs of public education for children and adolescents with no goals, direction, and/or coping skills.

OBESITY

With regard to obesity the Partnership was provided the data compiled in the *County Health Profile* and found it partially relevant to their planning. The subject was determined to be a fundamental issue underpinning nearly every health topic [Heart, Stroke, Diabetes, Behavioral, etc.]. The experience of the Partnership led to the conclusion that obesity is a subject that deserved a significant priority and the attention of many health services providers. Similarly, recent information from the Centers for Disease Control and other national organizations identifies obesity as a major national problem.

Among the forces of change expected to affect obesity in the future that members alluded to in meetings were the effects of chronic diseases; family structure as it may relate to problems with nutrition; government health policy with respect to education and the prevention of obesity, and social service safety net limitations that may affect the availability of balanced diets for some population cohorts.

The following goals and objectives, grouped by area of concern, were identified by the Partnership. Groups are presented alphabetically for ease of cross-reference, and the arrangement of goals and objectives within each group and do not identify their relative importance; nor does their order of presentation imply a sequence in which they should be addressed or implemented.

Access

GOAL OB1. Identify the central issues causing the problem of obesity and create the plans and programs that address them.

- 1a. Identify the relationships of the cost of food to obesity. If food choices are primarily economic [people eat what they can afford] how can better nutrition be encouraged? For non- economic relationships, identify the motivation for poor nutrition;
- 1b. Identify healthier, inexpensive substitutes that provide good nutrition;
- 1c. Create programs that increase access to affordable “healthy” foods;
  - c-i) Establish program partners with UDSA and WIC programs and identify and provide food resources;
  - c-ii) Establish program relationships with local food pantries to improve food quality;
  - c-iii) Establish programs that solicit donated food and related resources from providers that satisfy the preferences of food and nutritional providers;
  - c-iv) Initiate fundraising and food donation programs for the participation of Morris county residents that use “gift cards” and similar devices that may be purchased at supermarkets and other locations.

Professional Education & Prevention

GOAL OB2. Increase awareness of the need for good nutrition among health and human services organizations.

2a. Compile an easily updated listing of community nutrition resources that are available and distribute it to health and human services.

Public Education & Prevention

GOAL OB3. Create programs that focus on behaviors and risk factors to promote obesity prevention, utilizing appropriate social marketing techniques.

3a. Focus on early intervention and prevention through cultural and age-appropriate education and social marketing;

3b. Develop information programs that are regularly promulgated in the public communications media.

GOAL OB4. Initiate collaborative obesity prevention programs to maximize resources, minimize duplication of effort.

4a. Support existing programs such as the Obesity Coalition.

SEXUALLY TRANSMITTED DISEASES

With regard to sexually transmitted diseases the Partnership utilized data compiled in the *County Health Profile* and found it marginally relevant to their goals formation. The data available were useful for gaining an indication of the *minimum* scope of the problem in Morris County in a manner similar to those which impact the reliability of data reported for substance abuse. These diseases are regarded by some primary care physicians as requiring a degree of discretion beyond standard requirements for confidentiality, and it is believed that the subject may be underreported. The Partnership supports the plans and activities of the Newark EMA Health Services Planning Council (Ryan White HIV-AIDS) organization based in Newark and that includes Morris County in its jurisdiction.

Among the forces of change which members alluded to in meetings were the current spread of HPV and HIV-AIDS; government health policy, with respect to funding the diagnosis and treatment of these diseases; information technology and the use of the most current tools to reach target populations which are the subjects of special interest; media biases, and the need for media representatives to focus on important STD issues in a timely fashion, and with a social marketing approach which is suitable to the population most affected by the issue; medical technology, and the need for health system professionals to be aware of both the current epidemiological trends in the county; social service safety net limitations, which may result in a lack of treatment, prevention and education resources; and the public health environment which may find resources clustered in a particular geographic area, creating a skewed sense of where problems are worst, and their resources directed towards a particular problem, to the exclusion or detriment of others.

The following goals and objectives, grouped by area of concern, were identified by the Partnership. Groups are here presented alphabetically for ease of cross-reference, and the arrangement of goals and objectives within each group does not reflect relative importance, nor does their order of presentation imply a sequence in which they should be addressed or implemented.

Health System Changes

GOAL STD1. Recommend ways to improve both the accuracy and the availability of the sexually transmitted disease incidence data for Morris County.

- 1a. Examine the ways in which data is collected in the Morris County system, identifying the strengths and weaknesses of the process while investigating the reasons why the reported STD numbers may be low;
- 1b. Target primary care providers and physicians, encouraging them to perform appropriate tests and report results, in order to improve the confirmation of cases.

GOAL STD2. Develop uniform sexually transmitted diseases protocols to be included in the agenda of hospitals and clinics.

- 2a. Encourage a uniform process for sexually transmitted disease data collection;
- 2b. Secure the regular involvement of the Morris County epidemiologist in this effort.

SUBSTANCE ABUSE

Many of the same health system and prevention/education issues discussed regarding Mental Health, as well as the attendant goals and objectives, are applicable for substance abuse.

With regard to substance abuse and human services organizations the Partnership was provided the data compiled in the *County Health Profile* but found it less than relevant to their current efforts. One issue with regard to the application and reliability of reported data involves confidentiality, and the lack of reporting due to the political and general public sensitivity of the issue, wherein those using private physicians are less likely to be included in reported figures. Another issue that was brought up with relation to the suitability of data was the possible reporting disparities between the residence of the patient or client, versus the location where treatment was obtained.

Among the forces of change which members alluded to in meetings were family structure and the role of the weaker family and "latchkey" children with respect to putting younger persons in danger of abusing drugs or alcohol; social service safety net limitations with respect to the lack of availability of treatment facility beds and slots; transportation and the need for a broader network to and from outpatient treatment facilities, media biases with respect to reporting substance abuse issues; and the severe shortage of treatment dollars, as opposed to monies allotted to advertising for prevention, in the present public health environment.

The following goals and objectives, grouped by area of concern, were identified by the Partnership. Groups are presented alphabetically for ease of cross-referencing, and the arrangement of goals and objectives within each group and do not identify their relative importance; nor does their order of presentation imply a sequence in which they should be addressed or implemented.

Professional Education & Prevention

GOAL SA1. Act to improve the role of Municipal Alliances respecting their collaboration with health services for the delivery of their substance abuse activities.

GOAL SA2. Increase funds for substance abuse treatment.

Public Education & Prevention

GOAL SA3. Increase prevention education services for children and families regarding substance abuse.

GOAL SA4. Emphasize the importance of early intervention for substance abuse.

GOAL SA5. Act to identify and reduce the incidence of substance abuse by creating program activities with the managers of Morris County schools.

GOAL SA6. Identify and plan transportation services for those needing treatment.

GOAL SA7. Form a new broadly based Morris County committee comprised of substance abuse and public health stakeholders, service provider organizations and consumers.

- 7a. Research and report the characteristics of substance abuse that take into consideration the estimated substance abuse treatment needs identified by the New Jersey Department of Human Services – Division of Addiction Services, as well as key information related to Morris County that may be available from organizations such as Morris County Prevention;
- 7b. Create substance abuse prevention and treatment goals and objectives that are specific to the identified needs of Morris County;
- 7c. Make recommendations for projects and programs that address the substance abuse problem in Morris County.

APPENDIX 1: HEALTHY NJ2010 OBJECTIVES

The source for the following objectives is the body of data compiled in the *Healthy NJ 2010 – Update 2005* report. The report was originally presented in draft form in 1999, published in two volumes in June, 2001 and then revised and updated in 2005; the data below is taken from the *Update 2005*. Of those objectives included in the original 2001 report, two diabetes, one mental health and one asthma objective were not updated in the *Update 2005*; these are cited in place, in the appropriate sections below.

AGING NJ2010

Preserving Good Health For Seniors

With regard to aging and human services organizations the *Healthy NJ 2010 – Update 2005* lists the following objectives, taken from Chapter 3: Fundamentals of Good Health, 3G. Preserving Good Health For Seniors (downloaded 07/11/07 from http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05c3.pdf#3g):

HNJ Obj. AG 1. (Developmental) Reduce the percentage of funds allocated to nursing homes as compared to funds allocated to Home and Community Based Programs (HCBP);

Population	Target	Endpoint
Nursing Homes	*	*
Home and Community Based Programs	*	*

* Targets were not set at the time that the original Healthy New Jersey 2010 goals were published.
Source: NJDHSS, Division of Aging and Community Services

HNJ Obj. AG 2. Reduce the percentage of non-institutionalized persons 65+ reporting fair or poor health status;

Population	Target	Preferred Endpoint
Adults 65+ (non-institutionalized)	26.8	19.4

HNJ Obj. AG 3. Increase the percentage of persons aged 65 and older who have ever received a pneumococcal vaccine;

Population	Target	Preferred Endpoint
Total	60.0	90.0
White (non-Hispanic)	60.0	90.0
Black (non-Hispanic)	60.0	90.0
Hispanic	70.0	90.0
Asian/Pacific Islander (non-Hispanic)	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. AG 4. Increase the percentage of persons 65 and older who have received influenza vaccinations in the previous 12 months;

Population	Target	Preferred Endpoint
Total	70.0	90.0
White (non-Hispanic)	70.0	90.0
Black (non-Hispanic)	70.0	90.0
Hispanic	70.0	90.0
Asian/Pacific Islander (non-Hispanic)	70.0	90.0

HNJ Obj. AG 5. (Developmental) Reduce the statewide prevalence of falls in long-term care facilities;

Population	Target	Preferred Endpoint
Long-term care facility residents	13.7	13.7

HNJ Obj. AG 6. (Developmental) Reduce the statewide average prevalence of decubitus ulcers in long-term care facilities;

Population	Target	Preferred Endpoint
Long-term care facility residents	5.0	5.0

HNJ Obj. AG 7. (Developmental) Reduce the statewide average percentage of residents in long-term care facilities (LTCF) using nine or more different medications;

Population	Target	Preferred Endpoint
Long-term care facility residents	5.0	5.0

Unintentional Injury

With regard to aging and human services organizations the data compiled in the *Healthy NJ 2010 – Update 2005* and taken from Chapter 3: Fundamentals of Good Health, 3F. Unintentional Injury lists the following objectives (downloaded 07/11/07 from http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05c3.pdf#3f):

HNJ Obj. AG 8. Reduce the annual hospitalization rate for hip fractures among older adults (65 and over) per 100,000 population;

Population	Target	Preferred Endpoint
Total		
65 and over	555.5	521.0
65-84 years	368.0	345.0
85 and over	1980.0	1856.0
Males		
65 and over	380.3	285.0
65-84 years	278.3	209.0
85 and over	1513.9	1135.0
Females		
65 and over	908.9	682.0
65-84 years	593.3	445.0
85 and over	2863.4	2148.0
White (non-Hispanic)		
65 and over	747.6	561.0
Black (non-Hispanic)		
65 and over	286.6	215.0
Hispanic, 65 and over	263.2	197.0

HNJ Obj. AG 9. Reduce mortality per 100,000 population from falls of persons aged 65 and over.

Population	Target	Preferred Endpoint
Ages 65-84	9.0	9.0
Ages 85+	52.0	50.0

ASTHMA NJ2010

With regard to asthma and human services organizations the data compiled in the *Healthy NJ 2010 – Update 2005* and taken from Chapter 4: Preventing and Reducing Major Diseases, 4G. Asthma lists the following objectives (downloaded 07/11/07 from http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05c4.pdf#4g):

HNJ Obj. AS1. Reduce the age-adjusted mortality rate from asthma per 100,000 standard population;

Population	Target	Preferred Endpoint
Total	1.0	0.6
White	0.6	0.6
Black	1.9	0.6
Hispanic	*	*
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. AS2. Reduce the annual hospital admission rate due to asthma per 100,000 population;

Population	Target	Preferred Endpoint
Total	150.0	100.0
White (non-Hispanic)	100.0	100.0
Black (non-Hispanic)	250.0	100.0
Hispanic	150.0	100.0
Asian/Pacific Islander (non-Hispanic)	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. AS3. Reduce the annual hospital admission rate due to asthma per 100,000 children under age five years;

Population	Target	Preferred Endpoint
Total	340.0	200.0
White (non-Hispanic)	250.0	200.0
Black (non-Hispanic)	800.0	200.0
Hispanic	340.0	200.0
Asian/Pacific Islander (non-Hispanic)	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Note: The following objective included in the original report was not updated:
Objective: Reduce the rate of emergency department visits due to asthma per 100,000 population.
Reason omitted: 2004 baseline data for this objective were not available when this update was prepared. Baseline data and targets will be included in future updates.

CANCER NJ2010

With regard to cancer and human services organizations the data compiled in the *Healthy NJ 2010 – Update 2005* and taken from Chapter 4: Preventing and Reducing Major Diseases, 4C. Cancer lists the objectives below, grouped by cancer site (downloaded 07/11/07 from http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05c4.pdf#4c):

Cancer Site Specific Objectives

Breast Cancer

HNJ Obj. BC 1. Reduce the age-adjusted mortality rate from female breast cancer per 100,000 standard female population;

Population	Target	Preferred Endpoint
Total	20.0	20.0
White	20.0	20.0
Black	25.0	20.0
Hispanic	*	*
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. BC 2. Reduce the mortality rate from female breast cancer among women 50 years of age and over per 100,000 female population;

Population	Target	Preferred Endpoint
Aged 50-64	45.0	20.0
Aged 65+	115.0	100.0

HNJ Obj. BC 3. Increase the percentage of females aged 40 and over who received a clinical breast examination and a mammogram within the past two years;

Population	Target	Preferred Endpoint
Total	75.0	85.0
White (non-Hispanic)	75.0	85.0
Black (non-Hispanic)	75.0	85.0
Hispanic	75.0	85.0
Asian/Pacific Islander (non-Hispanic)	*	*
Females 50-64	85.0	90.0
Females 65+	75.0	85.0
HMO enrolled females 52-69	85.0	90.0

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. BC 4. Increase the percentage of female breast cancers diagnosed in early (in situ/local) stage of disease;

Total	Target	Preferred Endpoint
Population	75.0	85.0
White	75.0	85.0
Black	75.0	85.0
Hispanic	75.0	85.0
Asian/Pacific Islander	*	*
65+	75.0	85.0

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Cervical Cancer

HNJ Obj. CV1. Initiate Reduce the age-adjusted mortality rate from cervical cancer per 100,000 standard female population;

Population	Target	Preferred Endpoint
Total	1.6	0.8
White	1.6	0.8
Black	6.0	0.8
Hispanic	*	*
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. CV2. Reduce the mortality rate from cervical cancer among women 65 years of age and over per 100,000 female population;

Population	Target	Preferred Endpoint
Aged 65+	6.5	0.8

HNJ Obj. CV3. Increase the percentage of women aged 18 and over with intact cervix who had a Pap test within the past two years;

Population	Target	Preferred Endpoint
Total	85.0	90.0
White (non-Hispanic)	85.0	90.0
Black (non-Hispanic)	85.0	90.0
Hispanic	85.0	90.0
Asian/Pacific Islander (non-Hispanic)	*	*
Females 65+	75.0	85.0

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. CV4. Reduce the age-adjusted incidence rate of invasive cervical cancer in females per 100,000 standard population;

Population	Target	Preferred Endpoint
Total	6.8	2.7
White	6.8	2.7
Black	6.8	2.7
Hispanic	*	*
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Colorectal Cancer

HNJ Obj. CR1. Reduce the age-adjusted mortality rate from colorectal cancer per 100,000 standard population;

Population	Target	Preferred Endpoint
Total	19.0	13.0
White	19.0	13.0
Black	22.0	13.0
Hispanic	*	*
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. CR2. Reduce the mortality rate from colorectal cancer among persons 65 years of age and over per 100,000 population;

Population	Target	Preferred Endpoint
Aged 65+	124.0	81.0

HNJ Obj. CR3. Reduce the age-adjusted incidence rate of cancer of the rectum and rectosigmoid per 100,000 standard population;

Population	Target	Preferred Endpoint
Total	16.3	10.5
White	16.6	10.5
Black	12.1	10.5
Hispanic	*	*
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. CR4. Increase the percentage of people aged 50 and over who have received a fecal occult blood test within the past year and/or have ever undergone sigmoidoscopy;

Population	Target	Preferred Endpoint
Total	65.0	75.0
White (non-Hispanic)	65.0	75.0
Black (non-Hispanic)	65.0	75.0
Hispanic	65.0	75.0
Asian/Pacific Islander (non-Hispanic)	*	*
Total 65+	65.0	75.0

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Lung Cancer

HNJ Obj. LC1. Reduce the age-adjusted mortality rate from lung cancer per 100,000 standard population;

Population	Target	Preferred Endpoint
Total	43.0	38.0
White	43.0	38.0
Black	43.0	38.0
Hispanic	45.0	38.0
Asian/Pacific Islander	*	*
Male	*	*
Female	38.0	38.0

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. LC2. Reduce the mortality rate from lung cancer among persons 65 years of age and over per 100,000 population;

Population	Target	Preferred Endpoint
Aged 65+	276.0	256.0

Melanoma Cancer

HNJ Obj. MC1. Reduce the age-adjusted incidence rate of invasive melanoma per 100,000 standard population;

Population	Target	Preferred Endpoint
Total	12.0	10.0
White	14.0	12.0
Black	0.4	0.3
Hispanic	*	*
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. MC2. Reduce the age-adjusted incidence rate of invasive melanoma per 100,000 standard population;

Population	Target	Preferred Endpoint
Total	12.0	10.0
White	14.0	12.0
Black	0.4	0.3
Hispanic	*	*
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Oral and Oropharyngeal Cancer

HNJ Obj. OC1. Reduce the percentage of oral cancers diagnosed in the late (regional and distant) stages of disease;

Population	Target	Preferred Endpoint
White males	40.0	20.0
Black males	40.0	20.0
White females	35.0	15.0
Black females	35.0	15.0

Prostate Cancer

HNJ Obj. OC2. Reduce the age-adjusted mortality rate from prostate cancer per 100,000 standard male population.

Population	Target	Preferred Endpoint
Total	23.0	14.0
White	23.0	13.0
Black	46.0	25.0
Hispanic	*	*
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

COMMUNICABLE DISEASES NJ2010

With regard to communicable disease and human services organizations the data compiled in the *Healthy NJ 2010 – Update 2005* and taken from Chapter 4: Preventing and Reducing Major Diseases, 4H. Infectious Diseases and Chapter 3: Fundamentals of Good Health, 3E. Occupational Health and Safety (downloaded 07/11/07 from http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05c4.pdf#4h) list the following objectives:

Hepatitis B

HNJ Obj. CD 1. Increase the percentage of two year old children receiving DTaP, polio, MMR, Hib and hepatitis B vaccines, separately and as part of the 4-3-1 series;

Population	Target	Preferred Endpoint
All children < 2	90.0	90.0
HMO enrollees < 2	90.0	90.0

HNJ Obj. CD 2. (Developmental) Increase hepatitis B vaccination levels among New Jersey public employees at occupational risk of infection through exposure to blood;

Population	Target	Preferred Endpoint
Public health care/ public safety employees*	90.0	100.0

*This includes personnel from the following categories: Police, Fire, EMS, LHD, Schools, PH facility, DPW, Municipalities
Source: New Jersey Department of Health and Senior Services, Division of Epidemiology, Environmental & Occupational Health

Lyme's Disease

HNJ Obj. CD 3. Reduce the incidence of Lyme disease per 100,000 population;

Population	Target	Preferred Endpoint
Total	6.5	6.5

Tuberculosis

HNJ Obj. CD 4. Reduce the tuberculosis incidence rate per 100,000 population;

Population	Target	Preferred Endpoint
Total	2.4	1.3
White (non-Hispanic)	1.3	1.3
Black (non-Hispanic)	5.3	1.3
Hispanic	4.5	1.3
Asian/Pacific Islander (non-Hispanic)	10.5	1.3

HNJ Obj. CD 5. Increase the percentage of tuberculosis patients who complete curative therapy within 12 months.

Population	Target	Preferred Endpoint
Total	90.0	95.0

DIABETES NJ2010

With regard to diabetes and human services organizations the data compiled in the *Healthy NJ 2010 – Update 2005* and taken from Chapter 4: Preventing and Reducing Major Diseases, 4B. Diabetes lists the following objectives (downloaded 07/11/07 from http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05c4.pdf#4b):

Diabetes Management

HNJ Obj. D1. Reduce the age-adjusted mortality rate from diabetes per 100,000 standard population;

Population	Target	Preferred Endpoint
Total	18.4	18.4
White	18.4	18.4
Black	24.5	18.4
Hispanic	18.4	18.4
Asian/Pacific Islander	*	*
Male	18.4	18.4
Female	18.4	18.4

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. D2. Reduce the age-adjusted mortality rate from cardiovascular disease in people with diabetes per 100,000 standard population;

Population	Target	Preferred Endpoint
Total	15.2	15.2
White	15.2	15.2
Black	18.0	15.2
Hispanic	15.2	15.2
Asian/Pacific Islander	*	*
Male	15.2	15.2
Female	15.2	15.2

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. D3. Increase the percentage of persons 18 and over with diagnosed diabetes who have had a dilated eye exam within the past year;

Population	Target	Preferred Endpoint
Total	87.0	100.0
White (non-Hispanic)	87.0	100.0
Black (non-Hispanic)	87.0	100.0
Hispanic	87.0	100.0
Asian/Pacific Islander (non-Hispanic)	*	*
Male	87.0	100.0
Female	87.0	100.0
HMO enrollees aged 31+ years	87.0	100.0

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. D4. Reduce the incidence of lower extremity amputations per 1,000 persons with diagnosed diabetes;

Population	Target	Preferred Endpoint
Total	6.0	6.0
White (non-Hispanic)	6.0	6.0
Black (non-Hispanic)	6.0	6.0
Hispanic	6.0	6.0
Asian/Pacific Islander (non-Hispanic)	*	*
Male	6.0	6.0
Female	6.0	6.0

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. D5. Decrease the incidence of end-stage renal disease due to diabetes per 1,000 persons aged 18 and over with diagnosed diabetes;

Population	Target	Preferred Endpoint
Total	2.7	2.4
White (non-Hispanic)	2.4	2.4
Black (non-Hispanic)	3.7	2.4
Hispanic	3.0	2.4
Asian/Pacific Islander (non-Hispanic)	*	*
Male	2.6	2.4
Female	2.7	2.4

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. D6. Increase the percentage of persons 18 and over with diagnosed diabetes who reported having a glycosylated hemoglobin measurement at least once a year.

Population	Target	Preferred Endpoint
Total	90.0	90.0
White (non-Hispanic)	90.0	90.0
Black (non-Hispanic)	90.0	90.0
Hispanic	90.0	90.0
Asian/Pacific Islander (non-Hispanic)	*	*
Male	90.0	90.0
Female	90.0	90.0

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Note: The following objectives included in the original report were not updated, and are followed by the explanation for this omission:

Objective: Increase the percentage of persons 18 and over who have been screened for diabetes during the past three years.
Reason omitted: Baseline data for this objective were not yet available when this update was prepared.

Objective: Increase the percentage of persons 18 and over with diagnosed diabetes who have been told they have high blood pressure and are currently taking medication for high blood pressure
Reason omitted: This objective has been withdrawn. The New Jersey Diabetes Council indicated that the measure of "persons currently taking medication for high blood pressure" was not an adequate proxy for "blood pressure controlled."

HEALTH SYSTEM STRUCTURE NJ2010

With regard to health system structure and human services organizations the data compiled in the *Healthy NJ 2010 – Update 2005* and taken from Chapter 2: Access to Health Care lists the following objectives
(downloaded from http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05c2.pdf 07/11/07):

Access to Health Care

HNJ Obj. HS1. Reduce the percentage of children under age 19 without any health insurance;

Population	Target	Preferred Endpoint
All children under 19	5.0	4.0
White (non-Hispanic)	5.0	4.0
Black (non-Hispanic)	5.0	4.0
Hispanic	5.0	4.0
Asian/Pacific Islander (non-Hispanic)	5.0	4.0

HNJ Obj. HS2. Reduce the percentage of uninsured workers 19 through 64 years of age with children under 18;

Population	Target	Preferred Endpoint
Total	10.0	2.0
White (non-Hispanic)	9.0	2.0
Black (non-Hispanic)	11.0	2.0
Hispanic	13.0	2.0
Asian/Pacific Islander (non-Hispanic)	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. HS3. Increase the percentage of adults who report they have a source of primary care;

Population	Target	Preferred Endpoint
Total	89.0	95.0
White (non-Hispanic)	90.0	95.0
Black (non-Hispanic)	88.0	95.0
Hispanic	82.0	95.0
Asian/Pacific Islander (non-Hispanic)	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. HS4. Increase the proportion of adults age 18 and older who visit a dentist or dental clinic each year;

Population	Target	Preferred Endpoint
Total	80.0	80.0
White (non-Hispanic)	80.0	80.0
Black (non-Hispanic)	80.0	80.0
Hispanic	80.0	80.0
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. HS5. Reduce the hospital admission rate for Ambulatory Care Sensitive diagnoses for population under 65 years old (per 1,000 population);

Population	Target	Preferred Endpoint
Total under 65	13.0	12.0
White (non-Hispanic)	12.0	12.0
Black (non-Hispanic)	20.0	12.0
Hispanic	14.0	12.0
Asian/Pacific Islander (non-Hispanic)	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. HS6. Reduce the hospital admission rate (per 1,000) for Ambulatory Care Sensitive diagnoses of children under five years old;

Population	Target	Preferred Endpoint
Total	21.0	21.0
White (non-Hispanic)	21.0	21.0
Black (non-Hispanic)	21.0	21.0
Hispanic	21.0	21.0
Asian/Pacific Islander (non- Hispanic)	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Strengthening Public Health Capacity

With regard to health system structure and human services organizations the data compiled in the *Healthy NJ 2010 – Update 2005* and taken from Chapter 5: Strengthening Public Health Capacity lists the following objectives (downloaded from http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05c2.pdf 07/11/07):

HNJ Obj. HS7. Increase the percentage of local health departments that have workplace access to the internet;

Population	Target	Preferred Endpoint
Local Health Departments	100.0	100.0

HNJ Obj. HS8. Increase the percentage of local health departments that participate in the Local Information Network and Communications System (LINKS) public health information system in their respective counties;

Population	Target	Preferred Endpoint
Local Health Departments	100.0	100.0

HNJ Obj. HS9. Increase the percentage of local health departments that satisfy NJDHSS public health performance standards for public health and laboratory services;

Population	Target	Preferred Endpoint
Local Health Departments	90.0	100.0

HNJ Obj. HS10. Increase the percentage of local health departments that satisfy NJDHSS public health performance standards for epidemiology services to support core functions and essential public health services.

Population	Target	Preferred Endpoint
Local Health Departments	90.0	100.0

HEART DISEASE and STROKE NJ2010

With regard to heart disease and stroke and human services organizations the data compiled in the *Healthy NJ 2010 – Update 2005* and taken from Chapter 4: Preventing and Reducing Major Diseases, 4A. Heart Disease and Stroke (downloaded 07/11/07 from http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05c4.pdf#4a) lists the following objectives:

HNJ Obj. HD1. Reduce the age-adjusted mortality rate from coronary heart disease per 100,000 standard population;

Population	Target	Preferred Endpoint
Total	165.6	165.6
White	165.6	165.6
Black	165.6	165.6
Hispanic	*	*
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. HD2. Reduce the mortality rate from coronary heart disease among persons 45-64 years of age per 100,000 population;

Population	Target	Preferred Endpoint
Total	92.6	92.6
White	92.6	92.6
Black	92.6	92.6
Hispanic	*	*
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. HD3. Reduce the mortality rate from coronary heart disease among persons 65 years of age and over per 100,000 population;

Population	Target	Preferred Endpoint
Total	1,065.3	1,065.3
White	1,065.3	1,065.3
Black	1,065.3	1,065.3
Hispanic	*	*
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. HD4. Reduce the age-adjusted mortality rate from cerebrovascular diseases per 100,000 standard population;

Population	Target	Preferred Endpoint
Total	38.6	38.6
White	38.6	38.6
Black	38.6	38.6
Hispanic	*	*
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. HD5. Reduce the mortality rate from cerebrovascular diseases among persons 45-64 years of age per 100,000 population;

Population	Target	Preferred Endpoint
Total	17.4	15.8
White	15.8	15.8
Black	20.0	15.8
Hispanic	*	*
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. HD6. Reduce the mortality rate from cerebrovascular diseases among persons 65 years of age and over per 100,000 population;

Population	Target	Preferred Endpoint
Total	303.2	303.2
White	303.2	303.2
Black	303.2	303.2
Hispanic	*	*
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. HD7. Increase the percentage of persons aged 18 and over who have had their blood cholesterol checked by a health professional within the past five years.

Population	Target	Preferred Endpoint
Total	82.0	90.0
White (non-Hispanic)	82.0	90.0
Black (non-Hispanic)	82.0	90.0
Hispanic	82.0	90.0
Asian/Pacific Islander (non-Hispanic)	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

MENTAL ILLNESS NJ2010

With regard to mental illness and human services organizations the data compiled in the *Healthy NJ 2010 – Update 2005* and taken from Chapter 4: Preventing and Reducing Major Diseases, 4E. Mental Health (downloaded 07/11/07 from http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05c4.pdf#4e) lists the following objectives:

HNJ Obj. MH 1. Increase the average number of days during the past thirty days when mental health was reported to be good;

Population	Target	Preferred Endpoint
Total	28.0	28.5
White (non-Hispanic)	28.0	28.5
Black (non-Hispanic)	28.0	28.5
Hispanic	28.0	28.5
Asian/Pacific Islander (non-Hispanic)	28.0	28.5
Adults 65+	28.5	28.5

HNJ Obj. MH 2. Reduce the mortality rate from suicide per 100,000 male population;

Population	Target	Preferred Endpoint
Total aged 15-19	4.8	4.8
White aged 15-19	4.8	4.8
Black aged 15-19	*	*
Hispanic aged 15-19	*	*
Asian/Pacific Islander aged 15-19	*	*
White aged 65+	14.1	4.8

HNJ Obj. MH 3. Reduce the number of admissions to non-emergency, inpatient psychiatric hospitals;

Population	Target	Preferred Endpoint
Admissions	2,966	2,966

HNJ Obj. MH 4. Reduce the annual percentage of short-term readmissions of youth with serious emotional disturbance to inpatient hospitalization in Children's Crisis Intervention Services;

Population	Target	Preferred Endpoint
Youth readmitted	5.0	5.0

HNJ Obj. MH 5. Increase the percentage of site reviews of youth programs which include parent participation.

Population	Target	Preferred Endpoint
Site reviews with parent participation	50.0	50.0

Objective: Increase the number of persons who are in the criminal justice system and have serious mental illness (as defined by the Diagnostic and Statistical Manual, Edition IV) who are provided with appropriate services
Reason omitted: There is no data source for this objective, therefore it will not be included in future updates.

OBESITY NJ2010

With regard to mental illness and human services organizations the data compiled in the *Healthy NJ 2010 – Update 2005* and taken from Chapter 3: Fundamentals of Good Health, 3D. Healthy Behavior - Adults and 3C. Healthy Behaviors- Adolescents (taken 07/11/07 from http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05c4.pdf#4e) list the following objectives:

Adult

HNJ Obj. OB1. Reduce percentage of persons aged 18+ who are obese;

Population	Target	Preferred Endpoint
Total	12.0	12.0
White (non-Hispanic)	12.0	12.0
Black (non-Hispanic)	15.0	12.0
Hispanic	12.0	12.0
Asian/Pacific Islander (non-Hispanic)	*	*
Males	14.0	12.0
Females	12.0	12.0

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. OB2. Reduce percentage of persons aged 18 and older who are overweight but not obese;

Population	Target	Preferred Endpoint
Total	27.6	25.0
White (non-Hispanic)	28.1	25.0
Black (non-Hispanic)	28.4	25.0
Hispanic	32.4	25.0
Asian/Pacific Islander (non-Hispanic)	*	*
Male	36.6	25.0
Female	25.1	25.0

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. OB3. Reduce the percentage of persons aged 18 or older who do not engage regularly, in moderate physical activity for at least 30 minutes per day;

Population	Target	Preferred Endpoint
Total	57.5	50.0
White (non-Hispanic)	57.5	50.0
Black (non-Hispanic)	57.5	50.0
Hispanic	57.5	50.0
Asian/Pacific Islander (non-Hispanic)	*	*
Adults 65+	57.5	50.0

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Adolescents

HNJ Obj. OB4. Increase percentage of persons aged 18 and over eating at least five daily servings of fruits and vegetables (including legumes).

Population	Target	Preferred Endpoint
Total	35.0	50.0
White (non-Hispanic)	35.0	50.0
Black (non-Hispanic)	35.0	50.0
Hispanic	35.0	50.0
Asian/Pacific Islander (non-Hispanic)	35.0	50.0

SEXUALLY TRANSMITTED DISEASES NJ2010

With regard to sexually transmitted disease and human services organizations the data compiled in the *Healthy NJ 2010 – Update 2005* and taken from Chapter 4: Preventing and Reducing Major Diseases, 4I. Sexually Transmittable Diseases (downloaded 07/11/07 from http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05c4.pdf#4i) lists the following objectives:

HNJ Obj. STD1. Reduce the incidence of chlamydia trachomatis infections among females aged 15-19 years per 100,000 population;

Population	Target	Preferred Endpoint
Females 15-19	950.0	500.0

HNJ Obj. STD2. Reduce the prevalence of chlamydia trachomatis infections among persons aged 15-24 years;

Population	Target	Preferred Endpoint
Family planning patients	3.0	3.0
STD clinic patients	12.0	3.0

HNJ Obj. STD3. Reduce the incidence of gonorrhea per 100,000 population;

Population	Target	Preferred Endpoint
Total	30.0	19.0
Persons 15-19	325.0	186.7
Females 15-19	325.0	186.7

HNJ Obj. STD4. Reduce the incidence of primary and secondary syphilis per 100,000 population;

Population	Target	Preferred Endpoint
Total	0.5	0.2
White (non-Hispanic)	0.2	0.2
All other races/ethnicities	1.2	0.2

HNJ Obj. STD5. Reduce the incidence of congenital syphilis per 100,000 live births.

Population	Target	Preferred Endpoint
Total	25.0	10.9
White (non-Hispanic)	10.9	10.9
All other races	69.6	10.9

SUBSTANCE ABUSE NJ2010

With regard to substance abuse and human services organizations the data compiled in the *Healthy NJ 2010 – Update 2005* and taken from Chapter 4: Preventing and Reducing Major Diseases, 4F. Addictions (downloaded 07/11/07 from http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05c4.pdf#4f) lists the following objectives:

Adults

HNJ Obj. SA1. Objective 1: Reduce the age-adjusted mortality rate from drug-related causes per 100,000 standard population;

Population	Target	Preferred Endpoint
Total	8.4	7.4
White	7.4	7.4
Black	13.3	7.4
Hispanic	*	*
Asian/Pacific Islander	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. SA2. Objective 2: Reduce the age-adjusted mortality rate from tobacco-related causes per 100,000 standard population;

Population	Target	Preferred Endpoint
Total	117.4	113.2
Male	173.0	166.8
Female	80.1	77.2

HNJ Obj. SA3. Objective 3: Reduce the age-adjusted mortality rate from alcohol-related causes per 100,000 standard population;

Population	Target	Preferred Endpoint
Total	17.9	16.2
Male	27.4	24.8
Female	9.5	8.7

HNJ Obj. SA4. Objective 4: Reduce the mortality rate due to alcohol-related motor vehicle injuries per 100,000 population;

Population	Target Rate	Preferred Endpoint
Total (age-adjusted)	1.7	1.7
Youth aged 15-24	3.4	1.7
Young adults 25-34	2.6	1.7

HNJ Obj. SA5. Reduce the prevalence of cigarette smoking among the population aged 18 and over;

Population	Target	Preferred Endpoint
Total	15.0	11.0
White (non-Hispanic)	15.0	11.0
Black (non-Hispanic)	15.0	11.0
Hispanic	15.0	11.0
Asian/Pacific Islander (non-Hispanic)	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. SA6. Reduce the prevalence of cigarette smoking among the population aged 65 and over;

Population	Target	Preferred Endpoint
Adults 65+	8.0	6.0

HNJ Obj. SA7. Decrease the percentage of persons aged 18 years and over who consumed five or more alcoholic drinks per occasion, one or more times during the past month;

Population	Target	Preferred Endpoint
Total	10.6	7.0
White (non-Hispanic)	11.0	7.0
Black (non-Hispanic)	5.0	5.0
Hispanic	8.0	7.0
Asian/Pacific Islander (non-Hispanic)	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Adolescents

The following objectives concerning substance abuse and human services organizations are taken from the data compiled in the *Healthy NJ 2010 – Update 2005*, specifically Chapter 3: Fundamentals of Good Health, 3C. Healthy Behaviors - Adolescents (copied 07/11/07 from http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05c4.pdf#3b).

HNJ Obj. SA8. Decrease the percentage of middle school students who have used alcohol in the past 30-days;

Population	Target	Preferred Endpoint
All middle school students	20.0	15.0
White (non-Hispanic)	20.0	15.0
Black (non-Hispanic)	15.0	15.0
Hispanic	20.0	15.0
Asian/ Pacific Islander (non-Hispanic)	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. SA9. Decrease the percentage of middle school students who have used marijuana in the past 30 days;

Population	Target	Preferred Endpoint
All middle school students	5.0	4.0
White (non-Hispanic)	5.0	4.0
Black (non-Hispanic)	5.0	4.0
Hispanic	5.0	4.0

HNJ Obj. SA10. Decrease the percentage of middle school students who have used inhalants in the past 30 days;

Population	Target	Preferred Endpoint
All middle school students	2.0	1.0
White (non-Hispanic)	2.0	1.0
Black (non-Hispanic)	1.5	1.0
Hispanic	2.0	1.0

HNJ Obj. SA11. Decrease the percentage of public high school students who have used alcohol, marijuana, cocaine, or inhalants in the past 30 days;

Substances	Target	Preferred Endpoint
Alcohol	37.0	25.0
Marijuana	11.0	9.0
Cocaine	2.0	1.0
Inhalants	3.8	2.5

Mothers and Young Children

The following objectives concerning substance abuse and human services organizations are taken from the data compiled in the *Healthy NJ 2010 – Update 2005*, specifically Chapter 3: Fundamentals of Good Health, 3B. Healthy Mothers and Young Children (downloaded 07/11/07 from http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05c4.pdf#3b).

HNJ Obj. SA12. Increase the percentage of women who abstain from alcohol during pregnancy;

Population	Target	Preferred Endpoint
Total	95.0	99.0
White (non-Hispanic)	95.0	99.0
Black (non-Hispanic)	95.0	99.0
Hispanic	99.0	99.0
Asian/Pacific Islanders (non-Hispanic)	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

HNJ Obj. SA13. Increase the percentage of women who abstain from any tobacco product during pregnancy.

Population	Target	Preferred Endpoint
Total	89.0	95.0
White (non-Hispanic)	89.0	95.0
Black (non-Hispanic)	89.0	95.0
Hispanic	95.0	95.0
Asian/Pacific Islanders (non-Hispanic)	*	*

* A target was not set because the baseline data for this subpopulation were statistically unreliable.