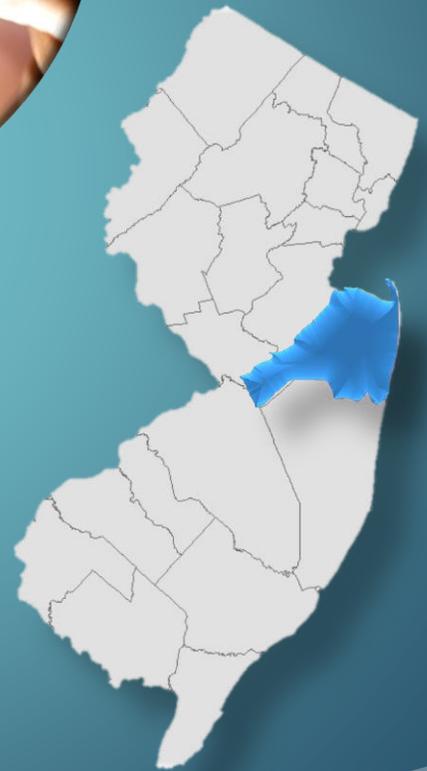


2018



Monmouth County Community Health Improvement Plan 2018 - 2022

MONMOUTH COUNTY, NEW JERSEY
HEALTH IMPROVEMENT COALITION OF MONMOUTH COUNTY

ACKNOWLEDGEMENTS

The Monmouth County Community Health Improvement Plan was funded by the Monmouth County Health Department with a grant from the New Jersey Department of Health.

Community preparedness depends on the ability to foster informed, empowered, and resilient health care systems and residents. It includes the ability of communities to prepare, withstand, and recover from public health incidents by engaging and coordinating with emergency management, primary and community based healthcare organizations, mental/behavioral health providers, and faith-based organizations.

We need to continue to engage our access and functional needs population by both educating them on self-preparedness prior to an event and incorporating their needs into our planning and response measures.

The Health Improvement Coalition of Monmouth County thanks our numerous partners representing public and private organizations in Monmouth County for their hard work and dedication to this process. The 2018 – 2022 Monmouth County Community Health Improvement Plan document was prepared by Brett Nance, Coordinator of the Health Improvement Coalition of Monmouth County in December 2017.

Table of Contents

| | |
|---|----|
| History of the HICMC..... | 1 |
| CHIP Planning..... | 3 |
| Community Health Assessment..... | 4 |
| CHIP Strategic Priorities..... | 6 |
| Healthy Lifestyles..... | 8 |
| Mental Health..... | 10 |
| Health Equity..... | 11 |
| Evaluation of the Work Plan..... | 12 |
| 2018 – 2022 Monmouth County CHIP Work Plan..... | 13 |

Appendices:

Appendix A: [2012 - 2016 CHIP](#)

Appendix B: [2016 Monmouth County Community Health Needs Assessment](#)

Appendix C: [2017 County Health Rankings](#)

Appendix D: [CHIP Prioritization](#)

Appendix E: [Healthy New Jersey 2020 Overview Presentation](#)

All CHIP Appendices can be accessed at:

<http://twp.freehold.nj.us/community-health-improvement-plan>

History of the HICMC



In the fall of 2005, dozens of community agencies, organizations, and concerned citizens convened to articulate a shared vision for the residents of Monmouth County to improve the health and quality of life. The vision, “a model community committed to empowering all residents to achieve optimum health,” has been the guiding force of the coalition. From 2005 to 2007, the Health Improvement Coalition of Monmouth County (HICMC) performed a comprehensive needs assessment and subsequently developed a Community Health Improvement Plan (CHIP) that was released in April 2007. At that time, six strategic issues were identified, which included Barriers to Health Care, Comprehensive Health Care Despite the High Cost of Living, Tobacco, Drugs and Alcohol, Transportation Barriers, Cancer Morbidity and the Growing Older Adult Population.



In 2011, the HICMC underwent a second iteration of community health assessment and planning by updating existing health statistics and wellness measures and re-clarifying the health needs of the community six years later. As a result of the second planning process, the Coalition narrowed their focus and identified three key issues to work on:

1. Risk Factors for Heart Disease
2. Obesity Prevention for Children and Families
3. Access to Comprehensive Health Care



The second CHIP was released in 2012, and work groups were developed to address strategic priorities. The 2012 – 2016 Monmouth County Community Health Improvement Plan can be found in Appendix A.

Since the adoption of the two CHIPs, the coalition has successfully managed and facilitated a number of accomplishments via collaborative work across multiple organizations. Those accomplishments include:

- Assessing county clinics to understand accessibility barriers among the uninsured and underinsured in Monmouth County.
- Developing multi-lingual flyers that detailed available healthcare service for those seeking free or reduced healthcare services.
- Creating cultural competency manuals for area providers with the aim of improving awareness of cultural issues in healthcare delivery.
- Educating area agencies and organizations about the impact of health care reform.
- Identifying transportation options in the service area and communicating with county transportation to maximize options for area residents.
- Developing a flyer that detailed area treatment options for individuals struggling with substance abuse, and updating a resource manual for area seniors.

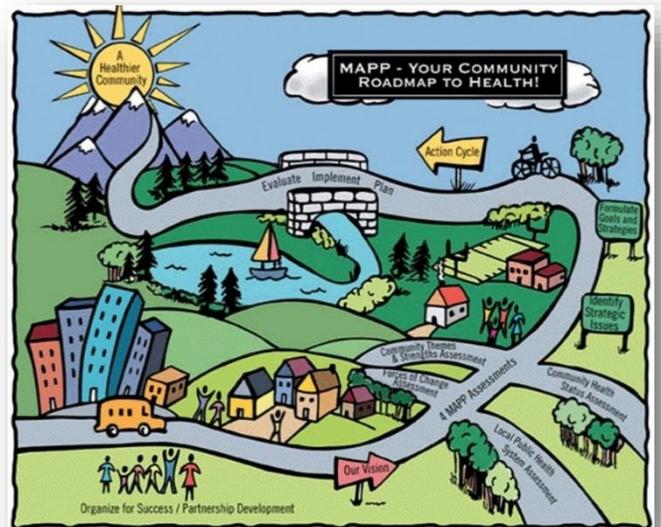


In 2016, the HICMC published another Community Health Assessment (Appendix B), worked through a third prioritization and planning process and developed a 2018 Community Health Improvement Plan. The Health Improvement Coalition of Monmouth County proudly presents its newest CHIP for 2018 – 2022.



2018 CHIP Planning

The Mobilizing for Action through Planning and Partnerships (MAPP) process was used to develop the 2018 – 2022 CHIP. MAPP is a community-wide strategic planning process for improving public health. The framework helps communities prioritize public health issues, identify resources for addressing them, and guides the actions necessary to improve conditions that support healthy living. MAPP was developed by the National Association of County and City Health Officials (NACCHO), with support from the U.S. Centers for Disease Control and Prevention (CDC), to provide structured guidance that results in an effective strategic planning process that is relevant to public health agencies and the communities they serve.



MAPP is based on six phases, explained in the chart below and pictured in the MAPP roadmap above. Details for phases 1 through 3 of the MAPP process relative to the work of the HICMC can be found in Appendix B. The present document serves as a report on phases 4 through 6, detailing how the HICMC chose its strategic issues, the goals and strategies selected to address the strategic issues, and a plan for implementation and evaluation of the CHIP.



Community Health Assessment

In 2016, the HICMC used the MAPP process to provide a comprehensive picture of the health status and quality of life in Monmouth County and developed a detailed Community Health Assessment (Appendix B). The Community Health Assessment (CHA) gathered both primary and secondary data on health status, behavior and attitudes, examined the strengths and weaknesses of the public health system and reviewed the current trends and events that affect public health. Highlights of the report are discussed below.

Monmouth County is a 469 square mile county located in the Central East Region of New Jersey and is home to approximately 630,000 people. According to the 2017 County Health Rankings, Monmouth County is ranked in the top third of the State with regards to overall health. More specifically, out of 21 counties, Monmouth is ranked 7th in Health Outcomes and 5th in Health Factors (Appendix C). However, these rankings do not tell the entire story. The county is comprised of 53 very unique municipalities in urban, suburban and rural settings. The majority of the towns are economically sound and healthy, but some communities significantly lag behind county, state and national averages with regards to social demographics and health outcomes. Poor health is prominent in communities that have unstable housing conditions, low income, substandard education, unsafe neighborhoods, and lack access to affordable transportation and health care, which has a profound effect on the overall health of the entire County. By examining the data stratified by these social determinants of health, the HICMC highlighted the following issues from the CHA:

- **Substance Abuse/Drug Induced Mortality**

The drug induced mortality rate in Monmouth County has increased significantly over the years. The rate in Monmouth County exceeds the rates for New Jersey, United States, and Healthy People 2020 (HP 2020).

- **Suicide**

The suicide mortality rate in Monmouth County is on an upward trend, similar to the statewide and national rates. The current rate in Monmouth County fails to satisfy the Healthy New Jersey 2020 (HNJ 2020) target.

- **Mental Health**

Mental health has been continuously identified as an area in need of attention by Health Improvement Coalition Members, as access to mental health providers and services are limited within the county.

- **Sexually Transmitted Disease**

The incidence of sexually transmitted disease in Monmouth County has significantly increased over the years, and is much higher than in Ocean County. Community Health Assessment data show that rates of Chlamydia, Gonorrhea, and HIV are high in our county, while Health Improvement Coalition Steering Committee members also identified Syphilis as an area of concern regarding STD's.

- **Access to Healthcare**

Access to healthcare services has been a longstanding item on the Health Improvement Coalition's agenda. In 2016, coalition members identified a problem in accessing both services and information within Monmouth County. Health care clinics are sparse, hours are inconvenient, and transportation continues to be a significant barrier for our residents. Cultural and language barriers exist due to the growing Hispanic population in Monmouth County. The issue of health literacy, including educational materials, health forms, prescriptions, and health insurance, creates a barrier for our residents in accessing and receiving quality healthcare.

- **Cancer**

Prostate and female breast cancer incidence is higher in Monmouth County than seen at the state and national levels. Disparities exist when considering who is most affected by these types of cancer, with blacks and Hispanics experiencing higher prostate cancer incidence, and white non-Hispanic and black females experiencing higher breast cancer incidence. Skin cancer is also of concern in Monmouth County, as the prevalence has increased since 2011 and is higher in Monmouth County than in New Jersey and the United States.

- **Diabetes**

Although the average diabetes mortality rate in Monmouth County has decreased over the years, the current mortality rate fails to satisfy the HNJ 2020 target. Diabetes mortality is significantly higher among blacks than whites. The prevalence of diabetes in Monmouth County is higher than in Ocean County and the United States, and has increased since 2011. Diabetes is more common among older adults, those living in poverty, and Hispanic individuals.

- **Cardiovascular Disease**

Cardiovascular disease mortality has decreased since 2011, however, the 2014 age-adjusted mortality rate fails to satisfy the HP 2020 target. Disparities among different populations also exist. These rates are higher among blacks, Non-Hispanics, and those 65 and older.

CHIP Strategic Priorities

On September 23rd, 2016, 33 members of the HICMC convened at the CentraState Jack Aaronson Conference Center to prioritize the health issues in Monmouth County. Community organizations represented during this prioritization process included:

- Caregiver Volunteers of Central Jersey
- Central Jersey Family Health Consortium
- CentraState Medical Center
- Colts Neck Health Department
- EZ Ride Safe Routes to School
- Freehold Area Health Department
- Freehold Municipal Alliance
- Hackensack Meridian Health
- Jersey Shore University Medical Center
- Long Branch Health Department
- Manalapan Health Department
- Monmouth County Division of Mental Health & Addiction Services
- Monmouth County Health Department
- Monmouth County Office of Mental Health
- Monmouth Medical Center
- Monmouth Regional Health Commission
- NJ SNAP-Ed
- Ocean Monmouth Health Alliance
- Prevention First
- VNACJ Community Health Center
- VNA County Council for Young Children
- VNA Health group

Through a facilitated discussion and a coordinated prioritization process, the HICMC adopted three strategic priorities: healthy lifestyles, mental health, and health equity. Details of this prioritization process can be found in Appendix D.

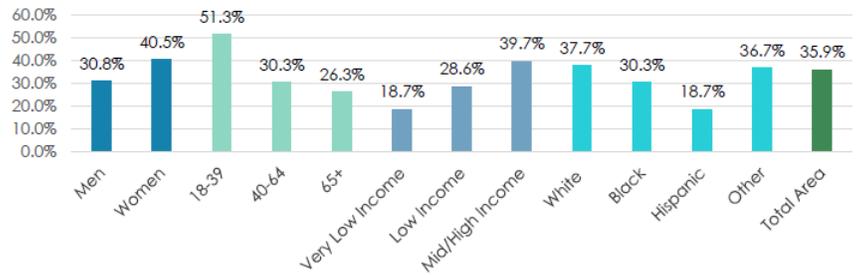
Healthy People 2020 and Healthy New Jersey 2020 are the National and State Health Improvement Plans, respectively. These documents outline 10-year national and state objectives for improving the health of all Americans and New Jersey residents. To ensure that our initiatives aligned with national and state health improvement goals and objectives, the HICMC considered the priority areas of HP 2020 and HNJ 2020 when choosing the focus areas for the Monmouth County Community Health Improvement Plan. On September 23rd, 2016, Collette Lamothe-Galette, Division of Population Health Director at the New Jersey Department of Health, was

invited to a meeting to present an overview of Healthy New Jersey 2020. This presentation included information on population health improvement, leading health priorities for HNJ 2020 topics and objectives, workgroups, and the State Health Improvement Plan implementation. The full presentation can be found in Appendix E.

Once priorities were established, individuals and agencies self-selected into three workgroups centered on each priority area. Work groups were then tasked with meeting on a monthly basis to develop a plan of action that included goals, measurable objectives that aligned with HP2020 and HNJ 2020, evidence-based improvement strategies and activities with time-framed targets. The compilation of the work completed by each workgroup of the HICMC is the foundation for future collaborative efforts to improve the health of Monmouth County. The formal CHIP work plan begins on Page 13.

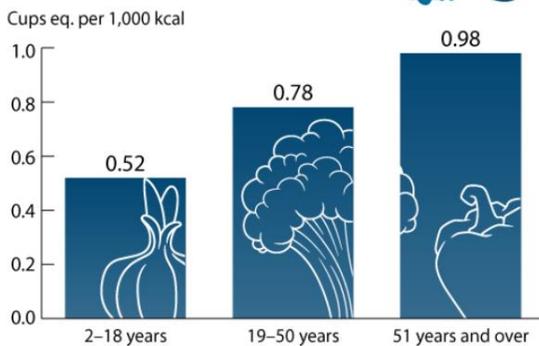


Consume 5 or More Servings of Fruits/Vegetables Per Day: Monmouth and Ocean County

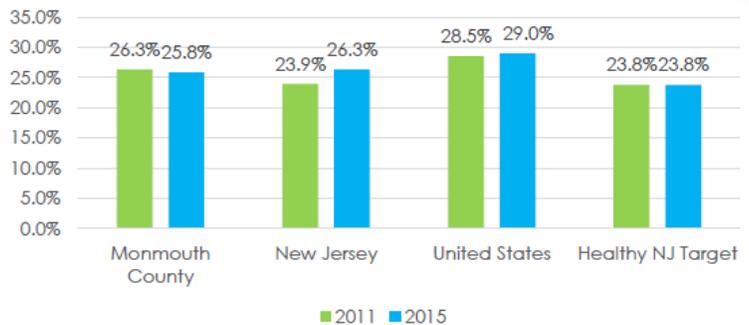


Mean Daily Intake of Total Vegetables by Age, 2009–2012

Mean daily vegetable intake increased with age.



Prevalence of Obesity
Percentage of Adults with BMI Greater than 30





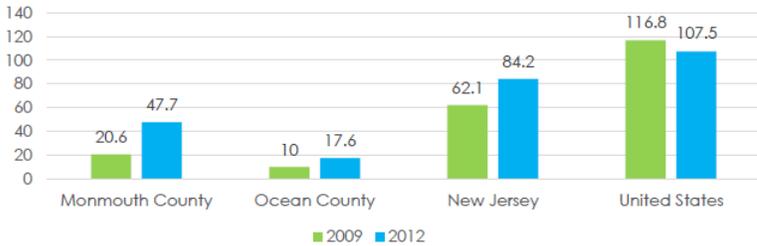
Healthy Lifestyles



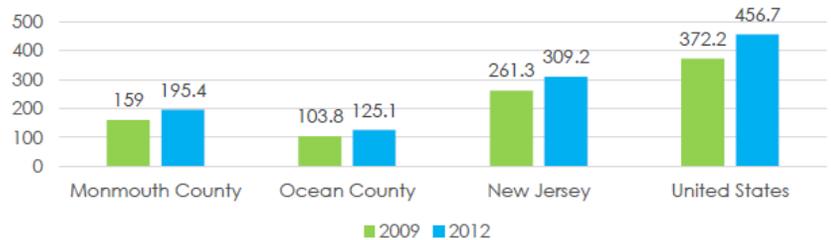
Goal 1: To stop the increase and ultimately reduce the rates of Gonorrhea, Chlamydia, and Syphilis in Monmouth County, New Jersey.

The Centers for Disease Control and Prevention estimates that every year there are approximately 20 million new sexually transmitted disease infections, of which about half are among young people ages 15 to 24. Sexually transmitted diseases have been identified by Monmouth County stakeholders as a priority issue as their spread is directly affected by social, economic, and behavioral factors. In addition, STDS are a costly burden to the U.S. health care system and commonly go undiagnosed, underreported, and untreated – leading to serious long-term health consequences. STDs remain an important public health issue as they are largely preventable, leaving opportunity for communities to intervene.

Gonorrhea Incidence
Per 100,000 Population



Chlamydia Incidence
Per 100,000 Population



The Healthy Lifestyles Workgroup will work to reach its goal with the following initiatives:

- Educate health care providers and public health professionals on STDs in Monmouth County
- Develop educational materials to promote STD testing among high school aged youth

The workgroup will evaluate its progress in reaching this goal by focusing on county-level Chlamydia, Gonorrhea, and Syphilis rates.

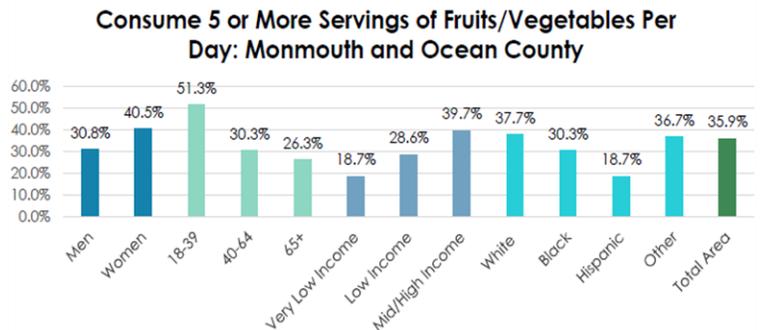
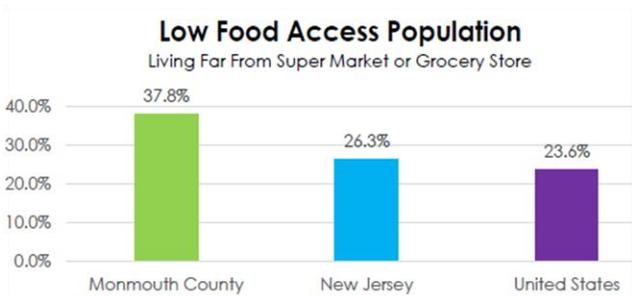
Healthy Lifestyles

Goal 2: To increase access to and consumption of healthy food options.

While consumption of healthy foods incorporates a behavioral component, it largely begins with a person’s environment supporting the choice to consume healthy foods. Having healthy food available and affordable in retail food and service settings, such as grocery stores, corner stores, and farmers’ markets, allows people to make healthier food choices.

When healthy foods are not available, people may settle for foods that are higher in calories and lower in nutritional value. Thus, creating and supporting healthy food environments is an important part of public health work.

Monmouth County stakeholders identified the need to create a more supportive environment for our residents to access and consume healthy food options.



The Healthy Lifestyles Workgroup will work to reach its goal with the following initiatives:

- Increase the availability of healthy food options in the community, particularly among food insecure populations

The workgroup will evaluate its progress in reaching this goal by focusing on the percentage of Monmouth County adults who report eating 5 or more servings of fruits and/or vegetables per day.



Mental Health

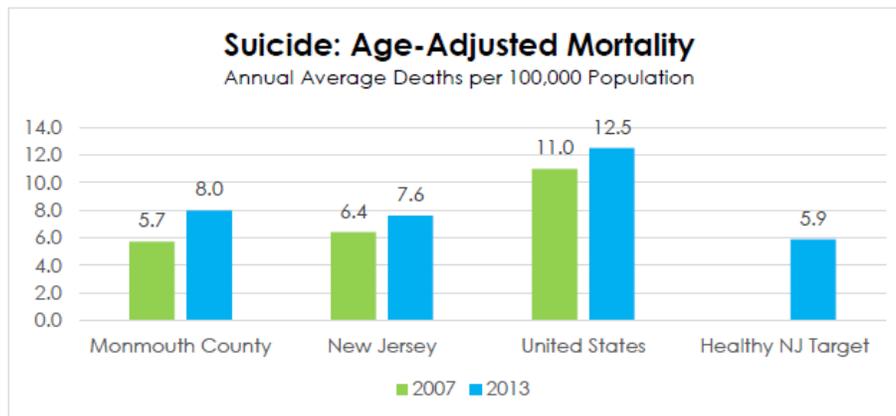


Goal: To increase access to and knowledge of mental, behavioral, and substance use resources in Monmouth County.

According to Healthy People 2020, millions of Americans struggle with drug or alcohol problems and the vast overwhelming majority are considered unaware of their problem. Of those who recognize their problem, hundreds of thousands are unsuccessful in obtaining treatment, which highlights the importance of increasing prevention efforts and improving access to treatment.

Additionally, the disease burden of mental illness is among the highest of all diseases. Healthy People 2020 states that “in any given year, an estimated 18.1% (43.6 million) of U.S. adults ages 18 years or older suffered from mental illness and 4.2% (9.8 million) suffer from a seriously debilitating mental illness.”

Mental health is a key component in people’s ability to maintain good physical health and participate in health-promoting behaviors. As mental health and physical health are interconnected, the stakeholders involved in the HICMC have continuously identified mental health and substance abuse as a top priority for Monmouth County.



The Mental Health Workgroup will work to reach its goal with the following initiatives:

- Educate Monmouth County residents about mental health and substance use resources
- Train community champions in mental health awareness classes

The workgroup will evaluate its progress in reaching this goal by focusing on the proportion of Monmouth County adults with mental health disorders who receive treatment.

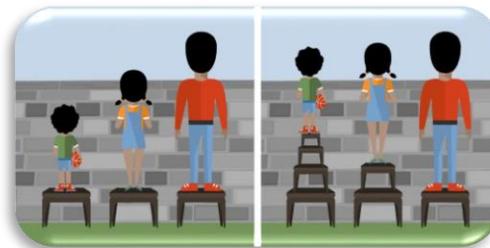


Health Equity



Goal: To support the healthy lifestyle and mental health work groups in ensuring that disparately affected communities are being addressed through the planned initiatives.

According to The World Health Organization (WHO), health equity “implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.” The HICMC recognizes that among its seemingly affluent county, there are pockets of need where residents may not have opportunities to attain their full health potential. These communities are disparately affected by health issues, which are impacted by differences in key determinants of health such as race/ethnicity, education, employment, socioeconomic status, income, and housing.



The Health Equity Workgroup will work to reach its goal with the following initiatives:

- Facilitate dissemination of information from the mental health workgroup to disparately affected communities
- Ensure all health care providers who serve Asbury Park, Neptune, and Long Branch are included in the STD seminar
- Provide STD literature to schools in Asbury Park, Neptune, and Long Branch
- Increase the percentage of STD testing among 15-24 year olds and African Americans in Monmouth County
- Increase the availability of healthy food options in the community among disparately affected populations

The workgroup will evaluate its progress in reaching this goal by focusing on the proportion of Monmouth County adults with mental health disorders in disparate populations who receive treatment, and on Chlamydia, Gonorrhea, and Syphilis rates for Asbury Park, Neptune, and Long Branch.

Evaluation of the Work Plan

The HICMC is dedicated to the ongoing evaluation of the effectiveness and progress toward CHIP implementation. As such, the HICMC will assess and report at least annually, on the feasibility and progress made in implementing strategies outlined in the CHIP. The following activities will be undertaken as ongoing and routine evaluation processes:

- Collect quarterly updates from each of the workgroups who will report on actions taken toward the implementation of their respective strategies. Reports will include specific examples of achievements and how they were accomplished.
- From the quarterly updates, compile and publish an annual report on the progress made toward CHIP implementation.
- Based on the annual report, review and revise the CHIP work plan as needed in January of each year.



Health Improvement Coalition of Monmouth County Community Health Improvement Plan

Healthy Lifestyles

| Goal 1: To stop the increase and ultimately reduce the rates of Gonorrhea, Chlamydia, and Syphilis in Monmouth County, New Jersey. | | | |
|---|---|-----------------|---------------------------------|
| Outcome Objective 1: To stop the increase of Chlamydia, Gonorrhea and Syphilis rates by 2021 in that they will not exceed their respective 2012 rates. | | | |
| Process Objective 1.1: To Educate 150 health care providers and public health professional on STDs in Monmouth County. Increase participation by 10% annually. | | | |
| Strategies | Action Steps | Time Frame | Accountable Party |
| 1.1.1. Coordinate partnership with NYC STD Prevention Training Center to establish steps for planning Monmouth County Program. | <ul style="list-style-type: none"> • Hour long on line training for class • Day long training for school nurses <ul style="list-style-type: none"> ○ Kathy S. to check with school nurse association for date and venue in 2018 | Dec 2018 - 2019 | Healthy Lifestyle Workgroup/TBD |
| 1.1.2. Utilize coalition network to advertise program among providers and school nurses through the county websites, electronic distribution lists, and the School Nurse Association. | <ul style="list-style-type: none"> • All agencies to forward information regarding the program to their contacts • Save the date program information | Dec 2018 | Healthy Lifestyle Workgroup/TBD |
| 1.1.3. Organize process to provide CEUs for participants of program in conjunction with NYC STD Prevention Training Center or Monmouth County Health Department/A-team. | <ul style="list-style-type: none"> • Contact continuing education coalition for nurse and MD credits • MCHD – public health credits | TBD | Healthy Lifestyle Workgroup/TBD |

| 1.1.4. Establish an evaluation mechanism to measure increase in knowledge and/or awareness. | <ul style="list-style-type: none"> Pre and post survey | TBD | Healthy Lifestyle Workgroup/TBD |
|--|---|--|---------------------------------|
| Evidence Base | | | |
| Source | Description | Link | |
| 1. The New York City STD/HIV Prevention Training Center | <p>“A program of Columbia University Mailman School of Public Health Department of Sociomedical sciences, the New York City STD Prevention Training Center (NYC PTC) is dedicated to increasing the sexual health knowledge and skills of medical health professional in the prevention, diagnosis, screening, management and treatment of sexually transmitted diseases. We offer classroom and we-based courses, hands-on training, clinical consults and technical assistance to clinicians, such as physicians, physician assistants, nurses, and nurse practitioners. The NYC PTC is one of eight regional training centers funded by the Centers for Disease Control and prevention and is a member of the National Network of STD Clinical Prevention Training Centers. Our trainings are designed to increase knowledge and improve clinical skills for physicians, physician assistants, nurses, nurse practitioners and licensed practical nurses.”¹</p> | ¹ http://www.nycptc.org/index.html | |
| Process Objective 1.2: To develop educational materials to promote STD testing among high school aged youth in Monmouth County and disseminate amongst school nurses, providers and health departments. | | | |
| Strategies | Action Steps | Time Frame | Accountable Party |
| 1.2.1. Create an educational material to promote STD testing in Monmouth County using evidence based strategies to inform effective communication to target populations. | <ul style="list-style-type: none"> MCHD flyer and VNA test center flyer Each health department – Health officers can distribute to schools Target MSM and schools Boys and Girls Club Project Real | TBD | Healthy Lifestyle Workgroup/TBD |
| 1.2.2. Collaborate with schools, providers, health departments and | <ul style="list-style-type: none"> Create a tracking form for where handouts are given and the number | TBD | Healthy Lifestyle Workgroup/TBD |

| organizations to disseminate materials throughout the county. | <ul style="list-style-type: none"> Develop a list of agencies and high schools to distribute information | | |
|---|--|---|---------------------------------|
| 1.2.3. Establish an evaluation mechanism to measure successful dissemination of materials. | | TBD | Healthy Lifestyle Workgroup/TBD |
| Evidence Base | | | |
| Source | Description | Link | |
| 1. Sexually Transmitted Disease Surveillance 2015 | “Sexually Transmitted Disease Surveillance 2015 presents statistics and trends for sexually transmitted diseases (STDs) in the United States through 2015. This annual publication is intended as a reference document for policy makers, program managers, health planners, researchers, and others who are concerned with the public health implications of these diseases.” | http://www.cdc.gov/std/stats15/default.htm | |
| 2. Building Healthier Communities: Local Health Department and School Collaboration for Adolescent HIV/STI Prevention | “Local education agencies and LHDs are natural allies who share the goal of a student population that is healthy and ready to learn. While schools are not the only venue through which LHDs can reach adolescents, they are often the entity with the greatest potential for reaching a large portion of the adolescent population with HIV/STI prevention education and related services.” | http://archived.naccho.org/topics/HPDP/hivsti/resources/upload/Adolescent-HIV-STI-Compendium-8-8-08.pdf | |
| 3. GYT: Get Yourself Tested Campaign | <p>“GYT increases awareness about STDs and how to prevent them, links young people to STD testing services, and promotes a more open dialogue with partners and health care providers. After all, sexually active young people account for half of the 20 million new STDs occurring in the U.S. each year – and most don't know they are infected.</p> <p>Although GYT is a national campaign, schools, community organizations, health care providers, and health departments across the country have adapted GYT to fit their local demographic and host testing and awareness events.’</p> | https://npin.cdc.gov/stdawareness/gyt.aspx | |

| Process Objective 1.3: To increase the number of people receiving STD testing in Monmouth County. | | | |
|---|--|---|---------------------------------|
| Strategies | Action Steps | Time Frame | Accountable Party |
| 1.3.1. Identify available data and establish a baseline measure for STD testing rates in Monmouth County. | <ul style="list-style-type: none"> Use CDRSS | TBD | MCHD and VNA |
| 1.3.2. Explore funding opportunities for under/uninsured testing and treatment in conjunction with the HICMC health equity workgroup. | <ul style="list-style-type: none"> Seek funding | TBD | VNA |
| 1.3.3. Collaborate with school nurses across Monmouth County to help promote testing in schools among their student populations. | <ul style="list-style-type: none"> Make contact with school nurses | TBD | Healthy Lifestyle Workgroup/TBD |
| Evidence Base | | | |
| Source | Description | Link | |
| 1. Sexually Transmitted Disease Surveillance 2015 | “Sexually Transmitted Disease Surveillance 2015 presents statistics and trends for sexually transmitted diseases (STDs) in the United States through 2015. This annual publication is intended as a reference document for policy makers, program managers, health planners, researchers, and others who are concerned with the public health implications of these diseases.” | http://www.cdc.gov/std/stats15/default.htm | |
| 2. Building Healthier Communities: Local Health Department and School Collaboration for Adolescent HIV/STI Prevention | “Local education agencies and LHDs are natural allies who share the goal of a student population that is healthy and ready to learn. While schools are not the only venue through which LHDs can reach adolescents, they are often the entity with the greatest potential for reaching a large portion of the adolescent population with HIV/STI prevention education and related services.” | http://archived.naccho.org/topics/HPDP/hivsti/resources/upload/Adolescent-HIV-STI-Compendium-8-8-08.pdf | |

| <p>3. Reported STDs at Unprecedented High in the U.S.</p> | <p>“Chlamydia, gonorrhea and syphilis are curable with antibiotics. Widespread access to screening and treatment would reduce their spread. Most STD cases continue to go undiagnosed and untreated, putting individuals at risk for severe and often irreversible health consequences, including infertility, chronic pain and increased risk for HIV. STDs also impose a substantial economic burden: CDC estimates STD cases cost the U.S. healthcare system nearly \$16 billion each year.”</p> | <p>https://www.cdc.gov/nchhstp/newsroom/2016/std-surveillance-report-2015-press-release.html</p> | |
|--|---|--|--|
| <p>Goal 2: To increase access to and consumption of healthy food options.</p> | | | |
| <p>Outcome Objective 2: To increase the percentage of Monmouth County adults who report eating 5 or more servings of fruits and/or vegetables per day by 10%.</p> | | | |
| <p>Process Objective 2.1: To increase the availability of healthy food options in the community, particularly among food insecure populations.</p> | | | |
| Strategies | Action Steps | Time Frame | Accountable Party |
| <p>2.1.1. Foster collaboration between grocery stores, farmers’ markets and food banks in Monmouth County.</p> | <ul style="list-style-type: none"> • Invite food banks and soup kitchens to coalition • Education campaign to help lead behavior change • Meridian – cooking demo and mobile kitchen • Possible partnership with food banks and farmer’s markets • Headstart and Acelero for cooking programs • Action step – look for a grant to provide this program and the mobile cooking program | <p>By March</p> | <p>Healthy Lifestyle Workgroup/TBD</p> |
| <p>2.1.2. Facilitate a donation process between grocery stores, farmers’ markets and food banks in Monmouth County.</p> | <ul style="list-style-type: none"> • Consult MCRHC and MCHD to determine process for one page guideline • Look for a grant - pop up mini market | <p>Search for grant by Dec 2018</p> | <p>Dave Henry and Christy Visokay VNA</p> |
| <p>2.1.3. Consult with Registered Environmental Health Specialist for guidance in creating a one page</p> | | <p>TBD</p> | <p>Dave Henry and Christy Visokay</p> |

| guideline on proper protocol for donation to expedite the process. | | | |
|--|--|---|--|
| Evidence Base | | | |
| Source | Description | Link | |
| 1. County Health Rankings & Roadmaps | <p>“There is some evidence that food banks and food pantries that use healthy food initiatives increase fruit and vegetable consumption, improve diet quality and increase food security for clients more than traditional food banks and pantries (Martin, 2012, Flynn, 2013). However, additional evidence is needed to confirm effects... food banks and pantries with healthy food initiatives that use client choice models for food selection and tailor messaging, recipes and food tips for their clients appear to have greater effects on healthy decision and vegetable use than generic messaging and food tips (Clarke, 2011)... likely to decrease disparities.”</p> | <p>http://www.greensgrow.org/Mobile-Markets/ http://www.countyhealthrankings.org/policies/mobile-markets</p> | |

| | | | |
|---|--|---|---|
| 1.1.3. Identify key community champions within the 53 municipalities to disseminate the resource directory. | <ul style="list-style-type: none"> Identify key community champions in each municipality whom will disseminate directory | October 30 2018 | John McGeehan follow up on March 30, 2018 |
| 1.1.4. Identify dissemination strategies to provide the resource directory to Monmouth County communities. | <ul style="list-style-type: none"> Identify funding. Work group to strategize at March meeting | March 30, 2018 | Steve Horvath and Dr. McCoy |
| Process Objective 1.2: To train 100 community champions in mental health awareness classes annually between 2018 and 2021. | | | |
| Strategies | Action Steps | Time Frame | Accountable Party |
| 1.2.1. Identify stakeholders and community champions who work with/encounter high risk individuals and groups to be trained. | <ul style="list-style-type: none"> Engage training providers to evaluate sign in sheets at previous trainings Evaluation to identify groups that are not attending and should receive training Work group to strategize what other champions would benefit from training <ul style="list-style-type: none"> Groups to potentially engage: Police, community leaders, senior citizens, sports coaches, faith-based leaders | March 30, 2018 | April Sanders, HICMC, Steve Horvath |
| 1.2.2. Identify what groups are currently providing training related to mental health and addictions within Monmouth County. | Identify agencies already providing mental health first aid training. Provide list to work group chairs | March 30, 2018 | April Sanders, HICMC, Mental Health Association (Wendy) |
| 1.2.3. Identify strategies on how to publicize the availability of mental health awareness classes. | <ul style="list-style-type: none"> Gather information from agencies providing training to identify how they current promote training | September 30, 2018 | HICMC, Community YMCA, Mental Health Association |
| 1.2.4. Implement classes and establish a mechanism for measuring progress toward goal. | <ul style="list-style-type: none"> Engage current providers/point person to obtain information on each training class so that a county wide assessment can be made. Current Providers (MHA, YMCA, Prevention First, CPC). Create a report system that includes numbers of participants and the sector/group represented to examine reach | Annual review September 30, 2018 | Connie Polonsky, MCRHC (Annual review) |

| Evidence Base | | |
|----------------------------|--|---|
| Source | Description | Link |
| 1. Mental Health First Aid | <p>“Mental health first aid is an adult public education program aimed at improving participants’ knowledge of and modify their attitudes and perceptions about mental health disorders and related issues. The program is designed to help individuals learn how to respond to those who are experiencing one or more acute mental health crises (i.e., suicidal thoughts and/or behavior, acute stress reaction, panic attacks, or acute psychotic behavior) or who are in the early stages of one or more chronic mental health problems (i.e., depression, anxiety, or a psychotic disorder—any of which may occur with substance use).</p> <p>The intervention is delivered by a trained, certified instructor through an 8-hour course. The course introduces participants to the risk factors, warning signs, and symptoms for a range of mental health problems, including comorbidity with substance use disorders; builds participants’ understanding of the impact and prevalence of mental health problems; and provides an overview of common mental health support and treatment resources.”</p> | http://nrepp.samhsa.gov/ProgramProfile.aspx?id=1229#hide1 |

Health Improvement Coalition of Monmouth County Community Health Improvement Plan

Health Equity

| Goal 1: To reduce the disparity of STD affected communities in Monmouth County by supplementing the efforts of the Healthy Lifestyle workgroup. | | | |
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| Outcome Objective 1: To reduce STD rates in Asbury Park, Neptune, and Long Branch by 5% by 2021. | | | |
| Process Objective 1.1: To ensure all health care providers who serve Asbury Park, Neptune, and Long Branch are included in the 150 health care providers reached through the Monmouth County STD seminar annually. | | | |
| Strategies | Action Steps | Time Frame | Accountable Party |
| 1.1.1. Identify and inventory the organizations and individuals that can facilitate communication and reach into the disparately effected communities with respect to Gonorrhea, Chlamydia and Syphilis. | <ul style="list-style-type: none"> • Reach out to Garden State Equality and Q-Spot and invite to table with multiple key partners to identify candidates for training session • Identify key partners for outreach in all three communities • Organize information meeting with key partners to raise awareness and solicit assistance • Coordinate with healthy lifestyles group to present materials • Identify barriers | In accordance with healthy lifestyle group | Health equity work group |
| 1.1.2. Coordinate with Healthy Lifestyle workgroup to ensure health care providers from identified geographic areas are invited to attend the STD seminar. | <ul style="list-style-type: none"> • Identify community providers • Develop letter and invite to training • Follow up doctor’s list to encourage attendance | In accordance with healthy lifestyle group | Health equity work group |

| Process Objective 1.2: To provide appropriate STD literature to schools in Asbury Park, Neptune, and Long Branch. | | | |
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| Strategies | Action Steps | Time Frame | Accountable Party |
| 1.2.1. Identify, inventory, and recruit individuals needed to gain access to schools. | <ul style="list-style-type: none"> Reach out to school nurses to identify best way to gain access to schools for all three communities Coordinate with the healthy lifestyle group to identify dissemination plan for information | In accordance with healthy lifestyle group | Health equity work group |
| 1.2.2. Assure that resources, guides, literature, etc. with respect to Gonorrhea, Chlamydia and Syphilis are available in the languages needed to reach disparately affected communities. | <ul style="list-style-type: none"> Identify languages for printed materials Identify communication tools for different demographics Identify translation resources Provide resources to appropriate demographic | In accordance with healthy lifestyle group | Health equity work group |
| 1.2.3. Disseminate materials to schools within these geographic areas. | <ul style="list-style-type: none"> Coordinate with school contacts Coordinate with healthy lifestyle group to disseminate information | In accordance with healthy lifestyle group | Health equity work group |
| 1.2.4. Establish an evaluation mechanism to measure successful dissemination. | <ul style="list-style-type: none"> Research what has been used before Hold focus group with school and students to assess distribution | In accordance with healthy lifestyle group | Health equity work group |
| Process Objective 1.3: To increase the percentage of STD testing among 15-24 year olds and African Americans in Monmouth County. | | | |
| Strategies | Action Steps | Time Frame | Accountable Party |
| 1.3.1. Establish screening baseline of 15-24 and African American population in Monmouth County. | <ul style="list-style-type: none"> Identify facilities Acquire data by demographic on screening Determine screening rates from local sites | In accordance with healthy lifestyle group | Health equity work group |
| 1.3.2. Collaborate with Healthy Lifestyle workgroup to target identified populations for funding opportunities to increase STD testing. | <ul style="list-style-type: none"> Identify funding resources and/or grant opportunities Coordinate to facilities/sites with high disparities | In accordance with healthy lifestyle group | Health equity work group |

| Strategies | Action Steps | Time Frame | Accountable Party |
|--|--|--|--------------------------|
| 1.3.3. Collaborate with school nurses that Healthy Lifestyle workgroup recruits to promote testing in schools among identified population. | <ul style="list-style-type: none"> TBD | In accordance with healthy lifestyle group | Health equity work group |
| Goal 2: To increase access to and consumption of healthy food options among disparately affected communities. | | | |
| Outcome Objective 2: To increase the percentage of Monmouth County adults among disparate populations who report eating 5 or more servings of fruits and/or vegetables per day by 5%. | | | |
| Process Objective 2.1: To increase the availability of healthy food options in the community among disparately affected populations. | | | |
| Strategies | Action Steps | Time Frame | Accountable Party |
| 2.1.1. Identify and inventory disparately affect communities with respect to healthy food access. Collaborate with Healthy Lifestyle workgroup to begin initiative. | <ul style="list-style-type: none"> Meet with healthy lifestyle group Work with healthy lifestyle group with identify areas with disparate access to foods Identify where communities purchase their food | In accordance with healthy lifestyle group | Health equity work group |
| 2.1.2. Identify and inventory individuals and organizations that can facilitate communication and reach into disparately affect communities with respect to healthy food access. | <ul style="list-style-type: none"> Identify trusted community leaders Determine effective methods of communicated to reach affected populations Coordinate with healthy lifestyle group to improve access to culturally appropriate foods | In accordance with healthy lifestyle group | Health equity work group |
| 2.1.3. Foster collaboration between grocery stores, farmers' markets and food banks in disparately affected communities. | <ul style="list-style-type: none"> Identify grocery stores that can potentially provide access Engage food stores within disparate communities Engage nutritionist for health food prep Identify community organizations and provide classes | In accordance with healthy lifestyle group | Health equity work group |
| 2.1.4. Facilitate donation process between grocery stores, farmers' markets, and food banks in disparately affected communities. | <ul style="list-style-type: none"> Partner with healthy lifestyle group for culturally competency Survey food banks for culturally specific food needs | In accordance with healthy lifestyle group | Health equity work group |

Goal 3: To supplement the work of the Mental Health workgroup bringing focus to disparately affected communities.

Outcome Objective 3: To increase the proportion of Monmouth County adults with mental health disorders in disparate populations who receive treatment by 2021.

Process Objective 3.1: To Assist the Mental Health workgroup in disseminating information about mental health and substance use resources to have at least 2500 of the 5000 from disparately affected communities.

| Strategies | Action Steps | Time Frame | Accountable Party |
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| 3.1.1. Identify and inventory the disparately affected communities with respect to mental health, behavioral health, and substance use within Monmouth County. | <ul style="list-style-type: none"> • Research access data to establish disparate populations • Identify communities with highest need to target dissemination of information • Determine cultural approached to mental health within communities | In accordance with mental health group | Health equity work group |
| 3.1.2. Identify and inventory the organizations and individuals that can facilitate communication and reach into the disparately affected communities with respect with mental health, behavioral health, and substance use. | <ul style="list-style-type: none"> • Within identified communities, identify resources for dissemination of information • Identify facilitators within the organizations • Engage the facilitators to create awareness on mental health issues that may affect populations they serve | In accordance with mental health group | Health equity work group |
| 3.1.3. Assure that resources, guides, literature, etc. with respect to mental health, behavioral health, and substance use are available in the languages needed to reach disparately affected communities. | <ul style="list-style-type: none"> • Identify languages within the community • Identify translation resources • Translate resources • Work with mental health group to incorporate culturally appropriate materials | In accordance with mental health group | Health equity work group |

| Process Objective 3.2: To have at least 25 of the 100 champions who will be trained in mental health awareness to be persons who interact in the identified disparately affected communities. | | | |
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| Strategies | Action Steps | Time Frame | Accountable Party |
| 3.2.1. Identify stakeholders to be trained who work with disparately affected communities. | <ul style="list-style-type: none"> • Identify community leads, community health workers, social workers, guidance counselors and school nurses within affected communities • Identify potential opportunities to provide training for these groups • Work with the mental health group to assure training is provided within disparate communities previously identified | In accordance with mental health group | Health equity work group |
| 3.2.2. Take necessary steps to advertise the availability of mental health awareness training among these stakeholders. | <ul style="list-style-type: none"> • Identify target audience for training • Identify how communities access information • Work with mental health group to assure linguistically and culturally appropriate advertisement is available and at appropriate venues | In accordance with mental health group | Health equity work group |



LIVE

WORK

LEARN

PLAY