

# Mobilizing for Action through Planning and Partnerships (MAPP)



## Atlantic County Community Health Improvement Plan






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In the MAPP model, the phases of the MAPP process are shown in the center of the model, while the four MAPP assessments –the key content areas that drive the process— are shown in the four outer areas.

## **Executive Summary**

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-wide strategic planning tool for improving community health. In New Jersey, the Department of Health and Senior Services (NJDHSS) adopted MAPP as the primary tool for each county to use to create a Community Health Improvement Plan (CHIP), as outlined in the Public Health Practice Standards, NJAC 8:52-10 and 11.

The Atlantic County Division of Public Health initiated the MAPP process in 2005. The MAPP process is driven by three committees:

- **MAPP Core Committee**: a team of public health professionals from the Division of Public Health and the Atlantic City Health Department, responsible for the day-to-day activities related to the MAPP process.
- **MAPP Partnership Committee**: a coalition of professionals from the fields of public health, hospitals, healthcare providers, higher education, and the United Way of Atlantic County. The Partnership Committee provides guidance and makes decisions throughout the process.
- **Broad Community**: citizens and representatives of community associations and organizations who provided their insights and thoughts to the process.

There are six steps in the MAPP process:

- **Organizing for Success**: which establishes the organization structure of the MAPP process.
- **Developing a Vision**: in which members of the Broad Community come together to develop a shared vision for Atlantic County, a compelling and powerful representation of the ideal future.
- **Four Health Assessments**:
  - Community Health Status Assessment
  - Local Public Health System Assessment
  - Forces of Change Assessment
  - Community Themes and Strengths Assessment
- **Identifying Strategic Issues**: in which the Partnership Committee reviewed the findings from the MAPP assessments and identified the significant issues facing Atlantic County. Seven strategic issues were identified and prioritized:

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Community Health Improvement Plan (CHIP) Final Draft

- Affordable healthcare access
- Identifying resources for treating health conditions identified through screenings
- Increasing collaborations
- Promoting healthy lifestyle choices
- Addressing the needs of the growing older adult population
- Increasing understanding of mental health/mental illness
- Increasing awareness of cultural/ethnic differences and creating services with these differences in mind
- Formulating Goals and Strategies: where the Broad Community came together to review the seven strategic issues and to suggest activities that could be implemented to address each of these issues.

The final step of the MAPP process is the Action Cycle, in which ad-hoc committees are formed to implement measures to address each strategic issue identified during the MAPP process. These ad-hoc committees will include public health, hospitals and healthcare providers, community organizations and residents.

This Community Health Improvement Plan (CHIP) is a report that outlines the broad courses of action recommended by members of the MAPP committees. The following pages provide a detailed account about the MAPP process in Atlantic County, as well as information about each of the seven strategic health issues facing Atlantic County.

### **Atlantic County At-A-Glance**

Atlantic County is the fastest-growing county in southern New Jersey and the fifth-fastest growing county in the state. With a population of 271,015, the county's population has grown by 7.3% between 2000 and 2005. Since 1990, Atlantic County's population has grown by 20.8%, or 46,688 residents.

Bordered by Cape May, Cumberland, Gloucester, Camden, Burlington and Ocean Counties and the Atlantic Ocean, Atlantic County is within a 200 mile radius of four major metropolitan areas – New York City, Philadelphia, Baltimore and Washington, DC.

At 561 square miles, Atlantic County is the third largest county in New Jersey. Atlantic County is comprised of a diverse blend of communities, ranging from the urban communities of Atlantic City, Pleasantville and Egg Harbor City, to town communities of Hammonton and Buena, to suburban communities including Egg Harbor, Galloway and Hamilton Townships, and the rural communities of Corbin City, Estell Manor and Port Republic. Atlantic County has a population density of 450.1 persons per square mile.

The proximity of the Atlantic Ocean, the casinos, entertainment venues and resort attractions of Atlantic City, and the beachfront communities of Brigantine, Ventnor, Margate and Longport make Atlantic County a popular tourist destination. Annual conventions, trade shows and special events draw several hundred thousand visitors to the county each year. In 2005, Atlantic City hosted more than 170 conventions, with more than 790,000 attendees.

Atlantic City is the second largest gaming market in the United States. In 2005, gaming revenues reached \$5 billion, a 4.4% increase over 2004, and Atlantic City had more than 34 million visitors, an increase of 3% from 2004. Atlantic City averages 100,000 visitors each day, plus an average of 50,000 casino workers daily. Hotel occupancy in Atlantic City is 90%.

Since 2003, more than \$2 billion has been invested in development projects in Atlantic City, including the Borgata Casino Hotel and Spa; The Pier at Caesars, a retail, dining and entertainment complex; Resorts Tower, a 27-story hotel tower; Showboat Tower, a 19-story hotel tower; and the Quarter at the Tropicana Casino and Resort. For 2007 and 2008, capital investment projects totaling \$1.2 billion have been announced, including the Borgata Phase 2, with an 800-room hotel tower and retail shops; Harrah's, with a 1000-room hotel tower and retail shops; and Trump Taj Mahal, with an 800-room hotel tower. More capital investment projects are expected to be announced in the near future.

Atlantic County is home to three townships that have had explosive growth over the past 15 years including Egg Harbor Township, whose population has grown by 55.2%; Galloway Township, 53.6%; and Hamilton Township, 49.3%, from 1990 to 2005. These townships are among the fastest-growing communities in the state. The next wave of casino development in Atlantic City is expected to fuel continued growth in these communities, as well as the rest of Atlantic County.



**Atlantic County Quick Facts**

	<b><u>Atlantic Co.</u></b>	<b><u>New Jersey</u></b>
Population, 2005 estimate	271,015	8,717,925
Population, percent change, 2000-2005	7.3%	3.6%
Population, 2000	252,552	8,414,350
Population, percent change, 1990 to 2000	12.6%	8.6%
Persons under 5 years old, percent, 2004	6.7%	6.7%
Persons under 18 years old, percent, 2004	25.1%	24.8%
Persons 65 years old and over, percent, 2004	13.3%	12.9%
Female persons, percent, 2004	51.4%	51.3%
Caucasians, percent, 2004	74.0%	76.9%
African-Americans, percent, 2004	18.0%	14.5%
American Indian/Alaska Native, percent, 2004	0.3%	0.3%
Asian persons, percent, 2004	6.1%	7.0%
Native Hawaiian/Other Pacific Islander, percent, 2004	0.1%	0.1%
Persons reporting two or more races, percent, 2004	1.4%	1.2%
Persons of Hispanic/Latino origin, percent, 2004	13.7%	14.9%
White persons, not Hispanic, percent, 2004	62.6%	63.8%
Living in same house in 1995 and 2000, % age 5+, 2000	57.6%	59.8%
Foreign born persons, percent, 2000	11.8%	17.5%
Language other than English spoken at home, % age 5+, 2000	20.3%	25.5%
High school graduates, % of persons age 25+, 2000	78.2%	82.1%
Bachelor's degree or higher, % of persons age 25+, 2000	18.7%	29.8%
Persons with a disability, age 5+, 2000	48,698	1,389,811
Housing units, 2004	121,192	3,414,739
Homeownership rate, 2000	66.4%	65.6%
Housing units in multi-unit structures, percent, 2000	33.4%	36.1%
Median value of owner-occupied housing units, 2000	\$122,000	\$170,800
Households, 2000	95,024	3,064,645
Persons per household, 2000	2.59	2.68
Per capita money income, 1999	\$21,034	\$27,006
Median household income, 2003	\$43,153	\$56,356
Persons below poverty, percent, 2003	10.8%	8.9%

*Source: U. S. Census Bureau*

### **The MAPP Process**

Mobilizing for Action in Planning and Partnerships (MAPP) was developed by the National Association of County and City Health Officers (NACCHO) and the Centers for Disease Control and Prevention (CDC) as a process to involve the community in solving health problems and identifying local areas of concern. In New Jersey, the Department of Health and Senior Services (NJDHSS) adopted MAPP as the primary tool for each county to use to create a Community Health Improvement Plan (CHIP), as outlined in the Public Health Practice Standards for Local Boards of Health in New Jersey, effective 2003.

The first phase of MAPP was “Organizing for Success.” During this phase, a core team of public health professionals from the Atlantic County Division of Public Health (ACDPH) and the Atlantic City Health Department developed a series of planning steps that would bring MAPP to fruition. This core team met weekly and worked diligently throughout the entire process to ensure the success of MAPP.

During the “Organizing for Success” meeting, the Partnership Committee, which is an expansion of the existing Partnership For A Healthy Community, was formed and representatives from the committee endorsed the MAPP process. Since the mid-1990s, the Partnership For A Healthy Community has conducted community health needs assessments and Youth Behavior Risk Factor Surveys (BRFSS) in Atlantic County.

On Tuesday, July 19, 2005, the Partnership Committee, met to launch the MAPP process. The Partnership Committee includes a coalition of professionals from the fields of public health, hospitals and higher education, as well as healthcare providers and representatives from the United Way of Atlantic County.

#### **Developing a Vision**

The second phase of the MAPP process was to develop a vision. The vision represents a shared image of the current health status of Atlantic County.

On Tuesday, August 2, 2005, more than 60 community members, including public health and a wide array of health providers, social service agencies, senior citizen groups, youth advocates, municipalities, education and religious organizations, came together to develop a shared vision for Atlantic County.

Working with facilitators, these individuals broke into small work teams and developed



each team's vision for Atlantic County. The teams reconvened as a large group, and presented and discussed their ideas. The community adopted the following Vision for Atlantic County:

*“An Atlantic County where our diverse population is committed to a safe, caring and clean environment that provides:*

*--excellent educational and career opportunities*

*--quality health care for all*

*--community centers with recreational cultural and outreach programs*

*--an extensive transportation system with access to all locations within the county.”*

An unexpected outcome of the Visioning session was the desire of the participants to stay engaged by continuing to network together. As a result of this request, a directory of participants was published and shared with all members of the Visioning group.

### Phase 3: Four Health Assessments

Armed with the Vision for Atlantic County, the MAPP Core Committee continued to meet to plan the assessment portion of the project. Under MAPP, four assessments are required to be conducted. These are:

- Community Health Status Assessment
- Local Public Health System Assessment
- Forces of Change Assessment
- Community Themes and Strengths Assessment

### Community Health Status Assessment (Community Health Needs Assessment)

The Community Health Needs Assessment was completed by the Partnership For A Healthy Community in 1996 and most recently in 2002. The purpose of this study was to obtain feedback from area residents regarding their health status, access to healthcare and their perception of community services. This study included residents of Atlantic County and surrounding areas in Camden and Cape May counties that are serviced by Atlantic County hospitals. The 2002 Community Health Needs Assessment served as the MAPP Community Health Status Assessment requirement.

The first research component was a secondary data profile. This secondary data profile

contained health and wellness statistics compiled from NJDHSS, CDC, and U.S. Census Bureau data. The profile identified the health status of area residents compared to those in other parts of the state and the nation. The same data profile was used in the development of the second research component, the household survey instrument.

Both written and telephone surveys were conducted and a total of 984 residents completed the survey, resulting in an accuracy rate of +/-3.1% at the 95% confidence level. In addition to the community household survey, focus groups were held involving two subgroups identified in the survey. One group included African-Americans and focused on heart disease and weight control issues. The other group included Hispanic women and focused on health issues for women and children.

Results from the Community Health Needs Assessment were presented at a strategic planning session involving representatives from the Partnership For A Healthy Community and other key community members.

Priority areas were evaluated on the needs of the community and their ability to stimulate change. The group decided upon the following primary goal: *“to reduce heart disease among all groups, especially among minority populations.”*

### Local Public Health System Assessment

The local public health system comprises all the entities that contribute to the delivery of public health services within the community including all public, private and voluntary entities, as well as individuals and informal associations. In the MAPP process, the Local Public Health System Assessment utilized the “local instrument tool” which was developed by NACCHO and the CDC as one of the Local Public Health System Performance Assessment Instrument tools.

The Local Public Health System Assessment is designed around the ten Essential Public Health Services. The ten essential services are the foundation of public health practice and describe the full range of public health responsibilities. These standards focus on the overall public health system, rather than a single organization. By focusing on the system, the contributions of all entities are recognized in assessing the provision of the Essential Public Health Service. Entities within a public health system can include hospitals, physicians, managed care organizations, environmental agencies, social service organizations, educational

systems, community-based organizations, religious institutions and many others. All of these organizations play a role in working to improve the public's health.

**The 10 Essential Public Health Services**

1. *Monitor health status to identify community health problems.*
2. *Diagnose and investigate health problems and health hazards in the community.*
3. *Inform, educate, and empower people about health issues.*
4. *Mobilize community partnerships to identify and solve health problems.*
5. *Develop policies and plans that support individual and community health efforts.*
6. *Enforce laws and regulations that protect health and ensure safety.*
7. *Link people to needed personal health services and assure the provision of health care when otherwise unavailable.*
8. *Assure a competent public health and personal health care workforce.*
9. *Evaluate effectiveness, accessibility, and quality of personal and population-based health services.*
10. *Research for new insights and innovative solutions to health problems.*

The standards describe an optimal level of performance, rather than providing minimum expectations. This assures that the standards can be used for continuous quality improvement. Partners within the public health system can use the assessment process and results as a guide for learning about public health activities throughout the region and determine how to improve services.

Representatives from the entire public health system, including county and local health departments, hospitals, and FQHCs, met weekly over a two-month period to complete the Local Public Health System Assessment. Each of the ten Essential Public Health Services was examined to measure the public health system's ability to deliver each service.

Some of the areas in need of improvement are:

- *Access to sentinel events data (having access to information about changes in chronic disease indicators that affect community health) [Essential Public Health Service 1]*
- *Assessment of health promotion activities [EPHS 3]*
- *Assessment of the effectiveness of community partnerships [EPHS 4]*

- *Conducting an analysis of age-specific participation in prevention services [EPHS 7]*
- *Sharing results of public health workforce assessment with all partners [EPHS 8]*
- *Assessing the linkages and relationships among organizations that comprise the local public health system [EPHS 9]*
- *Proposing to research organizations one or more public health issues for inclusion in their research agenda [EPHS 10]*
- *Evaluating research activities [EPHS 10]*

### Forces of Change Assessment

“Forces of Change” are those forces that can or will be influencing the health and quality of life within the community and the work of the public health system.

These forces can be trends, such as migration in and out of the community; discrete elements, such as a community’s large ethnic population or the community’s geographic location; and events, such as the closure of a hospital or major employer, a natural disaster (i.e., hurricane), or the passage of new legislation in Trenton or Washington, DC.

On September 29, 2005, 20 individuals from health departments and healthcare providers, social service agencies, not-for-profit organizations, and other agencies participated in a half-day workshop to complete the Forces of Change Assessment.

During the workshop, participants identified 30 “Forces of Change” that could impact the overall delivery of public health services in Atlantic County. After discussing each of these forces and their impact on the local community, the group prioritized the top 10 forces.

The top 10 Forces of Change facing Atlantic County are (in order of priority):

- *Growth in population*
- *Health disparities*
- *Poverty*
- *Increase in partnerships and collaborations*
- *Lack of healthcare coverage/poor healthcare coverage*
- *Lack of public transportation*
- *Good quality of life (location, recreational opportunities, open space)*

- *Increase in low-paying jobs (no/few benefits)*
- *The need to prepare for emergencies (awareness/planning)*
- *The lack of affordable housing*

### Community Themes and Strengths Assessment

The fourth MAPP Assessment is the Community Themes and Strengths Assessment. The Community Themes and Strengths Assessment allows respondents the opportunity to identify things they like and don't like about their community.

In this phase, the Community Themes and Strengths Assessment tool was modeled after other assessment tools. It was then shared with members of the Partnership Committee, who approved it before distribution. The survey asked 49 ranking questions and also provided the respondent with a place to write additional comments and share concerns about the community and health risk behaviors.

The Community Themes and Strengths Assessment was mailed to more than 4000 randomly-selected Atlantic County residents. The MAPP Core Committee ensured that the assessments were sent to residents in each of Atlantic County's 23 municipalities. Accompanying the survey was a postage-paid return envelope addressed to Holleran Consulting, who tabulated the results.

In addition, this survey was translated into Spanish and distributed to faith-based communities, healthcare providers and other organizations who serve Atlantic County's Hispanic population. Again, efforts were made to ensure that Hispanic populations throughout the County were sampled. Holleran also conducted a telephone survey of randomly-selected residents in Atlantic City and Pleasantville.

A total of 722 surveys were completed and returned, which yielded an overall error rate of +/-3.6%, at a 95% confidence level.

Among the findings from the Community Themes and Strengths Assessment, residents indicated that the top three factors for a "healthy community" are:

- *Low crime/safe neighborhoods (57.2%)*
- *Good schools (40.2%)*
- *Good place to raise children (31.8%)*

The most important “risky behaviors” facing Atlantic County are:

- *Drug abuse (69.4%)*
- *Alcohol abuse (45.8%)*
- *Unsecured firearms (26.4%)*

And the most important “health problems” in Atlantic County are:

- *Cancers (36.4%)*
- *Aging problems (e.g., arthritis, hearing/vision loss, etc.) (25.4%)*
- *Heart disease and stroke (25.1%)*
- *Teenage pregnancy (14.0%)*

### Other Assessments

In addition to the four MAPP Assessments, the MAPP Core Committee reviewed current and recent community needs assessments in order to make the MAPP assessments truly reflect the diverse population that comprises Atlantic County.

These other assessments included:

- The United Way of Atlantic County Community Needs Assessment
- Atlantic County Municipal Alliance PRIDE Survey
- Atlantic County Youth Behavior Risk Factor Surveillance Study
- New Jersey Behavior Risk Factor Surveillance Study, Atlantic County
- New Jersey Healthy Days
- State of the Air
- New Jersey Cancer Capacity Report
- New Jersey Student Health Survey
- Healthy New Jersey 2010, 2005 Update
- New Jersey Preventable Hospitalizations Report
- Spanish Community Center Community Needs Assessment

Among the issues identified through these additional assessments, were:

- *Affordability issues with housing and healthcare*
- *Drug abuse and alcoholism*
- *Crime*
- *Shortage of recreational programs*

- *Availability of child day care*
- *Teen pregnancy*
- *Mental illness*
- *Racial/ethnic discrimination*
- *Traffic/transportation issues*
- *Need for senior care*
- *Public school reform*
- *Poverty issues*
- *Unemployment challenges*
- *Youth issues, such as delinquency, developing our youth, not feeling hopeful about the future, number of sexual partners and “safe sex,” no helmet use when bicycling/rollerblading*
- *Unique needs of Latino/a population (language barriers, discrimination, trust issues, feel little hope for economic, social and educational improvement)*
- *Prevalence of diabetes*

#### Identifying Strategic Issues

With the completion of the four assessments, the Atlantic County MAPP process moved into Phase 4. This phase identifies the strategic issues the county must address in order to achieve the MAPP Vision.

#### **Our Atlantic County Vision:**

*“An Atlantic County where our diverse population is committed to a safe, caring and clean environment that provides:*

*--excellent educational and career opportunities*

*--quality health care for all*

*--community centers with recreational cultural and outreach programs*

*--an extensive transportation system with access to all locations within the county.”*

On Wednesday, April 19, 2006, 14 individuals from the MAPP Partnership Committee met for a half-day facilitated session. During this meeting, members of the Partnership Committee verbalized the issues they viewed as significant within the county.

The MAPP Partnership Committee identified seven strategic issues which, in priority order, are:

1. *Ensure affordable healthcare access to all county residents.*
2. *Identify and develop resources for the treatment of health conditions identified through screenings, particularly for the un-/under-insured.*
3. *Increase collaborations to maximize awareness of available services and programs while reducing unnecessary duplication of services.*
4. *Promote healthy lifestyle choices.*
5. *Understand and address the needs of the growing older adult population.*
6. *Increase public awareness and understanding of mental illness and mental health treatment.*
7. *Increase awareness of cultural/ethnic differences and create services with these differences in mind.*

The impact of increased traffic volume and the need for more public transportation were recurring issues throughout the assessments. Atlantic County is working to address these issues on a more global level through events such as the Atlantic County Transportation Summit.

#### Formulating Goals and Strategies

The fifth phase of the MAPP process addresses each of the seven issues identified in Phase 4.

On Monday, September 19, 2006, 47 community members attended a one-day MAPP workshop at the Atlantic County Division of Public Health. Participants represented public health, social service agencies, community groups, not-for-profit agencies, hospitals and healthcare providers serving Atlantic County. They were broken into small work groups led by facilitators. During the morning session, each work group was asked to produce activity alternatives for two specific issues from Phase 4. The larger group then re-convened to share the findings of each work group. In the afternoon, the work groups re-convened to identify barriers



and implementation details for each potential activity. At the end of the day, the breakout groups reported back to the main body.

The attendees were asked to identify the top three activities for each goal statement and then select the best activity for each goal, via an on-line survey (surveys were mailed to those participants without Internet access). The survey results were compiled by Holleran Consulting. A total of 27 participants responded.

**STRATEGIC ISSUE 1: Ensure affordable healthcare access to all county residents.**

The public health system in Atlantic County is extensive, with the Atlantic County Division of Public Health serving 22 of the county's 23 municipalities. The Atlantic City Health Department provides services to residents of Atlantic City. Both health departments offer public health clinics and a vast array of services to residents within their jurisdictions.

Four hospitals including: AtlantiCare Regional Medical Center's Mainland Division (in the Pomona section of Galloway Township) and City Division (in Atlantic City), Shore Memorial Hospital (in Somers Point), and William B. Kessler Memorial Hospital (in Hammonton) provide emergency room and hospital services to the residents of Atlantic County.

In addition, Southern Jersey Family Medical Centers serves as a Federally-Qualified Healthcare Center (FQHC), with sites in Atlantic City, Pleasantville and Hammonton. AtlantiCare Mission Healthcare is an FQHC serving the homeless through the Atlantic City Rescue Mission. FQHCs provide medical care to un-insured, under-insured, and low-income residents.

While there are major medical centers in Philadelphia and New York City, the AtlantiCare Regional Medical Centers were two of six New Jersey hospitals to be recognized by J. D. Powers and Associates for providing patients "with an outstanding service experience." In addition, both AtlantiCare hospitals and Shore Memorial Hospital are affiliated with the teaching universities in Philadelphia.

Children's Hospital of Philadelphia (CHOP), ranked by U.S. News & World Report as the top pediatric hospital in the nation, maintains a Specialty Care Center in Hamilton Township which offers a range of pediatric outpatient medical and surgical services. CHOP Connection at Shore Memorial Hospital is part of a network of special inpatient units providing state-of-the-art medical care for children in a community hospital.

Rising costs of healthcare and insurance coverage deem it important that county residents have affordable access to healthcare.

In the Community Health Needs Assessment (2002), 92% of respondents said they had health coverage. In the 2005 CDC SMART BRFSS (Selected Metropolitan/Micropolitan Area Risk Trends Behavior Risk Factor Surveillance Study), 83% of Atlantic County residents reported having any kind of health care coverage. In the 2006 Community Themes and Strengths Assessment conducted as part of the MAPP process, 92.5% reported having some

health insurance. U. S. Census data suggests that 14.5% of New Jersey residents are without health insurance coverage.

In 2006, the New Jersey FamilyCare program provided health coverage for 18,987 children and 5415 adults in Atlantic County. New Jersey FamilyCare is a federal and state funded health insurance program created to help uninsured children and certain low-income parents and guardians to have affordable health coverage. Eligibility for New Jersey FamilyCare is based on family size and monthly income. Despite the FamilyCare program, New Jersey Kids Count 2005 (using 2000 Census data) reports that 12%, or 259,000, of New Jersey's children are without health insurance coverage; in Atlantic County, 9% of children under age 18, or 5,605 children, are uninsured.

A total of 18 activities were proposed for ensuring affordable healthcare access to all county residents. The best method identified was:

- *Promote utilization of existing free or low-cost healthcare programs, such as public health clinics, Federally-Qualified Healthcare Centers (FQHCs), Cancer Education and Early Detection (CEED), mammography, mobile units and others.*

Potential barriers identified with this activity are:

- Questions of trust and honesty
- Concerns about the stigma of being treated at a clinic or a system
- Perceptions that the public may be receiving substandard care
- The availability of scheduling and the length of time before an appointment is available
- Transportation issues
- The time consumed waiting for appointments and waiting to be seen at the clinic or program
- Changes in information
- Sustainability and the cost to provide these services

Implementation details for this activity include:

- Creating a culture of sensitivity
- Training for service providers and staff
- Incorporating health messages into faith sermons

- Developing a train-the-trainer program
- Using patients as advocates
- Increasing the distribution of pamphlets and brochures
- Using technology to become more visible in the community

In addition, the following three activities were selected as second choices:

- *Promote existing healthcare plans and programs for low-income and underinsured residents*
- *Promote information on existing resources, through major media, 2-1-1, and other sources*
- *Provide a public awareness campaign on preventive health*

Potential barriers identified in these additional activities include:

- Cost
- Literacy levels
- Identifying available services
- The impact of partisan politics
- The lack of Spanish-speaking radio stations in this market area
- The fact that one message does not fit all listeners

Implementation details identified in these activities include:

- Piggy-backing these promotions with existing newsletters to insert information
- Translating messages
- Using 2-1-1 as a vehicle to communicate these programs to the community

Another rationale for providing a campaign on preventive health was reaching today's young people with messages about healthy lifestyles may decrease the cost of health care in the future.

Note: Concerns were expressed that some households may not have telephone service and some individuals may use cell phones rather than the traditional landline telephone service.

**Proposed Activities to Address Issue 1:**

***Ensure affordable healthcare access to all county residents.***

1. *Promote utilization of existing free or low-cost healthcare programs –such as public health clinics, Federally-Qualified Healthcare Centers (FQHCs), Cancer Education and Early Detection (CEED), mammography, mobile units, and others.*
2. *Promote existing healthcare plans and programs for low-income and underinsured residents.*
3. *Promoting information on existing resources, major media, 2-1-1, and so forth.*
4. *Decrease income guidelines for New Jersey FamilyCare enrollment.*
5. *Public awareness campaign on preventive health – what is health care?*
6. *Build coalitions.*
7. *Transportation/location-networking; partnerships with faith-based/county transportation, not-for-profits, etc.*
8. *Educate primary care physicians.*
9. *Address methodology and criteria for referrals.*
10. *Start educating school-age population on wellness.*
11. *Educate and remove fear/stigma to using free services.*
12. *Encourage employers to find ways to make health care more affordable; consolidate services.*
13. *Compile list of health centers and programs available in the community.*
14. *Encourage wellness programs, but educate individuals on the importance of continuation/on-going motivation of employer and employee.*
15. *Generate health care promotion program for all residents: population/age/cultural health issue-specific, wellness.*
16. *Better marketing of existing programs: bike path, beach, county parks, etc.*
17. *Public policy (legislative changes) in terms of malpractice insurance and lawsuits.*
18. *Encourage employers to use wellness programs, and educate them on the benefits of wellness.*

**STRATEGIC ISSUE 2: Identify and develop resources for the treatment of health conditions identified through screenings, particularly for the un-/under-insured.**

Early intervention and treatment of medical conditions is critical to the health of our citizens. Screenings and tests can detect cancers in their early stages, improving outcomes through early treatment. When diagnosed early, diabetes and heart disease can be managed. Resources are available for residents who don't have health insurance or whose health insurance doesn't cover preventive screenings.

The Division of Public Health's Community Health Unit provides health screenings, education and risk assessments for heart disease, cancer, diabetes and other chronic diseases, as well as flu and pneumonia shots, pap smears and mammography prescriptions. Community Health offers well-child check-ups, immunizations, hearing and vision screenings, lead poisoning and anemia screenings for children. Specialized programs such as Healthy Mothers Healthy Babies (in conjunction with the Southern New Jersey Perinatal Cooperative) bring together maternal and child health providers, and advocate for social issues that affect mothers and babies. Similar programs are provided to Atlantic City residents by the Atlantic City Health Department.

At Shore Memorial Hospital, the New Jersey Cancer Education and Early Detection (CEED) Program offers free screenings for breast, cervical, prostate and colorectal cancers for county residents who are un-insured, under-insured, and have a limited income. The CEED Program offers treatment funding for un-insured or under-insured individuals who are diagnosed with breast or cervical cancer through CEED.

The Federally-Qualified Healthcare Centers (FQHCs) provide medical care to un-insured, under-insured, and low-income residents. Southern Jersey Family Medical Centers (SJFMC) operate a mobile medical care unit, with licensed and board-certified medical staff. The mobile unit offers health-care and dentistry to the community, as well as operating traditional clinics in Atlantic City, Pleasantville and Hammonton. SJFMC also provides healthcare services and health education to the migrant farm workers and their families during the agricultural growing season.

The Faith Congregation Nurse Network, sponsored by AtlantiCare Regional Medical Center, provides a support structure for nurses who provide health education and screenings within their houses of worship.

Throughout the year, Community Health nurses provide blood pressure and cholesterol screenings at health fairs and community events. There are many more examples of the services available and provided throughout Atlantic County.

Ten activities were proposed for consideration. The best choice identified was:

- *Expand charity beyond hospitals.*

Note: While politics and cost were identified as potential barriers to this strategy, there were no identified implementation details provided by the group. The group is advocating the expansion of charity care to other providers and other venues so that needy individuals are able to take advantage of screenings beyond blood pressure and cholesterol checks and engage in preventive measures.

The second-best activity identified and selected by the community was:

- *Provide linkages and referrals to health care providers that serve un-/under-insured residents.*

Note: While the group did not identify barriers or implementation details for this activity, it is apparent that efforts must be made to bring agencies and providers together to form networks and coalitions so that every resident has access to screenings and treatment.

**Proposed Activities to Address Issue 2:**

***Identify and develop resources for the treatment of health conditions identified through screenings, particularly for the un-/under-insured.***

1. *Promote utilization of existing free or low-cost healthcare programs, such as public health clinics, FQHCs, CEED, mammography, mobile units, etc.*
2. *Provide linkages and referrals to health care providers that serve un-/under-insured residents.*
3. *Expand charity beyond hospitals.*
4. *Develop consistent referral guide for health care providers.*
5. *Ensure that 2-1-1 is accurate.*
6. *Create central lab in county for diagnostic services.*
7. *Campaign to educate people about choosing jobs with better benefits.*
8. *Look at large/mid-size employers.*
9. *Look into One-Stop career centers re: better jobs/better benefits.*
10. *Socialized health care.*

**STRATEGIC ISSUE 3: Increase collaborations to maximize awareness of available services and programs while reducing unnecessary duplication of services.**

As discussed in Strategic Issue 2, there are many health care providers, facilities and groups offering services and screenings to the residents of Atlantic County. The Atlantic County Healthy Living Coalition is a good example of collaboration involving hospitals, public health representatives, non-profit agencies, and grassroots community organizations. The New Jersey Office of Cancer Control and Prevention launched an initiative in each county to perform a Cancer Capacity and Needs Assessment as part of the New Jersey Cancer Education and Early Detection (CEED) Program. Upon completion of the assessment, CEED coordinators called community partners to the table to discuss common issues and concerns. Here in Atlantic County, the CEED Committee became known as the Atlantic County Healthy Living Coalition and continues to bring concerned parties together for quarterly meetings. In addition, sub-committees regularly meet to deal with issues such as breast cancer, prostate cancer, healthy lifestyles, palliative care, and professional community education. There are many other coalitions and partnerships functioning and providing programs to Atlantic County residents.

Seven potential activities were identified for this issue. The top choice was:

- *Increase marketing of available programs and services.*

Potential barriers to implementing this step include:

- Turf issues
- Lack of response
- Knowledge of existing services and programs (are they still available?)
- Reaching large enough audiences

Implementation details identified by the MAPP group include:

- Holding “meet-and-greet” events for public health, businesses, faith-based organizations and health care providers as a way to develop friendships and build coalitions around common issues
- Developing a countywide/organizational newsletter

Two other activities were identified as second choices:

- *Assess availability and utilization of existing programs and present findings to appropriate decision-makers.*



- *Create incentives to collaborate; educate staff that there is an incentive to collaborate.*

Potential barriers in implementing these additional activities are:

- Identifying what staff will produce the assessment
- Financial costs
- Time invested in researching and marketing of the assessment
- Determining who the appropriate decision-makers are

Implementation details include:

- Publishing the assessment data in electronic formats
- Utilizing Web-logs (blogs, which are on-line diaries or postings that other Internet users can open and read), as well as printing and distributing brochures

**Proposed Activities to Address Issue 3:**

***Increase collaborations to maximize awareness of available services and programs while reducing unnecessary duplication of services.***

1. *Increase marketing of available programs and services.*
2. *Assess availability and utilization of existing programs, and present findings to appropriate decision-makers.*
3. *Create incentives to collaborate; educate staff that there is an incentive to collaborate.*
4. *Public exposure – who is doing what?*
5. *Countywide newsletter to share information – who is doing what?*
6. *In the larger health sector, to eliminate duplication of services. Faith communities, housing entities, churches, boys club, religious services, United Way, housing development entities, etc.*
7. *Encourage mental health providers to seek partnerships with entities.*

**STRATEGIC ISSUE 4: Promote healthy lifestyle choices.**

Lifestyle choices may be personal, or enacted legislatively, such as wearing seatbelts in motor vehicles, youngsters wearing helmets when bicycling and rollerblading, and New Jersey’s Smoke-Free Air Act, which prohibits smoking in most public places, including bars and restaurants.

In the Community Themes and Strengths Assessment, more than half of the respondents rated their personal health as “healthy” (48.8%) or “very healthy” (14.8%). Conversely, less than 35% of respondents rated the overall health of their community as “healthy” (33.0%) or “very healthy” (1.9%). Instead, six out of ten respondents rated the overall health of their community as “somewhat unhealthy” (50.7%) or “unhealthy” (10.8%).

According to NJDHSS, the leading causes of death statewide are heart disease, cancer, stroke, chronic lower respiratory diseases (CLRD) and diabetes. Atlantic County had higher mortality rates than the statewide average for each of these indicators.

<b>Age-Adjusted Death Rates, New Jersey, 2003</b>											
	<b>All</b>	<b>Sex</b>		<b>Race/Ethnicity</b>			<b>Leading Causes of Death Statewide</b>				
		Male	Female	White	Black	Hispanic	Heart Disease	Cancer	Stroke	CLRD	Diabetes
New Jersey	791.7	943.1	677.6	779.9	1059.3	501.7	232.2	191.1	41.6	31.2	26.7
Atlantic Co.	980.9	1158.5	830.8	968.9	1194.7	541.8	296.3	218.0	55.1	39.0	27.1

Rates are computed per 100,000 county-specific standard population.  
CLRD = Chronic Lower Respiratory Diseases.  
Source: New Jersey Department of Health & Senior Services, Center for Health Statistics, [New Jersey Health Statistics 2003](#).

Lifestyle Issues:

Obesity is a growing public health issue across the country. According to Behavior Risk Factor Surveillance Study data from the CDC, less than 10% of New Jersey adults in 1992 met the CDC’s definition for obese (Body Mass Index greater than 30, or 30 pounds overweight for a 5’ 4” woman); in 2002, 19% of New Jersey adults met that definition. Obesity is a known risk factor for numerous chronic diseases, including diabetes, heart disease, high blood pressure, gall bladder disease, arthritis, breathing problems and some forms of cancer.

The New Jersey Behavioral Risk Factor Survey, conducted by the New Jersey Department of Health and Senior Services, suggests that 25.8% of Atlantic County’s adult

population smokes. The 2004 Atlantic County Youth BRFSS suggests that 45% of ninth and 11<sup>th</sup> grade students had ever tried a cigarette, down from 61.1% in 1999 and below the national average of 58.3%.

In addition, there are health ramifications from the effects of second-hand smoke to non-smokers. Exposure to second-hand smoke can cause asthma in children who have not previously exhibited symptoms, can trigger asthma attacks, and make asthma symptoms more severe. Infants and children exposed to second-hand smoke are at increased risk of lower respiratory track infections such as pneumonia and bronchitis, and are at increased risk for middle ear infections. Exposure to second-hand smoke can cause lung cancer in adults who do not smoke. According to the U.S. Environmental Protection Agency (EPA), exposure to second-hand smoke has been shown in a number of studies to increase the risk of heart disease. It is anticipated that New Jersey's Smoke-Free Air Act, which took effect on April 15, 2006, banning smoking in most indoor public places and workplaces, will have an impact on these health issues.

Teen-age pregnancy continues to be a concern, but is showing signs of improvement. In Atlantic County in 2001, 11.1% of the live births were to mothers between the ages of 10 and 19, and the teen birth rate was 45.8 per 1000 females aged 15-19. In 2004, births to women less than 20 years old decreased to 9.9%, and the teen birth rate decreased to 37.4 per 1000 females aged 15-19. In New Jersey in 2004, 6.1% of births were to women less than 20 years old, compared to 6.7% to mothers between the ages of 10 and 19 statewide in 2001.

Prenatal care is recognized as an area of concern. According to the New Jersey Center for Health Statistics, in 2003, 64.5% of mothers residing in Atlantic County and giving birth sought prenatal care in the first trimester; 25.3% in the second trimester; 7.0% in the third trimester, and 1.9% sought no prenatal care. In 2004, Atlantic County mothers seeking prenatal care in the first and second trimesters increased to 65.8% and 26.0% respectively; mothers seeking prenatal care in the third trimester dropped to 5.9%, and mothers seeking no prenatal care dropped to 1.5%

In the 2002 Atlantic County Community Health Needs Assessment, 27% of all respondents claimed they had used marijuana, heroin or other illegal drugs at least once. This is significantly more than the 1996 assessment, which reported that only 15% of respondents had ever used illegal drugs. Six of ten respondents had at least one drink of alcohol in the past month, and 16% of that group report at least one binge-drinking episode in the past month. These statistics are similar to the national figures.

High risk behaviors, such as needle-sharing among injection drug users, homosexual activity among males and unprotected heterosexual sex among infected individuals and their partners, are the leading causes of HIV/AIDS. While advances in medicine and pharmacology have prolonged the life-expectancy of infected individuals, HIV/AIDS is still a leading cause of death and years-of-potential-life-lost in New Jersey, and throughout the world. New Jersey initiated HIV/AIDS reporting in 1992, and there have been more than 48,000 reported cases of HIV/AIDS state-wide, with a prevalence rate of 382.5 cases per 100,000 population. There have been a total of 2601 HIV/AIDS cases and 1170 HIV/AIDS deaths reported in Atlantic County, including cases diagnosed prior to 1990. As of June 30, 2006, there are 1431 persons living with HIV/AIDS in Atlantic County, with a prevalence rate of 528.0 per 100,000 population, which is significantly higher than the state rate. Atlantic City is ranked eighth in the state in cumulative HIV/AIDS cases, with 1530 persons infected; Pleasantville is ranked 30<sup>th</sup> statewide, with 288 cases. Almost three-quarters (73.9%) of HIV/AIDS cases in Atlantic County are male.

Six potential activities were developed for this issue. The top choice was:

- *Educate the community about healthy lifestyle behaviors through multi-media/culturally sensitive approaches and implement at a grassroots/community level.*

Note: There were no potential barriers identified for this strategy.

Implementation details for this activity include:

- Evaluation on an annual basis
- Investigating local cable channels for televised health education programs
- Developing a “Healthy Lifestyle Checklist”

In addition, two other potential activities were identified as second choices for this issue:

- *Promote existing programs, such as Five-A-Day, Get Fit For Life, AtlantiCare’s “Epidemic of Health,” Mayors’ Wellness Campaign, and other programs.*
- *Increase participation by 10% in education programs regarding high risk lifestyle choices.*

Note: There were no potential barriers identified for this strategy.

Implementation details for these two activities were consistent with the first choice:

- Evaluating the activities on an annual basis

- Investigating local cable channels for televised health education programs
- Developing the “Healthy Lifestyle Checklist” as well as marketing the programs
- Agencies working cooperatively and sharing information
- Financing (healthy) refreshments or give-away items to induce participation

**Potential Activities to Address Issue 4:**

***Promote healthy lifestyle choices.***

1. *Promote existing programs, such as Five-A-Day, Get Fit For Life, AtlantiCare’s Epidemic of Health, Mayors’ Wellness Campaign, etc.*
2. *Educate the community about healthy lifestyle behaviors through multi-media/culturally sensitive approaches and implement at a grassroots/community level.*
3. *Increase participation by 10% in education programs regarding high-risk lifestyle choices.*
4. *Decrease teenage pregnancy through existing programs.*
5. *Decrease incidence of HIV infection in Atlantic County by 1% by 2010.*
6. *Decrease occurrence of hospital/emergency room visits due to substance abuse by 5%.*

**STRATEGIC ISSUE 5: Understand and address the needs of the growing older adult population.**

The life expectancy of Americans continues to lengthen. For Americans born in 1900, their life expectancy was 47.3 years; for those born in 1950, it is 68.2 years. And, for those born in 2000, their life expectancy is 77.0 years. Public health interventions, advances in medicine and changes in lifestyle have all contributed to this longevity.

In 1990, 14.5% of Atlantic County’s population, or 32,594 people, was 65 years of age or older. In 2000, that number increased to 34,437 but represented 13.6% of the County’s population. Today, six of ten persons 65 or older are women.

As the current work force (those born between 1946 and 1964; the “Baby Boomers”) reach retirement age, the number of Americans over age 65 is expected to reach 71.5 million by 2030, twice their number in 2000.

Throughout Atlantic County, over-55 residential housing communities are increasing in number, most visibly in Galloway and Hamilton Townships. These communities promote an active lifestyle for residents, with golf and tennis, swimming, aerobics, travel and social activities.

The Atlantic County Division of Intergenerational Services offers a host of services for seniors ranging from legal services to medical day care and caregiver education programs, to recreational and social activities, nutrition sites, meals-on-wheels and social day care. Many other organizations throughout the county, such as the American Association of Retired Persons (AARP), offer social and interaction programs for seniors.

When seniors are no longer able to care for themselves, assisted-living facilities are available to help. There are also long-term nursing facilities for the infirm and hospice services for the terminally ill.

Five potential activities were identified to address this issue. The top activity was:

- *Work with existing groups –Atlantic County Intergenerational Services, Atlantic County Department of Human Services, AARP, Golden Circle, Over-55 Communities, etc.—to assess the needs of the growing older adult population.*

Potential barriers to this activity are:

- Funding issues

- Cooperation in sharing information
- Ownership within different groups

Implementation details for this activity include:

- An interagency exchange program (train-the-trainer)
- Establishing a shared grant person to identify potential grants and funding sources
- Including faith-based communities
- Company newsletters in-house or to their clients
- Church bulletins

The second-best activity identified was:

- *Provide education on traditional prevention of chronic diseases through workshops, services, programs and preventive screenings and to target minority and under-served/under-represented senior populations.*

Potential barriers include:

- Funding
- Qualified trainers or educators
- Obtaining or creating educational materials and obtaining training locations and transportation for under-served/minority populations
- Updating information
- Getting provider feedback about participation and the effectiveness of materials

Implementation details for this strategy mirror those of the first activity:

- An interagency exchange program (train-the-trainer)
- Establishing a shared grant person
- Including faith-based communities, company newsletters and church bulletins
- Creating a speakers bureau
- Utilizing student interns more

**Potential Activities to Address Issue 5:**

***Understand and address the needs of the growing older adult population.***

1. *Work with existing groups –Atlantic County Intergenerational Services, Atlantic County Department of Human Services, AARP, Golden Circle, Over-55 Communities, etc. – to assess the needs of the growing older population.*
2. *Provide education on traditional prevention of chronic diseases through workshops, services, programs and preventive screenings and to target minority and under-served/under-represented senior populations.*
3. *Provide education on identified needs of the older adult population to health/social service providers and agencies.*
4. *Coordinate existing survey results to identify needs.*
5. *Create master, cross-indexed database of all available health services/social agencies.*



**STRATEGIC ISSUE 6: Increase public awareness and understanding of mental illness and mental health treatment.**

During the aftermath of September 11, mental health professionals spoke to the public about Post Traumatic Stress Disorder (PTSD). They explained how mental health counseling could help individuals cope with their feelings and emotions and what steps could be taken to cope with the mental trauma experienced by our nation. This also helped to increase the public's understanding of mental health and removed the stigma associated with mental health.

Mental health covers a wide range of issues and services including an individual's need to talk to a mental health counselor or professional to the treatment of those persons with mental illness.

Experts say that one in three Americans will need the services of a mental health professional sometime in his or her lifetime.

In the 2002 Community Health Needs Assessment used in the MAPP Process, nearly five percent of respondents had been told by a health professional that they had a mental illness; of this number, 71% were receiving treatment at the time of the survey. For those not in treatment, the most common reason cited was that their doctor said treatment was complete, or they did not have insurance. In addition, 42.5% of those who had been told they had mental illness were employed at the time of the survey.

In the Community Themes and Strengths Assessment, 26% of respondents stated that they feel "a lot of stress" or "too much stress" at their jobs on a regular basis. Another 42% felt "some stress" at their jobs.

In the 2003-2004 New Jersey Behavioral Risk Factor Survey, Atlantic County residents indicated they had 26.8 good mental health days in the past month. Individuals 65 years of age and older were slightly higher (27.4 days) than respondents between the ages of 18 and 64 (26.7 days).

There are many resources for mental health and mental illness in Atlantic County. Three Community Mental Health Centers (AtlantiCare Behavioral Health, Family Services Association, and Jewish Family Services) offer an array of health services for adults and children, including counseling, support and education, and many specialized programs.

Acute Care services are provided through the Psychiatric Screening Center, the AtlantiCare Regional Medical Center Short-Term Care Inpatient Unit, and through partial care

and partial hospitalization programs within the county. Longer term inpatient psychiatric care is available through the State of New Jersey or privately run facilities.

Community education for consumers, their families and for the general public is provided by the Mental Health Association and through the Atlantic County chapter of the National Alliance for the Mentally Ill (NAMI). Programs focusing on wellness, recovery, and many other mental health topics are available from these providers.

The system of care for children provides a continuum of treatment and support services, including case management, behavioral assistance, intensive in-community services and other needed services which can be accessed through the statewide Contract Service Administrator.

The Atlantic County Substance Abuse Services, housed within the Division of Public Health, works directly with a number of prevention and treatment agencies. Services provided are affordable or grant-subsidized for all county residents in need of substance abuse-related assistance. Private treatment providers in Atlantic County also offer services that cover the entire treatment matrix.

Additionally, the New Jersey Division of Addiction Services has identified the following target populations in Atlantic County that might have a greater need for available services:

- Youth
- Women
- Persons with disabilities
- Criminal offenders
- Persons with co-occurring disorders.

The Atlantic County Traumatic Loss Coalition offers training and counseling for school-based counselors.

The 2-1-1 line provides linkages to support or services.

Five potential activities were identified for this issue. The top choice was:

- *Working with existing groups, promote education on treatments, services, programs, screenings and workshops.*

Cost was identified as the potential barrier to implementing this activity.

Implementation details include:

- Seeking grants for public service announcements on local access television channels

- Asking for assistance from colleges, hospitals, newspapers, the education system and others

The second activity chosen was:

- *Work with existing groups to assess the needs of the mentally ill population.*

Potential barriers include:

- The frequency of updating information
- The loss of some continuity of services
- Awareness, power and safety issues
- A perception of self-preservation

Implementation details for this strategy include:

- Asking to partner with state mental health providers to get their literature
- Finding out who the state is partnering with at the local level
- Conducting anti-stigma program training

**Potential Activities to Address Issue 6:**

***Increase public awareness and understanding of mental illness and mental health treatment.***

- 1. Working with existing groups, promote education on treatments, services, programs, screenings and workshops.*
- 2. Collaboration with entities that have campaigns on wellness, recovery and decrease stigma.*
- 3. Partner with family centers, community health centers, and the religious community to distribute information to target populations regarding substance abuse programs, mental illness issues, mental health treatment, etc.*
- 4. Work with existing groups to assess the needs of the mentally ill population.*
- 5. Collaborate with established media.*

**STRATEGIC ISSUE 7: Increase awareness of cultural/ethnic differences and create services with these differences in mind.**

While the Caucasian and African-American populations have remained fairly constant (Caucasians comprised 76.7% of the 1990 census population, and 74% in 2004; African-Americans made up 17.4% in 1990, and 18% in 2004), the Asian and Hispanic populations grew significantly during this same period.

According to Census Bureau data, in 1990 Asian/Pacific Islanders comprised 2.1% of Atlantic County's population. Hispanics (an ethnic group, not a racial classification) made up 7.2% of Atlantic County's population.

In the 2004 Census population estimate, Asians comprised 6.1% of the County's population, and the Hispanic population grew to 13.7%.

Census data reports that 20.3% of Atlantic County's population, age five and older, speaks a language other than English at home.

Nine potential activities were identified to address this issue. The best activity identified was:

- *Provide standardized diversity training for all regional health care providers by 2010.*

Potential barriers identified are:

- The cost of training the trainers
- The staff availability to attend the trainings

Implementation details for this activity are:

- Adopting the Culturally and Linguistically Appropriate Services (CLAS) Standards
- Prioritizing these 14 standards to fit Atlantic County needs

The second-best activity for this issue was:

- *Adopt National CLAS Standards for all training programs.*

Potential barriers are the same as for the previous strategy:

- Cost of training the trainers
- The staff availability to attend the trainings

Other implementation details identified by the community for this issue include:

- Reviewing models of diversity training that already exist

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- Pooling resources to look for grants
- Utilizing technology through computer or Web-based programs

In an effort to provide culturally-specific health education for these minority populations, potential barriers include:

- Getting the community to attend health education programs
- Identifying trusted professionals to deliver education programs
- Possible “turf wars” among collaborating organizations

Implementation details include:

- Identifying churches and faith-based communities, civic associations and tenant groups to train members of these group to provide education
- To collaborate with existing programs

Another activity identified was to work with local higher education institutions to encourage minority graduates to work within the county.

Potential barriers include:

- the high cost of living
- scarcity of educators (nursing specifically)
- cost of initiating the program, low incentive (salaries) in certain careers
- the perception of limited upward-mobility within given careers

Implementation details include:

- Promoting Atlantic County and the quality of life available within the county
- Identifying grants and partnering with higher education to encourage social service organizations (Elks, Rotary, Kiwanis and others) to lend their support.

**Potential Activities to Address Issue 7:**

***Increase awareness of cultural/ethnic differences and create services with these differences in mind.***

1. *Provide standardized diversity training for all regional health care providers by 2010.*
2. *Provide culturally-specific health education programs for minority community (blood pressure, diabetes, etc.).*
3. *Create Best Practices model from above.*
4. *Adopt National CLAS (Culturally and Linguistically Appropriate Services) Standards for all training programs.*
5. *Provide diversity training for mental health providers in all regional agencies by 2008.*
6. *Work with local high education institutions to encourage minority graduates to work within the county.*
7. *Institute cultural diversity program in local high schools and encourage diversity internships, target bilingual students.*
8. *Compile list of current programs being used.*
9. *Reinstitute diversity training for all police officers by 2010.*

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**An All-Hazards Approach to Public Health Emergencies**

Public health emergencies can take many forms. They can be naturally-occurring events, such as hurricanes or other natural disasters, infectious disease outbreaks, or man-made events, including acts of terrorism. Public health emergencies can affect a large area or population, or they can be smaller localized events.

The Atlantic County Office of Emergency Preparedness (OEP) continually develops and revises Atlantic County's Emergency Operations Plan to address potential threats to the county. Using an all-hazards approach to emergency planning allows OEP to inventory and maintain the necessary resources to best meet the needs of any challenge facing Atlantic County.

In addition to the Public Health Emergency Response Plan, which is an annex of the County's Emergency Plan, the Division of Public Health has developed:

- *Bio-Terrorism and Public Health Emergency Plan*: which is a comprehensive strategic plan and set of procedures that guide all agencies in Atlantic County that are responsible for detecting and responding to a bio-terrorism attack or other public health threat.
- *Pandemic Flu Plan*: providing details in the event of a pandemic (virulent) human flu that causes a global outbreak. A pandemic flu is a disease to which there is little natural immunity, so the disease can spread easily from person to person.
- *Strategic National Stockpile (SNS) Plan*: which is the plan to receive and deploy medicines and other medical supplies from the CDC stockpile if the public health emergency overwhelms local supplies.
- *First Responder Plan*: which is a plan to distribute oral medication to first responders (police, fire, EMS, etc.) and their household family members as part of a mass prophylaxis distribution.
- *Fixed Facility Distribution Plan*: which is a plan to distribute oral medication to large employers within the county for distribution to their employees and their families as part of a mass prophylaxis distribution
- *Point of Dispensing (POD) Plan*: which is a plan to distribute prophylaxis by having affected communities or populations come to a POD to receive their medications.

Other resources include:

**Atlantic County Mobilizing for Action through Planning and Partnerships (MAPP)  
Community Health Improvement Plan (CHIP) Final Draft**

- *Atlantic County Public Health Emergency Preparedness Task Force*: convened by County Executive Dennis Levinson in October, 2001, to discuss the county's preparedness to manage a major public health disaster. The task force includes representatives from area hospitals, public health, emergency management, law enforcement, public utilities, and education, and continues to meet on a quarterly basis.
- *Atlantic County Medical Reserve Corps (MRC)*: which is a cadre of licensed medical and community volunteers who have joined together to augment existing public health responders and to assist in times of public health emergency.
- *Special Needs Registry*: which is a database to register individuals who have a handicapping condition which may require special assistance during evacuation or public health emergency.

### **About Pandemic Flu**

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity, and for which there is no vaccine. The disease spreads easily person-to-person, causes serious illness, and can sweep across the country and around the world in very short time.

During a pandemic flu, essential services may be disrupted, schools may be closed, businesses may be out of supplies, and large public gatherings may be cancelled.

It is difficult to predict when the next influenza pandemic will occur or how severe it will be. Wherever and whenever a pandemic starts, everyone around the world is at risk. Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus, but cannot stop it.

Health professionals are concerned that the continued spread of a highly pathogenic avian H5N1 virus across eastern Asia and other countries represents a significant threat to human health. The H5N1 virus has raised concerns about a potential human pandemic because:

- It is especially virulent
- It is being spread by migratory birds
- It can be transmitted from birds to mammals and in some limited circumstances to humans
- Like other influenza viruses, it continues to evolve

Since 2003, a growing number of human H5N1 cases have been reported in Azerbaijan, Cambodia, China, Djibouti, Egypt, Indonesia, Iraq, Thailand, Turkey, and Vietnam. More than half of the people infected with the H5N1 virus have died. Most of these cases are all believed to have been caused by exposure to infected poultry. There has been no sustained human-to-human transmission of the disease, but the concern is that H5N1 will evolve into a virus capable of human-to-human transmission.

**Types of Influenza**

**Seasonal (or common) flu:** is a respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available.

**Avian (or bird) flu:** is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available.

**Pandemic flu:** is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Currently, there is no pandemic flu.

**Atlantic County Mobilizing for Action through Planning and Partnerships (MAPP)  
Community Health Improvement Plan (CHIP) Final Draft**

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