

Union County  
Governance Public Health Partnership



Community Health Improvement Plan  
2013 Revisions

**CHIP PRIORITIES**

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## **The Union County Governmental Public Health Partnership**

The Union County Governmental Public Health Partnership (GPHP) is an unincorporated entity formed by all of the county's municipal health departments and the Union County Office of Health Management. Its current and annually elected Chairperson is the Clark Township Health Officer. Both the Union County (LINCS) and the Union County (GPGH) collaboratively worked on the development of plan related services.

### **Reason for GPHP**

The GPHP exist statewide on behalf of municipal and county health departments to facilitate implementation of the New Jersey Department of Health and Senior Services (NJDHSS) regulation” Public Health Practice Standards of Performance for Local Boards of Health.”

The manner of the regulation's implementation is determined locally by the members of the GPHP and locally specific goals are specified by a Community Health Improvement Plan (CHIP) of their design. Conduct of the planning process, development of the CHIP and its implementation requires the participation of organizations that are relevant to the health of Union County's residents. Both government and non-government organizations that provide public health services are expected to be part of the plan development and implementation process.

The plan process specified by the NJDHSS is the Mobilizing for Action through Planning and Partnerships (MAPP) method developed by National Association of County and City Health Departments and the federal Public Health Practice Program Office –Centers for Disease Control. It requires four assessments of the public health environment from which local priorities are to be identified. An implementing action plan is therefore to be developed on the basis of information and data collected.

### **Plan Development to Date**

In 2009 the Union County GPHP submitted its CHIP priorities (see attached)

In March 2009, four county-wide public health priorities were adopted by the GPHP and published in its document Union County Community Health Assessment Project. These are;

1. Health Care Access and Affordability
2. Senior Services
3. Heart Disease and Cancer
4. Invest in Local Resources

Following the adoption of the CHIP, the GPHP began the preparation of its Action Plan. Additional information was then recognized as being required to better inform the health departments and to assist their selection and design of future activities.

### **Current Status of Union County**

The reality of the national economic recession affected the employment and incomes of Union County residents and other components of the county economy;

The severe budget problems of the State resulted in the reduction of state aid to municipalities, public health programs and public health staff reduction in terms of layoffs and attrition.

Several municipal health departments in Union County faced their own budget reductions as the costs of municipal operations increased and budgetary preference is given to support the overall operations of police and fire departments. State mandated budget caps (2%) and municipal employee benefits are reducing the amount of funds available for public health.

The number of hospitals serving Union County has declined with the closure of two acute care hospitals: Union Hospital and Muhlenberg Regional Medical Center. Many Union County residents must travel longer distances to obtain hospital based clinical and emergency medical services.

Federally Qualified Health Centers offering services to low income persons are available in Plainfield and Elizabeth. Access to the FQHC is an important factor affecting health care attainment. The difficulties of persons traveling to health services are becoming an important factor affecting their attainment.

Analysis of selected federal census data indicates the following:

The Hispanic population is significantly increasing;

There are variations in municipal characteristic that affect the delivery of public health services:

The residents of municipalities in the east and south of Union County are not as economically advantaged as those in west and north.

The county population is ethnically and linguistically diverse and requires cultural accommodation for the delivery of public health services.

## **Union GPHP Priorities**

In reviewing the results of the 2012 Community Needs Assessment and Behavioral Risk Factor Surveillance Survey (BRFSS) conducted by Holleran Consulting LLC, current census information and the 2013 County Health Rankings, the following is the status of the current GPHP priorities

### **Investing in Local Resources**

#### **Strengthening of the Public Health System**

All of the Health Officers demonstrated a high regard for their profession and a detailed knowledge of its current state.

The opinions of the health officers and the status of the county's demographic and financial trends suggest that strengthening the Union County public health system be the GPHP's highest priority. Three themes for such strengthening are the system's management, development of resources, and expansion of its collaborative activities with governmental and non-governmental organizations.

#### **Management**

- a. There is a need to change the image of public health. The public needs to know more about services that are available
- b. As per N.J.A.C. Chapter 52 entitled "Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey," Mayors and council members are required to be better informed of the legal and functional requirements of the public health practice standards and the roles required of public health in the current environment in which it delivers services.
- c. Coordination/ cooperation between state and local health departments have improved as evidenced by the implementation of the Hippocrates system and daily conference calls during Hurricane Sandy.
- d. More information on mortality, morbidity and other health matters in the county, particularly as they relate to the CHIP priorities are now available through the County Health Rankings.

#### **Resources Availability**

- a. Health departments require a stable source of funding to provide continuous basic operations. The availability of short term financial grants and programs to develop services are not beneficial to municipalities when the services that are provided are terminated at the time the grant contract period is ended. Some grant programs provide funds that are insufficient to pay for all project costs.

- b. Services for the poor are in short supply and the demand for them places a heavy burden locally.
- c. Limited Public health laboratory services have been cited.

### **Collaboration**

All of the Union Health Officers have committed their willingness to work cooperatively with other local health departments as evidenced by existing cooperative and shared services, planning and participation with Union County hospitals, faith based organizations, NJCEED, and Middlesex and Union County Cancer Coalition.

### **Health Services Access and Affordability**

- a. The problem of access to services is increasing as public and private health resources decline and the population increases. County residents have to travel farther to obtain health services and transportation for them is becoming an important factor.
- b. Hospitals and clinic services are being eliminated therefore exacerbating the need by county residents.
- c. New immigrants may not know of the health services that are available to them. Language and cultural differences tend to prevent their being contacted and informed. Public health managers are required to find these medically underserved populations but may lack the resources to do so (population of Union County Hispanic census data).

### **Nutrition and Obesity**

- a. According to the Center for Disease Control and Prevention, New Jersey ranks number 3 nation-wide in populations having the highest obesity rates.
- b. The amount of children obtaining proper health care has decreased, family size has increased and less education on nutrition has increased due to this problem.
- c. Within the County Health Rankings (2013), Union County ranks # 10 in overall health outcomes. Obesity in Union County (population 536,499) alone is 22% when compared to New Jersey nationwide which is 25%.
- d. By concentrating on nutrition and obesity, comorbidity from heart disease, stroke and diabetes can also be addressed.

## **Heart Disease, Stroke and Diabetes**

In accordance with the CDC National Heart Disease and Stroke Prevention Program, the New Jersey Department of Public Health began receiving funds in 2008 to support a State heart disease and stroke prevention (HDSP) program. The program found:

- a. More than 1 out of 4 deaths in New Jersey are due to heart disease. (National Vital Statistics Report (2009).
- b. 19,548 New Jerseyans died from heart disease in 2006 (27.8 percent of total deaths in New Jersey) (national Vital Statistics Report, 2009).
- c. 3,468 New Jerseyans died from a stroke in 2006 (4.9 percent of total deaths in New Jersey). (National Vital Statistics Report, 2009).
- d. According to a 2007 Behavioral Risk Factor Surveillance System (BRFSS) survey results, adults in New Jersey reported the following risk factors for heart disease and stroke: high blood pressure(28.2%) screening for high cholesterol (38.6 %), diabetes(9.2%), current smokers (17.1%), overweight or obese with a body mass index (BMI greater than or equal to 25.0), no exercise within the past 30 days (51.9%) and consuming fruits and vegetables less than 5 times a day (72.5%).

National data from the National Diabetes Association (January 26, 2011) indicates the following prevalence of diabetes:

- a. 25.8 million children and adults in the United States have diabetes.
- b. 18.8 million people were diagnosed with diabetes
- c. 7 million people are undiagnosed
- d. 79 million people are diagnosed with pre-diabetes
- e. 1.9 million new cases of diabetes are diagnosed in people aged 20 years and older in 2010.

### **Recommendations For Priorities and Action Plan**

#### **Invest in Local Resources:**

#### **Strengthen Public Health Infrastructure: High Priority Possible Action Plan Projects:**

- A. Continue to collect and report information to municipal managers and the general public regarding the services provided by public health departments and the benefits to municipal residents.
- B. Identify and report the public health services now provided by local municipal health departments in Union County to one another and other key partners.

Seek opportunities to extend such services to additional municipalities through a comprehensive, multi-language resource directory utilizing various sources of information sharing (snail mail, Facebook, twitter, church bulletins and possibly a Public Health App).

- C. Seek and utilize grant funds from federal, state, professional organizations and private industry, banks and foundations for programs to strengthen public health.

**Access to health care (physical and financial): Retain as a High Priority.  
Possible Action Plan**

Access to services remains a high priority in Union County. Declining numbers of hospitals and clinics, the increasing number of persons without health insurance, and the increase in the population of persons of lower income and who have little familiarity with the health system is increasing the need.

- A. Continue to collaborate with Union County (NJ CEED), hospitals and other health services organizations to present information on problems of access to care, describe existing programs to increase and control access, and other related topics.
- B. Conduct county-wide and municipally coordinated education programs that inform the public of the health services available to them e.g. Overlook Hospital mobile van, “Choose Your Cover” skin cancer screening.
- C. Assist low income persons and families with obtaining insurance programs available to them.

**Nutrition and obesity**

**Possible Action Plan Projects:**

- A Work with school and local boards of education to review, revise and revamp school lunch programs by offering health alternatives to high fat and sugary snacks
- B. Promote and provide education on the benefits of breastfeeding.
- C. Partner with local area food banks and farmers markets, community gardening projects not only as a source of nutritional food but also as an away of getting the community involved



**Heart Disease, Stroke and Diabetes- Continued Priority  
Possible Action Plan**

Chronic disease prevention activities by governmental public health departments primarily focus on conducting intermittent health screening clinics and programs such as blood pressure, diabetes, quick cholesterol etc.at scheduled health fairs and senior meetings. Their ability to provide expanded services on a regular basis may be limited owing to staff and other resource constraints. The possibilities to provide new such services appear to face the same limitations.

- A. Coordinate municipal health screening programs in a manner that permits records to be kept that report the number of persons seen in each municipality and the number referred for further services. Use that information to identify gaps in service provision and to demonstrate to municipal managers the extent to which the public is served.
- B. Partner with hospitals and physicians to provide follow-up and continuity of care to those patients with abnormal or at high risk screening results.

**Strengthen Disaster Response Capability: Include with Strengthening the Public Health  
Infrastructure.**

**Possible Action Plan**

This sub-priority was confirmed by the health officers and has become an integral part of strengthening the public health infrastructure.

This topic continues to be a current topic of discussion among Partnership members and consultation with the County Office of Health management with an emphasis on shelter staffing and management, special needs shelters, medical needs shelters and animal friendly shelters.