2012 MERCER COUNTY, NJ
COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

SUBMITTED TO:

GREATER MERCER PUBLIC HEALTH PARTNERSHIP

NOVEMBER 2012

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This report was written by a mobilized group of geographically broad Mercer County constituents, facilitated, compiled and prepared by:

Health Resources in Action
Advancing Public Health and Medical Research

in cooperation with the Greater Mercer Public Health Partnership and Community Advisory Board thanks to the supportive funding from the Robert Wood Johnson Foundation New Jersey Health Initiatives.

ACKNOWLEDGEMENTS

Dear Healthy Community,

This is a community written strategic plan dedicated to reviving our community's health, right here, right now. We encourage you to review the priorities and goals, reflect on the suggested strategies, and consider how you can participate in this effort. Our success is dependent upon moving from plan to action. Necessarily, the plan is fluid as it is executed by multiple community partners working together to achieve the goals, and must be adjusted and revised as conditions and key factors that influence plan execution change. In order to move from plan to action, we will need to address the following key questions:

1. Specific tasks: what will be done and by whom?
2. Timeframe: when will it be done?
3. Available resources: what specific funds and/or resources are available for specific activities?

It took an extensive list of partners to develop this Community Health Improvement Plan. People from all over Mercer County generously dedicated their time to uncover community health needs and priorities. Overall, this was a highly participatory process involving multiple perspectives: regional, cultural, linguistic, generational, geographical, and environmental, to name a few! As project director for our Healthy Future, I am very humbled by this dedication and commitment to health and wellbeing. Further, I am in awe of the strength of the many individuals who have supported this effort: citizens, parents, students, retirees, and our friends currently seeking employment. In the absence of their support we would have looked through a narrower lens. In addition, we have the great fortune to have received support from regional organizations in terms of dedicating their talented people, facilities and other resources to support the development of this strategic plan. It is my hope that the appended list reflects the majority of devoted affiliates, knowing full well that by simply creating the list, there is potential for omissions especially given that supporters join the efforts of this project continually.

I wish to also express thanks to the Robert Wood Johnson New Jersey Health Initiatives for its generous support which provided Mercer County's Health Improvement Plan with the necessary resources to allow us a greater chance of success. Finally, I appreciate those dedicated people who kept it real not only by making this plan happen, but for the positive impact they have on humanity every day: the Greater Mercer Public Health Partnership, the Community Advisory Board, and Health Resources in Action, Inc.

Mercer County offers a wealth of assets, but the most critical of all is its people -- our community members who have given a tremendous outpouring of support to ensure that our community is a healthy one by the U.S. Center for Disease Control's definition: "*A community that is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential*."

Sincerely,

Antonia Lewis,
Project Director, GMPHP

EXECUTIVE SUMMARY

Improving the health of a community is critical for not only enhancing residents' quality of life but also supporting their future prosperity. To this end, the Greater Mercer Public Health Partnership (GMPHP)—a collaborative of 14 area non-profit organizations, including four hospitals (Capital Health Medical Center- Hopewell, Princeton HealthCare System, Robert Wood Johnson University Hospital-Hamilton, St. Lawrence Rehabilitation Center), nine local health departments representing all thirteen municipalities in Mercer County, and the United Way —is leading a comprehensive community health planning effort to measurably improve the health of greater Mercer County, NJ residents.

Funded through the Robert Wood Johnson Foundation's New Jersey Health Initiatives, the Community Health Improvement Planning process includes two major components:

1. A community health assessment (CHA) to identify the health-related needs and strengths of greater Mercer County, and
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across the County.

The full report presents the Community Health Improvement Plan (CHIP), which was developed using the key findings from the CHA to inform discussions and select the following data driven priority health issues, goals, and objectives:

PRIORITY AREA 1: MENTAL HEALTH & SUBSTANCE ABUSE	
Goal 1:	**Improve access to quality mental health and substance abuse prevention, treatment and recovery services for all persons while reducing the associated stigma.**
Objective 1.1:	By January 2016, incorporate mental health and substance abuse services and education into 25% of primary care settings.
Objective 1.2:	By January 2016, increase awareness and utilization of existing mental health and substance abuse services among adolescents, young adults, and seniors by 25%.
Objective 1.3:	By January 2016, increase the number of mental health professionals in areas of highest need in Mercer County to achieve optimal recommended ratios of 4,500:1.
Objective 1.4:	By January 2016, increase the number of evidence-based educational programs in Mercer County that address prevention of mental illness and substance abuse among adolescents, young adults, and seniors.

PRIORITY AREA 2: HEALTHY EATING & ACTIVE LIVING	
Goal 2:	**Improve the health and well-being of the community by advocating for sustainable healthy lifestyle choices.**
Objective 2.1:	By September 2014, increase the number of children in daycare settings, schools (K-12) and afterschool programs who meet the Healthy New Jersey physical activity guidelines.
Objective 2.2:	By June 2014, increase the number transportation options for seniors and people who are disabled that will increase their access to safe places for physical activity (e.g., public parks, gyms). (cross reference with Transportation priority)
Objective 2.3:	By June 2014, provide guidelines for and educate the community on all aspects of healthy eating and active living, (specifically in areas of economic hardship).
Objective 2.4:	By August 2015, increase the number of school age children in Mercer County that have access to healthy food and beverage choices in school cafeterias to 100%.
Objective 2.5:	By January 2016, increase the percent of Mercer County employers that have implemented evidence-based worksite wellness initiatives by 25%.
Objective 2.6:	By January 2016, implement a minimum of 4 new policies that result in an increase in access to healthy foods and beverages in the community. [Note: the original 2.6 objective from the planning session (which addressed Complete Streets) was integrated into the Complete Streets objective under Priority 4: Transportation.]
PRIORITY AREA 3: CHRONIC DISEASE	
Goal 3:	**Engage the community to prevent and reduce chronic disease incidence and morbidity (e.g., cancer, diabetes, heart disease, asthma).**
Objective 3.1:	By January 2015, increase by 25% the number of people and venues in areas of greatest disparity who have access to information about the continuum of chronic disease services (i.e., prevention, treatment, maintenance).
Objective 3.2:	By January 2016, increase by 25% the number of health care providers who are engaged and aware of evidence-based practices and existing social services (see Objective 1.2).
Objective 3.3:	By January 2016, increase the number of chronic disease patients educated on and adherent to their medication regimen.
PRIORITY AREA 4: TRANSPORTATION & BUILT ENVIRONMENT	
Goal 4:	**Increase the overall health and wellbeing of Mercer County residents by enhancing safe, affordable, accessible options for people to move easily and freely within and between communities in Mercer County.**
Objective 4.1:	By January 2016, increase by 15% the existing miles of shared roads, safe walk ways, and bike paths within Mercer County.
Objective 4.2:	By January 2016, research organizations currently addressing community development master plan transportation issues and develop strategies for improvement.
Objective 4.3:	By January 2016, promote the adoption of at least one sustainable, municipal, built environment policy in Mercer County that improves safety and increases opportunity for physical activity.
Objective 4.4:	By January 2016, increase by 30% viable, environmentally safe, public transportation options across communities and to and from parks.

The CHIP is not intended to be a static report. It is intended to focus and guide the beginning of a continuous health improvement process that will monitor and evaluate health priorities and system changes in an ongoing manner. The Mercer County CHIP provides an approach that is structured and specific enough to guide decisions, but flexible enough to respond to new health challenges. Its inclusive process represents a framework for all stakeholders.

Mercer County Community Health Improvement Plan

INTRODUCTION/BACKGROUND

Improving the health of a community is critical for not only enhancing residents' quality of life but also supporting their future prosperity. To this end, the Greater Mercer Public Health Partnership (GMPHP)—a collaborative of 14 area non-profit organizations, including four hospitals (Capital Health Medical Center- Hopewell, Princeton HealthCare System, Robert Wood Johnson University Hospital-Hamilton, St. Lawrence Rehabilitation Center), eight local health departments (Ewing, Hamilton, Lawrence, Hopewell, Montgomery, Princeton, East Windsor, and West Windsor), and the United Way —is leading a comprehensive community health planning effort to measurably improve the health of greater Mercer County, NJ residents.

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This report presents the Community Health Improvement Plan (CHIP), which was developed using the key findings from the CHA to inform discussions and determine health priority areas.

Moving from Assessment to Planning

Similar to the process for the Community Health Assessment (CHA), the CHIP utilized a participatory, community-driven approach guided by the Mobilization for Action through Planning and Partnerships (MAPP) process.[1, 2] See Figure 1.

[1] www.uwgmc.org/CHA)

[2] MAPP, a comprehensive, planning process for improving health, is a strategic framework that local public health departments across the country have utilized to help direct their strategic planning efforts. MAPP is comprised of four distinct assessments that are the foundation of the planning process, and includes the identification of strategic issues and goal/strategy formulation as prerequisites for action. Since health needs are constantly changing as a community and its context evolve, the cyclical nature of the MAPP planning/implementation/evaluation/correction process allows for the periodic identification of new priorities and the realignment of activities and resources to address them. Advanced by the National Association of County and City Health Officials (NACCHO), MAPP's vision is for communities to achieve improved health and quality of life by mobilizing partnerships and taking strategic action. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. More information on MAPP can be found at: http://www.naccho.org/topics/infrastructure/mapp/

Figure 1: Mobilizing for Action Planning and Partnership (MAPP)

To develop a shared vision and plan for improved community health, and help sustain implementation efforts, the Mercer County assessment and planning process engaged multi-sector community organizations, community members, community hospitals and Local Public Health System Partners (LPHS) through different avenues:

a) In 2011, The **Greater Mercer Public Health Partnership** (GMPHP) was formed as the decision-making leadership body for the CHIP. In January 2012, the GMPHP hired Health Resources in Action (HRiA), a non-profit public health organization located in Boston, MA, as a research partner to provide strategic guidance and facilitation of the CHA-CHIP process, to collect and analyze data, and to develop the report deliverables.
b) The **Community Advisory Board** (CAB) was established in January 2012 to guide and offer feedback on the CHA and CHIP processes. The CAB is comprised of approximately 60 individuals who represent the local community in all its diverse aspects: business, education, communications, transportation, health and wellness, faith-based groups, civic and government, vulnerable populations (disabled, seniors, etc.), and other organizations and specialized areas.

GMPHP led the assessment and planning process by uniting community residents and the area's influential leaders in healthcare, community organizations, and other key sectors, such as education, housing, local government, and social services. The community has been engaged in focus groups and interviews during the comprehensive data collection effort of the Community Health Assessment. Public events and media were used to further reach out to the community to broadcast and solicit feedback on the CHA findings and the CHIP priorities and strategies. In July 2012, the CHA report was distributed to the GMPHP and CAB for their review and feedback, and then to the community through a Town Hall Meeting attended by 200 community leaders. The larger community has been involved through continuous communications and meetings to discuss the importance of this planning process and to form working groups. On September 19, 2012, a summary of the CHA findings was presented to the CHIP Workgroups for review and refinement, serving as the official launching point of the CHIP. The CHIP Workgroups, comprised of 50 community leaders and organizations**,** represented broad and diverse sectors of the community. During the two planning sessions that followed, the Workgroups discussed key issues and themes from which priority health issues were identified and developed the goals, objectives and strategies for the CHIP.

I. Overview of the Community Health Improvement Plan

A. What is a Community Health Improvement Plan?

A Community Health Improvement Plan, or CHIP, is an action-oriented strategic plan that outlines priority health issues for a defined community, and how these issues will be addressed, to ultimately improve the community's health. A CHIP is intended to serve as a vision for the community's health and a framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement.

Building upon the key findings and themes identified in the Community Health Assessment (CHA), the CHIP aims to:

- Identify priority issues for action to improve community health
- Develop and implement an improvement plan with performance measures for evaluation
- Guide future community decision-making related to community health improvement

B. Going from Plan to Action

A CHIP is designed to be a broad, strategic framework for community health, and should be modified and adjusted as conditions, resources, and external environmental factors change. It is developed and written in a way that engages multiple perspectives so that all community groups and sectors – private and nonprofit organizations, government agencies, academic institutions, community- and faith-based organizations, and citizens – can unite to improve the health and quality of life for all people who live, work, and play in Mercer County.

The next phase of the CHIP will involve broad implementation of the strategies and action plan identified in the CHIP, and monitoring/evaluation of the CHIP's output and outcome indicators.

II. Development of the Community Health Improvement Plan (CHIP)

A. Community Engagement

Greater Mercer Public Health Partnership (GMPHP) led the planning process for Mercer County and oversaw all aspects of the CHIP development, including the establishment of Working Groups to flesh out details for identified health priorities. The GMPHP and the CAB continued from the Assessment Phase to the Planning Phase, guiding all aspects of planning and offering expert input on plan components.

CHIP Workgroup members were recruited from a large participation database of those individuals who had been involved in the focus groups, interviews, the Healthy Future Town Hall community meeting, and who represented broad and diverse sectors of the community.

B. Development of Data-Based Community Identified Health Priorities

A summary of the CHA findings was presented to the Workgroup members for further discussion. The following themes emerged most frequently from review of the available data and were considered in the selection of the CHIP health priorities:

- **Access**
- **Chronic Disease**
  - Cardiovascular
  - Cancer
  - Diabetes
  - Asthma
  - Environmental factors
- **Economic Equity**
- **Healthy Eating/Active Living**
  - Nutrition and Exercise
- **Housing**
- **Maternal & Child Health**
- **Mental Health**
  - Stress
  - Depression
- **Obesity /Overweight**
- **Oral Health**
- **Reproductive Health**
- **Substance Abuse**
  - Prescription medicine
  - Narcotics
  - Alcohol
- **Transportation**

The group was invited to offer feedback on and list additional priorities for the CHA to be included in the prioritization process.

Facilitators used a multi-voting process to identify the four most important public health issues for Mercer County from the list of major themes identified from the CHA. Each participant received four dots to apply to their top four public health priorities, after reviewing, discussing, and agreeing upon a common set of selection criteria, and grouping/categorizing areas of focus (e.g., transportation/built environment):

Political will exists to support change
Community cares about it
Key area of need (based on data)
- Size: Many people affected
- Trend: Getting worse
- Seriousness: Deaths, hospitalizations, disabilities
- Causes: Can identify root causes/social determinants
- Research/evidence-based

Achievable/Easy short term wins
Resources available or likely
Outcomes are measurable
Can demonstrate progress
Community Based Strategies

The results of the multi-voting process are as follows:

	Priority	Total # of Votes
1	Mental Health	23
	Substance Abuse	15
2	Healthy Eating/Active Living	23
	Obesity/Overweight	17
3	Chronic Disease	17
4	Transportation/Built Environment	15
	Access	14
	Youth and Seniors	14

Based on the results of the multi-voting exercise, the workgroup participants agreed to combine Mental Health with Substance Abuse, and Obesity/Overweight with Healthy Eating/Active Living and ultimately agreed upon the following four health priority areas for the CHIP:

1. Mental Health and Substance Abuse
2. Healthy Eating and Active Living
3. Chronic Disease
4. Transportation

The group also suggested that Access and Youth and Seniors be added to Continuity of Care and Health Education/Literacy as cross cutting strategies for each of the CHIP priorities, as appropriate. Transportation was the identified priority aimed at addressing a social determinant of health inequity in Mercer County.

C. Development of the CHIP Strategic Components

The two half day planning sessions on September 19 and September 20, 2012 were facilitated by 2-person teams comprised of the Community Advisory Board and external consultants from HRiA facilitated the working groups on both days to develop draft goals, objectives, strategies, output and outcome indicators, and potential partners/resources for each of the four priority areas. HRiA provided sample evidence based strategies that were identified from the *Community Guide to Preventive Services*, *County Health Rankings*, and the *National Prevention Strategy* prior to the strategy setting session.

The GMPHP, CAB and HRiA consultants reviewed the draft output from the planning sessions and edited material for clarity, consistency, and inclusion of evidence base. Their feedback was incorporated into the final versions of the CHIP contained in this report.

D. Relationship Between the CHIP and other Guiding Documents and Initiatives

The CHIP was designed to complement and build upon other guiding documents, plans, initiatives, and coalitions already in place to improve the public health of Mercer County. Rather than conflicting with or duplicating the recommendations and actions of existing frameworks and coalitions, the participants of the CHIP development process identified potential partners and resources wherever possible.

In addition to guiding future services, programs, and policies for participating agencies and the area overall, the community health improvement plan meets the requirements for hospitals as per the section 501(r)(3)(B) of the Internal Revenue Code[3], and fulfills the required prerequisites for local public health departments to earn accreditation, which indicates that the agency is meeting national Public Health Accreditation Board[4] standards. Following the guidelines of the National Association of County and City Health Officials (NACCHO)[5], the community health improvement process was designed to integrate and enhance the activities of many organizations' contributions to community health improvement, building on current assets, enhancing existing programs and initiatives, and leveraging resources for greater efficiency and impact.

III. STRATEGIC ELEMENTS OF THE CHIP

Vision

A Healthy Future in Mercer County will require communities to work together across sectors -- geographic, gender, generational, cultural, educational, and financial – for a healthy community where all citizens can be assured they are getting what they need to not just survive, but to flourish, economically, physically, environmentally, socially and politically.

Goals, Objectives, Strategies, Key Partners, and Output/Outcomes Indicators

Real, lasting community change stems from critical assessment of current conditions, an aspirational framing of the desired future, and a clear evaluation of whether your efforts are making a difference. Output and Outcome indicators tell the story about where a community is in relation to its vision, as articulated by its related goals, objectives, and strategies.

The following pages outline the Goals, Objectives, Strategies, Potential Output and Outcome Indicators, and Potential Partner/Resources for the four health priority areas outlined in the CHIP. Please see Appendix B for a glossary of terms used in the CHIP.

[3] http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501(c)(3)-Hospitals-Under-the-Affordable-Care-Act

[4] http://www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/

[5] http://www.naccho.org/topics/infrastructure/CHAIP/accreditation-preparation.cfm

A. Priority One: Mental Health and Substance Abuse

Substance use and mental health were considered interrelated, growing concerns for which the current prevention and treatment services do not sufficiently address community needs, particularly among youth. Current treatment and prevention programs do exist, but the demand exceeds the number of providers or even number of beds currently available. Youth substance use, particularly related to alcohol, marijuana, and prescription drugs, was an issue raised among a range of residents, including parents, those who work with youth, and teens themselves. The social norm was that some substances such as marijuana, alcohol, and prescription drugs were not considered dangerous among youth and thus were becoming more popular. The lack of programs for youth and concerned loved ones, social stigma in talking about substance abuse problems in the community, and complexity of addiction were all identified as contributors to this problem. Additionally, in community conversations many noted that the issues of substance abuse and mental health are intricately intertwined, which makes addressing these issues more challenging.

A dominant health concern for Mercer County residents was mental health. Focus group members and interviewees reported rising rates of depression and other mental health issues among people in the region and closely connected these to substance use, the economic downturn, and the region's achievement culture. Hospital admission rates for mental and behavioral health indicate that admissions indeed have been rising over the last several years from 4.9 per 1,000 population in 2006 to 7.8 admissions per 1,000 population in 2010.[6] While hospital admission for mental health is more extreme, many residents noted that mental health conditions are pervasive and stigma presents a barrier.

Alcohol and marijuana are the substances cited as most often used by area high school students, 60.4% and 27.3% of Mercer County high school students reported using these respective substances in the past year.[7] In 2010, there were 2,787 admissions in Mercer County to treatment facilities for alcohol and other drugs. Among these admissions, alcohol and heroin/other opiates were the leading causes of admission, with 34.8% and 31.1% of admissions respectively.[8] Approximately 18% of admissions were due to marijuana. This distribution was similar to what was seen in past years, although slightly more admissions were due to cocaine in 2008 (15%) than in 2009 or 2010 (both approximately 11%). Among those 25 years and under, heroin and marijuana are the leading drugs for treatment. While treatment admissions are a promising sign of people seeking help, in 2009 the County experienced 41 deaths related to substance abuse.

Youth respondents reported that parental and community expectations create substantial stress for students, leading some to abuse substances or become depressed. Youth mental health data for Mercer County were not available; however, according to the New Jersey High School Youth Risk Behavior Survey, 12.9% of students reported seriously considering

[6] Hospital admission data for both mental disease and disorders and alcohol/drug use or alcohol/drug-induced mental disorders. Data are for all hospitals within Mercer County. N.J. Department of Human Services, Division of Mental Health Services, Mental Health Subsidy Allocation, 2011; U.S. Census Bureau, 2010 Census as cited in County Health Profiles 2012-Mercer County. Health Research and Educational Trust of New Jersey.

[7] New Jersey High School Risk and Protective Factor Survey, 2008. NOTE: Sample sizes at the county level may be small, so it is important to interpret data with caution.

[8] New Jersey Drug and Alcohol Abuse Treatment. Substance Abuse Overview, 2010. Mercer County.

attempting suicide, while 10.9% made a plan about how they would attempt suicide.[9] Several adult focus group participants also discussed how the economic recession exacerbates depression. In 2011, there were 24 deaths by suicide in the County. The area saw a steep rise in suicides in 2008, a difficult economic year nationwide and locally.

PRIORITY AREA 1: MENTAL HEALTH & SUBSTANCE ABUSE

Goal 1: Improve access to quality mental health and substance abuse prevention, treatment and recovery services for all persons while reducing the associated stigma.

Objective 1.1: By January 2016, incorporate mental health and substance abuse services and education into 25% of primary care settings.

Evidence-based Strategies:

1.1.1: Coordinate with institutions of higher learning to ensure that mental health and substance abuse training is included in the curriculum during undergraduate medical and paramedical studies to ensure adequate supply of trained primary care professionals. (Year 1)

1.1.2: Identify local primary health care settings that are willing to develop their team with the requisite skills and competencies to identify mental disorders and substance abuse; provide basic medication and psychosocial interventions; undertake crisis interventions; refer to specialists where appropriate; and provide education and support to patients and families. (Year 1 and 2)

1.1.3: Develop an effective referral system between primary health-care and secondary mental health and substance abuse facilities for instances when more severe cases need to be referred to specialists. (Year 1)

1.1.4. Provide current mental health and substance abuse resource information to area PCP's. (Year 1)

Outcome Indicators for Objective 1.1:

- Increase in number of primary care practitioners (PCP's) that provide mental health and substance abuse screening and treatment services
- Increase in number of primary care practitioners (PCP's) that refer mental health and substance abuse screening and treatment services
- Increase in mental health screenings and substance abuse screenings by PCP's
- Increase in number of mental health and substance abuse providers embedded in PCP settings
- Increase in the number of PCP's aware of available mental health and substance abuse services.

[9] Centers for Disease Control and Prevention (CDC). New Jersey High School Youth Risk Behavior Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

PRIORITY AREA 1: MENTAL HEALTH & SUBSTANCE ABUSE

Goal 1: Improve access to quality mental health and substance abuse prevention, treatment and recovery services for all persons while reducing the associated stigma.

Objective 1.2: By January 2016, increase awareness and utilization of existing mental health and substance abuse services among adolescents, young adults, and seniors by 25%.

Evidence-based Strategies:

1.2.1: Enhance existing website(s) and improve point of entry that includes easily accessible information and resources for all human services provided in Mercer County. (Year 1)

1.2.2: Develop and implement a culturally and linguistically appropriate media campaign that addresses stigma, is directed at the community, that drives people to the website and that also increase their awareness and use of available mental health and substance abuse services. (Year 1-3)

1.2.3: Develop and distribute targeted educational materials for youth and parents for dissemination throughout the school systems using conventional and social media distribution methods (e.g., Facebook, Twitter, texting, etc.). (Year 1-3)

1.2.4: Develop and distribute targeted educational materials for seniors for dissemination throughout senior centers, clinics, hospitals, and primary care settings. (Year 1-3)

Outcome Indicators for Objective 1.2:

- Increase in number of clients accessing mental health and substance abuse services
- Increase in number of community members who are aware of mental health and substance abuse services
- Increase by 5% the number of inpatient services available
- Increase by 10% the number of outpatient treatment services available
- Increase the timeliness of providing inpatient and outpatient treatment services
- Increased awareness in community about available resources

PRIORITY AREA 1: MENTAL HEALTH & SUBSTANCE ABUSE

Goal 1: Improve access to quality mental health and substance abuse prevention, treatment and recovery services for all persons while reducing the associated stigma.

Objective 1.3: By January 2016, increase the number of mental health professionals in areas of highest need in Mercer County to achieve optimal recommended ratios of 4,500:1.[10]

Evidence-based Strategies:

1.3.1: Review existing assessments to determine existing number of mental health and substance abuse providers in Mercer County and number who accept Medicare/Medicaid. (Year 1)

1.3.2: Based on assessment results, develop a plan for addressing mental health and substance abuse provider short fall in areas of highest need and for vulnerable populations (uninsured/under insured). (Year 1&2)

1.3.3: Invest in mental health and substance abuse providers through increased resources for training, new incentives for medical personnel for providing mental health care to all patients, and support for individuals who choose to provide mental health and substance abuse services in underserved areas. (Year 2&3)

1.3.4: Collaborate with placement departments at training entities to place new clinicians with current mental health and substance abuse providers and within other settings (community based organizations, schools, senior care, places of worship) as determined by 1.3.1. (Year 2&3)

Outcome Indicators for Objective 1.3:

- Increase the number of mental health providers to be aligned with the optimal ratio
- Increase in mental health and substance abuse providers who accept Medicare/Medicaid and other insurance.

[10] http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/mentalhealthhpsaguidelines.html

PRIORITY AREA 1: MENTAL HEALTH & SUBSTANCE ABUSE

Goal 1: Improve access to quality mental health and substance abuse prevention, treatment and recovery services for all persons while reducing the associated stigma.

Objective 1.4: By January 2016, increase the number of evidence-based educational programs in Mercer County that address prevention of mental illness and substance abuse among adolescents, young adults, and seniors.

Evidence-based Strategies:

1.4.1: Identify evidence-based programs targeted towards youth and seniors on mental health and substance abuse issues that most impact each target population (i.e., anxiety, substance abuse, addiction, depression, social isolation).[11] (Year 1)

1.4.2: Disseminate information about local programs to schools, primary care physicians, senior centers, health clinics, adult care facilities, and non-profit organizations serving homebound seniors and the homeless.

1.4.3: Partner with schools, community-based organizations, employers, and faith-based organizations to implement new programs.[11]

1.4.4: Work with media to promote programs available for target populations.

Outcome Indicators for Objective 1.4:

- Increase in the number of community members with knowledge about mental health and substance abuse prevention and early intervention programs
- Increase the number of community members participating in prevention programs

[11] National Registry of Effective Programs and Practices http://www.rmccorp.com/public/projectpage.aspx?ProjectNum=170&Category=Alcohol%2C+tobacco%2C+and+other+drug+prevention+and+treatment

PRIORITY AREA 1: MENTAL HEALTH & SUBSTANCE ABUSE

Goal 1: Improve access to quality mental health and substance abuse prevention, treatment and recovery services for all persons while reducing the associated stigma.

Partners/Resources for Mental Health and Substance Abuse

- County government
- Division of Mental Health and Substance Abuse
  - Foundation support
  - Robert Wood Johnson Foundation
  - Princeton Area Community Foundation
  - Janssen
  - Bristol Myers Squibb
  - Physicians
  - Local Advisory Committee on Alcoholism Drug Abuse
- Public Health Training Center at University of Medicine and Dentistry
- School districts
- School Based Youth Services Program (SBYSP)
- The Center for Family, Community and Social Justice (CFCSJ, Inc.)
- Millhill Child and Family Development (outpatient services)
- HTIPS Adolescent Center
- Corner House
- Rutgers
- Thomas Edison College
- The College of New Jersey
- Princeton University
- Rider
- Mercer County Community College
- Womanspace
- Providers
- Trenton Stakeholders
- Faith-based groups (churches, seminary)
- Meals on Wheels
- County nutrition sites
- Assisted Living Communities
- Hospitals
- National Alliance on Mental Illness
- County Mental Health Board
- Department of Administrative Service
- Department of Education
- Department of Health
- County Office on Addiction Services
- SACs - Student Assistance Counselors
- Trenton Health Team
- Mercer County Hispanic Association
- Latin American Family Alliance
- NEED - baseline data on mental health
- Hispanic-American Medical Association (HAMA)
- Association for the Advancement of Mental Health (AAMH)
- HealthyLivingPrinceton.org
- Jewish Family and Children Services (JCFA)
- Better Beginnings - UEEC
- Healthcare Quality Strategies, Inc. (HQSI)
- Catholic Charities
- EAP Employee Assistance programs
- Mercer Council on Alcoholism and Drug Addiction
- Governor's Council on Alcohol and Drug Addiction/Municipal Alliances
- Children's Interagency Coordinating Council
- Local Council on Alcoholism and Drug Addiction
- Nestkeepers
- Municipal Alliances
- Governor's Council on Alcoholism and Drug Addiction
- Children's Interagency Coordinating Council
- NestKeepers.org
- Central Jersey Family Health Consortium (CJFHC) Perinatal Addiction Prevention Project

B. Priority Two: Healthy Eating/Active Living

As with the rest of the country and state, issues around physical activity, healthy eating, and obesity are issues for Mercer County residents. The data supports that these issues are still considered critical given that the related chronic conditions of heart disease, cancer, and diabetes are the leading causes of morbidity and mortality. Of particular concern was the anecdotal evidence related to the increase in childhood obesity—an issue that will have even more severe health and cost repercussions in the future as the younger generation transitions to adulthood. While Mercer County has many grocery stores, parks, and recreational facilities, concerns were related to the accessibility and affordability of these outlets. The high cost of healthier foods, limited transportation to services, fees for recreational facilities, and difficulty around walking within some communities due to traffic, crime and lack of sidewalks were cited as challenges related to these issues. Therefore ensuring equitable resources for living and active life and eating healthy requires a comprehensive approach, in that multiple sectors, including health care, education, public works, transportation, local government, and the business community, needed to collaborate together to make an impact on current conditions.

Similar to trends nationwide, issues around obesity—particularly healthy eating and physical activity—are important health concerns in the area that are associated with prevalent chronic conditions such as heart disease and diabetes. Statistics indicate that Mercer County residents have similar behaviors to residents statewide. More than 70% of Mercer County and NJ residents reported eating fruits and vegetables fewer than five times per day (the recommended guideline), while approximately 25% indicated that they get no physical activity, according to the Behavioral Risk Factor Surveillance Survey[12].

The obesity epidemic is getting worse. Nationally, childhood obesity has tripled in the last 30 years. In New Jersey, the percentage of residents who are obese has risen from 14% in 1995 to 24% in 2010.[13] The childhood obesity data for Mercer County is unreported. The adult obesity rate in Mercer County in 2009 was slightly higher (25.0%) than that of New Jersey overall (24.7%).

[12] Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention as cited in County Health Rankings, 2012

[13] http://www.state.nj.us/health/newsletter/documents/october_2011_newsletter.pdf accessed 11/12

PRIORITY AREA 2: HEALTHY EATING & ACTIVE LIVING

Goal 2: Improve the health and well-being of the community by advocating for sustainable healthy lifestyle choices.

Objective 2.1: By September 2014, increase the number of children in daycare settings, schools (K-12) and afterschool programs who meet the Healthy New Jersey physical activity guidelines.[14]

Evidence-based Strategies:

2.1.1: Clearly define the issue of childhood obesity, and present it to parents, school administrators and key stakeholders to ensure support for increasing physical activity during the school day. (Year 1)

2.1.2: Identify and implement 3 evidence based approaches to increasing physical activity among school aged-children. (Examples include increasing the amount of time children engage in physical education and recess, instituting a walking school bus initiative, implementing Safe Routes to Schools). (Year 1)

Outcome Indicators for Objective 2.1:

- Increase in the of preschool, elementary, middle and high schools that have policies that require the recommended amount of physical activity during the school day (K-12)
- Decrease the % of youth that report a BMI >= to 30
- Increase the # of youth who say they were physically active during the school day
- Increase in physical activity in after school programs

[14] http://health.gov/paguidelines/pdf/paguide.pdf

PRIORITY AREA 2: HEALTHY EATING & ACTIVE LIVING

Goal 2: Improve the health and well-being of the community by advocating for sustainable healthy lifestyle choices.

Objective 2.2: By June 2014, increase the number transportation options for seniors and people who are disabled to increase their access to safe places for physical activity (e.g., public parks, gyms). (cross reference with Transportation priority)

Evidence-based Strategies:

2.2.1: Assess current needs and transportation resources for seniors/disabled with respect to access to safe places for physical activity.

2.2.2: Identify and recruit a volunteer pool that can assist in transporting seniors and persons with disabilities to places where they can safely exercise. (Year 1)

2.2.3: Identify organizations that can provide vans and/or buses that can be used to transport target populations. (Year 1-3)

2.2.4: Identify local business to donate canes, walkers, snacks, and funding for gas. (Year 1-3)

2.2.5: Evaluate use of transportation services by target populations and promote among key leaders as rationale for long term sustainability. (Year 3)

Outcome Indicators for Objective 2.2:

- Increase in number of senior citizens and persons with disabilities who have access to safe places to be physically active
- Increase in the utilization rates of gyms and parks by seniors and persons with disabilities

Objective 2.3: By June 2014, provide guidelines for and educate the community on all aspects of healthy eating and active living, (specifically in areas of economic hardship).

Evidence-based Strategies:

2.3.1: Establish partnerships with key community groups especially those with resources/focus on healthy eating and active living (e.g., area businesses, , faith-based organizations, childcare centers, and assisted living centers, and other agencies) in an effort to work more collaboratively to implement healthy eating and active living community events. (Year 1)

2.3.2: Create centralized website for volunteers, mission, partnerships, events, and basic information on nutrition, fitness, and overall health and well-being that is appropriate for a variety of cultures, languages and literacy levels. (Year 1)

2.3.3: Host at least two county-wide events at community based centers and/or parks (Lock-in/field-day) and include vendors for nutrition and active living education. (Year 1-3)

Outcome Indicators for Objective 2.3:

- Increase # of county residents using bike/walking paths or other recreational facilities
- Increase in # of county residents that participate in county wide healthy eating and active living events
- Increase in general well-being and quality of life of county residents
- Database of volunteers

PRIORITY AREA 2: HEALTHY EATING & ACTIVE LIVING

Goal 2: Improve the health and well-being of the community by advocating for sustainable healthy lifestyle choices.

Objective 2.4: By August 2015, increase the number of school age children in Mercer County that have access to healthy food and beverage choices in school cafeterias to 100%.

Evidence-based Strategies:

2.4.1: Educate students on the "Healthy Plate" concept through placemats, servicing trays, posters in cafeterias, and health and physical education classes. (Year 1)

2.4.2: Develop and implement a policy that restricts the availability of heavily sweetened beverages in schools. (Year 1)

2.4.3: Develop and implement a policy that requires schools to serve only non-fat, 1%, soy, rice, or almond milk in schools. (Year 1)

2.4.4: Develop and implement a policy that requires providing at least one serving of fresh fruits and vegetables during each meal. (Year 1)

2.4.5: Ensure availability of fresh drinking water throughout the day. (Year 1)

2.4.6: Increase fresh vegetable selections including implementation of salad bars. (Year 2)

2.4.7: Develop and implement a policy that requires schools to eliminate trans fats from all processed foods and snacks. (Year 3)

2.4.8: Work with school food service vendors to ensure that they provide healthier menu options. (Year 1)

2.4.9: Increase the utilization of school breakfast programs. (Year 1)

Outcome Indicators for Objective 2.4:

- Increase # schools in compliance with Healthy Plate Program (e.g., placemats, trays, posters)
- Increase # of healthy food and beverage policies established
- Increase in fruit and vegetable consumption
- Increase in consumption of water in schools
- Elimination of trans fats in school foods and snacks

PRIORITY AREA 2: HEALTHY EATING & ACTIVE LIVING

Goal 2: Improve the health and well-being of the community by advocating for sustainable healthy lifestyle choices.

Objective 2.5: By January 2016, increase the percent of Mercer County employers that have implemented evidence-based worksite wellness initiatives by 25%.

Evidence-based Strategies:

2.5.1: Assess and compile current work place health and wellness programs to establish a resource of existing initiatives and examples. (Year 1)

2.5.2: Design and implement a plan to raise awareness and educate employers on the benefits of employee worksite wellness initiatives. (Year 1)

2.5.3: Recruit a minimum of 10 employers who are interested in implementing a comprehensive worksite wellness initiative. (Year 1)

2.5.4: Facilitate employers' implementation of evidence-based worksite wellness programs that include: health risk assessments, physical activity component, nutrition, mental health, alcohol and drug abuse, tobacco cessation and Employee Assistance Program. (Year 1)

2.5.5: Design and implement a recognition program for employer participation. (Year 2)

Outcome Indicators for Objective 2.5:

- Increase % of employers who participate in a worksite wellness program
- Increase % of employees who participate in a workplace program that is offered

PRIORITY AREA 2: HEALTHY EATING & ACTIVE LIVING

Goal 2: Improve the health and well-being of the community by advocating for sustainable healthy lifestyle choices.

Objective 2.6: By January 2016, implement a minimum of 4 new policies that result in an increase in access to healthy foods and beverages in the community.[15]

Evidence-based Strategies:

2.6.1: Work with local/county/state governments to create/use (existing) incentives to attract healthy food retailers and full service grocery stores into underserved communities (e.g., tax incentive, food license).

2.6.2: Implement a healthy vending machine policy that results in the removal of sodas/sweetened beverages and candy from vending machines in state and county facilities.

2.6.3: Work with local farmers to increase the number of Farmer's Markets and advocate for farm-friendly policies (e.g., farm to school and farm to worksite initiatives) in Mercer County.

2.6.4: Develop and implement an incentive based program that encourages local restaurants to provide healthy menu options that are labeled with calorie counts.

2.6.5: Pilot a Healthy Corner Store initiative in communities with limited access to fresh fruits and vegetables.

2.6.6: Partner with industrial landlords to create micro-farms inside abandoned buildings to address "food desert" issues.

Outcome Indicators for Objective 2.7:

- Increase in new food stores/outlets that provide healthy food options in previously underserved areas
- Increase in % of people who have access to healthy food choices
- Increase in the # of existing food stores/restaurants that have increased sales of healthy foods
- Increase % of locations (municipal buildings, senior centers) that have implemented healthy food options/healthy vending machines
- Increase # of farmers markets in county
- Increase # of healthy corner stores in county
- Increase in # of farm friendly policies

[15] The original 2.6 objective from the planning session (which addressed Complete Streets) was moved from this priority area to the Complete Streets objective under Priority 4: Transportation.]

PRIORITY AREA 2: HEALTHY EATING & ACTIVE LIVING

Goal 2: Improve the health and well-being of the community by advocating for sustainable healthy lifestyle choices.

Partners/Resources for Healthy Eating and Active Living

- T.R.A.D.E.
- Robert Wood Johnson Foundation
- Michelle Obama's Lets Move Initiative and local models
- Economic Development Authority
- Chamber of Commerce
- Health Food Stores
- Food Policy Council
- Aquatic Programs
- Child Care Center
- St. Lawrence Rehabilitation Center
- Senior Center
- Child Adult Food Program (Better Beginnings)
- Child Care Referral and resources
- Rise
- Nutritionists and Assoc.
- Community Food Pantries
- Add partners cut from 2.3.1
- School boards
- Mercer County Parks and Recreation
- Local recreation departments
- Restaurants
- Food pantries
- Physicians
- Department of Education
- Department of Health
- ShapingNJ
- Women Infants and Children (WIC)
- HealthyLivingPrinceton.org
- HealthyLivingMercer.org
- Sports Medicine
- School Superintendents
- PCORE
- Pediatric Council (Mercer County)
- Physicians
- School Boards
- Local junior leagues
- Harvest Routes
- Meals on Wheels
- Pediatric Council on
- Research & Education, Inc.
- Department of Travel and Tourism
- Grocery Stores
- Farmers Markets
- YWCA's and YMCA's
- Wellness and Fitness Centers
- "Suppers" Program
- Healthy Bones Program for Seniors
- Mercer County Park Commission
- Local Rec Depts.
- Local restaurants
- Local farmers
- Hospitals
- "Walk this Way" program

C. Priority Three: Chronic Disease

When asked about health concerns in their communities, many residents cited chronic diseases, specifically cancer, heart (cardiovascular) disease, diabetes, and asthma. Physicians reported seeing an increase in chronic disease co-morbidities along with mental illness and substance abuse. While EMT focus group respondents reported that it seemed like chronic disease patients were being discharged prematurely from the hospital and then not managing their conditions adequately, thus being at-risk for re-admittance. Numerous participants pointed to the rising obesity epidemic as being a concern for potentially increasing rates of chronic disease.

Heart disease was the leading cause of inpatient hospitalization among Mercer County adult patients 18-64 years old (2.95 per 1,000 population) Heart disease was followed by asthma (0.88 per 1,000) and diabetes (0.86 per 1,000) in Mercer County. Heart disease was also the leading cause of hospitalization in Mercer County (36.68 per 1,000) for the elderly (aged 65 and older). The second leading cause of inpatient hospitalization for the elderly in Mercer County was for stroke (20.11 per 1,000 population) followed by fractures (10.59 per 1,000)[16].

Cancer is the second leading cause of death in New Jersey and in Mercer County, the incidence rates for most cancers is higher in Mercer County than for the state. The all-site cancer incidence rate in Mercer County has slightly increased from 2003 to 2009 from 572.1 per 100,000 population to 589.3[17], whereas there has been a decrease in overall cancer mortality during that same time period[18] . Cancers with the highest incidence rates include prostate and breast, while lung and prostate cancer are the leading causes of cancer deaths.

Diabetes and asthma were the most prevalent chronic conditions, with 9.1% and 7.4% reporting currently having been diagnosed with these diseases[19].

[16] New Jersey Department of Health and Senior Services, Office of Health Care Quality Assessment, Data analyses conducted with 2010 Uniform Billing (UB) Hospitalization data, NJ Discharge Data Collection System (NJDDCS). Analyses conducted using ICD-9 codes, primary diagnosis only. Rates standardized to U.S. Census 2010 Population for Mercer County, by municipality, and by age.

[17] State of New Jersey Department of Health and Senior Services, New Jersey Cancer Registry, 2003-2009

[18] State of New Jersey Department of Health and Senior Services, New Jersey Cancer Registry, 2000-2007

[19] Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.

PRIORITY AREA 3: CHRONIC DISEASE

Goal 3: Engage the community to prevent and reduce chronic disease incidence and morbidity (e.g., cancer, diabetes, heart disease, asthma).

Objective 3.1: By January 2015, increase by 25% the number of people and venues in areas of greatest disparity who have access to information about the continuum of chronic disease services (i.e., prevention, treatment, maintenance).

Evidence-based Strategies:

3.1.1: Work with local coalitions, public health offices, health care facilities, and associations to disseminate information about chronic disease and promote the importance of screenings. (Year 1)

3.1.2: Develop or use existing evidence-based curriculum with local health care professionals and agencies to design programs for specific underserved target populations/audience. (Year 1)

3.1.3: Identify and partner with organizations that have mobile units to bring services to the communities with limited access to health screenings (e.g., mammography mobiles, blood pressure mobiles). (Year 1-2)

3.1.4: Work with recognized state and private agencies, and health care professionals and associations, to educate, teach and provide compliance and prevention tools). (Year 2-3)

Outcome Indicators for Objective 3.1:

- Increase in # of people served from underserved population groups
- Decrease in % existing vulnerable groups in ER use, re-admittance to hospital
- Increase in # of organizations/venues providing services in areas of need
- Decrease in disparity between underserved groups and overall Mercer County

PRIORITY AREA 3: CHRONIC DISEASE

Goal 3: Engage the community to prevent and reduce chronic disease incidence and morbidity (e.g., cancer, diabetes, heart disease, asthma).

Objective 3.2: By January 2016, increase by 25% the number of health care providers who are engaged and aware of evidence-based practices and existing social services (see Objective 1.2).

Evidence-based Strategies:

3.2.1: Advocate for health care training programs to include chronic disease management and mandatory rotation to post-acute venues of care. (Year 2)

3.2.2: Advocate with the legislature and Division of Consumer Affairs to expand their policy on the scope of practice for Nurse Practitioners and Physicians Assistants, to push for multi-state reciprocity of licensure, and to allow for direct access to the community by NPs and PAs. (Year 2)

3.2.3: Encourage the medical society and specialty boards to adopt a uniform set of evidence-based practices to be used by the profession. (Year 3)

3.2.4: Develop and disseminate a county-wide referral database that can be utilized by professionals and community members to ensure that individuals are sent to the appropriate location. (Year 1)

3.2.5: Recruit five physician ambassadors, five nurse ambassadors and five social workers and/or mental health practitioners to develop an advisory council that will be tasked with developing a plan to help patients become more adherent resulting in better health outcomes. (Year 1)

3.2.6: Link mental health and substance abuse providers with the chronic disease providers.

Outcome Indicators for Objective 3.2:

- Track # of referrals to social services from Electronic Medical Records
- Increase the # of providers participating in workshops/programs and receiving CME/CEU credits
- Increase the # of mental health providers integrated into chronic disease management venues of care.

PRIORITY AREA 3: CHRONIC DISEASE

Goal 3: Engage the community to prevent and reduce chronic disease incidence and morbidity (e.g., cancer, diabetes, heart disease, asthma).

Objective 3.3: By January 2016, increase the number of chronic disease patients educated on and adherent to their medication regimen.

Evidence-based Strategies:

3.3.1: Using a patient focused, team-based approach, create information tools for all health care providers (including pharmacists, social workers, discharge planners, etc.) that promote treatment adherence. (Year 1)

3.3.2: Utilize new technologies and information systems to monitor treatment adherence (e.g., call-in services, tele-health, mobile apps (e.g., Aetna), cell phone reminders, med boxes). (Year 1-2)

3.3.3: Expand existing community initiatives including peer counselors to educate patients and encourage adherence. (Year 2)

3.3.4: Create and implement marketing campaign to general public (partnering with pharmaceuticals and Health Insurance companies). (Year 1-3)

3.3.5: Advocate to pharmaceutical companies to make more generic drugs available and to ensure more appropriate use of the branded drugs already available. (Year 2)

Outcome Indicators for Objective 3.3:

- Decrease in #of heart attacks, heart disease prevalence, diabetes, asthma
- Track prescription refills of medications from pharmacies - what was picked up, what was refilled?
- Self-reported surveys of patients on adherence

Outcome Indicators for Overarching Goal:

- % decrease in incidence chronic diseases
- Decrease in emergency room use, hospitalizations and re-admittance for chronic disease
- Increase in the number of patient centered providers

PRIORITY AREA 3: CHRONIC DISEASE	
Goal 3: Engage the community to prevent and reduce chronic disease incidence and morbidity (e.g., cancer, diabetes, heart disease, asthma).	
Partners/Resources for Priority Area	
• Centers for Disease Control • Schools (Medical) • NJ Department of Health • Department of Environmental Protection • Local Health Departments • Local Boards of Health • Insurance Companies • Hospitals • Hospital/association - NJ • NJ Case Management Society of America • HQSI - Healthcare Quality Strategies, Inc. • Pharmaceutical companies • NJ Health Information Exchange • Medical Association • St. Lawrence Rehabilitation Center	• NJ Hospital Association • Institute of Medicine • Physicians • Community based organizations (outreach) • Island Peer Review Organization (IPRO) • CPHQ - NJ Certified Professional Healthcare Quality • National Transitions of Care Organization (NTOCC) • Greater Trenton Coalition • NJ Pharmacists (?association) • NJ State Nurses Association • NJ Division of Consumer Affairs • Planned Parenthood

D. Priority Four: Transportation

Residents repeatedly discussed that their communities had limited walkability and a lack of public transportation services, resulting in an environment which has affected some residents' quality of life, stress level, and ease of accessing services. In many communities, transportation or walkability was discussed as a critical issue. Mercer County's suburban and rural areas have a lower density area and residents are more reliant on their cars. For those who do not have a car, it is difficult to walk to needed services due to distance and lack of infrastructure for pedestrians. Public transportation was discussed as being unreliable and limited. For vulnerable populations such as the elderly, youth and lower income, these limited transportation options have a severe impact on their time, ease of getting to employment, scheduling and maintaining appointments, or fulfilling errands in their daily lives. These discussions repeatedly identified the interconnections between transportation and its challenges to maintaining good health. As Mercer County's population grows, particularly among the elderly, the issue of transportation will become even more critical to address. These challenges are exacerbated during times of emergency crises, such as the recent hurricanes, given fuel restrictions, and homebound and relocated residents.

PRIORITY AREA 4: TRANSPORTATION & BUILT ENVIRONMENT	
Goal 4: Increase the overall health and wellbeing of Mercer County residents by enhancing safe, affordable, accessible options for people to move easily and freely within and between communities in Mercer County.	
Objective 4.1:	**By January 2016, increase by 15% the existing miles of shared roads, safe walkways, and bike paths within Mercer County.**

PRIORITY AREA 4: TRANSPORTATION & BUILT ENVIRONMENT

Goal 4: Increase the overall health and wellbeing of Mercer County residents by enhancing safe, affordable, accessible options for people to move easily and freely within and between communities in Mercer County.

Evidence-based Strategies:

4.1.1: Identify and link existing bicycle and pedestrian groups, for the purpose of developing partnerships, understanding existing plans, and developing an inventory of the existing bike paths, foot paths and lanes. (Year 1)

4.1.2: Analyze projects that are planned for the near future and identify any gaps or safety concerns in the plans for shared road/bike path and pedestrian network. (Year 1)

4.1.3: Identify funding sources to make network improvements or additions, and/or advocate including network improvements in existing roadway construction projects. (Year 2)

4.1.4: Lobby policy makers for inclusion of specific critical segments in road improvement projects. (Year 3)

Outcome Indicators for Objective 4.1:

- Increase in miles of safe foot paths/walkways
- Increase in miles of bike lanes/paths
-
- Increase in # of future road improvement projects that include bike lanes, sidewalks and bike paths

Objective 4.2: By January 2016, research organizations currently addressing community development master plan transportation issues and develop strategies for improvement.

Evidence-based Strategies:

4.2.1: Review and evaluate appropriate sections of all municipal, county and state community development master plans for health impact in order to modify/enhance existing laws and policies regarding sidewalks, bike lanes, walking trails and mode of movement throughout communities. (Year 1)

4.2.2: Contact transportation-related agencies that may have relevant data, research and resources available to identify needs (e.g., Transportation Management Association (TMA), Trail groups). (Year 1)

4.2.3: Identify and mobilize key stakeholders within each municipality who have the authority to address community connectivity needs that include all modes of movement (e.g., planners, engineers, elected officials). (Year 2)

4.2.4: Collaborate with organizations and individuals who can help to advocate to local governments to address transportation gaps including pedestrian, bike and vehicular issues (via resolutions, ordinances and planning policies). (Year 2-3)

4.2.5: Develop awareness campaign to promote all modes of transportation currently available. (Year 3)

PRIORITY AREA 4: TRANSPORTATION & BUILT ENVIRONMENT

Goal 4: Increase the overall health and wellbeing of Mercer County residents by enhancing safe, affordable, accessible options for people to move easily and freely within and between communities in Mercer County.

Outcome Indicators for Objective 4.2:

- # of community development master plans reviewed
- # of strategies developed
- Implementation of awareness campaign
- List of transportation-related agencies and key stakeholders

Objective 4.3: By January 2016, promote the adoption of at least one sustainable, municipal, built environment policy in Mercer County that improves safety and increases opportunity for physical activity.

Evidence-based Strategies:

4.3.1: Review evidence-based policies that have been successfully implemented in other communities (Complete Streets, Safe Passage, sidewalks/streetlights, and traffic calming measures.) (Year 1)

4.3.2: Identify one successful community model for Mercer County and use as the basis for developing a plan. (Year 1)

4.3.3: Convene local affected businesses ,home owners , tenants, school PTAs, and other community stakeholders to identify and target areas of greatest need and solicit their comments/ideas regarding a plan. (Year 1)

4.3.4: Review area accident and crime rate/incidents in focus area to develop solutions. (Year 1)

4.3.5: Review engineering lay vs. complete street concept in focus area with environment impact. (Year 1)

4.3.6: Identify resources from objective 4.2 and other available funding. (Year 1)

4.3.7: Adopt suitable policy to support transportation needs identified. (Year 2)

Outcome Indicators for Objective 4.3:

- # of policies adopted
- Decrease in crime and accidents in targeted areas

PRIORITY AREA 4: TRANSPORTATION & BUILT ENVIRONMENT

Goal 4: Increase the overall health and wellbeing of Mercer County residents by enhancing safe, affordable, accessible options for people to move easily and freely within and between communities in Mercer County.

Objective 4.4: By January 2016, increase by 30% viable, environmentally safe, public transportation options across communities and to and from parks.

Evidence-based Strategies:

4.4.1: Partner with area and regional hospitals to verify and address the need for a shuttle service for communities where there is limited transportation.

4.4.2: Partner with DOT to implement recommended projects; address the need for a high-speed bus line along major and feeder routes to reduce congestion, pollution, stress and accidents; and leverage their investment/grant/funding sources.

4.4.3: Expand existing overpass serving the retail centers along busy highways to include a protected passenger walking lane with guard rail, thus reducing auto traffic on the highway and encouraging people to increase their physical activity.

4.4.4: Introduce public forums through libraries to disseminate information on public transportation projects and invite public input.

4.4.5: Identify and secure funding to expand existing service and routes for seniors and people with disabilities to accommodate weekends, early morning ,evenings, late night and trip lengths over ten miles with special attention to portions of Mercer County with limited transportation.

4.4.6: Work with emergency management responders to improve and enhance transit options during crisis response.

Outcome Indicators for Objective 4.4:

- Increase in the # of safe walkways around busy retail areas
- A shuttle service and/or transit options established for outlier communities
- High speed bus lines along major highway and feeder routes

Partners/Resources for Priority Area

- TMA (Transportation Management)
- Police Departments
- "Free Wheelers"
- "Lawrence-Hopewell Trail"
- Parks and Recreation
- Environmental Commissions
- Grassroots Environmental Advocates
- Mercer County TRADE Transportation
- Conservation Groups
- Boy Scouts/Girl Scouts
- Rutgers Co-Op Extension
- NJ Transit
- "Ride Provide"
- Cycling groups
- Running Groups
- Community Associations
- School Districts
- Education Department
- Emergency Management Responders
- Sustainable Regional Organizations
- Princeton Futures
- ARC Mercer
- Hospitals

IV. NEXT STEPS

The components included in this report represent the strategic framework for a data-driven, community-enhanced Community Health Improvement Plan. To finalize this strategic framework, GMPHP, CAB and community participants will revise and refine the suggested activities and timelines drafted by workgroup members to complete the action plans for the CHIP. As part of the action planning process, partners and resources will be solidified to ensure successful CHIP implementation and coordination of activities and resources among key partners in Mercer County.

Appendices

APPENDIX A: COMMUNITY HEALTH IMPROVEMENT PLAN PARTNERS

A large number of diverse community stakeholders representing multiple areas
Better Beginnings Day Care Center
Bristol Myers Squibb
Capital Health Medical Center at Hopewell
Catholic Charities
Central Jersey Family Health Consortium (CJFHC)
City of Trenton Division of Health
Corner House
Creative Marketing Group
Educational Testing Services
Enable
Family Service Organization
Grace N. Rogers School
Health Resources in Action
Hightstown Board of Health
HiTops
Hopewell Township Health Department
Hopewell Township Police Department
Hopewell Valley Regional School District
Horizon Healthcare Innovations
Hygeia Consulting Group
Interfaith Caregivers of Greater Mercer County
Janssen Pharmaceutica
Lawrence Township Health Department
National Alliance on Mental Illness of Mercer County
Martin Scott, MD
Mercer County Community College
Mercer Council on Alcoholism and Drug Addiction
Mercer County Board of Freeholders
Mercer County Division of Public Health
Mercer County - Economic Development
Mercer County TRADE Transportation
Mercer County Park Commission
Mercer County Veteran Services
Mid-Jersey Chamber of Commerce
Michael Reiss, MD
Mill Hill Child Development Center

Peter Yi, MD
New Jersey Health Care Quality Institute
P.E.I. Kids
Princeton Community Housing
Princeton Township Health Department
University Medical Center of Princeton at Plainsboro
RWJ Hamilton Hospital
Robert Wood Johnson Foundation New Jersey Health Initiatives
St. Lawrence Rehabilitation Center
State of NJ Department of Health
Terhune Orchards
Terra Momo Restaurant Group
The College of New Jersey
Thomas Edison State College
Trenton Funeral Home
United Way of Greater Mercer County
University of Medicine and Dentistry of New Jersey
Visiting Nurses Association Home Care of Mercer County
West Windsor Township Health Department
West Windsor Waterworks
YMCA of Trenton and Hamilton

APPENDIX B: GLOSSARY OF CHIP TERMS

Priority Areas - broad issues that pose problems for the community

Goals - identify in broad terms how the efforts will change things to solve identified problems

Objectives - measurable statements of change that specify an expected result and timeline, objectives build toward achieving the goals

Strategies - action-oriented phrases to describe how the objectives will be approached

Output Indicators - specific deliverables that are the result of the completion of the strategies and actions taken

Outcome Indicators - the changes that occur at the community level as a result of completion of the strategies and actions taken