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♦ 2007 Hunterdon County Health Improvement Plan
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L.toR.—Dr. Melissa Boisclair, Dr. Terry Shlimbaum, Marianne McEvoy, Director, Public Health Nursing, and Dr. Elizabeth Koorie, weighing the data and evaluating a course of action for Coronary Heart Disease.
Hunterdon County

Hunterdon County, a rural area in transition, is traversed by one of the most rapidly growing corridors in the State of New Jersey. Its agricultural and blue-collar industrial base is giving way to a white-collar office and professional economy. The impact of this growth and change—substantial over the last two decades—is expected to continue for at least the next 20 years. Clearly, the magnitude of these dramatic, changing dynamics are increasingly impacting the very elements that make Hunterdon County a great place to live. For example, public health and quality of life. This document examines the work of a collaborative team addressing those very issues.

The State of New Jersey — through the Public Health Practice Standards — mandates that health departments develop a strategy for improving the health of county residents. To this end, grant funding enabled the Hunterdon County Department of Health to convene another collaborative assembly of the long-established Partnership for Health. This group comprises a county-based health advisory committee of more than thirty community service providers and residents.

The goal: To comprehensively assess the quality of health in the county and use the wide-ranging data to develop a Community Health Improvement Plan or CHIP. The CHIP — which you are now holding — was submitted to the state in spring 2007. Now and in the years to come — it will serve as the map to better health, guiding the Hunterdon community to reach an optimum state of well-being!
Executive Summary
A goal without a plan is just a wish...

From the beginning the Partnership for Health realized its unique position! With an eleven-year history, the group entered its third assessment cycle on the sound footing of having valuable, previously compiled data and having an incisive familiarity with the Hunterdon Community.

To evaluate the county’s health, the committee used the MAPP process (Mobilizing for Action through Planning and Partnerships), a rigorous, strategic planning tool for prioritizing public health issues and identifying resources to address them.

Right from the start, by building on its history and success, the Partnership strived for the broad community representation critical to achieving accurate assessment. Indeed, every Partnership member is considered an essential force in the process.

Steering the initiative are the Hunterdon County Department of Health and the Hunterdon Healthcare System — stakeholders with a long history of working in tandem to provide fundamental public health care services to the county.

In May 2005, the expanded Partnership with its 30 concerned community service providers met to reaffirm the original “Vision for the Health of Hunterdon Residents.” Through the exhaustive MAPP process, the Committee explored current health issues, underlying factors, barriers and community resources.

Engaging the community
The process can only work if the community is fully involved. To acquire the vast qualitative and quantitative data needed for an accurate community health assessment, the Partnership reached out to residents using a range of survey tools in a variety of venues.

(Continued on page 5)

THE VISION...
Every individual of Hunterdon County has a state of optimal physical, mental, spiritual, and social well-being which allows the individual to pursue the most fulfilling life possible, and not merely a life absent of disease or infirmity.

L.toR.—Kathy Horn, Director of Infection Control Services at Hunterdon Medical Center, and State Public Health Planner Rob Seiz, listen as Hunterdon County Health Officer John Beckley stresses the importance of findings about the status of community health.
In just one example, more than 1,000 randomly selected Hunterdon County households were surveyed successfully via phone by Holleran Consultants. This, the third County Behavioral Risk Factor Surveillance Survey (BRFSS) enabled the Partnership to examine Hunterdon’s current health picture and compare it with trends identified over the past ten years — a goldmine of data for assessing changes.

In-person surveys and key informant interviews were also conducted across the county to gain an even broader insight into perceptions and behaviors about health issues in Hunterdon. The goal: Talk with as many residents, agencies and providers as possible.

This information was vital in identifying the top five health issues and the related goals, objectives and strategies that became the health improvement plan.

The “Top Five” public health issues for Hunterdon County are:
- Mental Health
- Weight/Physical Activity
- Cardiovascular Disease
- Drugs, Alcohol & Tobacco
- Access to Healthcare

Huge challenges — Olympian efforts
Even taken one at a time, these health issues present a massive test for any collaborative community health improvement team. Yet, during the next three years, the Partnership will implement the CHIP, with action teams addressing these top five health needs straight on by developing innovative, sustainable solutions.

Success, in large part, will be defined by community ownership of these public health issues and the collective thinking required to marshal improvements in each area.

To begin with, increased community awareness of the challenges will enable a strengthening of the health services infrastructure. Spotlighting community health needs and anticipating and managing changes will result in better coordination of services. and clearly, community support for funding and education will play a vital role in improving the quality of health services.
The relationship envisioned by Hunterdon County’s Partnership for Health was an integral one in which the CHIP would result in the development of an All Hazards Public Health Preparedness Plan and, in turn, the AHP would be a core component of the county-wide Community Health Improvement Plan.

The MAPP Forces of Change Assessment is specifically designed to identify forces, such as trends, factors, or events that impact the health and quality of life of the community and the local public health system. Results from this assessment are now serving as critical development factors of Hunterdon County’s All Hazards Public Health Preparedness Plan.

Kathy Horn, Director of Infection Control Services at Hunterdon Medical Center, speaks to the Partnership about real public health emergency preparedness in the wake of a fictionalized ABC drama about avian flu.

Below: Lisa Lehman of Holleran Consulting presents Partnership members with the key findings of the BRFSS Survey.
Strategic Planning Process

For the past two years, A Partnership for Health used the comprehensive MAPP method — Mobilizing for Action through Planning & Partners — to assess the county’s health, leading to the creation of a “CHIP” — Community Health Improvement Plan.

Early on, the Partnership reached out to the Hunterdon County public, launching a media campaign to explain the far-reaching activities of evaluating health in the community and to publicize the survey initiatives that would soon be under way.

To build the CHIP, four extensive assessments were needed.

1— Community Themes & Strengths Assessment
To evaluate issues that residents feel are important, two surveys were done during Summer 2005:

“Community Health Survey” Explored county resident perceptions about community health and sought input on quality of life.

“Key Informant” Survey Besides quality of life, this survey also focused on health issues cited by individuals with a background in healthcare or who are informed participants in community issues.

2— Community Health Status Assessment
“CHSA,” provided essential statistical information regarding the key health indicators of the community.
In Hunterdon, 1,100 adult residents took part in a Behavioral Risk Factor Surveillance Survey (BRFSS) — a health-focused phone survey. This large survey base helped assure an accurate, representative sample of the county population. During 2006, a survey was also performed in the county’s Latino community to identify the prevalent health issues of this growing population group. This language-adapted/excerpted version of the BRFSS questionnaire surveyed 165 members of the Latino population.

Results of this survey were incorporated with the 2005 Holleran BRFSS phone study to create a larger data set for increased statistical reliability.

Analyzed both separately and in combination, the data were compared for differences that accurately reflect the needs of the Latino community.

3— Forces of Change Assessment
Brainstorming in group session helped produce a matrix detailing “Forces” that affect the community. The result, a comprehensive, weighted list, was used to identify major concerns and causative factors surrounding them.

4— Local Public Health System Assessment (LPHSA)
The National Public Health Performance Standards Survey was used to complete the LPHSA. This extensive questionnaire — developed by the Centers for Disease Control and Prevention (CDC) — focuses on the local public health system. This includes all the organizations and agencies within a community that service the public’s health. Key informants participated in work sessions to complete the assessment.

County Health “Profile” emerges
To develop the county’s health “profile,” members of the Partnership for Health incorporated the four assessments described above. Also included in the mix were the results of the 2004 New Jersey County Based Cancer Capacity and Needs Assessment and other state and national health status indicators. In short, the resulting profile is a broad but clear picture of the residents’ health. It serves as the basis for the Community Health Improvement Plan.

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A PROFILE

Merck supports the process

As Spring 2006 broke out, so did renewed energy spurred by news that The Merck Company Foundation would support the Partnership’s work with a generous grant of $21,800. The funding helped cover the cost of the Profile analysis slated to be done by Holleran Consulting.

Every care that could be taken was taken. For example, to ensure the MAPP process flowed without bias, health department staff and Partnership members worked in tandem with independent professionals. The Community Profile produced by Holleran Consultants includes a broad range of statistics reflecting health status, education, mortality, crime, employment, and other aspects. When taken together, these data portray an accurate status of Hunterdon County residents.

The most up-to-date county and municipal data were used. In the end, the profile that developed clearly highlights general characteristics, areas where Hunterdon County differs from the state and/or national data, and current conditions of strengths and opportunities for improvement.

Assessment findings: What are the key health issues?

With the assessments now in hand, the Partnership poured over the highly detailed findings to begin identifying key issues.

Below: The meeting quarters of the county library were filled by the expert and committed community leaders considering — ultimately determining — where the greatest, most meaningful progress can be achieved to improve the health of county residents.
In October 2006, Holleran was brought back to work with the committee to help pinpoint key challenges to overcome for community health planning efforts to succeed.

Members formed work teams and listed community assets the Partnership could draw from to achieve the community vision and values. This step moved them closer yet to identifying issues that inevitably would become the focus of the Community Health Improvement Plan. When the review phase concluded, health-affecting issues that appeared in more than one assessment area were placed in the matrix now taking shape.

**Group “distilling” process produces the top issues**

In a large, arduous, single group session, attendees presented the issues they viewed as significant. Once identified, these issues were then further vetted by weighing each against a review of the four assessment findings, the vision statement, and attendee perspectives. The final list featured seventeen strategic issues, along with bulleted discussion points associated with each. Additional observations were made about the importance of prevention and addressing specific age groups within the various issue areas.

**Going high tech To prioritize the issues**

With the top seventeen issues now identified, these points were then programmed into a wireless keypad technology (OptionFinder). The goal: Enable anonymous, instant voting.

This high-tech polling process was used to prioritize the importance level of each of the seventeen issues. It worked like this: Attendees, holding their own keypad, were asked to rate importance on a 1 through 5 scale (1=lowest; 5=highest).

Following these ratings, attendees scored the nine issues that they felt the Partnership could have the biggest impact upon. This same process was repeated for the remaining eight issues. Holleran helped guide the Partnership through this intensive session to reach consensus in identifying the strategic issues, key challenges and assets.

But the job was not yet done. In a subsequent full day session, representatives from various agencies and sectors of the county set about defining the goals and strategies to address the key issues. Holleran again helped the team to its strategic conclusions. Groups formed to address each identified issue, to exchange ideas and create basic attainable goals and clear strategies.

During January 2007, groups met weekly to consolidate the goals and strategies into the CHIP. The plan connects the current realities with the vision. It provides a comprehensive picture of how local public health system partners must work collaboratively to achieve a healthy community.
Issue One—Mental Health

Mental Health—already a significant problem worldwide and nationally—is now a major health issue within our county. Reasons include inadequate access to mental health care services, lack of understanding and recognition of mental illness, and stigma associated with mental illness resulting in people hiding their symptoms and avoiding treatment.

The Mental Health Action Team created four strategies to achieve the overall goal of increasing awareness and access to mental health care within the community. Plans include developing new initiatives and expanding of current community partnerships.

It is clear that mental illness is a pressing issue worldwide and nationwide; in Hunterdon County, it is no different. In fact, according to the “2005 Key Informant Questionnaire” — a survey of 24 individuals with knowledge about the primary care and social needs of the community—mental health is one of the top three most important health problems in our community. Another 2005 survey of 264 individuals who reside in Hunterdon County found that 6 percent of the people felt that mental health was one of the top three problems with the greatest impact on community health. After reviewing data from community surveys and anecdotal data from key community members, the Hunterdon County Partnership for Health has identified improving the mental health of our community and increasing access to mental health care as one of its goals.

“Mental illness is shockingly common, affecting almost every American family directly or indirectly. It can strike at any stage of life, from childhood to old age. No community is unaffected, no school or workplace untouched.”

L.toR.—Rabbi Evan Jaffe of Flemington Jewish Community Center and Partnership Chair, Dr. Jorge Berkowitz, share thoughts on the status of mental health in Hunterdon.
Emphasizing work-life balance

We live hectic lives and stress is an increasing problem in western society. With growing pressures in the workplace, in addition to already existing family pressures and responsibilities, stress levels can become overwhelming and negatively impact our mental health. National studies show one in five employees report significant mental health issues, and this has far-reaching impact.

For example, a 1990 RAND Corporation study estimated the costs of depression alone to employers (nation wide) was $12 billion in lost work days and another $11 billion due to decreased productivity.

According to the 2005 Hunterdon County BRFSS Survey, 32 percent of Hunterdon County residents reported at least 1-2 days where they felt “sad, blue, or depressed” over the course of a month and 4 percent of Hunterdon residents reported feeling depressed more than 15 days over the past month.

One of the strategic goals for promoting the mental health of our community is to focus on improving work-life balance. This will be accomplished by offering a series of seminars focusing on work-life balance issues and stress management. The presentations will be offered at company sites to provide easy access for employees. A lunch-time Mental Health Awareness booth will also be offered to local companies as an additional resource for their employees. The action team will also reach out to local wellness centers and recruit local private practitioners to offer mental health seminars to the public. In addition, the development of new

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employee assistance programs (EAP) with county employers will be encouraged; EAPs offer a cost-effective method for accessing mental health services for employees of companies who contract these services. The action team also plans to collaborate with the local chamber of commerce to enhance awareness of work-life balance and EAP services.

Research demonstrates that mental illness is a key factor affecting overall physical health. Mental illness is not only a problem in and of itself but it also affects an individual's physical system. For example, when depression coexists with coronary heart disease and other cardiac diseases, the risk of dying from heart disease increases by as much as threefold. Similarly, people who have both diabetes and depression have an increased risk of complications secondary to their diabetes compared to those without depression. Therefore, it is crucial that mental illness be recognized and treated.

Early intervention to improve mental health can lower the morbidity, disability, and mortality associated with many physical diseases that have related psychosocial components. There are effective treatments available for mental illness. However, the first step to getting people into treatment—is recognition.

Overcoming stigma
Stigma is a major obstacle to understanding, recognizing and seeking treatment for mental illnesses. The President's Commission on Mental Health (2003) reported that public attitudes and the stigma associated with mental illness are major barriers to treatment and deprive affected individuals of the support they need to recover. Stigma is especially an issue among older adults, ethnic/racial minorities, and in rural areas.

One of the mental health action team's strategic goals...
is to help reduce the stigma associated with mental illness. The President's Commission recommended that mental health be addressed with the same urgency as physical health. One avenue to achieve this goal is to educate the public about mental illness and create a better understanding of its existence as a disease.

The team will also emphasize that there are specific and effective treatments for mental illness. Knowing this, people will be more likely to seek appropriate care.

The action team will work in a variety of ways to change attitudes and behaviors about mental disorders. This will be done through workshops and programs at high schools and community colleges, as well as distributing written materials about mental illness to doctors' offices, and workplaces.

Educating professionals and parents
To increase awareness of mental illness, the action team will also educate professionals and parents on assessing mental health needs in youth and adolescents. It is critical that local school personnel be trained by professionals on recognizing the warning signs of mental health illness.

Our youth spend the majority of their time in school. School staff must be able to recognize mental health needs and refer students for appropriate care. The team will collaborate with school staff on the “Train the Trainer” program run by the Hunterdon Behavioral Health Department. The program provides suicide prevention training to school professionals who can then go back to their schools and train other staff in recognizing the signs of at-risk youth.

The second part of this goal is to educate parents and caregivers about the warning signs of mental illness in youth. The team will provide community pediatric and

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family medicine practices with written materials about mental illness at its various stages of development. These brochures will be given to parents at well-child visits. The action team also plans to include the brochures in “back to school” mailings sent to all families.

**Improving awareness and access to mental health care**

Another major challenge in addressing mental health is to improve access to care and increase the number of people seeking and getting treatment. Likely, this is related to the stigma associated with mental illness, as well as difficulty accessing mental health services.

To help improve access to mental health care services the action team will strive to educate the public and professionals about available services, and work to enhance the collaboration between local primary care providers and mental health care providers. This will be done through several initiatives.

First, the action team will provide local primary care offices with brochures for their waiting rooms. The material provides contact information for local mental health services. The group will also cover with community primary care physicians how to contact mental health care providers to discuss patients and access services. The group will provide local physicians with a resource guide or database of contacts for mental health services in the area.

In addition, the action team will increase the number of local primary care offices with on-site mental health services provided by Hunterdon Behavioral Health counselors, and will reserve several appointment slots for patients of the practice.

The team will work to improve collaboration and communication between mental health professionals and primary care providers, looking to foster better patient care and medication reconciliation.

The action team will also hold grand rounds conferences at Hunterdon Medical Center to enhance the health care community’s knowledge of mental health problems in Hunterdon County and the resources available.

*Nationwide, only 50% of people with mental illness are actually being treated.*

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**Issue Two-Weight/Physical Activity**

**Good News:**
In Hunterdon, fewer residents are overweight/obese than compared to the national averages.

**Bad News:**
The rate of county residents progressing from “overweight” to “obese” has doubled over the past 10 years.¹

**STOP. DECREASE. REVERSE.**
These three words capture the core aims of the *Partnership for Health* action team initiative addressing the damaging trends in overweight/obese individuals. By helping manage weight issues across their lifespan, urging more physical activity, and by providing guidance and encouragement, the team is tackling weight/obesity straight on to stop it in its tracks and reset the direction toward improved health.

**Being overweight/obese substantially increases the risk of developing certain chronic diseases, such as heart disease, Type 2 diabetes, high blood pressure, arthritis, sleep apnea and other respiratory problems, as well as some types of cancers.²** Because of this, overweight/obesity has become a major public health concern.

Troubling is the fact that overweight/obesity has steadily increased in the U.S. over the last three decades. Today, the Body Mass Index or “BMI” is widely used to define a person’s weight status. BMI is a comparison of a person’s weight to height. As BMI increases, so does the risk for chronic disease. For example:

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI kg/m²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal weight</td>
<td>18.5-24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25-29.9</td>
</tr>
<tr>
<td>Obesity</td>
<td>30-39.9</td>
</tr>
<tr>
<td>Extreme Obesity</td>
<td>≥40</td>
</tr>
</tbody>
</table>

*To calculate your exact BMI value, multiply your weight in pounds by 703, divide by your height in inches, then divide again by your height in inches.

**Hunterdon County residents say they exercise 45-60 minutes per week.¹**
**Current guidelines recommend a minimum of**

- 30 minutes of moderate intensity physical activity on most days to reduce the risk of chronic disease in adults.
- To manage weight, up to 60-90 minutes daily.³
*66% of U.S. adults are above normal weight.
*29% overweight
*32% obese
*5% extremely obese.

Overweight/obesity has increased since the last survey. Importantly, the largest increase was observed in the obese category.²

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**Being overweight/obese can greatly affect the quality of life and shorten overall lifespan.**

In Hunterdon County, although rates of overweight and obese residents are less than the normal averages, a daunting challenge remains. Clearly, major strides are necessary, starting immediately, for Hunterdon County to have a chance of meeting the Healthy People 2010 goal of 60 percent of the population achieving a healthy weight.⁴

**Obesity increased in Hunterdon**

BRFSS data shows an increase in the rate of obesity (BMI ≥30) in Hunterdon County since the last survey. Indeed, at 18.4 percent this rate doubled over the past 10 years and exceeds the Healthy People 2010 Obesity goal of no more than 15 per cent obesity rate.⁴ What’s more, Hunterdon residents appear to be moving farther away from this goal, as data suggests that already overweight people are getting even heavier.

Disturbingly, only 49% of county residents are at a healthy weight—neither overweight nor obese.¹

More than 33% of all children in the U.S. between the ages of 2-19 are at risk of becoming overweight.

More than 17% are already overweight.

Health impacts for overweight children are similar to those seen in adults: Rising rate of Type 2 diabetes; cardiovascular disease; other chronic diseases.²

Recognizing the pressing need to halt these weight trends, the action team is moving ahead with targeted goals to decrease overweight and obesity rates among residents. Key objectives include increasing community awareness of health risks associated with being overweight, and ways to reduce weight. For example making healthier food choices and boosting physical activity.
“Pumping Up” existing weight management programs

The action team will expand and fortify current programs, such as LightenUp Hunterdon, Weigh to Go and Take Control. Also planned is an annual community education program at Hunterdon Medical Center.

To help residents select healthier food choices, the action team will take its message right to the grocery store shelf, promoting nutrition education programs such as the existing “Smart Pick” label program at ShopRite stores in Flemington and Clinton. The team will also put into action and support ongoing community weight management projects. One such example is the restaurant menu insert used in the “LightenUp Hunterdon” program.

On another front, the action team will work to increase awareness among county-based health professionals by stressing the need for these experts to use every opportunity to help tackle the overweight/obesity issue, and by identifying available tools for evaluating and treating individuals with weight issues.

Healthy Diets in Hunterdon…

Partnership research indicates that Hunterdon County residents are aware of the need for a healthier diet and its benefits, although the data shows there is room for improvement.

♦ 77% of residents say they eat few high fat or high cholesterol foods.
♦ 50% eat fruit only once per day; this is likely less than the current dietary recommendations for 2 cups/day.
♦ 48% have vegetables once/day; 45% say 2-4 times per day; keep in mind, current dietary recommendation is 2 ½ cups/day.
♦ 53% say they eat fiber cereal or dark bread only once per day; this likely is less than the recommended 3 oz. of whole-grain foods each day.²

Need to get physical

According to BRFSS data, Hunterdon County residents know the benefits of physical activity. Yet, like the need for a healthier diet, there is also a need for getting even more physical. More than:

♦ 70 percent try to exercise more to prevent chronic disease.
♦ 59 percent exercise 3-6 times per week.
♦ 24 percent exercise 2 times per week or less.
♦ 15 percent exercise on a daily basis.

Respondents spent the most time walking, exercising at health clubs, and “other” non-defined activities. Also popular as physical activities were gardening, aerobics classes, and bicycling. The majority of respondents indicated they exercised 46-60 minutes per exercise session.

(Continued on page 19)
To further help “pumping up” Hunterdon County residents and turning them on to physical exercise opportunities right here in their own “backyard,” the action team will promote the many existing programs available through County Parks, and other community-based initiatives—for example, “StepOut Hunterdon”—which aim to increase physical movement through activities of daily living.

**Overweight/obesity among children and adolescents**

The action team will broker increased collaboration across community organizations that share the common goal of improving the health of residents. Through pooling resources including newsletters, websites and even events, the team will encourage the “joined forces” of community groups to decrease the rate of overweight/obesity and increase the amount of physical activity of County residents.

Schools, also a key focus, are an important social environment that influence children’s future attitudes, beliefs and actions.

Responding to increasing rates of childhood overweight and obesity, new federal and state legislation reinforces existing school requirements to provide nutrition/physical education. Legislation also requires new efforts to improve access to healthy food choices and for broadening opportunities for increased physical activity in the schools.

The Partnership will support Hunterdon County schools and related organizations to implement the NJ School Wellness Program initiatives and programs aimed at promoting family and child wellness.

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Current guidelines recommend a minimum of at least 30 minutes of moderate intensity physical activity on most days to reduce the risk of chronic disease in adults, and up to 60-90 minutes for individuals who are trying to manage weight. 4
The national numbers are alarming: one in three adult men and women have some form of cardiovascular disease (CVD). This accounts for an estimated 79,400,000 American adults with CVD. Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. By the time you read this paragraph, someone in the U.S. will suffer a heart attack. By the time you get to the bottom of this page, someone in the nation will die from one. That’s right—every 26 seconds, an American man or woman has a heart attack and within a minute someone dies.¹

More disturbing news: One in six female deaths are from heart disease. One in thirty are from breast cancer.¹ In fact, more female lives are claimed by CVD than by cancer, chronic lower respiratory diseases, Alzheimer’s, diabetes and accidents combined.¹

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Heart disease is the leading cause of death in New Jersey. It accounted for approximately 30 percent of the deaths in 2001. Stroke, the third cause of death, accounted for approximately five percent of the deaths that year.²

Residents need to learn about High Blood Pressure
While the rate of CVD deaths in Hunterdon County is lower than in N. J. and the USA, CVD is still the leading cause of death here. According to the Hunterdon County Behavioral Risk Factor surveillance Survey (BRFSS) of 2005, there has been no change in high blood pressure awareness in the community compared to the 2001 and 1995 BRFSS surveys. This lack of increased awareness spells trouble.

Consider the fact that over 72,000,000 people in the United States have high blood pressure (defined as systolic pressure of 140 or higher and/or diastolic pressure of 90 or greater, and those taking anti-hypertension medication or being told at least twice by a physician or other health professional that they have high blood pressure.)¹ Worse yet is the amount of people that have undiagnosed high blood pressure.

Hunterdon is no exception. The 2005 survey identified that 7 percent of Hunterdon County adults have been told they have angina or coronary heart disease. This is significantly greater than the five percent of adults throughout the USA. Likewise, 6 percent of adults in Hunterdon County have been told that they had a heart attack compared with four percent in the country. According to the Hunterdon county survey, only twenty-nine percent of residents take a daily aspirin to prevent heart attacks compared to thirty-four percent nationally.

High Blood Pressure is associated with shorter life expectancy
In the Community Themes and Strengths Assessment survey, heart disease and stroke were identified in the top three health problems in the community.

HEART ATTACK RISK FACTORS:
- Unhealthy combination of “good” and “bad” cholesterols quadruples the risk.
- Diabetes quadruples the risk for women and doubles it for men.
- Hypertension nearly triples the risk for men and doubles it for women.
- Stress and depression almost triple the risk.
- Healthy diet decreases the risk by close to 30 percent.
- Lack of Exercise increases the risk by about 20 percent.
- Smoking can double, even triple, the risk.

Source: National Geographic 2/2007 (www.ngm.com/0702)
But all is not lost: In the key findings of the county profile, several areas of strength and opportunity were found. For example, an area of strength for the county is the accessibility to blood cholesterol screenings. In addition to high blood pressure, high cholesterol is an independent risk factor for CVD. In the areas of opportunity, there is heightened need for increasing awareness of angina and coronary heart disease.

The action team overwhelmingly agreed to make cardiovascular disease a strategic issue and immediately set about designing targeted goals. Strategies include high profile campaigns to promote blood pressure screenings, teach the community about the impact of high blood pressure and other risk factors, and educate residents regarding their actual risk for heart disease and the potential need for aspirin therapy.

Know your numbers, know your risk
Aspirin has been shown to significantly reduce all cardiovascular events by 15 percent and heart attacks by thirty percent. It also significantly reduced all deaths by six percent. By calculating participants’ risk scores, the action team will be able to educate individuals about appropriate aspirin therapy for the prevention of CVD and encourage them to discuss this step with their doctor. (Caution: Aspirin should only be taken under the guidance of your physician; not everyone is suitable for aspirin therapy.)

The team will evaluate the scope of current community blood pressure screenings. The group plans to promote the current programs to increase the number of residents screened. Another key goal is to identify more people with high blood pressure among those who are undiagnosed.

Current screening programs present an opportunity when participants are given their (Continued on page 23)

GOOD NEWS: Hunterdon County doctors advise residents to eat fewer high fat/high cholesterol foods and to exercise more to lower risk of heart disease and stroke. Residents surveyed are actually working on lowering their risk.

GOOD NEWS: In Hunterdon County, there is an encouraging number of blood cholesterol screenings.

BAD NEWS: The number of residents in Hunterdon County being told they have angina or coronary heart disease—7% in the county compared to 5% in the US.

BAD NEWS: The percentage of Hunterdon County residents who should be taking aspirin—but are not—is less than the national average—29% in the county compared to 34% in the US.

Even eight year old Melissa Clark of Flemington, recognizes the importance of exercise in keeping healthy.
blood pressure reading but fail to grasp the correlation between their abnormal findings and developing cardiovascular disease. Educating patients about high blood pressure and its impact on CVD will be stressed at these screenings, as will follow-up processes if these risk factors are identified.

The team will produce screening tools and educational handouts with consistent messages throughout the county's blood pressure screening sites. The goal is to ensure that the messages regarding blood pressure and CVD are uniform, recognizable and actionable by the community.

Another service the action team will offer at sites is the calculation of participants' coronary disease 10-year prediction risk scores. This score — developed by the National Heart, Lung, and Blood Institute (NHLBI) Framingham Heart Study — provides an estimate of an individual’s risk of developing angina pectoris, myocardial infarction, or coronary disease over the course of ten years. Separate score sheets are designed for men and women and the factors used to estimate risk include age, blood cholesterol (LDL cholesterol “bad cholesterol” and HDL cholesterol “good cholesterol”), blood pressure, and cigarette smoking.3

An end goal for the action team is to encourage residents to know their blood pressure, cholesterol numbers and their risk (10 year prediction risk score).

**Ask your doctor**

By demonstrating the impact that various risk factors — especially high blood pressure — have on developing CVD, the team aims to significantly promote awareness. With a tool used uniformly by Hunterdon County providers and institutions, the action team is intent on identifying, educating, improving follow-through, and risk factor treatment throughout the county.
Dedicated programs already exist in Hunterdon County to address the issue of substance abuse and tobacco. However, there is limited funding for treatment and prevention education. The public requires more awareness about obtainable services. Complicating matters further is a perceived stigma and sense of denial that precludes affected residents from using available resources. To address this persistent challenge, the Drugs, Alcohol and Tobacco Action Team developed a comprehensive community education plan to spotlight the problem while encouraging corrective behaviors.

The Action Team is developing a campaign aiming to reach 50,000 county residents annually to increase public awareness and reduce the sense of stigma and denial about substance abuse. The campaign will educate and empower individuals to understand the dangers of these health threats, to make healthy choices and to follow a clear path toward assistance.

whatyouneedtoknow.com—This venue will offer anonymous access to resources, built on the concept of providing information without stigma and redundant lecture.

The team will engage a marketing firm to refine the branding and prepare a social marketing plan. An identifiable logo will direct residents to easily accessible services and programs. These activities will be supported by a comprehensive media plan, seeking local media support for broadcasting well-timed public relations messages.

To increase visibility, the action team will cultivate collaborative support among community leaders in healthcare, government and faith-based organizations, among others.

(Continued on page 25)
Sustained communication with leaders will foster ongoing relationships, mutual help networks and provide a clear understanding of how each organization can help promote key messages.

Working through vast comparative data, the team distilled the most troubling elements of substance abuse in Hunterdon that clearly require heightened awareness and remedial action.

Alcohol

Comparing Hunterdon County to the nation, it is evident that a serious underage drinking problem exists here. For example, forty-six percent of county 9th grade males reported having at least one drink in the past thirty days, compared to forty percent nationwide. The same troubling pattern is seen with 11th grade females where fifty-two percent reported using alcohol at least once in the past thirty days, compared to forty-six percent nationwide.

In the United States, 17.6 million people (about one in every twelve adults) either abuses alcohol or are alcohol dependent. Translated to Hunterdon County, 11,000 residents are similarly affected by abuse or dependence.

The 2005 Hunterdon County BRFSS found that forty-nine percent of residents drink—of these, nearly fifty percent reported having 2-3 drinks on such occasions. Nearly forty-four percent of county adults that drink admit to driving drunk two or more times in the past thirty days. At a minimum, this translates to 6-18 incidents per month during which residents drive while intoxicated. Although Hunterdon has the lowest crime rate in the state, of the crimes committed, the majority are driving while intoxicated and drug-related offenses.

Sobering facts indeed. These findings are driving the action team to build aggressive outreach to educate parents, school officials and the entire Hunterdon County community about the growing dangers of underage drinking and driving under the

In Hunterdon County

♦ The second highest number of drinkers in the state can be found.

♦ 46% of substance abuse treatment admissions were for alcohol abuse compared to the State—only 27%.

In the US

♦ 17.6 million — about 1 in 12 adults—abuse alcohol or are alcohol dependent.

♦ Alcohol problems are highest among young adults ages 18-29 and lowest among adults ages 65 and older.10
influence. The team will use billboard messaging, publish information, and promote the new site www.whatyouneedtoknow.com — to market corrective behaviors. The team is also pairing up with existing agencies, including Safe Homes, with plans geared at safeguarding our youth and community.

**Substance Use during Pregnancy**

According to the New Jersey Department of Health and Senior Services, Center for Health Statistics, the use of tobacco, alcohol and drugs during pregnancy declined in New Jersey from 1996-2004. However, among all races and ethnicities, pregnant women ages 15-24 and 35 years and older had the highest rates of alcohol use during pregnancy, 1.2 percent and 1.4 percent respectively. Significantly above this state average is the 3 percent of pregnant women in Hunterdon County who use alcohol.3

To address this troubling issue in Hunterdon County, the action team will work with local health care practices to provide more targeted information for patients and referrals. The goal is to steer affected individuals to the help they need when trying to abstain from substance use during their pregnancies.

**Tobacco—alarming trends**

With tobacco use increasing among smokers in Hunterdon County, it is evident that more aggressive outreach about advances in treatments is necessary. Supportive services such as group counseling and statewide resources can also play a key role in guiding current county smokers to make healthier choices and to prevent local youth from starting to smoke. To ensure that Hunterdon residents — especially young smokers — get the message, the action team will heavily advertise www.whatyouneedtoknow.com and regularly promote resources for treatment.

(Continued on page 27)
Over-the-counter and prescription drug abuse

Over-the-counter (OTC) drugs, especially cough and cold medications, are becoming popular as recreational products for teenagers. Both are readily available and can be easily obtained. Most medicine cabinets in the county contain one or more OTC drugs at any given time and there is also unlimited, non-restrictive access to many medications on the Internet.

Locally, addiction counselors are alarmed to see how grossly unaware county youth are about the serious health consequences and addictive properties involved in abusing prescription drugs. Anecdotal information from county agencies also suggests that some youth are misusing their own prescriptions; for example, cutting up Ritalin pills and snorting the drug to achieve a high.

Today, medications used to treat pain — such as OxyContin — could be compared to prescription grade heroin and are twice as potent as morphine. Many young Hunterdon residents are unaware of the serious health risks and addictive properties involved in abusing prescription drugs.

The distressing trend of teens throwing “Pharming Parties” to exchange prescription medications and to get high taking one or multiple medications has rushed many to emergency rooms. It is also driving more county and state research.

The clear goal: Provide convincing information about the problem and offer guidance about how to protect youth via the website, literature and various workshops throughout Hunterdon County.

County residents say the three most risky behaviors having the greatest impact on the overall community are:

- Alcohol abuse (19% of respondents)
- Smoking (16% of respondents)
- Drug use (16% of respondents)
**Senior citizens**

Seniors are at a higher risk of substance abuse. National data reveals older adults abuse alcohol frequently. Research shows that seniors fear being incapacitated and in pain more than they fear death. Many across Hunterdon County are at risk due to their isolation and lack of awareness about mixing medications with alcohol.

Information from treatment providers across the county suggests that affected residents are abusing a variety of substances including but not limited to tobacco, alcohol, marijuana, and prescription medications.

Providing safer, healthier alternatives to alcohol, drugs and tobacco is imperative to decreasing substance abuse across the lifespan. The issue of senior citizens abusing substances is too often under-recognized, under-reported and under-treated. The action team wants to change that in Hunterdon County. The plan includes reaching out directly to the senior population through faith-based organizations and senior centers and providing easy-to-use information and workshops across the county.

**Risky behaviors & consequences of use**

Awareness of risky behaviors — whether those habits are substance abuse or sexual activity — will be a significant step in curtailing the behaviors from developing in the first place.

In Hunterdon County, families are devastated when substance abuse affects children as the primary victims. Youngsters are at an immediate disadvantage when parental substance abuse is present. These children experience increased health risks, higher rates of abuse and neglect, and genetic risk factors for developing a substance abuse or mental health problem later in life.

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Heroin is the only drug in New Jersey used at a higher frequency by 18-25 year olds.

NJ residents who reported using an illicit drug in their lifetimes rose from 30% to 32%.

Marijuana accounts for the majority of illicit drug use. Lifetime use rose from 25% to 30%.

Team members are at work developing regular communication with community leaders in healthcare, government, faith-based organizations and other agencies willing to participate. Together, these organizations can present a collaborative program to promote key messages, core knowledge and where help can be found.

**Reasons people use substances**

There are a myriad of reasons and compelling forces driving people to self medicate with alcohol or drugs: to relax, to sleep, to reduce anxiety, to deal with stress or mask symptoms of mental illness. Self-medication that leads to a pattern of use to alleviate emotional discomfort and physical pain puts an individual at high risk for physical dependence on the substance and a host of medical problems.

In addition to web links for treatment facilities in Hunterdon County, the action team is also working on a website feature providing youth with healthy activities as alternatives to substance use.

**Unsafe sexual behaviors associated with drug use**

According to research, marijuana users — though at lower general risk than cocaine users — are at greater risk for HIV infection and other sexually transmitted diseases. Reasons: alcohol and marijuana along with other drugs lower inhibitions and can interfere with cautionary behaviors that would be appropriate before sexual intercourse, such as condom use.

According to the 2005 Hunterdon County BRFSS, four percent of respondents acknowledged high risk behaviors such as IV drug use and unprotected sex during the past year. This is an increase from two percent recorded in the 2001 survey.

To counter the increase of this dangerous trend, the action team will build a multimedia awareness campaign targeting parents with information about how to discuss this sensitive topic with their children.
Cultural/social changes in drug use

The increasing technological sophistication of younger residents coupled with growing accessibility to substances plays a vital role in use and abuse. As with prescriptions, other substances are available from teens’ own homes and the Internet. Networking sites such as My Space provide information ranging from “types of highs” to recipes for making methamphetamine. Many spam emails contain sites to obtain stimulants and narcotics without a prescription—all that is needed is a credit card. Cell phones provide instant access to finding out about parties—or to the closet drug dealer.

Because most Hunterdon County youth have access to computers and cell phones, parents must be regularly reminded of the dangers present on these networks so they can take steps to protect their family. The action team is working to ensure its public awareness campaign presents specific information on trends in technology to assist parents.

By working directly with families, the action team will address this issue by considering genetic and environmental factors.

Recognizing the need for greater awareness about drinking, tobacco use, and unsafe sexual behaviors, the team will work to provide information describing the role that technology plays in the drug culture of children.

The action team will also address parent attitudes and misinformation about drugs. Especially for parents who struggle with the challenges their children present, the Substance Abuse and Tobacco team will provide the venue for information and support.

Parents reported knowing “a lot” about:
- Marijuana—72%
- Prescription drug abuse—56%

Significantly fewer parents reported knowing “a lot” about:
- Inhalants—42%
- Methamphetamines—35%
- Ecstasy—31%
- Oxycontin—29%
Issue Five—Access to Healthcare

Uninsured — Everyone Pays
In just the past five years, the number of uninsured Americans grew to approximately 47 million. This explosive growth presents a serious concern not only for our nation but also for our local community.

Many in the growing ranks of the uninsured are in poorer general health than those who have healthcare insurance. And their health only gets worse the longer they go without coverage.

Predictably, those lacking insurance use fewer services. As a rule, they also spend more of their income on health care than the insured population.

Consequently, medical expenses incurred by the uninsured contribute to personal bankruptcy filings while also imposing significant financial strains on hospitals and other healthcare providers.

All residents absorb the impact of these results — both economically and in the declining service quality of overwhelmed systems.4

In Hunterdon, the complex challenge of improving access to health care requires multiple initiatives and collaborations, including a robust educational outreach to target special populations. A Partnership for Health Action Team developed goals and strategies to improve county resident access to health care by one percent per year for five years.

While the 95 percent of Hunterdon County residents having health insurance currently exceeds the national average of 84 percent1, it still leaves more that 6,500 residents without insurance, and there is reason to believe that this number is growing based on national data estimating that 47 million do not have health insurance.2 The Hunterdon County 2005 BRFSS reported that six percent of residents indicated there was at least one occasion in the past twelve months during which they needed to see a doctor but didn’t because of the cost.

According to the County Hispanic BRFSS, only 40 percent of the Hispanic community reported having health insurance, HMO coverage or medical assistance.
While working to address healthcare coverage needs, the group identified barriers that limit county resident access including:

♦ Lack of a comprehensive public transportation system enabling residents to travel to/from healthcare facilities.

♦ Increasing cultural, lingual and economic diversity now stressing systems to provide more specific healthcare information to all county residents.

To address the vital need for access to healthcare, the team developed multiple initiatives. To begin with, the group will clearly define the term “underinsured.” Measuring its impacts on the community, the team will implement specific strategies to decrease the number of residents identified as underinsured.

The Uninsured fall into three categories:

1. Adults and children eligible for Medicaid and State Community Health Improvement Plan (SCHIP) but who have not been enrolled.

2. Adults and children whose incomes fall just above eligibility for Medicaid and SCHIP.

3. Individuals with sufficient income, who for various reasons, do not have insurance.

A key element of the action team strategy is to increase awareness, local information and education about available health care services for the uninsured/underserved population. The action team will ensure that social workers within the county, physician offices and hospital ED staffs have Medicaid and SCHIP forms available in multiple languages, along with proper guidance on using these forms and stressing the importance of enrolling eligible residents.

Printed materials also play a part. A resource guide of available programs will be produced and distributed. The team will work through religious organizations, schools, and other venues to enroll eligible residents in key programs. Because access to health care affects everyone, the action team will look for ways to keep Hunterdon residents informed about this challenging issue.

The Underinsured

Though health insurance is one of the most important factors in assuring access to health care, gaps in coverage can create access problems even among the insured. Fully thirty-eight percent of insured individuals report that they or their families experienced at least one problem accessing medical services in the past year. Nearly one-fifth (eighteen percent) report that they postponed seeking medical care, fifteen percent had a problem paying medical bills ten percent did not get a prescription drug they needed, eight percent were contacted by a collections agency about a medical bill, and six percent didn't get care they needed.3

The action team, working to further define and detail the magnitude of the issue of health care access across Hunterdon County, will strive to determine the measurable percentage of the underinsured population. The team will also research health literacy resources and develop a plan for increasing overall health literacy.

Dental Insurance

Hunterdon County Residents have less dental insurance now than in 2001. Today, nearly forty percent of the county population is not covered by dental insurance, an increase of six percent since 2001.1 What’s more, greater than thirty-two per-
Because there is a clear association between oral health and overall health, it is troubling that there are now fewer county residents who have any kind of insurance that pays for routine dental care.

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Recent report they have not seen a dentist in the last year because of cost. This percentage represents another worrisome trend, having risen from twenty-seven percent since 2001.

Currently, Hunterdon does not have its own Dental Association to address issues of access to dental health care. Improving access to dental care requires direct involvement and support of Hunterdon County dentists. The action team will work with the health department, local dentists, and associated State agencies to seek collaborative solutions.

Prescription drug insurance

While prescription drug coverage by Medicare now provides many seniors with access to medications at a more affordable price, there are still many people without coverage. Lack of coverage leads to inadequate health treatments and poor outcomes.

County residents are fortunate to have the “Hunterdon County Medication Access Partnership”. Established in 2004, this alliance of county congregations, the Hunterdon Healthcare System, the county freeholders, and local businesses offers access to free or discounted prescription medications to residents who meet eligibility criteria.

The Partnership will ask the Hunterdon County Medication Access Partnership to help publicize programs that assist with medication access. This includes wide distribution of a brochure explaining how to get affordable prescription medications.

The transportation challenge

With 130,000 county residents spread over more than 430 square miles, there is insufficient population density to justify and support the high cost of a comprehensive public

L. to R.—Barbara Metzger, County Disabilities Services Planner, and Barbara Petty, Executive Director of Fisherman’s Mark concentrate on the issue of access to healthcare.
transportation system. Yet, the lack of such a system is a significant barrier to those who cannot afford private transportation, and to those who are too ill to drive.

The team is working with the County Department of Human Services to identify alternatives for residents who require transportation to health care providers.

**The cultural, economic, and language diversity challenge**

In its continuing effort to improve access to healthcare in a culturally sensitive manner, the Hunterdon Healthcare System has received a grant from NJ Primary Care to employ a bi-lingual, bi-cultural staff member who will work directly with Hispanic patients to help them obtain medical services.

A related goal is to analyze the language needs of the entire community, in which several languages are spoken. The plan is to develop a culturally sensitive interpretation system for primary languages, which would reduce the growing strain on the telephone interpretation line currently being used.

**The “Medical Home” & availability of health care services challenge**

A medical home is a provider or health care center that an individual chooses for their primary health care needs. Not having a medical home means a patient cannot establish a documented medical history or a relationship with a personal care physician. Such a relationship can have significant value for the patient and the attending physician when diagnosing possible health issues.

The action team, in being committed to increasing public understanding about the importance of having a family (primary care) physician and a “medical home,” will promote awareness about fundamental medical services and how to navigate the healthcare system. Plans include the staging of numerous free community health fairs hosted by the county health department and Hunterdon Medical Center, with a special focus on the Hispanic community.

- Currently, 20% of the County population does not have a primary care physician or visit more than one doctor.
- Approximately 41% of the Hispanic population reported a need to see a doctor during the last 12 months but were unable to do so due to cost — By contrast, for white respondents, it is 6%.

*2005 Hunterdon County BRFSS Survey*
Sectional References..

**Mental Health**


**Weight/Physical Activity**


**Cardiovascular Disease**


**Drug, Alcohol & Tobacco**

1. The Center for Disease Control Fact Sheet Youth and Tobacco Use Current Estimates Updated December 2006.


11. Hunterdon County Department of Health, 2005 Community Themes and Strengths Questionnaire.

**Access to Healthcare**


Continuing The Process… *Onward*

The Action Cycle is already in motion. Strategic Issue committees are beginning to move forward toward the goals. Teams are now carrying out the strategies outlined in this plan. And to ensure that new, creative ideas flow in to keep the processes vibrant and alive, the action teams will continue to seek new partners in the coming months.

From the outset, the CHIP was more than a simple notion, more than a to-do list, more than a select group’s idea of what would be nice to accomplish. The CHIP is a living document originating out of the community, based on the community’s health. Any improvements made because of this work will be enjoyed by both the residents of Hunterdon County and the partners committed to seeing this CHIP come to life.

In a true sense, completing the CHIP as a document is not the end of the story but rather, the beginning. The Partnership will continue to meet on a regular basis and closely watch the progress, to further develop a strong community infrastructure during the coming years, to help the work committees succeed, and, above all, to keep Hunterdon County moving progressively toward a healthier future.
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HealthQuest
The wish for health
In the end, is the wisest wish of all.
Yet to achieve, sustain and pass on good health
Takes more than wishes.
That is why this plan exists.
As our community health improvement plan
It states the challenges and sets the goals — for all of us.
Maybe a goal without a plan is just a wish.
But a goal with a plan can become a reality.
For each of us. For all of us.
To health!

A Partnership for Health
Hunterdon County’s
Healthy Communities’ Initiative
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