

# Cape May County New Jersey



## Community Health Improvement Plan

*FINAL*

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# I. Background

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The Cape May County Community Health Improvement Plan (CHIP) is a strategic plan developed by a collaborative team of individuals and agencies from throughout Cape May County, New Jersey. Individuals from the following agencies participating in various stages of the MAPP (Mobilizing for Action through Planning and Partnerships) process.

AARP of Ocean City/ARA	CMCHS
ACCC - Cape May Co. Campus	CMCSS - Ocean Academy
American Cancer Society	Community Dental Health Center
Bayada Nurses	Compassionate Care Hospice
Belleplain Ambulance Corps.	Fare Free Transportation
Cape Regional Medical Center	Health Affairs - Horizon BCBSNJ
Cape Assist	Healthy Community Coalition
Cape Community Health Center	Healthy Families
Cape Counseling	LCM Regional School
Cape Human Resources	Leukemia & Lymphoma Society
Cape May County Health Department	Middle Twp. Middle School
CARA	New Jersey Department of Health & Senior Services
Caring For Kids	New Jersey State Police
Catholic Charities	Ocean City Medical Center
CHAP & HSAC	PNC/DYFS
CMC Board of Social Services	Public Health Advisory Committee
CMC Dept. of Aging	Puerto Rican Action Coalition
CMC Dept. Of Human Services	Regional Family Services Planning
CMC Freeholder	SRCCRC
CMC Herald	St. Casimir's RC Church
CMC Office of Emergency Management	State Child Abuse Prevention
CMC Public Health Awareness Committee	Stockton College
CMC Superintendent	United Way of Cape May County
Greater Wildwood Municipal Alliance	SJAA - Wildwood

## II. The MAPP Process

On March 23, 2006, approximately 50 individuals representing various social service agencies, not-for-profit organizations, education institutions, health agencies, and others gathered to discuss a vision for the health and well-being of Cape May County residents. The full-day meeting was an exchange of ideas regarding the strengths and opportunities that currently exist within the county along with a discussion regarding the ultimate vision for the county. The vision was adopted by all attendees and reads as follows.

**“A caring community where relationships are built and valued and residents are actively involved in achieving optimal health and overall well-being.”**

# The Four Assessments

The MAPP process outlines a comprehensive approach to assessing the health and well being of county residents. Specifically, the MAPP framework promotes four separate assessments. *1. Forces of Change Assessment 2. Local Public Health System Assessment 3. Community Health Status Assessment 4. Community Themes & Strengths Assessment.* While each assessment may identify similar themes within their findings, each of the four assessments has a unique set of objectives and outcomes.

Within Cape May County, Phase III began in the spring of 2006. Individuals who attended the MAPP visioning exercise along with representatives from various other agencies volunteered to participate on one or more of the four assessment subcommittees. The four subcommittees met to discuss assessment objectives, timelines for execution, and the best approach for completing the various assessments within Cape May County. Subcommittee feedback was utilized to develop focus group topic guides, to refine survey questions and methodologies, and to schedule subsequent meeting times.

## Forces of Change Assessment

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The Forces of Change assessment aims to answer two questions, “What is occurring or might occur that affects the health of our community” and “What specific threats or opportunities are generated by these occurrences?” While approaches can vary as to the mode of executing the Forces of Change assessment, Cape May County decided to conduct a discussion forum. On September 19, 2006, a total of 11 individuals from various county agencies and providers participated in the Forces of Change Assessment. After several hours of discussion, a total of 18 forces were identified, with five being prioritized as having the most significant impact upon the community. The top five forces are listed below.

1. Lack of affordable housing/inadequate housing
2. Lack of ownership/responsibility in the community at all levels of the organization
3. Lack of countywide public transportation
4. Affordable and accessible health, mental health, and substance abuse services
5. Emergency preparedness-disaster awareness, planning and communication outreach to residents

## ● **Local Public Health System Assessment (LPHSA)**

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The LPHSA identifies strengths and weaknesses across the local public health system. Dialogue focuses around key questions such as, “What are the components, activities, and capacities of our local public health system?” and “How are the 10 Essential Public Health Services being provided to our community?”

The LPHS subcommittee gathered to review the assessment tool and come to consensus regarding how well the local public health system is meeting various essential public health requirements. All survey responses were entered online to the Centers for Disease Control and Prevention (CDC)’s National Public Health Performance Standards Program website. A summary report was then provided to Cape May County within several days. The following bullets outline the major strength and opportunity areas within Cape May County.

### *Strengths*

- *Cape May County's ability to enforce public health laws & regulations*
- *Cape May County's capacity to diagnose and investigate health problems and threats*

## *Opportunities*

- *The ability of the local public health system to ensure a competent workforce*
- *Consistent evaluation of the effectiveness of public health programs and initiatives as well as high quality programs and services that are accessible to all county residents*

## **Community Health Status Assessment**

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In an attempt to obtain primary statistical data from households within Cape May County, a countywide survey was executed to gather feedback on health status, risky behaviors, service awareness, and resident health needs. A total of 7,298 surveys were mailed to county households. Over 1,500 surveys were returned, yielding a response rate of 21.1%. A total of 1,100 surveys were utilized for data analysis purposes, yielding an overall error rate of +/-3% at a 95% confidence level. Statistical weighting of the sample was implemented to correct for demographic imbalances in the survey sample (gender and age imbalances). When applicable and available, all of the Cape May County results were compared to New Jersey and national statistics. Based on the survey findings, the following health risk areas can be viewed as areas of opportunity within Cape May County.

- 54% of survey respondents indicated having at least one day in the previous month where they felt **sad, blue or depressed**. Additionally, nearly 75% indicated that have had at least one day in the previous month where they felt **worried, tense or anxious**.
- **Ageing-related problems** were identified as the second most significant health problem in the county
- **Skin cancer** was the most predominant form of cancer, three times higher than the second-highest noted form (prostate cancer)

- Approximately 1 in 10 respondents reported that their **children** have been diagnosed as **overweight or obese**
- BMI statistics and weight-loss questions indicate that the percentage of **obese adults** in Cape May County is above the New Jersey figures
- Incidence of **alcohol use and binge drinking** is significantly higher in Cape May County compared to throughout New Jersey.

## ● **Community Themes and Strengths Assessment**

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The Community Themes and Strengths Assessment is designed to identify the thoughts, opinions and concerns of the community regarding the themes and strengths of Cape May County. In Cape May County, a series of three focus groups were conducted. One group was conducted with county professionals who represented various social service agencies, educational institutions, and healthcare providers. Two additional groups were comprised of random county residents. While various themes were identified between the resident groups and professionals group, a number of the issues were consistent across the groups. An abbreviated list of prevailing themes is shown below.

- Lack of affordable housing/inadequate housing
- Countywide transportation challenges
- “Invisible” homeless population
- Pockets of services/governance, rather than an integrated countywide system
- Great place to raise family
- High quality community college
- Absence of treatment facilities for substance abuse problems
- Party-like atmosphere with teen alcohol use/abuse
- Decreasing number of young families due to increasing cost of living
- Concern over some schools shutting down

- Beautiful environment
- Few year-round employment opportunities

**For more information** Detailed summaries of the findings from each of the four assessments are available for interested parties. The reports are available by contacting Kevin Thomas at 609/465-1311 or [thomas@co.cape-may.nj.us](mailto:thomas@co.cape-may.nj.us).

## *Identification of Strategic Issues*

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On January 16, 2007, approximately 25 individuals from the committee participated in the Phase IV session of MAPP. The meeting began with an overview of the significant findings across the four assessments from Phase III. Following the overview attendees discussed the assessment findings and identified related themes and strategic. A total of 15 strategic issues were identified. Attendees were then asked to rate the significance of each of the 15 in an attempt to prioritize the issues. The top 10 strategic issues are detailed below. The issue with a rank of “1” garnered the highest level of importance.

1. Tobacco, drugs & alcohol
2. Older adult population
3. Funding
4. Adequate housing
5. Transportation barriers
6. Awareness of services
7. Mental illness
8. Protect & caring for children
9. Diet & activity, especially with younger kids
10. Balance needed with tourism compared to other county needs and issues

# *Development of Goals and Strategies*

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Two weeks following the completion of Phase IV, committee representatives once again met to complete the next stage of the MAPP process, which involves establishing goal statements and strategies specific to each of the prioritized issue. Attendees initially discussed the issues developed during Phase IV. Several prioritized issues were consolidated into one and the decision was made to incorporate “awareness of services” and “funding” as a strategy with each of the issues. The following six strategic issues were adopted.

Tobacco, drug and alcohol use

Needs of the older adult population

Adequacy of housing

Transportation barriers

Children’s health & well-being

Behavioral health issues

# *1. Tobacco, drug & alcohol use*

According to survey results, **2 in 10 adults in Cape May County binge drink** at least once a month. This is compared to 13.2% throughout the state of New Jersey. Additionally, nearly 28% reported that they consume at least one drink of alcohol in an average day compared to 37.5% throughout New Jersey. Not only do survey results indicate a potential problem with alcohol consumption within Cape May County, but focus group feedback and the Forces of Change discussion consisted of significant concern regarding alcohol and drug use. Specifically, feedback suggested potential issues among the teen population within the county, especially over the winter months when recreational opportunities are fewer as well as potential prescription drug abuse among the senior population. With an estimated 13,600 adults in the county without insurance, treatment for substance abuse issues is an additional challenge. The lack of an inpatient substance abuse facility within the county was also the basis of concern. The following goal statement and strategies were developed by committee members to address the drug, alcohol and tobacco use within the county.

**Goal:** To achieve optimal health and overall well-being of Cape May County residents by eliminating the abuse of alcohol, tobacco and other drugs (AToD).

### Strategies to address alcohol, tobacco, and drug use:

- Newsmaker shows to increase the awareness of AToD (prevention and treatment)
- Disseminate information to 10 senior centers and organizations (AARP, etc.)
- Encourage municipal alliances to provide education and information to employers and businesses in Cape May County
- Disseminate information to health educators and nurses to all schools regarding local prevention and treatment resources

The goal is to implement each of the strategies in conjunction with other efforts currently underway within the county regarding tobacco, drug and alcohol awareness.

## *2. Needs of the Older Adult Population*

**Nearly 1 in 4 residents of Cape May County is 65 or older.** Ten of the 16 municipalities within Cape May County have greater than 20% of their population among the 65+ age group. Additionally, since 1990, the proportion of 85+ residents has substantially increased. The reality associated with a large proportion of older adults is the increased demand on the health system, but also necessitates an increasing demand for senior housing, home and community-based services, and caregiver education and support. In a county with one medical center and a limited number of health specialists, the proportion of older adults requires increased attention.

**Goal:** To empower seniors and caregivers to lead healthier and more independent lives.

### **Strategies to address older adult issues:**

- Through greater awareness, increase utilization of existing services
- Educate seniors and caregivers to self-manage chronic diseases
- Better promote services available specifically for caregivers

### *3. Adequacy of Housing*

According to recent income measures, the median household income in Cape May County is \$41,591 compared to \$55,146 throughout New Jersey. Despite the **lower incomes and higher unemployment rates throughout Cape May County compared to the state as a whole**, the cost of housing within Cape May County is continually on the rise. Year-round residents and county professionals attribute this discrepancy to the increase in high-end home purchases among seasonal residents. This trend has also had an impact on the ability for young adults and families to afford the cost of living within the county. Cape May County has seen a substantial decrease since 1990 in the age categories of “under 5,” “20-24,” and “25-34.” Not only do the statistics support a concern over the rising cost of housing within the county, but feedback from the focus groups and various other Phase III assessments indicate that this is a predominant concern among county residents.

**Goal:** To have a plan or affordable proposal by 2010 to construct inter-generational family dwellings within various municipalities.

#### **Strategies to address housing issues:**

- Work with municipalities (mayors) to meet with Richard Brown (consultant hired by the county) and investigate ways to obtain funding to meet COAH obligations.
- Investigate other county governments’ roles in addressing/solving housing problems. Assess Freeholder interest in oversight of this learning opportunity.

- Find successful models/best practices in counties with similar demographics to Cape May County. Invite dialogue and movement.
- Invite non-profit housing providers to work with county on housing alternatives (Volunteers of America, CSH, Aging Services providers).
- Maintain county data regarding the number of low and moderate income residents.

## 4. *Transportation Barriers*

No countywide public transportation system exists within Cape May County. According to recent statistics, approximately 1.8% of Cape May County's population takes public transportation to work compared to 9.6% throughout the state. It is estimated that in Cape May County, **1,612 homeowners and 2,533 renters have no vehicle available.**

Feedback from the focus groups and various assessments indicate a favorable perspective on the "Fare Free" program, but that there is not enough funding to expand this program to all parts of the county. Specific transportation concerns were shared regarding the barrier it presents to those needing healthcare or support from various social service agencies. Often those most in need are unable to get to the needed service because of transportation problems. Safety issues were also recognized during summer months with the high number of cyclists on the roads. Committee members also suggested an exploration of "non-traditional" forms of transportation throughout the county (bike paths, etc.).

**Goal:** To expand both traditional and non-traditional transportation service delivery systems to meet county residents' needs as reflected in patterns in survey forms and demographic data within three years.

### **Strategies to address transportation barriers:**

- Market Fare-Free to the municipalities for their specific users
- Work with New Jersey Transit to expand their delivery system with additional routes and service times (get report from transportation conference).

- Develop mobile health clinics to bring services to various populations (seniors, underserved).

The topic of emergency preparedness was also raised as part of the transportation discussion. During the summer months, it is estimated that the population of Cape May County increases from 102,326 to 667,400. Should a natural disaster or act of terrorism affect Cape May County, transportation out of the area would present a significant problem. The transportation issue is also a focal point within the county health department as part of their emergency planning and All Hazards Plan.

## 5. Children's Health & Well-Being

As mentioned previously, according to survey results, **approximately 1 in 10 households reported a child who is overweight or obese.** Concerns were also shared throughout various stages of Phase III regarding child abuse and neglect statistics within the county and the need for more support for families to ensure the well-being of the county's children. Parents and families are viewed as an integral piece to a child's overall health and well-being. Additionally, a focus on change behaviors among children is often viewed as more successful than change-behavior attempts among adults.

**Goal:** To empower both community and individual families in the care, health and safety of our children and youth as evidenced by successful implementation of the following strategies.

### **Strategies to address children's health and well-being:**

- To increase the incidence and follow-up of early childhood developmental and health screenings, as implemented through partnerships with families, health providers and early childhood programs, and evaluated through a pre and post strategy tracking system.
- To identify the incidence and improve outcomes of obesity and other student health issues, as implemented through partnerships with families, schools, health care providers and care-giving programs, and tracked through local School Health Services programs.

- To improve parental knowledge of child development and care-giving skills, as implemented through the provision of community parenting classes and family support activities, and as tracked through program curricular tools.
- To increase community and family understanding of the importance of child well-being, strong parent/child attachment, and family unity, as implemented through educational awareness campaigns and activities, and evidenced by a long term reduction in child maltreatment and fewer child removals from the home.
- To increase the use of wraparound services for families, as implemented through a collaborative county campaign to improve service awareness and funding, and evidenced through a shared tracking of services, gaps and usage.

## 6. Behavioral Health Issues

According to survey results from the Community Health Status Assessment, **more Cape May County residents report symptoms of sadness, anxiety, and depression** compared to New Jersey statistics. The comorbidity between the incidence of substance abuse and behavioral health issues was also discussed. Cape Regional Medical Center has estimated that between 18,000 and 20,000 county residents are without health insurance. Those with behavioral health issues are historically less likely to seek treatment than those with other forms of illness (traditional physical illnesses). The insurance barrier simply adds another level of complexity. The issue of the stigma is an additional barrier to those with behavioral health issues. While not a problem unique to Cape May County, there is a need to reduce the behavioral health stigma perceived by the community and providers through education.

**Goal:** To improve behavioral health services for Cape May County residents including adults, children and families.

### Strategies to address behavioral health issues:

- Ensure wellness and recovery by closing the gaps in care and services.
- Enhance access to services, including adults, children, and families.
- To identify services already available for behavioral health issues.
- To reduce the behavioral health stigmas by providing education focusing on wellness and recovery.

- To provide education to primary care physicians that serve the aging population related to behavioral health issues.
- To prevent adolescent suicide within the community through education programs at schools.

## *III. Next Steps*

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The goal is to develop workgroups to address the six strategic issues. Each workgroup will meet on a regular basis to develop action plans, provide committee updates, etc. A representative from each workgroup will be elected to sit on the overall MAPP Steering Committee. The Steering Committee will meet regularly to review workgroup progress and identify how the Steering Committee can best support the initiatives of each workgroup.

While consistent staffing within the workgroups will be critical to the success of the Community Health Improvement Plan, adding key representatives and stakeholders is highly important as well. For those interested in workgroup information and potential participation, individuals can contact the workgroup participants identified below. Additionally, the workgroup participants listed below simply represents the work from Phase V of the MAPP process. A finalized list of workgroup representatives, along with elected chairpersons, will be provided at a later date.

## **Tobacco, Drugs & Alcohol Workgroup**

*Members:* Linda Davenport, Donna Groome, Kim Mounce, Lynne Krukosky, Todd Salerno

## **Older Adult Population Workgroup**

*Members:* Maryann Thomas, Dick Colosi, Chris Nicolau, Gini Moss, Bonnie Kratzer, Beth Bozzelli

## **Housing Workgroup**

*Members:* Marion Ingram, Sarah Matthews, Rose Kuprianov

## **Transportation Workgroup**

*Members:* Ed Mahaney, Ann Walker, Colleen McCabe, Dr. Tordella, Kirsten Flickinger

## **Children's Health & Well-Being Workgroup**

*Members:* Sherri Begleiter, Diana Stover, Rosemary Fowler, Liz Riker, Suzanne Conrad, Dr. Karen Erstfeld

## **Mental Illness Workgroup**

*Members:* Mary Snyder, Janet Coleman, Elizabeth Moody

