Community Health in New Jersey:
Where’s the Action?

Natalie Pawlenko, MSW
NJDHSS Office of Local Public Health
We spend more money on health care... but don’t have the healthiest people in the world.
Obesity epidemic in New Jersey... high rates of smoking ....
No pessimist ever discovered the secret of the stars, or sailed to an uncharted land, or opened a new doorway for the human spirit.

Helen Keller
Local Public Health Departments lead community planning endeavor...
Mobilizing for Action through Planning and Partnerships in New Jersey
Over 1200 partners engaged in MAPP... and thousands of NJ citizens consulted...
Public health priorities in NJ Community Health Improvement Plans...

- Alcohol, Drugs, Tobacco & Mental Health
- Obesity, Nutrition & Physical Fitness
- Access to Care
- Cancer
- Cardiovascular Disease
NJ Counties in which Alcohol, Drugs, Tobacco and Mental Health were identified as priority public health issues
Source: 2006/07 Community Health Improvement Plans
NJ Counties in which Obesity, Nutrition and Fitness were identified as priority public health issues

Source: 2006/07 Community Health Improvement Plans
Access to Care

NJ Counties in which Access to Care was identified as priority public health issues

Source: 2006/07 Community Health Improvement Plans
Cancer

NJ Counties in which Cancer was identified as priority public health issues
Source: 2006/07 Community Health Improvement Plans
NJ Counties in which Cardiovascular Disease was identified as priority public health issues

Source: 2006/07 Community Health Improvement Plans
Coming together is a beginning, staying together is progress, and working together is success.

Henry Ford
A state-wide approach to addressing public health priorities
Take the first step in faith.
You don't have to see the whole staircase,
just take the first step.

Martin Luther King
A Snapshot in Time:

Where do the CHIPs fall now?

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NJDHSS Office of Local Public Health
PHACE 2008

- Public Health Associations’ Collaborative Effort
- Statewide Public Health Sharing Conference
  Sept. 24, 2008 @ MCCC
- CHIP Initiatives
  - 46 from 16 CHIPS (max. of 6 initiatives for 1 CHIP)
    - 33 in 5 priority areas
    - 13 in other areas
Survey of GPHP Chairs

- Who drives the CHIPs
- Highlights (+ and -)
- Plans to update CHIPs
- Impact of new requirement for hospitals
- How NJDHSS can help
- Status of 2008 initiatives
- Post 2008 initiatives
Survey Results

- 16 of 21 surveys completed

- Who “drives” the CHIPs?
  - 8 have FT Partnership Coordinator
  - 6 have staff devoting some time to partnership coordination
  - 2 have no one leading the CHIP
Positive Highlights

- Implemented community education projects
- Obtained baseline data
- Maintained CHIP steering committee
- Collaborated on grant writing
- Established bus stop
- Worked on smoke-free initiatives
Negative Highlights

• Anticipated NJDHSS funds did not materialize

• Hard to maintain momentum and participation of CHIP partners as a whole and within committees
Plans to Update CHIPS

• All plan to update at least a portion of their CHIP. (funding dependent)

• Did the new hospital requirement affect their plans to update?
  – 12 Yes
  – 4 No

• Timeline: 6 months to 2 years
How NJDHSS can help - Training

• Baseline data
• Benchmarks
• Community Health Needs Assessment
• Computer training
• Data analysis
• Engaging and maintaining partners
• Evaluation
• Facilitation of groups
• Funding sources and grant writing
• Monitoring chronic diseases
• Prioritization
• Surveys
• Work plans
How else NJDHSS can help

• Provide Technical Assistance for CHIPs
• Engage colleges and universities to lend their expertise
• Coordinate with NJDHSS Center for Health Statistics
• Update Healthy NJ 2010 & 2020
• Create statewide evaluation standards
How else NJDHSS can help

• Lead statewide initiatives for an extended period of time with corporate sponsors and partners

• Reach out to hospital CEOs about collaboration with LHDs

• Update Public Health Practice Standards (N.J.A.C. 8:52) to reflect CHIP priorities

• Contact municipalities about the regulation requiring CHIPS through partnerships
Status of 2008 initiatives (46)

- Alcohol, Tobacco, Other Drugs and Mental Health – 8
- Obesity, Nutrition and Physical Fitness – 8
- Access to Care – 11
- Cancer – 2
- Cardiovascular Disease – 4
- Other – 13

Success related to partner support.
Lack of funding/staff ended some initiatives.
Post 2008 Initiatives (35)

- Alcohol, Tobacco, Other Drugs and Mental Health – 4
- Obesity, Nutrition and Physical Fitness – 5
- Access to Care – 10
- Cancer – 2
- Cardiovascular Disease – 1
- Other – 13

Success related to partner support.
Often collaborated on grants.
Summary

• CHIP efforts continue.
• Hospitals are more involved.
• Training is needed.
• NJDHSS can help.
• Partnership is key.