

HUDSON COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

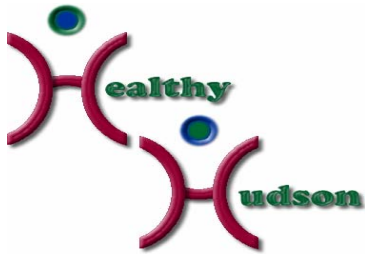
FEBRUARY 2007
HUDSON COUNTY, NEW JERSEY

HUDSON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

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HEALTHY HUDSON VISION

“A Healthy Hudson, rich in its diversity, is one that is driven by the needs of the people and includes equal access to quality and affordable healthcare, celebrates cultural differences, values the preservation of natural resources and is knowledgeable and engaged in effective community dialogue, in an effort to promote disease prevention, social improvement and a stronger public health infrastructure, positioned to address the various public health challenges that are presented to all that reside, work, and visit Hudson County, NJ.”

EXECUTIVE SUMMARY

Over two and a half years ago, a Community Public Health Partnership and a Governmental Public Health Partnership gathered to embark on a great journey to create this *Community Health Improvement Plan*. These partnerships comprised of Hudson County residents, community organizations, and local public health officials, aspired to improve the overall health status and quality of life in Hudson County. Together, they represented a broad spectrum of the community and quantitatively and qualitatively assessed multiple public health issues affecting Hudson County.

To achieve a healthier community, Mobilizing for Action through Planning and Partnership (MAPP) was utilized. This multi-step tool was developed by the National Association of County and City Health Officials (NACCHO) and it involved a strategic approach to community health improvement. This process included the creation of a vision for Hudson County, as well as analyzing the community via four different assessments, then formulating goals and strategies, and finally, developing an overall action plan. From this, five strategic health issues were prioritized for Hudson County: *Access to Health Care, Substance Abuse, Heart Disease, Diabetes and Lead Poisoning*.

The next step for a healthier Hudson County will be to initiate a three-year action plan utilizing sub-committees for each of the designated issues. It is anticipated that these sub-committees will ambitiously engage in improving and evaluating each issue to strengthen our public health system.

Hudson County residents and community groups are encouraged to join us in this endeavor. For further information, please refer to *The Future for a Healthier Hudson County* on page 23 of this document. By collaborating in this process, residents and community organizations validate their commitment towards making Hudson County a healthier place to live and work.

OVERVIEW OF THE PROCESS

In August of 2005, members of community organizations and local health departments gathered to begin embarking on the productive journey of developing a *Community Health Improvement Plan* for Hudson County. Pertinent partnerships were created to assist with this process. These partnerships known as the Community Public Health Partnership (CPHP) and Governmental Public Health Partnership (GPHP) included Hudson County residents, governmental public health professionals, and community based organization leaders.

Mobilizing for Action through Planning and Partnership (MAPP) was the strategic approach that was utilized to develop the Hudson County *Community Health Improvement Plan*. This tool helps communities improve health and quality of life through community-wide and community-driven tactical planning. For the plan to be realistically implemented, it must be developed through broad participation by persons who share the commitment to and have a role in the community's health and overall well-being. (*Achieving Healthier Communities through MAPP; A User's Handbook*, National Association of County and City Health Officials).

The first phase in this project was developing a partnership. Ideally, a healthy community would be one where all public and private agencies and organizations work together to gather data and provide services. Thus, the creation of the Community Public Health Partnership (CPHP) and the Governmental Public Health Partnership (GPHP) were created and continue to develop as more people become aware of the *Community Health Improvement Plan* and want to participate in it.

The second phase was establishing a vision for Hudson County. Our **vision**, as illustrated on page one of this document, was created as a stepping stone. It guides Hudson County through a collaborative and creative process that leads to the development of a shared community vision and common values for the *Community Health Improvement Plan*.

The third and comprehensive phase was the four MAPP Assessments. The result of these assessments identifies strategic issues and activities of the local public health system and the community for years to come. The first assessment in this process was the **Community Themes and Strengths Assessment** which provided a deep understanding of the issues residents felt were important. This assessment involved the distribution of a four-page questionnaire to residents in each of the twelve municipalities in Hudson County. It was titled *Hudson County Community Health Survey 2005-2006* and it contained thirty-four quality of life and health-related questions and was available in both English and Spanish. Six hundred twenty-six county residents completed the survey. 59.8% of the responses came from females, 32.4% from males, over 50% were in the 26-54 age group. Ethnically, our results were similar to the composition of the community based on the 2000 Census. In our survey, 45% who participated were White/Caucasian, 13% Black/African American, 33% Hispanic/Latino, 2% Asian compared to Hudson County's 2000 Census of 35% White/Caucasian, 14% Black/African American, 40% Hispanic/Latino, and 9% Asian.

One of the most vital questions asked was, “What do you think are the three most important “health problems” in your community – or those problems that have the greatest impact on overall community health?” Out of 20 possible responses, the top five most selected were: Substance Abuse which was of greatest concern in Hudson County, next Chronic Disease which included cancer, heart, lungs, diabetes, and high blood pressure, then Lack of Access to Health Care, followed by Teenage Pregnancy; and finally Homelessness.

Another important question was, “What do you think are the three most serious safety problems in your community?” Out of 14 possible responses, the one that was most selected was Alcohol and Drug Abuse, second was Gang-Related Violence, third was School Violence, fourth was Child Abuse and Neglect, and the fifth most selected response was Unsafe/Unprotected Sex.

Another component of the third phase of the MAPP process was the **Local Public Health System Assessment (LPHSA)**. This assessment focused on the local public health system. This system includes all public, private, and voluntary entities, as well as individuals and informal associations. The LPHSA uses the 10 Essential Public Health Services as the fundamental framework for assessing the local public health system. Thirteen people, representing ten agencies participated in this very comprehensive and extensive process, involving the completion of a seventy-eight page instrument created by the National Public Health Performance Standards Program. Hudson County scored the highest in the area of Diagnosing and Investigating with a total of 80.30 out of 100.00. That was the only Essential Public Health Service where we fully met our requirements. The second highest was Enforcing Laws where Hudson County scored 70.25, which means that the requirements have been substantially met for that area. The rest of the Essential Public Health Services, representing 51.6% of services, partially met model standards. The lowest score was 38.01 for Evaluation.

In continuation of the third phase of the MAPP process, the next assessment was the **Community Health Status Assessment**. During this assessment, information regarding health status, quality of life, and risk factors in the community were gathered and analyzed. This data served as the foundation for analyzing and identifying community health issues and determining where the community stands in relation to peer communities and state data. To achieve this step, Hudson County was compared to New Jersey via *Healthy New Jersey 2010*'s objectives. *Healthy New Jersey 2010* is a comprehensive set of goals for preventing disease and improving the health of the state's residents over the coming decade and identifies very specific targets for improvements as well as indicators to measure progress toward these targets. The following is a brief overview of Hudson County demographics and then some comparisons between Hudson County and *Healthy New Jersey 2010*.

Hudson County is a relatively small, densely populated 46.7 square mile urban area located in north central New Jersey. With 13,044 people per square mile, Hudson

County is, by far, the most densely populated county in New Jersey. According to the 2000 Census, New Jersey is the most densely populated state in the nation, with an average of 1,134 people per square mile. Therefore, Hudson County is the most densely populated county in the most densely populated state. As per the US Census there were 608,975 people living in Hudson County in the year 2000. Since 2000, the population of Hudson County has grown substantially as large numbers of Asian and Hispanic immigrants and a significant number of young professionals continued to migrate into the County at a faster rate than those who have left the County permanently (*Cancer Control and Prevention Capacity and Needs Assessment Demographic Profile*, December, 2004). In addition, it is difficult to estimate the actual number of undocumented individuals who are living in Hudson County since they may not participate in the Census; therefore, it is believed that there may be more undocumented people living in Hudson County, than officially reported with no access to health care of any kind.

Fourteen indicators were used to compare Hudson County to *Healthy New Jersey 2010*. The first was **Overall Health Status/Quality of Life**. In 2005, Hudson County residents were asked in a Behavioral and Risk Factor Surveillance System (BRFSS), "How is your general health?" Only 73.8% reported having "good, very good, or excellent general health" in Hudson County compared to 83.5% for New Jersey residents. Another question in BRFSS involving adults asked how many performed "20+ minutes of vigorous physical activity three or more days per week?" 79.0% of Hudson County residents answered "no" compared to 74.5% for New Jersey, a 4.5% difference. Crime statistics were also compared to the State's per data collected by the FBI as part of its Uniform Crime Reporting Program in 2000. 9.06% of total crime reported in the state was from Hudson County even though the county population makes up 7.24 percent of the total population in the state.

A second indicator was **Access to Health Care**. Currently Hudson County has the highest percentage of children living in poverty statewide as well as an increase in women not receiving prenatal care despite an increase in child care providers (*Kids County NJ*, Association for Children of New Jersey (ACNJ), 2002). In 2001, the New Jersey Hospital Association demonstrated that Hudson County had the second highest rate in the state of hospital admissions for Ambulatory Care Sensitive diagnoses for populations under 65 years of age and two times the state average for children under eighteen years old. Ambulatory Care Sensitive conditions include asthma, pneumonia, diabetes, and congestive heart failure whose medical management could be performed by a primary care provider, but unattended, these conditions often result in more severe episodes, leading to the use of more expensive treatment options, including emergency room visits and hospital admissions.

For the past four years, Hudson County had the highest percentage of children living in poverty statewide. In 2006, 22 percent of Hudson County's children were living with poor families (Parello, Nancy, *County Kids Count Data*, ACNJ, 2006). With earnings below the 2005 federal poverty line of about \$19,000 for a family of four, children in these families are especially vulnerable to the negative effects of poverty.

Children growing up in poor or low-income families are more likely to fail in school, suffer from health problems and live in unsafe homes. This not only hurts children, it hurts New Jersey taxpayers, with more children requiring expensive interventions and fewer going on to lead productive lives without public assistance (Zalkind, Cecilia, *The Number Uninsured New Jersey Residents Rises*, ACNJ, 2005).

Its location and status as an urban area provides Hudson County with both advantages and disadvantages with regard to meeting Healthy People 2010 targets for **Environmental Health** indicators. Drinking water is exclusively supplied by Public Community Water Supplies and sewage is handled by Publicly Owned Treatment Works enabling the County to meet 2010 benchmarks. Due to its geography, Hudson County is predominantly in an area with low potential for elevated Radon levels. Air quality is adversely impacted by both geography and population density. While there was only 1 unhealthful day in 2005 due to fine particulate matter, a locally generated pollutant, the number of days that were unhealthy for sensitive groups were an order of magnitude higher. Fourteen counties in NJ are considered non-attainment areas for the fine particulate standard. Ozone is formed by transported pollutants and continues to be an air contaminant of concern in Hudson County and throughout the Northeast region of the country. The entire state of NJ is considered a non-attainment area with regard to ozone.

The fourth indicator, **Healthy Mothers and Young Children** illustrated that Hudson County's percentage of live births whose mothers received prenatal care in the first trimester was 8.5% less than the overall percentages for New Jersey (NJ Center for Health Statistics, 2004). Hudson County also had much lower proportions of infants that were breastfed exclusively at hospital discharge; 15.4% compared to the state's average of 56.8%, a 41.4% difference (NJ Center for Health Statistics, 2004). Birth rates for Hudson County are also higher than the State's rates for females aged 10-19 (14.7 vs. 13.2 per 100,000).

The fifth indicator, **Unintentional Injury** let us know that Hudson County's incidence rate of traumatic brain injuries per 100,000 population was much higher, 121.9 compared to the State's rate of 95.0 (NJ Center for Health Statistics, 2000) and *Healthy New Jersey 2010's* goal of 110.0. Hudson County's age-adjusted mortality rates from unintentional injuries were 63.7% higher for ages 45-54 (NJ Center for Health Statistics, 2002) compared to New Jersey statistics.

The sixth indicator, **Heart Disease and Stroke** demonstrated that heart disease is the leading cause of death in Hudson County as it is in the state. In 2003, there were 1,371 deaths from heart disease and the county age-adjusted death rate per 100,000 for heart disease was 244.1 compared to the state rate of 234.8 (NJ Center for Health Statistics). Even though death rates for heart disease were higher for all ethnicities when compared to the state, in 2003, 35.8% more Blacks died in Hudson County than all races combined.

According to 2003 data from the New Jersey Center for Health Statistics, stroke was the fourth leading cause of death in Hudson County and the third in the state. In

2003, there were 208 deaths from stroke in the county. The county age-adjusted death rate per 100,000 was 36.9 compared to 41.6 in the state, and was 16th in the state when compared to twenty other counties.

Research on the seventh indicator, **Diabetes**, pointed out that in 2003 age-adjusted mortality rates for Hudson County residents were higher for all ethnicities compared to the state (NJ Center for Health Statistics) and have overall been higher than the state from 1999-2003. Blacks in Hudson County are dying at almost twice the state's rate for Blacks (112.0 vs. 56.9 per 100,000) and at almost three times the rate of all races combined in Hudson County (112.0 vs. 39.5 per 100,000) (NJ Center for Health Statistics, 2003).

The eighth indicator, **Cancer**, showed that from 1996-2000, an average of 602.7 men and 425.4 women per 100,000 and age-adjusted to the 2000 US Census, were diagnosed with cancer each year in Hudson County, compared to the state rate of 628.7 for men and 453.7 for women. The average annual death rate was 273.1 for men and 176.6 for women in Hudson County, compared to the state rate of 261.1 for men and 181.6 for women. Thus, the county's male and female incidence rates are lower than the state rates; whereas, its male mortality rate is higher than the state's rate (*NJ Office of Cancer Control and Prevention*). Overall, more people are dying from preventable cancers in Hudson County than in the state due to a lack of access to cancer screening and oncology services.

The ninth indicator, **HIV/AIDS** revealed that according to the 2005 estimate, the prevalence rate of persons living with HIV/AIDS in Hudson County per 100,000 population is 725.4 compared to the state prevalence rate of 382.5 (NJ Center for Health Statistics). Hudson County had the second highest rate in the state of HIV/AIDS prevalence next to Essex. The total number of persons living with HIV/AIDS as of June 30, 2006 was 4,378 (not including cases of perinatal HIV exposure that are not confirmed HIV positive). Of these cases, 73% were 35-54 years old, and 68% were male. Thirty four percent of cases reported heterosexual contact as the mode of transmission (this was the category with the highest percentage regarding transmission). This differs from the statewide data which indicated that the most reported category of mode of transmission was injection drug use (38%) in New Jersey. In 2003, age-adjusted mortality rate of 14.2 for HIV disease in Hudson County was almost twice the state rate of 7.4 per 100,000 (NJ Center for Health Statistics).

The tenth indicator, **Mental Health**, exhibited that Hudson County residents reported less number of days when mental health was reported to be good compared to the state, except for age group 65+ that reported 27.9 days compared to 27.7 days (BRFSS, 2003). The three most reported "presenting problems" in access to mental health services for Hudson County were depression, alcohol abuse and marital problems and the state's top three were depression, anxiety, and marital problems (NJ Division of Mental Health Services, 2005).

The eleventh indicator, **Addictions**, confirmed that substance abuse is an important issue as per the community's concern in the Community Themes and Strengths Assessment. Age-adjusted mortality rates for drug-related causes were 18.4% higher in Hudson County than the state (NJ Division of Addiction Services, 1998-2002). Age-adjusted mortality rate from alcohol-related causes was 32.9 for the Hudson County male population and 31.7 for the state per 100,000. The prevalence of cigarette smoking among the population aged 18+ was 12.2% higher in Hudson County than the state (BRFSS, 2005). Also, an admission for treatment by primary drug was 60.8% for heroin & other opiates in Hudson County compared to 44.0% for New Jersey residents.

The twelfth indicator, **Asthma**, uncovered that even though asthma does exist in Hudson County, the rates are low compared to the state. 7.1% of adults in Hudson County have been old they currently have asthma compared to 7.5% in the state (BRFSS, 2005). Age-adjusted mortality rates were not available since the number was too small for rate calculation in Hudson County.

The thirteenth indicator, **Infectious Disease**, exhibited that the active case rate of tuberculosis, per 100,000 population, in Hudson County was more than doubled the state rate from 1993 to 2005 (NJ Communicable Disease Service, Tuberculosis Control Program). In 2005, Hudson County had 69 active cases of tuberculosis, a rate of 11.3 compared to the state rate of 5.6 per 100,000. In 2005, the three most commonly reported communicable diseases in Hudson County were hepatitis C – chronic disease (121 cases), salmonellosis (55), and giardiasis (34) compared to the state's three most reported; hepatitis C – chronic disease (3,630 cases), lyme disease (3,363), salmonellosis (960).

The fourteenth indicator, **Sexually Transmitted Diseases**, uncovered that Hudson County has the highest cases of syphilis, early latent (35 cases) in New Jersey. When comparing number of cases of disease in the county to number of cases in other counties in the state, Hudson County has the second highest number of cases of syphilis, primary and secondary (36), the second highest number of cases of syphilis, late and late latent (60), the second highest number of cases of Chlamydia (1,859), and the fourth highest number of cases of gonorrhea (408) (NJ Communicable Disease Service, Sexual Transmission Disease Program, 2005).

The final phase of the MAPP process was the **Forces of Change Assessment**. This assessment is aimed at identifying forces – such as trends, factors, or events – that are out of our control and that may be influencing the health and quality of life of the community and the work of the local public health system. In March of 2006, Hudson County's GPHP gathered to complete the Forces of Change assessment and asked participants "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

The four forces that could impact Hudson County are **Undocumented Aliens, Transportation, Diversion or Limitation of Resources, and Adaptability.** Undocumented Aliens may pose a threat to our health care system since there are huge language barriers and there is a fear of reprisal by the immigrant population. On a positive side, outreach could be specifically targeted to this community for translation services if needed. The second force, transportation, may cause a threat due to the large number of vehicles passing through the county causing gridlock and also causing problems of road block during an emergency. An opportunity that may be created is that due to the many vehicles and major highways in the area, alternate route planning may be included in evacuation plans. The third force, Diversion or Limitation of Resources, may create a problem since there have been reallocations of resources from programs and therefore delivery of services to residents is being affected. Hopefully, Hudson County will be able to partner with organizations that provide similar services to better the quality of life of the community. The last force, Adaptability, has been a challenge due to hospital closures in the county resulting in the lack of access to care. It is going to be important to partner with neighboring towns and exchange resources to improve this area.

After analyzing the four assessments, the fourth phase of the MAPP process was to **Identify Five Strategic Issues** for Hudson County. Strategic issues are those fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision. After careful analysis, the issues selected for Hudson County were **Access to Health Care, Substance Abuse, Heart Disease, Diabetes, and Lead Poisoning.**

The fifth & sixth phases of the MAPP process were to **Formulate Goals and Strategies** and to develop **The Action Cycle.** Our Community Public Health Partnership gathered to work on these two areas. Details for each will be described as the Strategic Issues are individually analyzed on the following pages.

HEALTH PRIORITY ONE: ACCESS TO HEALTH CARE

Access to Health Care or lack of it, is a great concern in Hudson County as the population continues to grow and more people are living below the poverty level. Currently, 13% of Hudson County's children do not have any health insurance. Not only do we have the highest percentage of children living in poverty state wide, but in 2002, Hudson County also has the highest percentage of residents living under the poverty level - 15.1% of the residents compared to the state rate of 8.3% and as much as five times the lowest county rate of 3.1% (Hunterdon).

As previously mentioned, Hudson County is the most densely populated county in New Jersey. Large numbers of people continue to migrate into the County at a faster rate than those who have left the County. As a result, it is difficult to estimate the actual number of undocumented individuals in our area who may have no access to health care of any kind.

Hospitalization rates for Ambulatory Care Sensitive (ACS) conditions are also high in our county compared to others. Normally, the medical management of asthma, pneumonia, diabetes and congestive heart failure can be performed by a primary care provider in an outpatient setting. But without access to primary care, needed screenings and preventive care, treatments are not provided or are delayed. These unattended medical conditions often result in more severe episodes leading to the use of more expensive treatment options, including emergency room visits and hospital admissions. The hospitalization rate for this group of illnesses, known as Ambulatory Care Sensitive (ACS) conditions, is being used as an indicator to assess the performance of the outpatient delivery system in a geographic area. Of course, not all admissions for ACS conditions are preventable. However, higher rates of admissions for these conditions in an area may indicate a primary care resource shortage or poor performance of the outpatient health care delivery system. Hudson County had the highest hospital admission rate (25.8 per 1,000) for Ambulatory Care Sensitive diagnosis of children less than eighteen years of age. That is almost two times the state average of 13.0 per 1,000 (Vali, Firoozeh M., *Access to Primary Care in New Jersey*, January 2001). Hudson County was second in the state in hospital admission rate for ACS for the population under 65 years old (22 per 1,000 and it is three times higher than the lowest rated county). Despite Hudson County having the highest rate of pediatric admission cases for ACS, there has actually been an 81% increase in family child care providers, from 314 in 1996 to 567 in 2002. So our problem is not necessarily a shortage of providers, but it is believed that it may be culture differences in perceptions of the health care delivery system.

Prenatal care is also of great concern in our community. In 2004, only 67.3% of Hudson County's mothers received prenatal care during their first trimester. That is 8.5% less than the state percentage of 75.8% (NJ Center for Health Statistics).

In addition, more people are dying from preventable cancers in Hudson County when compared to New Jersey rates. The following illustrates comparisons between Hudson County and New Jersey, respectively; Cervical Cancer 4.2 vs. 3.1, Prostate

Cancer 34.1 vs. 32.9, and Colorectal Cancer 26.3 vs. 24.8 (National Cancer Institute, age-adjusted mortality rates per 100,000, 2003). The lack of preventive care due to poverty, lack of insurance, underinsurance or being undocumented is affecting at least one third of the county's population and creating a burden to our community as a whole.

ACTION PLAN FOR ACCESS TO HEALTH CARE

Goal:

- All persons in Hudson County will have access to affordable health care.

Strategy:

- Develop a plan that will provide comprehensive education and screenings to Hudson County residents.

Outcome Objectives for 2010:

- Increase by 4.5% the number of people reporting they have overall good health.
- Reduce by 10% the number of hospital admissions for Ambulatory Care Sensitive (ACS).
- Increase by 10% the number of women receiving prenatal care during the first trimester.
- Reduce by 5% the death rates for breast, cervical, prostate, and colorectal cancers.

Action Plan Process:

- Continue encouraging participation and use of Charity Care.
- Support and educate the community on Title 10 Funded institutions that provide free screenings.
- Educate communities on free screenings that are offered by some health departments.
- Advocate for better reimbursement to physicians.
- Educate community to increase enrollment in Family Care.
- Change mentality of public to use primary care instead of the emergency room.
- Advocate for free treatment for colorectal and prostate cancer.
- Link education of Health Care System to English as a Second Language courses.
- Form a Community Insurance Program where everyone buys into it.
- Apply for a grant for a Visiting Nurse to educate communities with recent immigrants on the United States health care system.
- Provide more education on the importance of prenatal care.
- Advocate for universal health care.

HEALTH PRIORITY TWO: SUBSTANCE ABUSE

There are over fourteen different types of drugs anyone may abuse. They could be over-the-counter drugs, prescription medication, cocaine, methamphetamine, heroine, marijuana, tobacco, alcohol, etc. All these substances exist in Hudson County and terrible harm is created in our community when they are abused.

Alcohol is one example that is very common in Hudson County. It is a depressant that affects every part of the body. Once ingested, it is carried through the bloodstream to the brain, stomach, internal organs, liver, kidneys, muscles - everywhere. It is absorbed very quickly (as short as 5-10 minutes) and can stay in the body for several hours (The National Youth Anti-Drug Media Campaign, www.theantidrug.com).

- People who begin drinking before the age of 15 are four times more likely to develop alcohol dependence than those who wait until age 21. Each additional year of delayed drinking onset reduces the probability of alcohol dependence by 14 percent.
- Adolescents who drink heavily assume the same long-term health risks as adults who drink heavily. This means they are at increased risk of developing cirrhosis of the liver, pancreatitis, hemorrhagic stroke, and certain forms of cancer.
- Adolescents who use alcohol are more likely to become sexually active, which places them at greater risk of HIV infection and other sexually transmitted diseases.
- One study showed that students diagnosed with alcohol abuse were four times more likely to experience major depression than those without an alcohol problem.
- Alcohol use among adolescents has been associated with considering planning, attempting, and completing suicide.

In 2004, 32.9 men per 100,000 died from alcohol-related causes in Hudson County, roughly 4% more than the state rate. In addition, 11.2% of women reported drinking during pregnancy in Hudson County. That is almost two times the state percentage of 5.8% (Center for Health Statistics, 2004).

A second major drug of concern in Hudson County is **tobacco**. Nicotine, the main drug in tobacco, is one of the most heavily used addictive drugs in the United States. In 2004, 29.2 percent of the U.S. population 12 and older—70.3 million people—used tobacco at least once (National Survey on Drug Use and Health). In 1989, the U.S. Surgeon General issued a report that concluded that cigarettes and other forms of tobacco, such as cigars, pipe tobacco, and chewing tobacco, are addictive and that nicotine is the drug in tobacco that causes addiction. In addition, the report determined that smoking was a major cause of stroke and the third leading cause of death in the United States. Once hooked, nicotine is extremely difficult to overcome since it is highly addictive and acts as both a stimulant and a sedative to the central nervous system. Smoking cigarettes and marijuana are also closely related.

Research shows that youth who smoke cigarettes are fourteen times more likely to try marijuana as those who do not smoke. Nicotine also accumulates in the body. It is absorbed readily from tobacco smoke in the lungs, regardless of whether the tobacco smoke is from cigarettes, cigars, or pipes. Nicotine is also absorbed readily when tobacco is chewed. With regular use of tobacco, levels of nicotine accumulate in the body during the day and persists overnight thus exposing daily smokers to the effects of nicotine for 24 hours each day. In addition to nicotine, cigarette smoke is primarily composed of a dozen gases (mainly carbon monoxide) and tar. The tar in a cigarette, which varies from about 15 mg for a regular cigarette to 7 mg in a low-tar cigarette, exposes the user to a high expectancy rate of lung cancer, emphysema, and bronchial disorders. The carbon monoxide in the smoke increases the chance of cardiovascular diseases. Also, second-hand smoke can cause illness. The Environmental Protection Agency has concluded that secondhand smoke causes lung cancer in adults and greatly increases the risk of respiratory illnesses in children and sudden infant death.

In Hudson County, data illustrated that 16.4% of females utilized tobacco products during pregnancy compared to the state rate of 13% (Center for Health Statistics, 2004). That is 20.7% higher than the state rate. Also, during a Behavioral Risk Factor Surveillance System survey in 2005, 20.5% adults in Hudson County reported smoking.

Another drug affecting our community is **heroin and other opiates**. Years ago, thoughts of using a needle kept many potential heroin users at bay. Not anymore. Today's heroin is so pure, that users can smoke it or snort it, causing more kids under 18 to use it. Kids who snort or smoke heroin face the same high risk of overdose and death that haunts intravenous users. Yet 40% of high school seniors polled do not believe there is great risk in trying heroin.

Recent studies suggest a shift from injecting to snorting or smoking heroin because of increased purity and the misconception that these forms of use will not lead to addiction. Heroin abuse is associated with serious health conditions, including fatal overdose, spontaneous abortion, collapsed veins, and infectious diseases, including HIV/AIDS and hepatitis. Long-term effects of heroin include collapsed veins, infection of the heart lining and valves, abscesses, cellulitis, and liver disease. There are also pulmonary complications, including various types of pneumonia, which may result from the poor health condition of the abuser, as well as from heroin's depressing effects on respiration. In addition to the effects of the drug itself, street heroin may have additives that do not readily dissolve and result in clogging the blood vessels that lead to the lungs, liver, kidneys, or brain. This can cause infection or even death of small patches of cells in vital organs (National Institute on Drug Abuse).

In 2005, 60.8% of all substance abuse treatment admissions in Hudson County were for heroin. That rate is 28% greater than the state's admission rate for heroin (NJ Division of Addiction Services Information Systems Management). Also, in our *Hudson County Community Health Survey 2005-2006*, mentioned in the Community

Themes and Strengths Assessment section, substance abuse was selected most for both “health problems” and “safety problems” affecting the community.

ACTION PLAN FOR SUBSTANCE ABUSE

Goal:

- Hudson County will be free of addictions and substance abuse.

Strategy:

- Develop a plan that will provide comprehensive education to Hudson County residents.

Outcome Objectives for 2010:

- Reduce by 10% the age-adjusted mortality rate for everyone from alcohol-related causes per 100,000 standard population.
- Increase by 5% the percentage of women who abstain from alcohol during pregnancy.
- Reduce by 10% the prevalence of cigarette smoking among the population aged 18 and over.
- Increase by 5% the percentage of women who abstain from any tobacco product during pregnancy.

Action Plan Process:

- Continue reinforcing programs such as DARE and “Communities That Care” via Partners in Prevention
- Promote more Anti-Tobacco Youth Rallies
- Encourage Teen Enhancement Programs via Hoboken Family Planning and promote it at other Title 10 establishments.
- Promote awareness of 4 P’s Plus via Hudson Perinatal Consortium and private physicians so that all physicians participate for better monitoring of prenatal care.
- Develop Neighborhood Associations to assist families and establish better community awareness.
- Advocate against less advertisement for alcohol.
- Attach clinics to schools with focus on prevention.

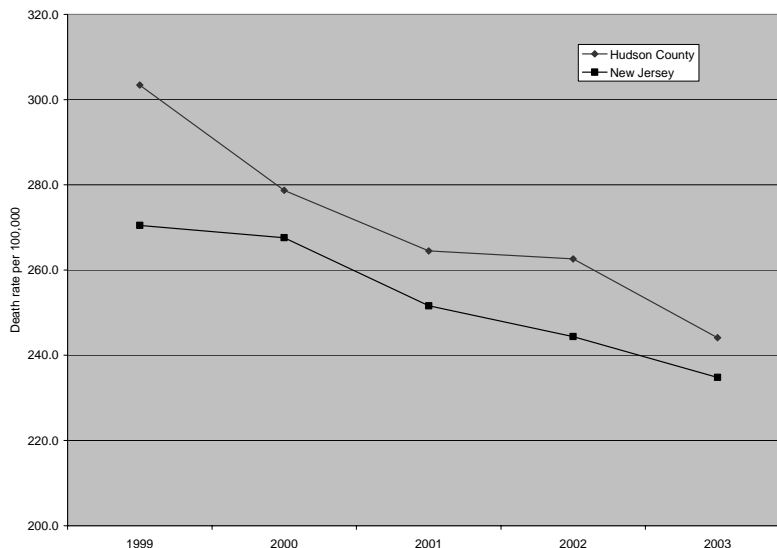
HEALTH PRIORITY THREE: HEART DISEASE

When people think of heart disease, usually they think of coronary artery disease (narrowing of the arteries leading to the heart), but coronary artery disease is just one type of cardiovascular disease. In fact, there are over 50 diseases and conditions that lead to heart disease and they are all plaguing Hudson County residents. Some of these diseases are coronary artery disease (including heart attack), abnormal heart rhythms and arrhythmias, heart failure, heart valve disease, congenital heart disease, heart muscle disease (cardiomyopathy), pericardial disease, aorta disease, Marfan syndrome, and vascular disease (blood vessel disease).

Cardiovascular disease is the leading cause of death for both men and women in the country, in New Jersey and in Hudson County. It is important to learn how to prevent heart disease and how to live a healthier and more active life by learning about the disease and treatments and by becoming an active participant in one's care.

As per the American Heart Association there are the **ABCs** of Preventing Heart Disease, Stroke, and Heart Attack: **A**void tobacco, **B**ecome more active, and **C**hoose good nutrition. Though it sounds simple, one of the reasons heart disease is the number one killer in Hudson County is due to the lack of commitment to a heart-healthy lifestyle. A person's lifestyle is the only best defense against heart disease (www.heart.org).

In 2003, there were 1,371 deaths from heart disease in Hudson County. The county age-adjusted death rate for heart disease was 244.1 compared to the state rate of 234.8 per 100,000 (NJ Center for Health Statistics). From 1999-2003, Hudson County's age-adjusted mortality rates from coronary heart disease exceeded the state's rates in all ethnicities and races.



ACTION PLAN FOR HEART DISEASE

Goal:

- All Hudson County residents will have active lifestyles, eat healthier and work successfully to prevent heart disease.

Strategy:

- Develop a plan that will provide comprehensive education and screenings to Hudson County residents.

Outcome Objectives for 2010:

- Reduce by 10% the age-adjusted mortality rate for everyone from coronary heart disease per 100,000 standard population.

Action Plan Process:

- Promote all activities sponsored by the American Heart Association.
- Advocate for more healthy food choices in schools.
- Advocate for community-run recreational spaces with community cards (similar to library cards).
- Promote increased nutrition educational programs, i.e. in conjunction with Girl Scouts.
- Promote ½ a baby aspirin a day (for those who are able to take aspirin).
- Educational outreach in three stages; youth, middle age, and seniors.
- Develop an education campaign for working-moms to make healthier meals at home instead of ordering out.
- Support and educate the community on Title 10 Funded institutions that provide free screenings.
- Educate communities on free screenings that are offered by some health departments.

HEALTH PRIORITY FOUR: DIABETES

Almost everyone knows someone who has diabetes. An estimated 18.2 million people in the United States, 6.3 percent of the population, have diabetes, a serious, lifelong condition. Of those, 13 million have been diagnosed, and about 5.2 million people have not yet been diagnosed. Each year, about 1.3 million people aged 20 or older are diagnosed with diabetes (National Health and Nutrition Examination Survey, 2002).

Diabetes is a disorder of metabolism; the way the human body uses digested food for growth and energy. Most of the food we eat is broken down into glucose, the form of sugar in the blood. Glucose is the main source of fuel for the body. After digestion, glucose passes into the bloodstream, where it is used by cells for growth and energy. For glucose to get into cells, insulin must be present. Insulin is a hormone produced by the pancreas, a large gland behind the stomach. When we eat, the pancreas automatically produces the right amount of insulin to move glucose from the blood into our cells. In people with diabetes, however, the pancreas either produces little or no insulin, or the cells do not respond appropriately to the insulin that is produced. Glucose builds up in the blood, overflows into the urine, and passes out of the body. Thus, the body loses its main source of fuel even though the blood contains large amounts of glucose.

There are three main types of diabetes; type 1 diabetes, type 2 diabetes, and gestational diabetes. Type 1 diabetes is an autoimmune disease. An autoimmune disease results when the body's system for fighting infection (the immune system) turns against a part of the body. In diabetes, the immune system attacks the insulin-producing beta cells in the pancreas and destroys them. The pancreas then produces little or no insulin. A person who has type 1 diabetes must take insulin daily to live. At present, scientists do not know exactly what causes the body's immune system to attack the beta cells, but they believe that autoimmune, genetic, and environmental factors, possibly viruses, are involved. Type 1 diabetes accounts for about 5 to 10 percent of diagnosed diabetes in the United States. It develops most often in children and young adults, but can appear at any age (www.webmd.com). Symptoms of type 1 diabetes usually develop over a short period, although beta cell destruction can begin years earlier. Symptoms include increased thirst and urination, constant hunger, weight loss, blurred vision, and extreme fatigue. If not diagnosed and treated with insulin, a person with type 1 diabetes can lapse into a life-threatening diabetic coma, also known as diabetic ketoacidosis.

The most common form of diabetes is type 2 diabetes. About 90 to 95 percent of people with diabetes have type 2. This form of diabetes is associated with older age, obesity, family history of diabetes, previous history of gestational diabetes, physical inactivity, and ethnicity. About 80 percent of people with type 2 diabetes are overweight. Type 2 diabetes is increasingly being diagnosed in children and adolescents. However, nationally representative data on the prevalence of type 2 diabetes in youth are not available. When type 2 diabetes is diagnosed, the

pancreas is usually producing enough insulin, but for unknown reasons, the body cannot use the insulin effectively, a condition called insulin resistance. After several years, insulin production decreases. The result is the same as for type 1 diabetes, glucose builds up in the blood and the body cannot make efficient use of its main source of fuel. The symptoms of type 2 diabetes develop gradually. Their onset is not as sudden as in type 1 diabetes. Symptoms may include fatigue or nausea, frequent urination, unusual thirst, weight loss, blurred vision, frequent infections, and slow healing of wounds or sores. Some people have no symptoms.

Gestational diabetes develops only during pregnancy. Like type 2 diabetes, it occurs more often in African Americans, American Indians, Hispanic Americans, and among women with a family history of diabetes. Women who have had gestational diabetes have a 20 to 50 percent chance of developing type 2 diabetes within 5 to 10 years.

In 2005, 9.1% of Hudson County residents answered "YES" in the Behavioral Risk Factor Surveillance System survey when asked if they have ever been told that they have diabetes compared to 7.7% for New Jersey. For the same survey, the Hudson County rate was almost double for gestational diabetes compared to the state (1.7% vs. 0.9%). 2003 age-adjusted mortality rates for Hudson County residents were higher for all ethnicities compared to the state (NJ Center for Health Statistics) and have overall been higher than the state from 1999-2003. Blacks in Hudson County are dying at almost twice the state's rate for Blacks (112.0 vs. 56.9 per 100,000) and at almost three times the rate of all races combined in Hudson County (112.0 vs. 39.5 per 100,000) (NJ Center for Health Statistics, 2003).

ACTION PLAN FOR DIABETES

Goal:

- All Hudson County residents will have healthier lifestyles, eat healthier, and work to successfully prevent type 2 diabetes and gestational diabetes.

Strategy:

- Develop a plan that will provide comprehensive education and screenings to Hudson County residents.

Outcome Objectives for 2010:

- Reduce by 10% the age-adjusted mortality rate for everyone from diabetes per 100,000 standard population.
- Reduce by 10% the age-adjusted mortality rate for Blacks/African Americans from diabetes per 100,000 standard population.
- Reduce by 10% the percentage of pregnant females reporting that they were told by a doctor that they have gestational diabetes.

Action Plan Process:

- Continue supporting the North Hudson Community Action Corporation mobile for free screenings in northern Hudson County.
- Support and educate the community on Title 10 Funded institutions that provide free screenings.
- Educate communities on free screenings that are offered by some health departments.
- Promote all activities sponsored by the American Diabetes Association.
- Promote all activities sponsored by the United Way.
- Establish a large educational campaign to increase diabetes awareness.
- Create a Hudson County Mobile screening unit with follow-ups.
- Invite the American Diabetes Association to CPHP meetings.
- Promote exercise and activities educational campaigns.
- Create a diabetes prevention hotline with free testing like NYC.

HEALTH PRIORITY FIVE: LEAD POISONING

Lead is a highly toxic metal that was used for many years in products found in and around our homes. Lead may cause a range of health effects, from behavioral problems and learning disabilities, to seizures and death. Children six years old and under are most at risk, because their bodies are growing quickly. Research suggests that the primary sources of lead exposure for most children are: deteriorating lead-based paint, lead contaminated dust, and lead contaminated residential soil. Children can swallow harmful amounts of lead if they play in the dirt or in dusty areas (even indoors) and then put their fingers, clothes, or toys in their mouths, or if they eat without first washing their hands.

In the state of New Jersey, it is mandated that all children ages 6 months to 26 months should be tested twice for lead poisoning at different intervals. In 2003, it was estimated that only 33.4% of Hudson County children 2 years old or younger were screened for lead poisoning (NJ Division of Family Health Services). That was 67% less than what the law requires which is a very harmful statistic due to our urban setting.

Houses built before 1978 may have some lead-based paint; those built before 1950 often have the highest levels of lead-based paint. Lead can also come from solder or plumbing fixtures, especially in plumbing installed before 1930. In Hudson County, 52% of units were built before 1950 which is the highest percentage of oldest housing in New Jersey (US Census Bureau, 2000).

If lead is suspected in a home at excessive levels, one can reduce the exposure to their family. It is very important that one does not try to remove lead themselves. Only a trained lead contractor should do so. One may be available at (888) LEAD-LIST or go to www.leadisting.org. Do-it-yourself kits are not recommended and water should also be tested from each faucet utilizing qualified laboratories through your state or local environment or health department.

Other preventive measures against lead poisoning include using only cold water for cooking or drinking since hot water is likely to have higher levels of lead than cold water. Also, one should clean floors, windowsills, and doorframes with a solution of powdered automatic dishwashing detergent, tri-sodium phosphate detergent, or lead-specific cleaning products. Parents should also wipe and rinse toys with warm, soapy water often; wash pacifiers and bottles any time they fall on the floor. Children's hands should be washed frequently, especially before eating and sleeping, and after playing and parents must keep their play areas as clean as possible. Parents also need to teach children not to eat sand, dirt, or paint chips, and to play in grassy areas outside. During home renovations, do not scrape, sand, or burn painted wood. It is very important to keep children and pregnant women out of the home if it is being renovated, when lead dust can be stirred up easily. In addition, do not store food or beverages in crystal containers or reused metal cans that were not made in the United States; both might contain some lead. Finally, a

balanced diet including adequate levels of vitamin C, iron, zinc, calcium, and phosphorus can reduce or prevent lead absorption.

ACTION PLAN FOR LEAD POISONING

Goal:

- Eliminate all forms of childhood lead poisoning in Hudson County.

Strategy:

- Develop a plan that will provide comprehensive education and screenings to Hudson County residents.

Outcome Objectives for 2010:

- Increase by 20% the number of children between the ages of 6 months to 26 months getting screened for lead.

Action Plan Process:

- Advocate for an increase in the reimbursement rates for physicians to do screenings in their offices instead of families needing to go to a separate laboratory to have the blood drawn.
- Require lead testing for all children that register for day care.
- Develop an educational campaign to inform people on their rights as tenants and to encourage parents to have their children lead tested at medical visits.
- Advocate for the testing of items in 99¢ stores for lead, especially those geared towards children and infants.

ALL HAZARDS EMERGENCY RESPONSE PLAN

Public health emergencies may take many forms and may be naturally-occurring events, such as hurricanes or other natural disasters, infectious disease outbreaks, or man-made events, including acts of terrorism. Public health emergencies may affect a large area or population, or they can be smaller localized events. Hudson Regional Health Commission works with county and local health agencies and offices of emergency management on public health emergency response plans. Those plans include:

Hudson County Public Health All Hazards Emergency Response Plan: is a comprehensive strategic plan and set of procedures that guide all agencies in Hudson County that are responsible for detecting and responding to a CBRNE (Chemical, Biological, Radiological, Nuclear, and Explosive) attack or other public health threat.

Pandemic Flu Plan: providing details in the event of a pandemic (virulent) human flu that causes a global outbreak. A pandemic flu is a disease to which there is little natural immunity, so the disease can spread easily from person to person.

Strategic National Stockpile & Mass Prophylaxis/Immunization Preparedness Plan: is the plan to receive and deploy medicines and other medical supplies from the CDC stockpile if the public health emergency overwhelms local supplies.

First Responder Plan: is a plan to distribute oral medication to first responders (police, fire, EMS, etc.) and their household family members as part of a mass prophylaxis distribution.

Fixed Facility Distribution Plan: is a plan to distribute oral medication to large employers within the county for distribution to their employees and their families as part of a mass prophylaxis distribution

Point of Dispensing (POD) Plan: is a plan to distribute prophylaxis by having affected communities or populations come to a POD to receive their medications.

Emergency Risk Communication Plan: is a plan to disseminate information and instructions to the public and other stakeholders in the event of a public health emergency.

Other resources include:

Hudson Regional Health Commission Medical Reserve Corps (MRC): is a cadre of licensed medical and community volunteers who have joined together to augment existing public health responders and to assist in times of public health emergency.

THE FUTURE FOR A HEALTHIER HUDSON COUNTY

As we embark in creating a Healthy Hudson, the next step is to work on the action plans that have been outlined for each priority health issue. Five sub-committees have been established for each priority health issue to promote awareness, educate and advocate for all components in the Action Plan Process. These sub-committees meet quarterly to plan and set timelines for specific projects.

A resourceful website is being created to list all participating agencies in the Community Public Health Partnership (CPHP) and the Governmental Public Health Partnership (GPHP) at www.hudsonregional.org as well as announce all community activities that pertain to the *Community Health Improvement Plan*. Each agency will provide their contact information, address, and a brief description of the free services they offer to the community.

Each participating agency will continue to receive a newsletter called *Healthy Hudson* on a quarterly basis which highlights community activities, health promotion awareness, and partners in the community. The CPHP and GPHP will also create a resource guide that will be distributed to all agencies for easier community referrals. Both of these will also be posted on the website.

It is pertinent that all the outcome objectives are met by 2010. This will occur with the commitment and dedication of all members. If you or your organization would like to participate in the Community Public Health Partnership (CPHP) to improve the health and quality of life of Hudson County, then please contact the:

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595 County Avenue, Building 1
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