

**New Jersey FY 2015
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2015

Submitted by: New Jersey

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Executive Summary

Executive Summary

This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for federal fiscal year 2015. It is submitted by the New Jersey Department of Health (NJDOH) the designated principal state agency, the Division of Family Health Services, Community Health and Wellness (CH&W) Unit for the allocation and administration of the PHHSBG funds.

The New Jersey Department of Health PHHSBG application process was made available for public review/comment via posting on the internet at www.nj.gov/health/fhs/ April 3, 2015 to April 17, 2015. In addition, the Department of Health published a legal notice inviting public comment through the New Jersey Register and through the Department of Health, Division of Family Health listserve.

On Thursday, April 9, 2015, the New Jersey Preventive Health Advisory Committee (NJPHAC) reviewed and recommended programs for funding, contingent upon the receipt of funding for FY2015. The public posting of the Preventive Health and Health Services Block Grant Public Hearing yielded comments from the following three organizations; The American Heart Association/ American Stroke Association, New Jersey Coalition against Sexual Assault, New Jersey Primary Care Association. In general, the comments were about expanding funding opportunities.

Funding Assumptions:

The total award for the FY2015 PHHSBG is \$4,379,893. This amount is based on an allocation table distributed by the CDC. Of the total amount, \$196,579 is a mandatory allocation to the Department of Children and Families, Division on Women's Rape Care and Prevention Program as the designated state agency to address Sexual Assault-Rape Crisis (HO IPV 40).

The administrative cost associated with the PHHSBG total is \$292,148, which is less than 10% of the grant. These costs include funding for all administrative services associated with the aforementioned grant.

Proposed Funded Programs:

The PHHSBG application is prepared under federal guidelines which require New Jersey to use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2020. The PHHSBG funding is covering the following proposed objectives for FY2015:

1. Asthma Initiative ALA

RD-6 Patient Education, RD-7 Appropriate Asthma Care - \$140,000 will be utilized to increase implementation of evidence based strategies and interventions to children and families diagnosed with asthma. These activities include: 1) promotion of the Asthma Friendly School Award in school districts with disproportionate asthma burden, 2) educational tools on the importance of healthy homes (e.g. trigger reduction) on asthma self-management, 3) online training for healthcare providers on the national asthma guidelines, 4) asthma treatment plan for emergency departments.

2. Faith and Prevention

ECBP-10 Community-Based Primary Prevention Services - \$1,035,000 will be utilized to pilot a faith-based program that employs the Faithful Families Eating Smart and Moving More (Faithful Families) Framework.

The program links faith-based organizations to the health care delivery system and provides training to lay leaders to prevent obesity through increased physical activity and improved nutrition.

3. Immunization/Vaccine Preventable Disease Program

IID-1- Vaccine Preventable Disease - \$175,000 will be utilized to increase the immunization coverage levels in children six years old and younger through vaccination and decrease the burden of vaccine preventable diseases in designated pocket-of-need areas to achieve Healthy People 2020 goals.

4. New Jersey Division on Women (DOW) Rape Care & Prevention Program

IVP-39 - Intimate Partner Violence - \$300,000 will be utilized to increase the provision of outreach, education, awareness, and hotline services to victims of sexual assault in New Jersey via all 21 county-based sexual violence providers.

5. Diabetes Prevention and Control Program (DPCP)

HO-D3 Diabetes Deaths, HO-D10 Annual Dilated Eye Examinations – \$455,509 will be utilized to reduce the burden and complication of diabetes by promoting diabetes awareness; providing access to diabetes self-management (and prevention) programs, supporting the Commission for the Blind and Visually Impaired (CBVI) - Diabetic Eye Disease Detection Program (DEDD) to provide eye screenings to underserved populations; the New Jersey Smoking Cessation Quitline; and supporting the activities of New Jersey's Diabetes Action Plan.

6. New Jersey Heart Disease and Stroke Prevention

HO HDS-2 Coronary Heart Disease Deaths - \$167,000 will be utilized to address the prevention and management of heart disease in women, by implementing a gender analysis to explore the causal factors attributing to death and disability. The results of NJHDSP's further examination of heart disease and health disparities will serve as the impetus for future health programs focused on heart disease and women.

7. Quality Improvement

PHI-16 Public Health Agency Quality Improvement Program- \$ 200,000 will be utilized to develop public health infrastructure by building a culture of continuous quality improvement throughout the NJDOH with a stated objective of improving the Department's overall performance, enhancing program efficiencies and effectiveness leading to an overall improvement in the health status of all New Jersey residents.

8. Public Health Accreditation

PHI-17 Accredited Public Health Agencies - \$161,369 will be utilized to strengthen public health programs and services, and contribute to improved health outcomes in New Jersey. Achieving Public Health Accreditation will allow the DOH to demonstrate the value and importance of our work and the critical impact that DOH has on the public's health and quality of life.

9. Tobacco Cessation Program for Pregnant and Parenting Women

TU-6 Smoking Cessation During Pregnancy - \$464,000 will be utilized to expand availability of perinatal smoking cessation services to pregnant and parenting women through provider brief intervention trainings, enhanced screening, development of an online app and social networking site, and a targeted media campaign.

10. Community Approach to Reducing Sexually Transmitted Diseases - Cumberland and Surrounding Counties

STD-1 Chlamydia, STD-2 Chlamydia Among Females, STD-6 Gonorrhea – \$350,000 will be utilized to increase collaboration and coordination among social and health service providers to leverage existing resources and implement evidenced-based strategies that will reduce the rates of gonorrhea and chlamydia (GC/CT) infections in targeted populations. This collaborative effort is designed to address disproportionately affected counties to design, deliver, and assess the impact of public health interventions via influencing relevant social determinants of health in conjunction with routine public health control measures to reduce STD rates.

11. Shaping NJ Healthy Community Grants

NWS-9 Obesity in Adults - \$257,000 will be utilized to support policy and environmental changes to prevent obesity in neighborhoods and communities at high risk of obesity and poor health outcomes.

12. Public Health Infrastructure Development

PHI-1 Competencies for Public Health Professionals - \$186,288 will be utilized to increase the proportion of local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals.

Funding Rationale:

The New Jersey Preventive Health Advisory Committee and the public was presented with a review of program objectives, activities and data related to proposed programs that lead to the decision and approval for the Advisory Committee to recommend FFY 2015 PHHS Block Grant funding allocation.

On Friday, August 28, 2014, the New Jersey Preventive Health Advisory Committee voted to reallocate funds from some existing programs funded in FFY2014 to support some cross cutting initiatives for FY2015.

Mercer County Traumatic Loss Coalition (\$70,000) allocation was moved from the PHHSBG to another funding source. The New Jersey Cancer Registry (\$74,580) allocation was redirected to other funding sources because of the financial constraints associated with the Maintenance of Effort. Emergency Medical Services (\$216,789) was reallocated to the New Jersey Department of Health Quality Improvement Program and New Jersey Accreditation Initiative for a total of \$361,369 as a result of addressing new cross cutting programs to support long term DOH strategic goals.

Funding Priority: Under or Unfunded, Data Trend, State Plan (2015), Other (NJ DOH is utilizing funds from the PHHSBG to sustain and expand statewide capacity to implement and support population-based strategies to promote wellness, prevent disease, and assure continuous quality improvement. Specifically, funds are used to leverage and foster accountable, accessible health services statewide and drive measurable improvements that complements our overall efforts to create a healthier NJ and improve health outcomes.)

Statutory Information

Advisory Committee Member Representation:

Advocacy group, Business, corporation or industry, College and/or university, Community-based organization, Community health center, County and/or local health department, Hospital or health system, Managed care organization, Minority-related organization, Primary care provider, Schools of public-health, State health department, State or local government

Dates:

Public Hearing Date(s):

4/9/2015

Advisory Committee Date(s):

8/28/2014

4/9/2015

Current Forms signed and attached to work plan:

Certifications: Yes

Certifications and Assurances: Yes

Budget Detail for NJ 2015 V0 R0

Total Award (1+6)	\$4,379,893
A. Current Year Annual Basic	
1. Annual Basic Amount	\$4,183,314
2. Annual Basic Admin Cost	(\$292,148)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$3,891,166
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$196,579
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$196,579
(9.) Total Current Year Available Amount (5+8)	\$4,087,745
C. Prior Year Dollars	
10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$0
13. Total Available for Allocation (5+8+12)	\$4,087,745

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$3,891,166
Sex Offense Set Aside	\$196,579
Available Current Year PHHSBG Dollars	\$4,087,745
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$0
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$0
C. Total Funds Available for Allocation	\$4,087,745

Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Asthma Initiative ALA	RD-6 Patient Education	\$120,000	\$0	\$120,000
	RD-7 Appropriate Asthma Care	\$20,000	\$0	\$20,000
Sub-Total		\$140,000	\$0	\$140,000
Community Approach to Reducing Sexually Transmitted Diseases - Cumberland and Surrounding Counties	STD-1 Chlamydia	\$125,000	\$0	\$125,000
	STD-2 Chlamydia Among Females	\$125,000	\$0	\$125,000
	STD-6 Gonorrhea	\$100,000	\$0	\$100,000
Sub-Total		\$350,000	\$0	\$350,000
Faith in Prevention	ECBP-10 Community-Based Primary Prevention Services	\$1,035,000	\$0	\$1,035,000
Sub-Total		\$1,035,000	\$0	\$1,035,000
Immunization/Vacci ne Preventable Disease Program	IID-1 Vaccine-Preventable Diseases	\$175,000	\$0	\$175,000
Sub-Total		\$175,000	\$0	\$175,000
New Jersey Department of Health (NJDOH) Quality Improvement (QI) Program	PHI-16 Public Health Agency Quality Improvement Program	\$200,000	\$0	\$200,000
Sub-Total		\$200,000	\$0	\$200,000
New Jersey Diabetes Prevention and Control Program (DPCP)	D-3 Diabetes Deaths	\$330,509	\$0	\$330,509
	D-10 Annual Dilated Eye Examinations	\$125,000	\$0	\$125,000
Sub-Total		\$455,509	\$0	\$455,509
New Jersey Division on Women (DOW) Office on the Prevention of Violence Against Women	IVP-39 Intimate Partner Violence	\$300,000	\$0	\$300,000
	IVP-40 Sexual Violence (Rape)	\$196,579	\$0	\$196,579

	Prevention)			
Sub-Total		\$496,579	\$0	\$496,579
New Jersey Heart Disease and Stroke Prevention (NJHDSP) Program	HDS-2 Coronary Heart Disease Deaths	\$167,000	\$0	\$167,000
Sub-Total		\$167,000	\$0	\$167,000
Public Health Infrastructure Development	PHI-1 Competencies for Public Health Professionals	\$186,288	\$0	\$186,288
Sub-Total		\$186,288	\$0	\$186,288
ShapingNJ Healthy Community Grants	NWS-9 Obesity in Adults	\$257,000	\$0	\$257,000
Sub-Total		\$257,000	\$0	\$257,000
The Public Health Accreditation (PHA)	PHI-17 Accredited Public Health Agencies	\$161,369	\$0	\$161,369
Sub-Total		\$161,369	\$0	\$161,369
Tobacco Cessation Program for Pregnant and Parenting Women	TU-6 Smoking Cessation During Pregnancy	\$464,000	\$0	\$464,000
Sub-Total		\$464,000	\$0	\$464,000
Grand Total		\$4,087,745	\$0	\$4,087,745

State Program Title: Asthma Initiative ALA

State Program Strategy:

To increase public awareness by creating a statewide dialogue on asthma awareness and by promoting health literacy about asthma control strategies.

Program Primary Strategic Partners:

Internal

DOH, Special Child, Adult and Early Intervention
DOH, Child, and Adolescent Health
DOH, Maternal Child, and Community Health
DOH, Office of Primary Care
DOH, Office of Women's Health
DOH, Occupational Health
DOH, Consumer and Environmental Health
DOH, Public Employees Occupational Safety and Health (PEOSH)
DOH, Office of Local Health
DOH, Center for Health Statistics
DOH, Comprehensive Tobacco Control Program
DOH, Div of Aging and Community Services
DOH, Office of Public Health Infrastructure
DOH, Minority and Multicultural Health

External

NJ Dept. of Environmental Protection
NJ Dept. of Education
NJ Dept. of Human Services
Pediatric/Adult Asthma Coalition of NJ
NJ Primary Care Association
Community-based service agencies
Central NJ Maternal Child Consortium

Role of the Block Grant Funds: The role of the Block Grant in this program is to provide funds in the amount of \$140,000 to the American Lung Association. The ALA will develop and implement programs in alignment with the National Health Objectives to increase persons with asthma who receive patient education, and appropriate asthma care. These activities include: 1) promotion of the Asthma Friendly School Award in school districts with disproportionate asthma burden, 2) educational tools on the importance of healthy homes (e.g. trigger reduction) on asthma self-management, 3) online training for healthcare providers on the national asthma guidelines, 4) asthma treatment plan for emergency departments. Funds will also be used two Program Specialist for the programs.

Program Evaluation Methodology: The Asthma Program will utilize outcome evaluation to assess the effectiveness of the online training's with parents and caregivers, and healthcare providers. Pre/Post assessments will be implemented to assess change in knowledge and attitudes as a result of completing the training. In addition, the CDC Six Steps Framework for Evaluation will serve as the guidance document for all evaluation activities.

State Program Setting:

Community based organization, Community health center, Faith based organization, Home, Local health department, Medical or clinical site, Schools or school district

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: B. Suarez

Position Title: Program Specialist

State-Level: 50% Local: 50% Other: 0% Total: 100%

Position Name: N. Tortorello

Position Title: Program Specialist

State-Level: 50% Local: 50% Other: 0% Total: 100%

Total Number of Positions Funded: 2

Total FTEs Funded: 2.00

National Health Objective: HO RD-6 Patient Education

State Health Objective(s):

Between 06/2014 and 09/2020, RD-6 Increase the proportion of persons with current asthma who receive formal patient education

RD-7 Increase the proportion of persons with current asthma who receive appropriate asthma care according to National Asthma Education and Prevention (NAEEP) guidelines.

RD-7.5 Increase the proportion of persons with current asthma who have been advised by a health professional to change things in their home, school and work environments to reduce exposure to irritants or allergens to which they are sensitive according to the NAEEP guidelines.

Healthy NJ 2020

1. Increase the proportion of persons with asthma who have ever received an asthma action plan or asthma management plan from a health professional.
2. Increase the proportion of persons with asthma who have ever been advised by a health professional to change things in the home, school, or work to improve their asthma.

Baseline:

1. Baseline: Children 0-17 years increase from 51.7% to 62% by the year 2020.
Adults 18+ years increase from 36.8% to 53% by the year 2020.
2. Baseline: Children 0-17 years increase from 37.1% to 53% by the year 2020.
Adults 18+ years increase from 36.8% to 53% by the year 2020.

Data Source:

Healthy People 2020

Healthy New Jersey 2020

State Health Problem:

Health Burden:

Data from our most current New Jersey Behavioral Risk Factor Survey, 2011 (NJBFRFS) indicate that about 602,960 (9.0%) adults have asthma in New Jersey with the highest prevalence estimates for black, non-Hispanic adults (11.7%). According to the NJBRFS, about 173,852 (8.7%) children have asthma in New Jersey with the highest prevalence estimates for black, non-Hispanic children (14.4%).

With appropriate management, asthma can be controlled so that people are able to lead active and healthy lives; however, the burden of asthma morbidity remains high in New Jersey. Additionally, the following data illustrates disparities, burden, and area of focus:

- Asthma hospitalizations are generally considered avoidable when asthma is controlled; yet, asthma hospitalizations occur frequently in New Jersey. In 2011, there were 14,938 asthma hospitalizations among New Jersey residents. During the same year, there were also 51,595 emergency department visits for asthma.
- Children 0-4 years have the highest asthma hospitalization and emergency department (ED) visit rates compared to all age groups; however, about 62% of all asthma ED visit rates and about 74% of all asthma hospitalizations are for adults –(2011 UB Hospital and ED Discharge Data).
- Approximately 53% of children with asthma have ever received an asthma management plan from a health care provider (2010 ACBS).
- Approximately 29% of adults with asthma have ever received an asthma management plan from a health care provider³ (2010 ACBS).

The burden of asthma signifies multiple opportunities for intervention. Health care providers, public health professionals, health insurers, employers, schools, child care centers, caregivers, and patients with asthma must collaborate to reduce barriers and promote asthma control through appropriate medical assessment, patient monitoring, adherence to treatment recommendations, control of environmental factors, management of co-morbid conditions, and improved access to self-management education and resources.

Target Population:

Number: 3,271,981

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 283,651

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: NJ State Division of Consumer Affairs, US Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Guidelines Implementation Panel Report for: Expert Panel Report 3—Guidelines for the

Diagnosis and Management of Asthma (August 2007-full report)

Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities (May 2012-full report)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$120,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Increase AFSA in disproportionately identified areas to improve asthma management in schools

Between 10/2014 and 09/2015, ALA will increase the number of school districts identified in disproportionate areas (Atlantic, Camden, Cumberland, Essex, Hudson, Mercer and Passaic) receiving the Asthma Friendly School Award (AFSA) from 15 to 30.

Annual Activities:

1. Identify schools in targeted counties that have not received the AFSA

Between 10/2014 and 08/2015, utilize the AFSA database to determine which school districts in the targeted counties have not received the AFSA.

2. Provide technical assistance to schools districts to ensure AFSA criteria are met

Between 10/2014 and 08/2015, The Program Specialist will hold an initial informational session with key personnel (superintendent, school nurse) and then subsequent trainings and relevant resources to ensure the school districts meet all the AFSA requires.

3. Track the number of AFSA completed

Between 10/2014 and 09/2015, Upon completion of the AFSA training, the AFSA certificate will be mailed and the AFSA Quarterly Newsletter will highlight the awarded schools. Also, quarterly reports will be generated to track the number of AFSA received during the project period.

Objective 2:

Increase the number of Open Airways for Schools (OAS) training among school districts

Between 10/2014 and 09/2015, ALA will establish 1 Open Airways for Schools curriculum within the AFSA criteria.

Annual Activities:

1. Revise the AFSA criteria

Between 10/2014 and 01/2015, ALA will revise the AFSA criteria to include the ALA Open Airways for Schools curriculum to address asthma among youth, school response and parental involvement.

2. Train-the-Trainer

Between 02/2015 and 09/2015, ALA will train school personnel on the OAS curriculum in order to provide sustainability and a method for each school district to implement the program.

3. Track implementation of program

Between 02/2015 and 09/2015, ALA will track program implementation and evaluate effectiveness of the OAS curriculum to access change/increase in knowledge and behavior based on educational training

Objective 3:

Increase the number of trainings on healthy homes and asthma

Between 10/2014 and 09/2015, ALA will develop 1 webinar to educate 10 parents and caregivers on trigger identification, indoor air quality and asthma treatment plan.

Annual Activities:

1. Develop training for parents and caregivers

Between 10/2014 and 01/2015, Develop webinar training for parents and caregivers to increase awareness on healthy homes and their understanding of the relationship between housing and health (asthma self-management). The Culturally and Linguistically Competent Health Education Materials: A Guide for New Jersey will be used a reference in the webinar development.

2. Training available

Between 02/2015 and 09/2015, Webinar available on PACNJ website.

3. Track implementation of program

Between 02/2015 and 09/2015, Participants completing the online training will receive pre-test, post-test and an evaluation. The test and evaluation will allow the assessment of program implementation and effectiveness. The purpose of the program is to increase knowledge on healthy homes in asthma management.

National Health Objective: HO RD-7 Appropriate Asthma Care

State Health Objective(s):

Between 10/2014 and 09/2015, RD-6 Increase the proportion of persons with current asthma who receive formal patient education

RD-7 Increase the proportion of persons with current asthma who receive appropriate asthma care according to National Asthma Education and Prevention (NAEEP) guidelines.

RD-7.5 Increase the proportion of persons with current asthma who have been advised by a health professional to change things in their home, school and work environments to reduce exposure to irritants or allergens to which they are sensitive according to the NAEEP guidelines.

Healthy NJ 2020

1. Increase the proportion of persons with asthma who have ever received an asthma action plan or asthma management plan from a health professional.
2. Increase the proportion of persons with asthma who have ever been advised by a health professional to change things in the home, school, or work to improve their asthma.

Baseline:

1. Baseline: Children 0-17 years increase from 51.7% to 62% by the year 2020.

- Adults 18+ years increase from 36.8% to 53% by the year 2020.
2. Baseline: Children 0-17 years increase from 37.1% to 53% by the year 2020.
- Adults 18+ years increase from 36.8% to 53% by the year 2020.

Data Source:

Healthy People 2020
Healthy New Jersey 2020

State Health Problem:

Health Burden:

Data from our most current New Jersey Behavioral Risk Factor Survey, 2011 (NJBRFS) indicate that about 602,960 (9.0%) adults have asthma in New Jersey with the highest prevalence estimates for black, non-Hispanic adults (11.7%). According to the NJBRFS, about 173,852 (8.7%) children have asthma in New Jersey with the highest prevalence estimates for black, non-Hispanic children (14.4%).

With appropriate management, asthma can be controlled so that people are able to lead active and healthy lives; however, the burden of asthma morbidity remains high in New Jersey. Additionally, the following data illustrates disparities, burden, and area of focus:

- Asthma hospitalizations are generally considered avoidable when asthma is controlled; yet, asthma hospitalizations occur frequently in New Jersey. In 2011, there were 14,938 asthma hospitalizations among New Jersey residents. During the same year, there were also 51,595 emergency department visits for asthma.
- Children 0-4 years have the highest asthma hospitalization and emergency department (ED) visit rates compared to all age groups; however, about 62% of all asthma ED visit rates and about 74% of all asthma hospitalizations are for adults –(2011 UB Hospital and ED Discharge Data).
- Approximately 53% of children with asthma have ever received an asthma management plan from a health care provider (2010 ACBS).
- Approximately 29% of adults with asthma have ever received an asthma management plan from a health care provider³ (2010 ACBS).

The burden of asthma signifies multiple opportunities for intervention. Health care providers, public health professionals, health insurers, employers, schools, child care centers, caregivers, and patients with asthma must collaborate to reduce barriers and promote asthma control through appropriate medical assessment, patient monitoring, adherence to treatment recommendations, control of environmental factors, management of co-morbid conditions, and improved access to self-management education and resources.

Target Population:

Number: 5,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 5,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 -

64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: NJ State Division of Consumer Affairs, US Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Guidelines Implementation Panel Report for: Expert Panel Report 3—Guidelines for the Diagnosis and Management of Asthma

Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$20,000
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Increase comprehensive asthma control measures among health systems

Between 10/2014 and 09/2015, ALA will identify 1 Health System to incorporate the Emergency Department Asthma Treatment Plan Discharge form (ED-ATP) into their EHR/EMR to improve comprehensive asthma control measures.

Annual Activities:

1. Review and Approve ED-ATP form

Between 11/2014 and 01/2015, The ALA will approve the new form for use among health systems' emergency departments

2. Pilot Test the ED-ATP form

Between 02/2015 and 05/2015, One Health System will add the ED-ATP Discharge form to their EHR/EMR to improve asthma management of patients.

3. Evaluate Pilot Program

Between 04/2015 and 09/2015, The ALA will evaluate the adoption of asthma clinical decision support and quality improvement measures for comprehensive asthma care.

4. Pilot Program Expansion

Between 04/2015 and 09/2015, Upon successful evaluation of the ED-ATP form, at least 1 of the 4 Delivery

System Reform Incentive Payment (DSRIP) Asthma Learning Collaborative Health Systems will add the ED-ATP Discharge form to their EHR/EMR to improve asthma management of patients. A protocol would be developed with the pilot hospital(s), and the protocol, analysis, and forms would be used as a model to be shared with other hospital and health systems.

Objective 2:

Number of healthcare providers completing "Asthma Today" training

Between 10/2014 and 09/2015, ALA will increase the number of healthcare providers (physicians) completing the Asthma Today: Implementing the National Asthma Education Prevention Program (NAEPP) EPR-3 Guidelines for the Diagnosis and Management of Asthma in the Primary care Setting from 50 to **100**.

Annual Activities:

1. Training available online

Between 10/2014 and 09/2015, The AAEP will fund the ALA to maintain the web-hosting in collaboration with NJ Academy of Family Physicians to provide the online training and Continuing Medical Education (CME) credits. This training provides a 1-hr summary on proper asthma control services.

2. Track implementation of program

Between 10/2014 and 09/2015, Participants completing the online training will receive pre-test, post-test and an evaluation, as well as a certificate of completion. The test and evaluations will allow the assessment of program implementation and effectiveness. The purpose of the program is to improve healthcare provider education and knowledge on the guidelines related to asthma treatment and self-management, as well as improve patient self-management outcomes.

3. Marketing Campaign for Asthma Today training

Between 11/2014 and 09/2015, An informational/advertisement flyer regarding the online course, its content, and its benefits will be sent to all hospitals, health systems, medical schools, and primary care providers in New Jersey to promote program availability. During the marketing period, monthly reports will be reviewed to determine increase program usage.

Objective 3:

Promote the importance of comprehensive asthma control resources statewide

Between 10/2014 and 09/2015, ALA will maintain **1** online website of resources on comprehensive asthma control services.

Annual Activities:

1. Availability of comprehensive asthma control resources

Between 10/2014 and 09/2015, The ALA will provide a website of current and relevant resources (e.g. Asthma Treatment Plan, patient educational tools, etc) for healthcare providers, people with asthma, caregivers on comprehensive asthma control. Quarterly reports will be used to determine the number of downloads, request for information from the resources posted on the website.

State Program Title: Community Approach to Reducing Sexually Transmitted Diseases - Cumberland and Surrounding Counties

State Program Strategy:

State Program Strategy: Establish collaboration among social and health service providers, community groups and organizations in Cumberland, Gloucester and Salem counties to build support for and leverage existing resources. The Grantee (New Jersey Family Planning League) will seek ways to use these collaborations to identify new strategies that will positively impact on increasing gonorrhea and chlamydia (GC/CT) infection rates in STD disparate populations. This collaborative effort is designed to address a disproportionately affected county to design, deliver, and assess the impact of public health interventions via influencing relevant social determinants of health in conjunction with routine public health control measures to reduce STD rates. This approach is essential for an effective response to increases in gonorrhea and chlamydia in Cumberland and surrounding counties. In accordance with the Healthy New Jersey 2020 Goals and Objectives, this project will also focus on reducing the proportion of males and females aged 15 to 24 diagnosed with chlamydia trachomatis (CT) infections in family planning and STD clinics and; reducing the incidence rate of gonorrhea in males and females ages 15 to 44.

Program Health Priority: Promote sexual health and advance community wellness using community engagement methods to reduce gonorrhea and chlamydia disparities in Cumberland and surrounding counties.

STD Program Primary Strategic Partners	
Internal (to DOH)	External (non-DOH)
HIV/AIDS Program	NJ Family Planning League
Hepatitis, Communicable Disease Service	North Jersey Community Research Initiative (NJCRI)
TB Services	All Local (city & county) Health Departments/STD Clinics in New Jersey
NJDOH Public Health, Environmental and Agricultural Laboratory	New York City Public Health Program/Training & Education Program
	New York State Department of Health/Training & Education Department
	Juvenile Detention Centers
	School-based Clinics

Program Evaluation Methodology: The CDC framework for Evaluation in Public Health will be utilized. The Grantee will be required to submit progress reports quarterly containing detailed information on gonorrhea and chlamydia prevention and intervention strategies. Details on community approaches to reducing gonorrhea and chlamydia disparities in Cumberland, Gloucester, and Salem counties must be submitted.

State Program Setting: Local health departments, community health centers, community based organizations, juvenile detention centers, school based clinics, hospital emergency rooms and outpatient clinics, jails/prisons.

State Program Setting:

Community based organization, Community health center, Local health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Paula Gordy

Position Title: Project Coordinator

State-Level: 25% Local: 70% Other: 5% Total: 100%

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

National Health Objective: HO STD-1 Chlamydia

State Health Objective(s):

Between 10/2014 and 09/2015, Between 10/01/2014 and 09/30/2015 grantees will coordinate with the STDP to establish formal partnerships with at least two social service organizations, one local school based clinic, one community health center, and two community service groups (i.e., community based organizations). Partnerships will be established to ensure STD education, screening, treatment, and partner services.

Baseline:

The sub-grantee (The New Jersey Family Planning League) will coordinate with the STDP to design and deliver STD services (i.e., gonorrhea and chlamydia screening for targeted disparate populations; provide timely and adequate treatment; prompt counseling and testing of sexual partners) in accordance with the STDP guidelines for best practices for STD services. (Sexually Transmitted Diseases Treatment Guidelines, 2010; Morbidity and Mortality Weekly Report - MMWR - December 17, 2010/Vol. 59/No. RR-12.

A Community Advisory Board (CAB) was established in October 2014 and meets monthly to establish delivery systems for STD education, testing, treatment, and partner services. There are currently 25 full members and a number of associates that are committed to providing assistance as needed.

CAB Members

Cumberland County STD Clinic
Vineland STD Clinic
Vineland High School Clinic
Salem County Department of Health
FamCare, Salem
FamCare, Gloucester
Department of Education
Millville school district
Robin's Nest
Inspira Health

Complete Care

Data Source:

The Communicable Disease Reporting and Surveillance System (CDRSS).
Clinic Medical Records.

State Health Problem:

Health Burden:

Cumberland County area chlamydia and gonorrhea rates ranked *number one* in the State of New Jersey in 2012. In 2013, of all chlamydia and gonorrhea cases reported in Cumberland, Gloucester and Salem Counties, 73% occurred in young people age 24 and younger, with 58% in young females specifically. In addition, 28% of these cases occurred in African Americans; and 25% of cases in which an ethnicity was reported occurred in Hispanics.

These counties have a large migrant farm worker population and demonstrate four common types of health problems: 1) chronic non-infectious diseases; 2) allergic conditions; 3) work-related physical injuries; 4) infectious diseases such as Tuberculosis, HIV/AIDS, and Sexually Transmitted Diseases (STDs).

Target Population:

Number: 157,785
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:

Number: 63,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Specific Counties
Target and Disparate Data Sources: Communicable Disease and Reporting Surveillance System

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: Program Operations Guidelines for STD Prevention, Centers for Disease Control and Prevention (CDC)
MMWR Guidelines for Evaluating Surveillance Systems, May 1988. "System Attributes", pg 1, 5-11
IOM: The Hidden Epidemic: Confronting Sexually Transmitted Diseases (IOM) page 196
Sexually Transmitted Diseases Treatment Guidelines, 2010
MMWR December 17, 2010/Vol. 59/No.RR-12

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$125,000

Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$125,000
Funds to Local Entities: \$125,000
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Target increased gonorrhea screening for persons between ages 15-44

Between 10/2014 and 09/2015, Establish a Community Advisory Board (CAB) that will be responsible for identifying at least 4 health care (STD & Family Planning clinics) providers that will provide STD screening and treatment for populations determined to be at high risk for contracting gonorrhea and chlamydia in Cumberland and surrounding counties. Will increase the number of patients ages 15 to 44 years that present to designated STD and Family Planning clinics by 5% that are screened for gonorrhea and chlamydia. from 906

October/November/December (2014) to

1200

January/February/March (2015).

Annual Activities:

1. Conduct Outreach and Awareness Activities

Between 10/2014 and 09/2015, **Activity 1:** Monitor screening activities at each STD and Family Planning Clinic.

Activity 2: Collaborate with STD and Family Planning clinics to provide gonorrhea and chlamydia testing, treatment, and counseling for targeted populations in accordance with the NJDOH/STDP guidelines.

Activity 3: Use social networks such as cell phone notifications and local radio to educate providers, and citizens in disparate communities on disease trends and availability and location of designated STD and Family Planning clinics that provide free STD screening, treatment and partner services.

National Health Objective: HO STD-2 Chlamydia Among Females

State Health Objective(s):

Between 10/2014 and 09/2015, Reduce the proportion of females aged 15 to 24 years-old with chlamydia trachomatis infections ("tested anywhere").

Baseline:

Since the project is only in its 6th month, baseline will be determined for females tested from 10/1/2014 thru 09/30/2014.

Cumberland/Gloucester/Salem Counties

Gonorrhea/Chlamydia Cases: 01/01/2013 - 01/01/2014 = 2,016

American Indian & Alaskan Native: 6

Asian: 6
Black or African American: 565
White: 464
Other/Unknown: 970
Native Hawaiian & Other Pacific Islander: 2

Data Source:

Communicable Disease Reporting and Surveillance System (CDRSS)
Clinic Activity Reports

State Health Problem:

Health Burden:

Sexually transmitted diseases remain a public health challenge for New Jersey. In 2012, 27,269 chlamydia cases (307 per 100,000), 7,486 gonorrhea cases (84 per 100,000) and 883 Syphilis cases (all forms) were diagnosed in NJ (*Division of HIV, STD, and TB Services-Sexually Transmitted Diseases Program Reported Sexually Transmitted Diseases Morbidity in New Jersey for Reporting Year 2012.*) Females under the age of 26 years comprised 54% of all Chlamydia cases and 37% of all Gonorrhea cases diagnosed.

Cumberland County ranks number one for gonorrhea and chlamydia rates in the State of New Jersey. It is one of the poorest counties in the state with more residents living in poverty, more persons uninsured and a higher unemployment rate than the state overall.

Target Population:

Number: 157,785
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years
Gender: Female and Male
Geography: Urban
Primarily Low Income: Yes

Disparate Population:

Number: 63,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Specific Counties
Target and Disparate Data Sources: Communicable Disease and Reporting Surveillance System, Sexually Transmitted Disease Program

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: WWW.CDC.GOV/MMWR - STD Guidelines, 2010, December 17, 2012/Vol. 59/No. RR-12
Sexually Transmitted Diseases Treatment Guidelines, 2010
December 17, 2010/Vol. 59/No. RR-12

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$125,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$125,000

Funds to Local Entities: \$125,000

Role of Block Grant Dollars: Start-up

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Increase gonorrhea/chlamydia screening for adolescents (ages 15-19 years-old)

Between 10/2014 and 09/2015, NJ Family Planning League; Cumberland, Gloucester, Vineland and Salem Health Departments. will increase the percent of adolescents (ages 15-19) that present to designated Family Planning and STD clinics that are screened for gonorrhea and chlamydia by 5% (10/01/2014 - 09/30/2015). from Since this project is only in its 6th month, baseline data will be collected for 10/01/2014 to 09/30/2015. to **To be determined once baseline data is known.**

Annual Activities:

1. Coordinate with school, STD, and Family Planning clinics to target adolescents for GC/CT screening.

Between 10/2014 and 09/2015, **Activity 1:** By the end of the first quarter of the grant year, the NJ Family Planning League and the STD Program will have established partnerships with at least 4 school based clinics in Cumberland, Gloucester and Salem counties. The designated school clinics will target sexually active students for STD education to be provided during health classes. Referrals will be provided after educational sessions for students to be tested for gonorrhea and chlamydia at school based clinics and/or family planning and STD clinics in their neighborhoods.

Activity 2: The first six months of this grant year, the CAB will select a social media and educational campaign that will appeal to adolescents to educate them about gonorrhea & chlamydia rates in their communities as well as provide them information on clinics that provide free testing and treatment for gonorrhea and chlamydia. The CAB has not yet determined which social medium would be cost effective, however, cell phone alerts and possibly face book mediums could be the most effective. The CAB will also launch a Get Yourself Tested (GYT) campaign, where giveaways will be provided and informatio of clinic locations will be provided.

2. Collaborations between grantees and NJDOE to coordinate screening efforts

Between 10/2014 and 09/2015, Adllescents has the highest rate of chlamydia in New Jersey. Since this population are in high school, the CAB will establish partnerships and coordinationation with at least 3 school based clinics to provide GC/CT screening, treatment, education and partner services plus the 4 designated STD, and Family Planning clinics in Cumberland, Gloucester, Vineland and Salem.

The CAB members from those school districts will launch a Get Yourself Tested (GYT) campaign in the first six months of this grant year to make students aware of gonorrhea & chlamydia trends in their jurisdictions and the necessity for testing if they are sexually active.

National Health Objective: HO STD-6 Gonorrhea

State Health Objective(s):

Between 10/2014 and 09/2015, Between October 1, 2014 and September 30, 2015 the STDP grantees (Family Planning, and Cumberland County STD clinics will ensure that 85% of patients between the ages of 15 and 44 years that present to their facilities are screened for GC/CT. Screening these patients will ensure the providers are aware of patients' positive to ensure appropriate care.

Baseline:

Baseline of number of patients seen in each clinic will be determined for 10/01/2014 thru 09/30/2015.

Positive GC/CT reported 01/01/2013 - 01/01/2014

1,464

Data Source:

Clinic Activity Reports

Communicable Disease Reporting and Surveillance System (CDRSS)

State Health Problem:

Health Burden:

The target populations for this project are adolescents/young adults and migrant farm workers. Data from Cumberland, Gloucester and Salem Counties show high rates of STDs among young people age 24 and younger. In 2013, 73% of chlamydia and gonorrhea cases reported in these counties among this age group. Also in 2013, 28% of chlamydia and gonorrhea cases in these counties occurred in African Americans and 25% of cases with a reported ethnicity occurred in Hispanics.

Cumberland County area chlamydia and gonorrhea rates ranked *number one* in the State of New Jersey in 2012. In 2013, of all chlamydia and gonorrhea cases reported in Cumberland, Gloucester and Salem Counties, 73% occurred in young people age 24 and younger, with 58% in young females specifically. In addition, 28% of these cases occurred in African Americans; and 25% of cases in which an ethnicity was reported occurred in Hispanics.

These counties have a large migrant farm worker population and demonstrate four common types of health problems: 1) chronic non-infectious diseases; 2) allergic conditions; 3) work-related physical injuries; 4) infectious diseases such as Tuberculosis, HIV/AIDS, and Sexually Transmitted Diseases (STDs).

Target Population:

Number: 157,785

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 63,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years

Gender: Female and Male

Geography: Rural and Urban
Primarily Low Income: Yes
Location: Specific Counties
Target and Disparate Data Sources: Clinic Activity Reports and CDRSS

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Program Operations Guidelines for STD Prevention, Centers for Disease Control and Prevention (CDC) MMWR Guidelines for Evaluating Surveillance Systems, May 1988. "System Attributes", pg 1, 5-11
IOM: The Hidden Epidemic: Confronting Sexually Transmitted Diseases (IOM) page 196

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$100,000
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$100,000
Funds to Local Entities: \$100,000
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Reduce gonorrhea rates for patients that present to STD & FP clinics in Cumberland County

Between 10/2014 and 09/2015, Cumberland County Department of Health (CCDH), New Jersey Family Planning League (NJFPL) will decrease the rate of Gonorrhea rates in patients aged 15 - 44 years. from Baseline to be determined by the end of the 1st Qtr of the grant year. to **Target will be determined once baseline numbers are determined.**

Annual Activities:

1. Complete clinic activity reports that document number of patients screened for gonorrhea

Between 10/2014 and 09/2015, **Activity 1:** The CCDH & FP clinics will review and analyze data gathered from clinic activity reports quarterly to determine adequacy of screening activities. These reports should reflect number of patients screened, number positive, number treated for gonorrhea and number counseled and provided with partner services. Also data collected will enable participating agencies to review the effectiveness of their program efforts and assist making Work Plan changes as needed. Short and long term goals and detail strategies can also be formulated from this data to address issues identified. Action plans will be formulated to coordinate activities among grantees and collaborative community groups identified.

Activity 2: The CCDH and FP clinics should ensure that at least 85% of positive patients are treated by treating symptomatic patients before they leave the clinics and by field follow-up of patients that were asymptomatic at time of screening.

Activity 3: The Community Advisory Board (CAB) will target new members this grant year that has the authority to approve community and/or provider activities geared towards screening and education. The CAB will target at least one local government official that has the authority to approve community activities

and at least one school official that will authorize STD education in schools identified for screening & education. Schools that are already involved in this project are the Milville, Bridgeton, and Vineland School districts. The CAB will target Salem County school district and Gloucester Township school district this next grant year.

2. Expand Collaborations & Partnerships with programs that service targeted population

Between 10/2014 and 09/2015, The grantees will expand collaborations & partnerships with programs that cater to the targeted populations. This will contribute to building support for and leveraging existing resources. Also to identify new strategies that will positively impact on gonorrhea infection rates in the targeted population.

State Program Title: Faith in Prevention

State Program Strategy:

Program Description: Community Based Primary Prevention Services (HO ECBP-10): \$900,000 will be utilized to pilot a Faith in Prevention project through faith based organizations to decrease obesity within the faith community. The funds will be awarded through three local grantees (one each in Camden, Trenton and Newark) that have created linkages to health systems and community based organizations for better coordination of public health in Camden, Trenton and Newark, communities within the State that have higher than average levels of low income and disparate populations.

Program Goals: The goals of this initiative are to: (1) increase community awareness of evidence based obesity prevention and control strategies; (2) recruit faith based organizations to participate in the pilot to increase obesity prevention and control strategies; (3) train and educate lay leaders within faith based organizations (FBOs) regarding evidence based strategies to prevent and combat obesity within FBOs' membership; (4) work with lay leaders to implement evidence based obesity prevention and control strategies.

Health Priorities: The project will focus on decreasing obesity through a focus on evidence based strategies to increase physical activity and improve nutrition through community and faith based organizations, consistent with Healthy People 2020 objectives. See Community Based Primary Prevention Services (HO ECBP-10 and ECBP-10.9)

Partners:

Internal

Office of Policy and Strategic Planning
Office of Minority and Multicultural Health

External

Grantees

Camden Coalition for Healthcare Providers
Greater Newark Health Care Coalition
Trenton Health Team, Inc. Trust

Faith Based Organizations

Rutgers Center for State Health Policy

Center for Urban Youth & Families, School of Nursing, Rutgers, The State University of New Jersey

Program Evaluation Methodology: The Department will evaluate the project using CDC's six step framework. Grantees will be required to submit progress reports on a quarterly and annual basis. The report must contain detailed information, supporting documents and evidence of obesity prevention and control activities that they have conducted during the reporting periods. The Project Coordinator will review all of the progress reports and other materials that have been submitted in detail, and provide feedback and advice to each grantee, accordingly.

State Program Setting:

Community based organization, Faith based organization, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Melissa Santorelli
Position Title: Project Coordinator
State-Level: 25% Local: 0% Other: 0% Total: 25%

Position Name: ***
Position Title: Lay Leader Coordinator
State-Level: 0% Local: 100% Other: 0% Total: 100%

Position Name: ***
Position Title: Lay Leader Coordinator
State-Level: 0% Local: 100% Other: 0% Total: 100%

Position Name: ***
Position Title: Lay Leader Coordinator
State-Level: 0% Local: 100% Other: 0% Total: 100%

Total Number of Positions Funded: 4

Total FTEs Funded: 3.25

National Health Objective: HO ECBP-10 Community-Based Primary Prevention Services

State Health Objective(s):

Between 10/2013 and 12/2020, Through community and faith based organizations, will work to decrease the percentage of low income and disparate populations that are obese within three pilot areas (Camden, Trenton and Newark) since these populations have the highest burden relative to obesity and would benefit most from evidence based strategies to increase physical activity and improve nutrition to prevent and control obesity.

Through the project, three grantees will recruit and train lay leaders from faith based organizations in the pilot areas/communities for their participation in the project. Lay leaders will receive training and education from Lay Leader Coordinators (working for the grantees) in order to understand how to perform a pre-assessment of need for public health interventions to address obesity through increased physical activity and improved nutrition. Lay leaders from the faith-based organizations will conduct the pre-assessments of their organizations' members and will meet with Lay Leader Coordinators to discuss evidence based strategies that will address the obesity prevention and control needs specific to each lay leader's faith based organization. Lay leaders will thereafter be able to apply for mini-grants to implement evidence based strategies specific to the needs of their faith based organization.

Baseline:

The following Healthy New Jersey 2020 Objectives will be incorporated into this project:

NF-1: Prevent an increase in the proportion of the population that is obese

NF-1a: adults aged 20 years and older - Baseline of 23.8% of adults were obese (New Jersey Behavioral Risk Factor Survey [BRFS] - 2011); Target is to maintain a rate of 23.8% adults obese by 2020

NF-1b: high school students (grades 9-12) - Baseline of 10.3% of students were obese (New Jersey Student Health Survey for High School Students [SHSHSS] - 2009); Target is to maintain a rate of 10.3% of students obese by 2020

NF-2: Increase the proportion of the population consuming five or more servings of fruits and vegetables per day

NF-2a: adults aged 18 years and older - Baseline of 26.1% of adults consumed five or more servings of fruits and vegetables per day (BRFS - 2011); Target of 28.7% of adults will consume five or more servings of fruits and vegetables by 2020

NF-2b: high school students (grades 9-12) - Baseline of 20.1% of students consumed five or more servings of fruits and vegetables per day (SHSHSS - 2009); Target of 22.1% of students will consume five or more servings of fruits and vegetables per day

NF-3: Increase aerobic physical activity

NF-3a: Proportion of adults who meet current Federal physical activity guidelines for moderate or vigorous physical activity - Baseline of 53.2% of adults engaged in moderate or vigorous physical activity (BRFS - 2011); Target of 58.5% of adults will engage in moderate or vigorous physical activity by 2020

NF-3b: Proportion of high school students that meet current physical activity guidelines for moderate or vigorous physical activity - Baseline of 21.3% of students engaged in moderate or vigorous physical activity (SHSHSS - 2009); Target of 23.4 of students will engage in moderate or vigorous physical activity by 2020

2012 BRFS data reveals that 30% of respondents who self-identified as being obese had incomes of less than \$15,000. Additionally, the BRFS data revealed that a higher percentage of Black and Hispanic respondents indicated that they are obese, as compared to Whites. 36.1% were Black, 26.3% were Hispanic and 24.1% were White. Based on this data, the Department will work with community and faith based organizations to link faith based organizations to the health care delivery system and to provide education and training to lay leaders in order to ensure that lay leaders implement evidence based strategies to prevent and combat obesity through increased physical activity and improved nutrition in the faith community.

Data Source:

2011 New Jersey Behavioral Risk Factor Survey
2009 New Jersey Student Health Survey of High School Students
2012 New Jersey Behavioral Risk Factor Survey

State Health Problem:

Health Burden:

The following Healthy New Jersey 2020 Objectives will be incorporated into this project:

NF-1: Prevent an increase in the proportion of the population that is obese

NF-1a: adults aged 20 years and older - Baseline of 23.8% of adults were obese (New Jersey Behavioral Risk Factor Survey [BRFS] - 2011); Target is to maintain a rate of 23.8% adults obese by 2020

NF-1b: high school students (grades 9-12) - Baseline of 10.3% of students were obese (New Jersey Student Health Survey for High School Students [SHSHSS] - 2009); Target is to maintain a rate of 10.3% of students obese by 2020

NF-2: Increase the proportion of the population consuming five or more servings of fruits and vegetables per day

NF-2a: adults aged 18 years and older - Baseline of 26.1% of adults consumed five or more servings of fruits and vegetables per day (BRFS - 2011); Target of 28.7% of adults will consume five or more servings of fruits and vegetables by 2020

NF-2b: high school students (grades 9-12) - Baseline of 20.1% of students consumed five or more servings of fruits and vegetables per day (SHSHSS - 2009); Target of 22.1% of students will consume five or more servings of fruits and vegetables per day

NF-3: Increase aerobic physical activity

NF-3a: Proportion of adults who meet current Federal physical activity guidelines for moderate or vigorous physical activity - Baseline of 53.2% of adults engaged in moderate or vigorous physical activity (BRFS -

2011); Target of 58.5% of adults will engage in moderate or vigorous physical activity by 2020

NF-3b: Proportion of high school students that meet current physical activity guidelines for moderate or vigorous physical activity - Baseline of 21.3% of students engaged in moderate or vigorous physical activity (SHSHSS - 2009); Target of 23.4 of students will engage in moderate or vigorous physical activity by 2020

2012 BRFSS data reveals that 30% of respondents who self-identified as being obese had incomes of less than \$15,000. Additionally, the BRFSS data revealed that a higher percentage of Black and Hispanic respondents indicated that they are obese, as compared to Whites. 36.1% were Black, 26.3% were Hispanic and 24.1% were White. Based on this data, the Department will work with community and faith based organizations to link faith based organizations to the health care delivery system and to provide education and training to lay leaders in order to ensure that lay leaders implement evidence based strategies to prevent and combat obesity through increased physical activity and improved nutrition in the faith community.

Target Population:

Number: 201,510

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 201,510

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: U.S. Census, available at:

<http://quickfacts.census.gov/qfd/states/34/3410000.html>

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other:

GUIDE TO COMMUNITY PREVENTIVE SERVICES:

Finkelstein, E, Trogon, J, Cohen, J, Dietz, W, Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates. Health Affairs, Volume 28(5) (July 2009)

MMWR RECOMMENDATIONS AND REPORTS:

Khan, L, Sobush, K, Keener, D, Goodman, K, Lowry, A, Kakietek, J, Zaro, S, Recommended Community Strategies and Measurements to Prevent Obesity in the United States. Volume 58(RR07) (July 24, 2009) (citing, Faith MS, Fontaine KR, Baskin ML, Allison DB. Toward the reduction of population obesity: macrolevel environmental approaches to the problems of food, eating, and obesity. Psychol Bull 2007;133:205--26)

NATIONAL GUIDELINES CLEARINGHOUSE:

Kottke, T, Baechler, C, Canterbury, M, Danner, C, Erickson, K, Hayes, R, Marshall, M, O'Connor, P, Sanford, M, Schloenleber, M, Shimotsu, S, Straub, R, Wilkinson, J. Healthy lifestyles. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); May 2013 May

OTHER:

Hoyo, C, Reid, L, Hatch, J, Sellers, DB, Ellison, A, Hackney, T, Porterfield, D, Page, J, Parrish, T, Program Prioritization to Control Chronic Diseases in African-American Faith-Based Communities. Journal of the National Medical Association, Volume 96, Number 4 (April 2004)

Hardison-Moody, A, Dunn, C, Hall, D, Jones, L, Newkirk, J, Thomas, C, Multi-Level Partnerships Support a Comprehensive Faith-Based Health Promotion Program. Journal of Extension, Volume 49, Number 6 (December 2011)

Hardison-Moody, A and Stallings, W, Faith Communities as Health Partners: Examples from the Field. North Carolina Medical Journal, Volume 73, Number 5 (September/October 2012)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$1,035,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$900,000

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Clinical Data Collection

Between 10/2014 and 09/2015, Center for Urban Youth & Families, School of Nursing, Rutgers, The State University of New Jersey will collect **200** Clinical data, including a1c, blood pressure, body mass index and cholesterol.

Annual Activities:

1. Clinical Data Collection from Participating Congregants

Between 10/2014 and 09/2015, Through a Memorandum of Agreement, the Center for Urban Youth & Families, School of Nursing, Rutgers, The State University of New Jersey, will engage graduate nursing students that will attend training sessions at FBOs to capture clinical data from participants at specific points within the curriculum and following participants' completion of the curriculum, to gauge effectiveness

of the Faith in Prevention evidence based strategies.

2. Report Clinical Data to the Evaluator

Between 10/2014 and 09/2015, The Center for Urban Youth & Families, School of Nursing, Rutgers, The State University of New Jersey, will share clinical data collected with the Rutgers Center for State Health Policy (Faith in Prevention evaluator) for purposes of the evaluator capturing the effectiveness and sustained effectiveness of the Faith in Prevention evidence based curriculum and strategies.

Objective 2:

Conduct Pre-Assessments of Faith Based Organizations

Between 10/2014 and 09/2015, Grantees will conduct **60** Pre-Assessments of public health needs for faith based organizations interested in participation in the project.

Annual Activities:

1. Administration of the pre-assessment

Between 10/2014 and 09/2015, Lay Leader Coordinators, working through lay leader from 60 faith based organizations, will conduct pre-assessments of public health need for each of the faith based organizations (FBOs) to determine obesity prevention and control needs for each FBO.

2. Review of Pre-Assessment Data

Between 10/2014 and 09/2015, Lay Leader Coordinators, working with the Project Coordinator, would review pre-assessment data provided by participating faith based organizations for the purpose of evaluating the needs of faith based organizations relative to obesity prevention and control.

Objective 3:

Increase the Number of Faith Based Organizations Implementing Evidence Based Projects

Between 10/2014 and 09/2015, Grantees will increase the number of Faith based organizations engaged in evidence based obesity prevention strategies to address the specific needs identified through the pre-assessment process for the FBOs' members. from 0 to **36**.

Annual Activities:

1. Award mini-grants to faith based organizations

Between 10/2014 and 09/2015, Lay Leader Coordinators will make awards of mini-grants to local faith based organizations to address specific obesity prevention and control needs identified through the pre-assessment process.

2. Implementation of Evidence Based Obesity Prevention and Control Strategies

Between 10/2014 and 09/2015, Lay Leaders, with technical assistance from Lay Leader Coordinators, will implement evidence based strategies to prevent and control obesity through increased physical activity and improved nutrition within the faith based organization setting.

Objective 4:

Increase the number of faith based organizations recruited for participation in the project

Between 10/2014 and 09/2015, Grantees will increase the number of faith based organizations from 0 to **90**.

Annual Activities:

1. Recruitment

Between 10/2014 and 09/2015, Lay Leader Coordinators will engage in recruitment activities including meeting with faith based organizations to attract them to participate in the project, and to identify lay leaders within the faith based organizations to serve as trusted facilitators to move the project forward within each of the recruited faith based organizations.

Lay Leader Coordinators will share with lay leaders from the faith based organizations that funding opportunities will exist for those faith based organizations that can demonstrate public health need for evidence based strategies to address obesity through increased physical activity and improved nutrition. The funding opportunities will serve as one of the motivants for faith based organizations to participate in the project.

Objective 5:

Physical Activity and Nutrition Education

Between 10/2014 and 09/2015, Grantees will provide Train-the-trainer sessions to "Lay leaders" on physical activity to congregants to 0 60.

Annual Activities:

1. Train Lay Leaders

Between 10/2014 and 09/2015, Hold trainings and education sessions with lay leaders to describe the project framework and the role of lay leaders in implementing evidence based strategies to reduce obesity through increased physical activity and improved nutrition in the faith community. Components of the training will be in a train-the-trainer format to ensure that lay leaders from faith based organizations (FBOs) understand evidence based strategies to address obesity prevention and control through increased physical activity and improved nutrition for members of their FBO.

Objective 6:

Post Assessments

Between 10/2014 and 09/2015, Grantees will collect **260** Post-Assessments from FBOs (a minimum of 60 Faith Community Post-Assessments) and congregants (200 Congregant Post-Assessments).

Annual Activities:

1. Congregant Post-Assessments

Between 10/2014 and 09/2015, Grantees will conduct a minimum of 200 congregant post-assessments and send them to the Rutgers Center for State Health Policy (Faith in Prevention evaluator).

2. Faith Community Post-Assessment

Between 10/2014 and 09/2015, Grantee will secure a minimum of 60 Faith Community Post-Assessments and forward them to the Rutgers Center for State Health Policy (Faith in Prevention evaluator).

Objective 7:

Project Planning and Identification of Target Population

Between 10/2014 and 09/2015, Grantees will identify **100** Faith based organizations serving low income and disparate populations within the communities/areas served by the grantees.

Annual Activities:

1. Gather Faith Based Organization Demographics

Between 10/2014 and 09/2015, Grantees will engage in discussions with local faith based organizations and the Office of Faith Based Initiatives in the NJ Department of State to develop a demographic profile of the faith community in the area/communities served by each grantee, in order to target efforts toward primarily reaching low income and disparate populations for recruitment efforts.

2. Preparation of Training and Education Materials

Between 10/2014 and 09/2015, Project Coordinator, working collaboratively, with the author of the Faithful Families Eating Smart Moving More initiative, will modify the existing evidence based training curriculum, developed by the North Carolina Department of Health, to meet the unique needs of New Jersey's three pilot areas/communities.

3. Preparation of an Assessment Tool

Between 10/2014 and 09/2015, Rutgers Center for State Health Policy (Faith in Prevention evaluator), working collaboratively, under the direction of the Project Coordinator, will modify an existing evidence based assessment tool utilized by the North Carolina State University as part of its Faithful Families Eating Smart Moving More initiative to assess public health needs relative to obesity prevention and control within areas/communities served by the grantees.

4. Community Meetings to Engage Faith Based Organizations

Between 10/2014 and 09/2015, Grantees will host community meetings to engage faith based organizations within the areas/communities served by the grantees to describe the project and create awareness around how the project will benefit faith based organizations and their members, in addressing obesity prevention and control through increased physical activity and improved nutrition.

State Program Title: Immunization/Vaccine Preventable Disease Program

State Program Strategy:

Program Goal: Reduce and eliminate the incidence of vaccine-preventable diseases affecting children, adolescents, and older adults through immunization.

Program Health Priority: Increase the immunization coverage levels in children six years old and younger through vaccination; decrease the burden of vaccine preventable diseases in designated pocket-of-need areas to achieve the Healthy People 2020 goals. Increase immunization awareness throughout the state in collaboration with internal and external partners.

Primary Strategic Partners:

External

Local Health Departments
American Academy of Pediatrics (AAP)
American Academy of Family Practices (AAFP)
Health Officers Association
Hospital Association
3 State recognized Native American Tribes
Social Service Agencies
VPDP Health Services Grantees

Internal

Maternal and Child Health Consortium
Women, Child and Infant (WIC)

Program Evaluation Methodology: The VPD program utilizes a process evaluation when assessing the goals, activities, and outcomes for all health service grantees. This evaluation plan is aligned with the CDC 6- step evaluation framework. Each health service grantee is required to submit progress reports on a quarterly and annual basis. The report must contain detailed information, supporting documents and evidences of immunization activities that have conducted during the reporting periods. The Grants Evaluator will review and evaluate all of the progress reports and other materials that have been submitted in detail, and provide feed-back and advice to each grantee accordingly. Through extensive review of all activity reports from each grantee, quarterly evaluations are documented to track the progress for each activity. This is done through the use of using qualitative and quantitative measures. In addition, a status of met, partially met, and not met is used to note the completion status for each quarter, along with a quarterly percentage applied to each activity. In-depth site visits and observations of program activities are also conducted to ensure program goals are being met and carried out accordingly.

State Program Setting:

Business, corporation or industry, Child care center, Community based organization, Community health center, Local health department, Medical or clinical site, Other: Social Service Referral Centers

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO IID-1 Vaccine-Preventable Diseases

State Health Objective(s):

Between 10/2014 and 09/2015,

1. Increase the percentage of two year old children receiving DTaP, polio, MMR, and varicella, vaccines separately and as part of the 4-3-1-3 -3-1 series, to 90.0 percent among all children 2 years and under.
2. Increase by 5 percent the number of children 6 years of age and under that participate in the New Jersey Immunization Information System to 90 percent.

Baseline:

1. **Baseline data:** 2020 Target: 90 percent- NIS: 76.4 percent
2. **Baseline data:** 95 percent- NJIIS: 85 percent

Data Source:

1. **Data Source:** National Immunization Survey 2013
2. **Data Source:** New Jersey Immunization Information System 2013

State Health Problem:

Health Burden:

According to the 2013 National Immunization Survey (NIS), New Jersey's vaccination rates for 4-3-1-3-3-1 series is 76.4 percent. That is 13 percent below the HP 2020 Objective of 90 percent for all two-year olds who are age-appropriately immunized. In the urban areas, where the majority of the State's minority and medically under-served children reside, have even lower rates. One of VDPD's goals is to assess state progress toward meeting the HP 2020 Objective of 90 percent for all of the universally recommended childhood vaccines. In 2009 for the first time in NJ, varicella became a reportable disease. Immunizations such as hepatitis B birth dose, rotavirus and hepatitis A have been found to require greater effort on the part of providers to effectuate an increase in immunization rates.

Several factors continue to contribute to slowly increasing immunization rates among children such as provider practices missing opportunities to vaccinate children and some parental attitudes toward timely administration of vaccinations. In the urban areas, outreach workers have reported that in addition to the above factors, parents/guardians view immunization as a low priority when compared to food, housing, and safety issues. Vaccine costs however, do not appear to be a major barrier because of the NJ Vaccines For Children Programs' supply of low cost vaccine to over 1200 participating providers in NJ.

Target Population: 9,300 hard to reach racial/ethnic minority and medically under-served children two years of age and younger are the targets of the initiative cities of Vineland, Newark, and Asbury Park/Long Branch in which it is estimated that 13,211 children two years of age and younger reside. The Target population for National Health Objective other than Chapter 23 is 13,211 which include: Hispanic and Non-Hispanic, African American or Black, Native Hawaiian Pacific Is, American Indian/Alaskan Native, White and Asian from 0 to less than 3 years. The target population for National Health Objective Chapter 23 is 9,300 that relates to health problems include State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance and Health Care Systems.

Population with Disparate Need: The New Jersey Department of Health, Vaccine Preventable Disease Program collaborates with agencies in four urban initiative cities throughout the state. Newark, Asbury Park, Long Branch, and Vineland, represent pockets of need within our State. These agencies will be directly funded by the PHHSBG to raise the immunization level of racial/ethnic minority and medically under-served children in those cities between the ages of 0 months and 2 years to 90 percent. By identifying, offering, administering and referring children to a medical home for immunization services; providing immunization education and outreach to the area's hard-to-reach population; and increasing parental awareness of the need to have their children vaccinated on time every time. Categorical funding cannot meet the needs of these Centers for Disease Control and Prevention designated pocket-of-need

areas. The agencies establish liaisons with New Jersey Family Care, private providers, community-based organizations, and local health departments to ensure follow-up of immunization activities. The estimated number will be 9,300, which include: Hispanic and Non-Hispanic, African American or Black, Native Hawaiian Pacific Islander, American Indian/Alaskan Native, White and Asian from 0 to less than 3 years covering both urban and rural, males and females in primarily low income communities in Cumberland, Essex, Middlesex and Monmouth Counties.

Target Population:

Number: 9,300

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 9,300

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: NJ Center for Health Statistics, US Census and New Jersey Immunization Information System (NJIS); (MMWR) Summary of Notifiable Diseases, United States 2012; (MMWR) Recommendation and Reports CDC

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: Listing the MMWR's we are referencing.

National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2012. September 13, 2013 / 62(36);733-740

National and State Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2012. August 30, 2013 / 62(34);685-693

General Recommendations on Immunization — Recommendations of the Advisory Committee on Immunization Practices (ACIP). January 28, 2011 / Vol. 60 / No. RR–2 / Pg. 1 - 64

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$175,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Conduct Outreach and Awareness Activities

Between 10/2014 and 09/2015, the Vaccine Preventable Disease Program through its PHHSBG funded Health Service Grantees will conduct **4** intensive outreach efforts by increasing awareness of the benefits of immunizations for the target population in three venues within the target areas.

Annual Activities:

1. Establish liaisons in the 4 urban initiative cities to support outreach activities

Between 10/2014 and 09/2015, identify, develop, and disseminate at least two immunization and health-related materials in each of the four (4) target areas that are literally and culturally appropriate for the target population.

2. Identify and Collaborate

Between 10/2014 and 09/2015, Identify and collaborate with at least one existing community-based organizations in each of the four (4) urban initiative cities that agree to support immunization outreach activities.

3. Disseminate Materials

Between 10/2014 and 09/2015, identify, develop, and disseminate at least two immunization and health-related materials in each of the four (4) target areas that are literally and culturally appropriate for the target population.

4. Sponsor an evidence-based outreach initiative

Between 10/2014 and 09/2015, sponsor an evidence-based outreach initiative supporting the importance of disease prevention and vaccinations for the target population in each community that has the support and participation of community members representative of the racial/ethnic minority target group.

Objective 2:

Increase the percent of 6 year old children enrolled in the immunization registry.

Between 10/2014 and 09/2015, the Vaccine Preventable Disease Program will increase the percent of children 0 months to 6 years old enrolled in the Immunization Registry (NJIS) of the four community action agencies in the target cities of Newark, Vineland, Asbury Park and Long Branch, that are age-appropriately immunized. from 80.5% to **95%**.

Annual Activities:

1. Ensure Age Appropriate Immunizations

Between 10/2014 and 09/2015, 1. Ensure children 6 years old and under is enrolled in immunization registry by conducting provider practice site audits

2. Educate the communities about importance of vaccination by coordinating with local health departments, WIC, NJ Family Care and other community based organizations to improve immunization rates in the pocket of needs areas.

State Program Title: New Jersey Department of Health (NJDOH) Quality Improvement (QI) Program

State Program Strategy:

The NJDOH Quality Improvement Initiative seeks to develop public health infrastructure by building a culture of continuous quality improvement throughout the NJDOH with a stated objective of improving the Department's overall performance, enhancing program efficiencies and effectiveness leading to an overall improvement in the health status of all New Jersey Residents. Through the program, the NJDOH trains NJDOH staff in all major program areas in the plan-do-study-act quality improvement methodology, implements QI projects to achieve measurable improvements in performance and health outcomes.

Health Priority:

Quality Improvement

Primary Strategic Partners:

State Health Department

Program Methodology:

The QI program will use the CDC's Six Step Evaluation Framework. In addition, the program will conduct performance management/QI training. The training begins with a two day in person training for the Plan-Do-Study-Act methodology conducted by a collaborating partner. Trainees identify and plan to implement a QI public health project with their program area. The Plan-Do-Study-Act is a 4-step model for creating and implementing change, which is repeated for continuous improvement.

In order to embed DOH QI culture and build upon the DOH formal QI structure, the QI program has created 7 teams of QI trainers with previous QI experience, who will train department staff in key QI elements/methodology, such as 1) Plan-Do-Study-Act, 2) AIM Statements (restricting the problem statement to a discrete issue for the improvement team to focus), 3) Flow Chart diagramming, 4) Cause & Effect Diagramming, 5) Solution & Effect Diagramming, 6) Data gathering, 7) Developing & Implementing a work plan.

State Program Setting:

State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: TBD

Position Title: Public Health Services Quality Improvement Coord

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

National Health Objective: HO PHI-16 Public Health Agency Quality Improvement Program

State Health Objective(s):

Between 10/2014 and 09/2015, The goals of this initiative are to: 1) conduct workforce development by building competencies for public health professionals, 2) create a culture of continuous quality improvement within the NJDOH with a focus on those objectives prioritized through NJ's State Health Improvement Plan (SHIP)-Healthy New Jersey 2020.

Baseline:

To date, NJDOH has trained over one-hundred and twenty staff in Quality Improvement Basics methodology. More than fifty QI projects have been implemented Department wide to date. Significant progress has been made in these areas with a targeted goal to train 100 Public Health staff from the Public Health Services Branch.

Data Source:

NJ's State Health Improvement Plan (SHIP)-Healthy New Jersey 2020.

State Health Problem:

Health Burden:

NJDOH Quality Improvement initiative will build a culture of quality improvement across the agency to improve program effectiveness and increase the agency's approach to manage performance as well as to improve and measure efficiency, effectiveness, and quality of statewide health delivery services.

Target Population:

Number: 100
Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 25
Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Other: Public Health Quality Improvement Handbook Bialek, R. Duffy, (J.W.) 2009.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$200,000
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

QI Assessment

Between 10/2014 and 09/2015, QI program staff and team will develop **1** system to track inventory and improve upon continuous quality improvement initiatives.

Annual Activities:

1. Conduct gap analysis

Between 10/2014 and 09/2015, Identify PHS areas where gaps exist in process or efficiency and programs can benefit from CQI initiatives.

2. CQI targeted project areas

Between 10/2014 and 09/2015, the PHS QI Coordinator will establish a list of 20 targeted PHS programs to participate in the continuous quality improvement initiative.

3. ePSB Support

Between 10/2014 and 09/2015, the QI Program will utilize the Electronic Program Summary Book (ePSB), which provides an overview of all the Department programs, to assess the different programs implementation and maintenance of CQI initiatives.

Objective 2:

Quality Improvement

Between 10/2014 and 09/2015, QI Program staff will conduct **4** continuous quality improvement (CQI) training sessions.

Annual Activities:

1. Staff Training

Between 10/2014 and 09/2015, the QI Program will conduct performance management/QI training. The training begins with a two day in person training for the Plan-Do-Study-Act methodology conducted by a collaborating partner. Trainees identify and plan to implement a QI public health project with their program area. The Plan-Do-Study-Act is a 4-step model for creating and implementing change, which is repeated for continuous improvement. Currently, the QI program is in the planning stages of the methodology as we have identified processes for improvement and move towards implementation of the process changes. The training aims to reach at least 70 staff (35 staff trained on each day of the training workshop).

2. Train-the-trainer

Between 10/2014 and 09/2015, the QI Program will conduct 2 train-the-trainer sessions in order to sustain continuous quality improvement efforts. One TTT session has been scheduled for May 19/20, 2015. In order to embed DOH QI culture and build upon the DOH formal QI structure, the QI program has created 7 teams of QI trainers with previous QI experience, who will train department staff in key QI elements/methodology, such as 1) Plan-Do-Study-Act, 2) AIM Statements (restricting the problem statement to a discrete issue for the improvement team to focus), 3) Flow Chart diagramming, 4) Cause & Effect Diagramming, 5) Solution & Effect Diagramming, 6) Data gathering, 7) Developing & Implementing a work plan. The 7 teams include over 30 department staff from various areas of the department, which ensures the implementation of QI strategies and this particular training in the various areas across DOH.

State Program Title: New Jersey Diabetes Prevention and Control Program (DPCP)

State Program Strategy:

Program Goal(s): The New Jersey Diabetes Prevention and Control Program (DPCP) is committed to reducing the burden of diabetes by increasing awareness of diabetes prevention and management among the general population, high risk groups, people with diabetes, and providers.

Program Health Priority: To reduce the impact and complications of diabetes, the Department of Health (DOH) provides PHHSBG funding to Rutgers University to promote access and utilization of diabetes self-management (and prevention) programs; Federally Qualified Health Centers - Zufall Health Center and Center for Human Services to promote diabetes awareness; the Commission for the Blind and Visually Impaired (CBVI) - Diabetic Eye Disease Detection Program (DEDD) to provide eye screenings to underserved populations; the New Jersey Quitline, to prevent or treat debilitating complications associated with the condition; and to support the activities of New Jersey's Diabetes Action Plan).

According to the CDC, people with diabetes who smoke are more likely to have serious health problems from diabetes and higher risks for serious complications, including:

- Heart and kidney disease
- Poor blood flow in the lower extremities that can lead to infections and possible amputation
- Retinopathy
- Peripheral neuropathy

The New Jersey Medical School at Rutgers University will increase community-clinical linkages for pre-diabetes and diabetes programs to support residents' self-management skills. Rutgers will work with Stanford model Diabetes Self-Management Program (DSMP) delivery sites, YMCA Diabetes Prevention Programs, and health care providers to facilitate referral systems for patients. This pilot will serve two counties - Essex and Hudson - where relationships with target health care providers are already established.

Center for Human Services and Zufall Health Center will serve as Diabetes Resource Coordination Centers (DRCCs), whose purpose is to promote (1) diabetes screenings and awareness in 3 counties – Hunterdon, Morris and Cumberland – and coordinate regional meetings for key stakeholders, to increase access to, and utilization of, existing diabetes resources for residents.

CBVI - DEDD provides FREE dilated eye exams to people with diabetes who are regularly receiving professional eye care, and who are uninsured or under-insured. The program also has a referral component to link participants with urgent and follow-up care. Though CBVI-DEDD serves the entire state, the PHHSBG funding will be used to increase service provision in underserved communities. CBVI-DEDD will also promote diabetes awareness (prevention and management).

New Jersey Quitline is a FREE, telephonic smoking cessation counseling service available to all New Jersey residents, either via physician referral or self referral. The NJ Quitline represents the only cessation service offered by DOH to the residents of New Jersey. It is a toll-free (1-866-NJSTOPS) telephone based counseling service offering services from brief advice to extensive one-on-one telephone counseling with specially trained counselors. The program uses an evidence-based combination of physical, psychological, and behavioral strategies to enable participants to take responsibility for and overcome their addiction to tobacco.

On August 7, 2013 Governor Chris Christie signed into law, NJ's first Diabetes Action Plan (DAP). The DAP requires the DOH, in consultation with the Department of Human Services (DHS) and the Department of Children and Families (DCF), to develop an action plan to reduce the impact of diabetes in the New

Jersey.

Program Primary Strategic Partners:

Internal

Office of Tobacco Control
Office of Nutrition and Fitness
NJ Heart Disease and Stroke Prevention Program
Office of Women's Health
Office of Primary Care

External

NJ Dept. of Human Services

NJ Dept. of Children and Families
Centers for Disease Control
American Diabetes Association
NJ Federally Qualified Health Centers
Commission for the Blind and Visually Impaired
New Jersey Medical School, Rutgers University
Zufall Health Center
Center for Human Services
NJBRFSS
NJ Quitline
Mom's Quit Connection

Program Evaluation Methodology:

The program will be monitored and evaluated by program staff and an internal evaluation team, utilizing the CDC's Framework for Evaluation in Public Health.

Process and outcome evaluation efforts for CBVI include semi-annual site visits and quarterly program performance surveys from grantees that collect quantitative and qualitative data about program reach and impact: demographics, number of eye screenings conducted, pathologies detected, and community clinical linkages established to increase residents' access to medical services.

Additionally, Rutgers' and the DRCCs' program performance will be monitored and reviewed by staff through monthly calls, quarterly reports and bi-annual site visits to inform ongoing program planning. Evaluation efforts include quantitative and qualitative data methods about the number of policies and environmental improvements established by the project that support diabetes prevention and management.

The results of these efforts will be used to not only determine the impact of the project, but also inform ongoing program planning.

State Program Setting:

Community based organization, Community health center, Faith based organization, Local health department, Medical or clinical site, Senior residence or center, Tribal nation or area, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Melita J Jordan

Position Title: Service Director

State-Level: 25% Local: 0% Other: 0% Total: 25%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.25

National Health Objective: HO D-3 Diabetes Deaths

State Health Objective(s):

Between 10/2010 and 09/2020,

1. By 2020, reduce the death rate due to diabetes to 15.8 per 100,000 standard population (age-adjusted).
2. By 2020, reduce the rate of lower extremity amputations in persons with diagnosed diabetes to 28.6 per 1,000 persons diagnosed with diabetes.
3. By 2020, increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement (AC1) at least twice a year to 59.4 percent (age-adjusted).

Baseline:

1. 24.4 per 100,000 standard population (age-adjusted) (2007)
2. 31.8 per 1,000 persons diagnosed with diabetes (2009)
3. 54.0 percent (age-adjusted) (2009-2011)

Data Source:

1. Death Certificate Database, Center for Health Statistics, New Jersey Department of Health
2. Uniform Billing Patient Summary Data, Office of Health Care Quality Assessment, New Jersey Department of Health
3. New Jersey Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health

State Health Problem:

Health Burden:

Diabetes is the sixth leading cause death in New Jersey, and its frequency is on the rise. According to the most recent New Jersey Behavioral Risk factor Survey (2013 NJBRFS) data 632,785 adults in New Jersey, or approximately 9.2% of the population, had diagnosed diabetes. The over-65 age group and minorities were disproportionately affected, with higher rates of diabetes-related morbidity and mortality. Percentages were higher for black adults (11.9%), than for other racial/ethnic populations. People with diabetes in New Jersey suffer from many diabetes-related complications or conditions. These included 2,922 lower extremity amputations (2013 Uniform Bill Data), 1,408 new cases of end-stage renal disease (2013 Quality Insights Renal Network 3 Annual Report Data) and 16,058 diabetes-related hospitalizations (2013 Uniform Bill Data).

Target Population:

Number: 596,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 82,376

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: CDC BRFSS and American Community Survey as reported by Rutgers Center for State Health Policy

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$330,509

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$150,000

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Diabetes Action Plan

Between 10/2014 and 09/2015, The Diabetes Action Plan Coordinator will develop 1 detailed action plan for preventing and controlling diabetes, pre-diabetes and complications related to diabetes, with a range of actionable items for consideration by the New Jersey Legislature.

Annual Activities:

1. Coordinate with DHS & DCF to review collective diabetes data

Between 10/2014 and 09/2015, In consultation with DHS and DCF, DOH will develop a biennial report on diabetes services provided throughout the state, and the benefits of implemented programs and activities aimed at preventing or controlling diabetes. This assessment shall document the amount and source of any funding directed to each department for programs and activities aimed at reaching those with diabetes.

DOH, DCF, and DHS will meet monthly on the development of diabetes action plan report.

2. Assessment of Impact of Diabetes Conditions, Programming & Financial Resources

Between 10/2014 and 09/2015, The Project Coordinator will lead the development of a document assessing the impact of all types of diabetes, impact of state programming, and financial impact of the conditions on

each department.

3. Develop a detailed Budget Blueprint

Between 10/2014 and 09/2015, Develop a detailed budget blueprint to identify needs, costs, and resources required to implement the Diabetes Action Plan. This blueprint shall include a budget range for each proposed action presented in the Plan for consideration by the Legislature.

4. Present a biennial report to the Governor and the Legislature by 08/07/2015

Between 10/2014 and 09/2015, The Project officer will submit a report, to the Governor and Legislature, featuring benefits of implemented diabetes programs and activities aimed at preventing or controlling diabetes. The report shall recommend actions to be taken to reduce the burden of diabetes and highlight specific needs, costs, and resources required to implement the plan.

Objective 2:

Diabetes Screening and Awareness

Between 10/2014 and 09/2015, Rutgers University, Zufall Health Center and Center for Human Services will conduct 6 events to promote awareness of diabetes and encourage screening for pre-diabetes and diabetes by taking the diabetes risk test.

Annual Activities:

1. Diabetes Awareness Month

Between 10/2014 and 09/2015, Rutgers University, Zufall Health Center and Center for Human Services will implement 3 events to promote the National Diabetes Education Program sponsored Diabetes Awareness Month. Activities will be designed to promote the “**Be Smart About Your Heart: Control the ABCs of Diabetes**” theme, to help people with diabetes learn about heart disease, and how to lower risk of heart disease by managing the diabetes ABCs: the A1C test, Blood Pressure, Cholesterol and Stop Smoking. The expected reach of these activities is 1000 encounters.

2. Diabetes Alert Day Campaign

Between 10/2014 and 03/2015, Rutgers University, Zufall Health Center and Center for Human Services will implement 3 events to promote the American Diabetes Association’s Alert Day, and administer at least 75 diabetes risk tests to participants.

3. Regional Diabetes Stakeholders Meetings

Between 10/2014 and 09/2015, Zufall Health Center and Center for Human Services will each host one regional meeting for key state stakeholders, to promote community-clinical linkages strategies for improved consumer access to, and utilization of, existing diabetes resources for residents.

Objective 3:

Diabetes Self-Management Program (DSMP) Promotion

Between 10/2014 and 09/2015, Rutgers University will maintain 1 Diabetes Resources Coordination Center to promote the utilization of diabetes self-management education and lifestyle interventions for the prevention of type 2 diabetes.

Annual Activities:

1. Stanford-Model DSMP Facilitation

Between 10/2014 and 09/2015, Between 10/2014 and 09/2015, Rutgers University shall conduct and complete a minimum of twelve (12) DSMP workshops (six week series, minimum of 12 participants per series) in Essex and Hudson Counties.

Developed by Stanford School of Medicine, the Diabetes Self-Management program (DSMP) features a 2½ hour workshop given once a week for six weeks. These DSMPs are held in community settings such as

churches, community centers, libraries and hospitals. People with Type 2 diabetes attend the workshop in groups of 12-16. Workshops are facilitated from a highly detailed manual by two trained leaders, one or both of whom are peer leaders with diabetes themselves.

The Community Preventive Services Task Force recommends that diabetes self-management education (DSME) interventions be implemented in community gathering places on the basis of sufficient evidence of effectiveness in improving glycemic control for adults with Type 2 diabetes.

2. Community-Clinical Linkages Intervention

Between 10/2014 and 09/2015, Between 10/2014 and 09/2015, Rutgers University shall recruit a minimum of three new (3) Health System partners to establish systems policies and/or practices for referring patients to DSME or DPP, to increase the utilization of both programs.

Rutgers University will also liaise between health care organizations in the target areas (particularly Federally Qualified Health Centers (FQHCs) and community-based organizations offering DSME/DPP to drive eligible patients to the programs.

Objective 4:

Link Persons with Diabetes and Other Chronic Diseases to Smoking Cessation Services

Between 10/2014 and 09/2015, the Office of Tobacco Control will maintain percentage smoking persons with diabetes and other chronic diseases who call the NJ Quitline at 50%.

Annual Activities:

1. Offer free smoking cessation resources to persons with chronic diseases who also smoke

Between 10/2014 and 09/2015, Between 10/2014 and 9/2015, the Office of Tobacco Control will continue to offer New Jersey Quitline, an evidence-based, telephone counseling tobacco use cessation service, which is available to all qualified New Jersey resident tobacco users. Participants receive one intake call and two counseling sessions and a 7 month a follow-up evaluation call. In addition, participants receive tailored, "Ready to Quit" kits based on an assessment completed at intake. The kits are written at a 5th grade level or lower and contain the following information:

- Congratulatory Letter
- Self-Help Guides:
 - Break Loose Guide (How to quit tobacco use)
 - Staying Tobacco Free
- Factsheets:
 - NJ Quitline at a Glance
 - Stop Smoking Medications "At A Glance"
 - Nicotine Withdrawal
 - Triggers (How to manage people, places and things that trigger tobacco use)
 - Special populations' fact sheet/self help guide directed towards participants with diabetes or other chronic diseases

2. Monitoring and Tracking

Between 10/2014 and 09/2015, Between 10/2014 and 9/2015, the Office of Tobacco Control will track the number of callers who report being diabetic and or pre-diabetic and number of special populations' fact sheet/self help guides distributed directed towards participants with diabetes or other chronic diseases disseminated during the reporting period.

National Health Objective: HO D-10 Annual Dilated Eye Examinations

State Health Objective(s):

Between 10/2012 and 09/2020, increase the proportion of adults with diabetes who have an annual dilated eye to 72.2 percent (age-adjusted).

Baseline:

65.6 percent (age-adjusted) (2009-2011)

Data Source:

Data Source: New Jersey BRFSS

State Health Problem:

Health Burden:

In New Jersey, adult diabetes prevalence estimates are highest for black residents, and persons with lower education and household income levels. Diabetes complications are much more common among black adults when compared to other racial/ethnic groups in New Jersey.

Diabetic retinopathy causes the most blindness in U.S. adults, and people with diabetes should have a complete eye exam through dilated pupils at least once a year. According to 2013 New Jersey Behavioral Risk Factor Survey Data (NJBRFS), about 137,036 adults with diabetes were told by a doctor that the disease affected their eyes or that they had retinopathy, representing 22% of New Jersey adults with diabetes. In New Jersey, only 71% of adults with diabetes had a dilated eye exam in the past year (2013 BRFS), and the Federally Qualified Health Centers (FQHCs) (health organizations charged to provide comprehensive health services to underserved areas and/or populations) do not have on-site eye care services (patients are referred to individual contractors for eye care services).

Target Population:

Number: 596,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 82,376

Ethnicity: Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: CDC BRFSS and American Community Survey as reported by Rutgers Center for State Health Policy

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$125,000
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$125,000
Funds to Local Entities: \$0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Diabetic Eye Disease Screening

Between 10/2014 and 09/2015, Diabetic Eye Disease Detection Program (DEDD) will maintain 1 program, with statewide capacity, to provide free eye examinations for people with diabetes and low-income.

Annual Activities:

1. Free Eye Diabetic Eye Screening

Between 10/2014 and 09/2015, The DEDD program will conduct at least 1150 eye examinations for underserved residents with Type 2 diabetes. The program will partner with FQHCs, hospitals, and other healthcare facilities to bring ophthalmologists, nurse educators and the screening technology onsite for patients. By way of an agreement, each host site commits to providing at least two in-kind health services (Foot screening, dental screening, blood pressure screening, hemoglobin A1c screening and nutrition counseling) at the DEDD screening event to support a larger goal of diabetes prevention.

2. Pathology Detection and Referral

Between 10/2014 and 09/2015, The DEDD program will document all pathologies detected via DEDD eye screening events and make client referrals for appropriate follow-up care services and treatments.

State Program Title: New Jersey Division on Women (DOW) Office on the Prevention of Violence Against Women

State Program Strategy:

Goal: Increase the provision of outreach, education, awareness, and hotline services to victims of Sexual Violence in New Jersey via all 21 county based Sexual Violence providers.

Priorities:

Sexual Violence in the State of New Jersey is severely underreported. The 2014 NJ Uniform Crime Report, indicates that between 01/01/14 and 12/31/14 there were 965 people arrested for rape or attempted rape. During the same reporting period the Division on Women's funded sexual violence programs provided services to approximately 3,080 new victims. All Sexual Violence Programs will engage in providing services to include education, outreach, and awareness raising through: training programs for professionals on prevention related topics; educational seminars on prevention related topics; preparation of informational materials on prevention related topics; education and training programs for college students and campus personnel designed to reduce the incidence of sexual violence at colleges and universities; education to increase awareness about drugs used to facilitate sexual violence; efforts to increase awareness of the facts about or to help prevent sexual assault in underserved communities and among individuals with disabilities as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. Section 12102).

Primary Strategic Partnerships

Internal

DOW Office on the Prevention of Violence Against Women
Dept. Of Children and Families
Dept. of Health
Dept. of Law and Public Safety
NJ Division of Criminal Justice
NJ Division of Mental Health Services
NJ State Police
Dept. of Education

External

New Jersey Coalition Against Sexual Assault
21 County Sexual Violence Programs
Local Law Enforcement
Child Abuse/Abuse Prevention Non-Profits
Sexual Assault Nurse Examiner Programs
Rutgers University

The Role of the Block Grant:

The role of the Block Grant in this program is to support increasing outreach, education, awareness, and hotline services throughout NJ via all PHHSBG funded Sexual Violence Programs.

Evaluation Methodology:

Process and outcome evaluations will be used in alignment with the CDC 6-step framework.

Educational Sessions with Youth: Biannual Report

- Total number of sessions conducted, number and demographics of participants, outcomes of pre- and post-tests

Peer-to-Peer Trainings

- Attendance records and evaluation measuring change in confidence, knowledge and skills
Training for IPV/SV Evidence-Based Strategy
- Attendance record and evaluation measuring change in confidence, knowledge and skills
Training Professionals: Monthly Report
- Total number of trainings, number and demographics of participants, types of professionals trained,

topics of trainings, outcome of evaluations

Educational Sessions with Community Members: Monthly Report

- Total number of sessions conducted, number and demographics of participants, outcome of evaluations

Informational Materials: Monthly Report

- Topics of materials, number distributed, type of material, method of distribution

Hotline: Annual Report

- Total number of calls received, availability of the hotline

State Program Setting:

Business, corporation or industry, Child care center, Community based organization, Community health center, Faith based organization, Home, Medical or clinical site, Rape crisis center, Schools or school district, Senior residence or center, University or college, Work site

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO IVP-39 Intimate Partner Violence

State Health Objective(s):

Between 10/2014 and 09/2015, **State Health Objective #1**

IVP-39.2 (Developmental) Reduce sexual violence by current or former intimate partners. Deliver evidence-informed sexual violence primary prevention strategies to 210 of youth statewide between 10/01/2014 and 09/30/2015.

State Health Objective #2

IVP-39.2 (Developmental) Reduce sexual violence by current or former intimate partners. Increase the capacity of all 21 county-based providers to deliver such strategies between 10/01/2014 and 09/30/2015.

State Health Objective #3

IVP-39.2 (Developmental) Reduce sexual violence by current or former intimate partners. Increase the capacity of all 21 county-based prevention coordinators to deliver evidence-based primary prevention strategies that address the intersectionality of intimate partner violence and sexual violence between 10/01/2014 and 09/30/2015.

Baseline:

State Health Objective #1

During this grant period we will work to establish a baseline of number of youth served through our primary prevention curriculum.

State Health Objective #2

Last year, 45 county-based prevention coordinators attended an intensive peer-to-peer training facilitated by NJCASA on the delivery of the New Jersey Media Literacy Curriculum. Of the 21 returned evaluations, 75% of respondents agreed or strongly agreed that the workshop increased their knowledge and skills.

State Health Objective #3

Currently, no county-based providers are trained in an evidence based strategy that addresses the intersectionality between intimate partner violence and sexual violence.

Data Source:

State Health Objective #1

Biannual reports from county-based providers regarding the number of participants receiving 7-9 doses of primary prevention strategies.

State Health Objective #2

Attendance records and evaluations of peer-to-peer trainings facilitated by NJCASA.

State Health Objective #3

Attendance record and evaluations of training for evidence-based strategy that addresses the intersectionality of intimate partner violence and sexual violence.

State Health Problem:

Health Burden:

Nearly one in five (19.3%) women and 1.7% men report being raped; and 43.9% of women and 23.4% of men report experiencing other forms of sexual violence in their lifetime (Brieding et al., 2013). Youth disproportionately experience sexual violence. According to the 2011 National Intimate Partner and Sexual Violence Survey, 78.7% of female victims of completed rape are under 25 and 40.4% are under 18 (Brieding et al., 2014). The majority of male victims made to penetrate the perpetrator or another victim are also under 25 (71%), with 21.3% of victims under the age of 18 (Brieding et al., 2014). The most recent Youth Risk Behavior Surveillance Survey revealed that 8.4% of New Jersey high school students reported being physically forced to have sexual intercourse in their lifetime (CDC, 2013). New Jersey girls experience this form of sexual violence at a significantly higher rate than boys (11.3% versus 5.5%) (CDC, 2013). A 2012 national survey of youth in juvenile justice facilities found that 6.2% of the New Jersey sample reported being sexually victimized by a staff member or other youth in the past year (Beck, Cantor, Harge & Smith, 2013). Nationally, the majority of youth perceived the sexual violence by staff as relational; 40.1% perceived their relationship as friends with benefits, while 13.6% believed that the staff and youth had a meaningful relationship (Beck et al., 2013).

National studies indicate that amongst college-aged females, 7.6 per 1000 non-students and 6.1 per 1000 students experience sexual violence (Sinozich & Langton, 2014). In 2013, 100 forcible offenses of sexual violence were reported on- and off-campus at public and private two- and four-year colleges in New Jersey (US Department of Education, 2015). A review of 18 years of the National Crime Victimization Survey data found that 80% of college-aged victims knew their perpetrator, and that 24% of students and 34% of non-students were sexually assaulted by an intimate partner (Sinozich & Langton, 2014).

Adults reporting lifetime experience of sexual violence additionally report a high percentage of intimate partners as perpetrators (Brieding et al., 2014). Almost half (45.4%) of female victims of rape and 74.1% of female victims of sexual coercion were victimized by at least one intimate partner (Brieding et al., 2014). Male victims also report a high percentage of victimization by at least one intimate partner in their lifetime; 29% of rape victims, 43% of victims made to penetrate, and 69.5% of sexual coercion victims (Brieding et al., 2014). A study of 1993 to 2011 data from the National Crime Victimization Survey found that women victimized by intimate partners reported higher rates of injury than those victimized by relatives, friends/acquaintances or strangers (49.7% versus 24% general injuries, 6.6% versus 2.8% sexual-violence related injuries) (Catalano, 2013). The CDC (2003) estimates that \$4.1 billion are spent on medical and mental health services annually as a result of intimate partner physical violence, sexual violence and stalking. Victims of sexual violence report several negative health outcomes as a result of their victimization including chronic pain, STIs, cervical cancer, gastrointestinal disorders, genital injuries, negative mental health outcomes, and increased health risk behaviors such as substance use and eating disorders (CDC, 2015). In calendar year 2014, New Jersey county-based providers served 3,080 new clients through hotlines,

hospital accompaniments, law enforcement accompaniments, counseling, support groups and other services. Sexual violence is pervasive in our communities, and its negative mental and physical health outcomes demand a proactive, preventative response.

Target Population:

Number: 1,736,934

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 4 - 11 years, 12 - 19 years, 20 - 24 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 698,132

Ethnicity: Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 4 - 11 years, 12 - 19 years, 20 - 24 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: New Jersey Department of Education and IPEDS Institutional Characteristics Survey

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: New Jersey State Sexual Violence Prevention Plan, 2009

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$300,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Sexual violence primary prevention curriculum implementation

Between 10/2014 and 09/2015, County based Sexual Violence providers will provide evidence informed sexual violence-primary prevention curriculum to **210** middle school aged youth.

Annual Activities:

1. Peer to Peer training for sexual violence primary prevention

Between 10/2014 and 09/2015, Between 10/01/2014 and 09/30/2015, New Jersey Coalition against Sexual Assault will increase the capacity of all 21 county-based providers to deliver sexual violence primary prevention strategies.

2. Sexual violence primary prevention curriculum implementation

Between 10/2014 and 09/2015, County-based providers will deliver 7-9 doses of sexual violence primary prevention strategies to youth in schools and other settings.

3. Peer to Peer technical assistance for sexual violence primary prevention

Between 10/2014 and 09/2015, Between 10/01/2014 and 09/30/2015 NJCASA will facilitate peer-to-peer trainings and technical assistance to at least 21 prevention coordinators that address the principles of prevention, curriculum implementation, evaluation and other topics. Trainings will be evaluated to measure the change in knowledge, skills and confidence of the prevention coordinators.

4. Primary prevention intersectionality of intimate partner violence and sexual violence

Between 10/2014 and 09/2015, DOW and NJCASA will coordinate a training to increase the capacity of all 21 county-based prevention coordinators to deliver evidence-based primary prevention strategies that address the intersectionality of intimate partner violence and sexual violence between 10/01/2014 and 09/30/2015.

5. Coordinate Safe Dates training

Between 10/2014 and 09/2015,

- DOW and NJCASA will contact the licensed trainer of Safe Dates for the state of New Jersey and organize a training for all 21 county-based agencies.
- NJCASA will disseminate the information to all 21 county-based agencies and invite participants.
- County-based agencies will send representatives to the training.
- DOW and NJCASA will ensure the evaluation of the training.

National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention)

State Health Objective(s):

Between 10/2014 and 09/2015, Between 10/2014 and 09/2015, in a committed effort to reduce sexual violence in New Jersey, the Division On Women Rape Care & Prevention Program housed in the New Jersey Department of Children and Families and in partnership with the New Jersey Department of Health, will increase outreach, education, awareness, and hotline services through its 21 PHHSBG funded county-based providers.

Baseline:

Between 10/01/2014 and 09/30/2015, 20 of the county-based providers offered 35 outreach/awareness events to 1,423 individuals.

In calendar year 2014, county-based providers were able to offer a 24 hour a day, 365 day per year hotline service to 12,584 victims of sexual violence and their significant others.

Data Source:

Monthly reports of count-based providers regarding level of service for outreach/awareness events and hotline utilization

State Health Problem:

Health Burden:

Nationally, nearly one in five (19.3%) women and 1.7% men report being raped; and 43.9% of women and 23.4% of men report experiencing other forms of sexual violence in their lifetime (Brieding et al., 2013). The 2014 New Jersey Uniform Crime Report documented that there were 966 incidents of completed or attempted rape reported to law enforcement, an increase of 10.5% since 2013. During this same reporting period, the New Jersey county-based providers served 3,080 new victims of sexual violence and their significant others across the state. The National Crime Victimization Survey (2013) indicated that 2010 had the lowest reporting rate to law enforcement rape in over a decade at 35% of all rapes being reported (Planty, Langotn, Krens, Brezorsky & Smiley-McDonald). This low reporting rate could explain the difference between the two rates. As aforementioned, 8.4% of high school aged youths in New Jersey report being physically forced to have sexual intercourse (CDC, 2013). In 2014, there were 922 substantiated cases of sexual abuse against children in New Jersey (National KIDS COUNT, 2015).

The cost of sexual violence further underlines the community impact of sexual violence. The National Crime Victimization Survey reported an increase in the number of victims of sexual violence treated for injuries at a medical facility (80% in 2010, from 65% in 1998) (Plant et al., 2013). Health costs alone for physical violence, sexual violence and stalking by an intimate partner are estimated at \$4.1 billion annually (CDC, 2003). The National Institute of Justice reports that rape is the costliest crime in the United States costing an estimated \$127 billion dollars annually (Travis, 1996). A cost-benefit analysis of the Violence Against Women Act revealed that the influence of the preventative and intervention services available to victims as a result of the act saves about \$159 dollars per woman annually (Clark, Biddle, & Martin, 2002). Sexual violence is prevalent in New Jersey, and community outreach and awareness efforts can increase knowledge of services for victims and their significant others across the state, lowering the personal and fiscal costs to our community.

Target Population:

Number: 8,791,894

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 4,512,214

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Target and Disparate Data Sources: 2010 US Census Data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Evaluation for Improvement: A Seven Step Empowerment Evaluation Approach for Violence Prevention Organizations (CDC, Cox, Keener, Woodard, Wandersman)

Nine Principles of Effective Prevention Planning (Wasserman)

Getting to Outcomes (CDC, USC, Wasserman)
Creating Safer Communities: The Underlying Theory of the Rape Prevention and Education Model of Social Change
Creating Safer Communities: Rape Prevention Education Model of Community Change
Activities Model for Primary Prevention of Sexual Violence
Annotated Bibliography for Empirical Studies including meta-analyses, qualitative studies, quantitative studies, instrument development

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$196,579
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$196,579
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Outreach, Education, and Awareness

Between 10/2014 and 09/2015, Each grantee will provide outreach, education, and awareness activities/events about the facts of sexual violence and efforts to prevent sexual violence to **a minimum of 1,200 individuals** Each county will target populations based on individual county needs that may also include underserved populations, colleges/universities, and individuals with disabilities.

Annual Activities:

1. Training programs for professionals on sexual violence and related primary prevention topics

Between 10/2014 and 09/2015, Content will include:

- * dynamics of sexual violence.
- * risk and protective factors
- *bystander intervention strategies/information
- *gender norms strategies/information
- *drugs used to facilitate sexual violence

2. Educational/Informational Seminars for communities on sexual violence and prevention efforts

Between 10/2014 and 09/2015, Content will include:

- * dynamics of sexual violence.
- * risk and protective factors
- *bystander intervention strategies/information
- *gender norms strategies/information
- *drugs used to facilitate sexual violence

3. Preparation of information materials related to sexual violence

Between 10/2014 and 09/2015, County-based providers will develop informational materials related to sexual violence education/awareness and/or primary prevention efforts.

Material types could include items such as brochures, flyers, print ads, and public service announcements.

4. Increase support of county/state hotline operations

Between 10/2014 and 09/2015, County-based providers will be able to utilize funding to support/enhance operations of a 24 hour a day, 365 day per year hotline services.

State Program Title: New Jersey Heart Disease and Stroke Prevention (NJHDSP) Program

State Program Strategy:

Program Goal(s): The New Jersey Heart Disease and Stroke Program (HDSPP) is committed to reducing the burden of heart disease and stroke by implementing evidence-based projects that enhance partnerships and support the ABCS of heart disease and stroke prevention (Aspirin therapy, Blood pressure control, Cholesterol control, Smoking cessation). The NJHDSP program's efforts support the national Million Hearts initiative. The NJHDSP program's goals are to increase organizational capacity building to promote prevention strategies among health care providers, high risk groups and underserved populations, and increase community-clinical linkages to improve health outcomes among women with cardiovascular disease.

The American Heart Association's Go Red for Women campaign has worked to raise awareness and encourage women to make lifestyle changes that lead to more active, healthy lives. National Wear Red Day (during the National Heart Month of February) also continues to be an opportunity for NJHDSP to empower, inform, and protect the heart health of women. However, heart disease remains the leading cause of death of women in New Jersey. NJHDSP strives to address all points of opportunity, including prevention and management of heart disease in women, by conducting a deeper analysis of causal factors attributing to deaths due to heart disease and targeting those causal factors. NJHDSP also recognizes the higher rates of heart disease death for African American women of New Jersey. The results of NJHDSP's further examination of heart disease and health disparities will serve as the impetus for future health programs focused on heart disease and women.

Health Priority:

Cardiovascular disease and stroke prevention

Primary Strategic Partners:

State health department, inter-agency divisions and programs, public and private sector groups and organizations from health care, work site, and community-based organizations, business, university or college

Program Evaluation Methodology:

In addition to the CDC Six Step Framework for Evaluation, the program will use the gender analysis framework developed by Liverpool School of Tropical Medicine to assess the relationship of gender to heart disease. Gender differences and inequalities are a major cause of inequity in health and health care. The framework explores the ways in which gender roles, stereotypes, norms, resources, and perceptions impact heart disease in women and men, and finds ways to address the inequalities that arise from it. The gender analysis framework was chosen because of its applicability to health, health policy, standards and services. NJHDSP will utilize a gendered approach to gain a deeper analysis of causal factors attributing to deaths due to heart disease and targeting those causal factors. The three step framework will include: 1) identifying who gets ill, when, and where; 2) factors affecting who gets ill, and 3) factors affecting responses to ill health.

State Program Setting:

State health department, University or college

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Monique Howard, EdD, MPH

Position Title: Director of Women's Health

State-Level: 50% Local: 0% Other: 0% Total: 50%

Position Name: Serita M. Reels, MPH, MCHES

Position Title: PHHSBG Coordinator

State-Level: 50% Local: 0% Other: 0% Total: 50%

Total Number of Positions Funded: 2

Total FTEs Funded: 1.00

National Health Objective: HO HDS-2 Coronary Heart Disease Deaths

State Health Objective(s):

Between 10/2010 and 09/2020, reduce the death rate due to coronary heart disease.

Baseline:

141 per 100,000 standard population (age-adjusted) (2008) (most recent data)

Data Source:

New Jersey Department of Health, Center for Health Statistics

State Health Problem:

Health Burden:

Heart disease affects every segment of the population. It is the leading cause of death in women in the United States and in New Jersey. According to the most recent data, in 2009, 9,486 women died from heart disease in New Jersey. The prevalence of risk factors is high in New Jersey. In 2013, nearly 29.8% of women were overweight and nearly 25% of women were obese. Almost 15% of women are current smokers (New Jersey Behavioral Risk Factors Survey). Results from the 2013 New Jersey BRFSS suggest that at least 30% of women have a history of hypertension. Most risk factors for heart disease, including high blood pressure, high cholesterol, smoking, and obesity are preventable or controllable. Controlling these risk factors could reduce the risk of heart attack or stroke by more than 80%. (Source: <http://millionhearts.hhs.gov/abouthds/risk-factors.html>).

Target Population:

Number: 3,270,223

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 1,543

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other

Pacific Islander
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: U.S. Census Data; New Jersey Mortality Data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$167,000
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$41,750
Funds to Local Entities: \$0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Evaluating Coronary Heart Disease in Women

Between 10/2014 and 09/2015, Director of Women's Health (TBD) will develop 1 burden report addressing coronary heart disease death among New Jersey women.

Annual Activities:

1. Implement step one of the Gender Analysis Framework

Between 10/2014 and 09/2015, NJHDSP will implement step one of the Gender Analysis Framework, which consist of examining existing sex disaggregated health outcomes data to look at patterns in who become ill (i.e. age, socio-economic, and ethnic groups); when women become ill, and where women become ill. Sources of sex disaggregated information will include:

Surveillance data Indicators
Statewide prevalence of heart disease/stroke for women
Hospitalization cost of heart disease
Hospitalization follow-up data
Clinical linkages
Clinical/Self Practice Care
Social determinants of health data

2. Literature Review

Between 10/2014 and 09/2015, NJHDSP will conduct a comprehensive literature review and analysis of interventions for cardiovascular disease prevention and control reviewed by the Community Guide to identify gaps and opportunities to address gender in future programming for women.

3. Key Informant Interviews

Between 10/2014 and 09/2015, NJHDSP will conduct key informant interviews with at least 4 individuals representing various community-based agencies that focus on heart disease to further explore the social, cultural, and economic factors impacting health disease for women. The qualitative component of the analysis will help the program gain a better understanding of women's perceptions of health and ill health, the factors causing this, and attitudes towards treatment and care and how to improve the situation. The interviews will support steps two and three of the gender analysis.

State Program Title: Public Health Infrastructure Development

State Program Strategy:

Program Goals: To foster accessible and high-quality health promotion and disease prevention services by strengthening the local public health system, assuring a competent local public health workforce and improving the performance and practice of local health departments.

Program Health Priorities:

1. Increase the proportion of local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals.

Program Primary Strategic Partners:

Internal: NJ Department of Health - All Divisions and Programs

External: NJ Association of City & County Health Officials, NJ Environmental Health Association, NJ Society for Public Health Education, NJ State Nurses Association, NJ Association of Public Health Nurse Administrators, NJ Boards of Health Association, Rutgers University/Cook College/School of Public Health, NACCHO, ASTHO, NALBOH, PHAB, CDC.

Program Evaluation Methodology:

1. Increase the proportion of local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals;

a. Ensure a licensed public health workforce through the administration of a State licensing examination for Health Officers and Registered Environmental Health Specialists.

b. Ensure that the licensed individuals receive continuing education consistent with the Core Competencies for Public Health Professionals. This will occur annually as a condition of license renewal.

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Michael Lakat

Position Title: Research Scientist I

State-Level: 50% Local: 50% Other: 0% Total: 100%

Position Name: Cynthia McCoy

Position Title: Principal Tech, MIS

State-Level: 50% Local: 50% Other: 0% Total: 100%

Total Number of Positions Funded: 2

Total FTEs Funded: 2.00

National Health Objective: HO PHI-1 Competencies for Public Health Professionals

State Health Objective(s):

Between 10/2014 and 09/2015, 1. Increase the proportion of licensed local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals;

a. Ensure a licensed public health workforce through the administration of a State licensing examination for Health Officers and Registered Environmental Health Specialists.

b. Ensure that the licensed individuals receive continuing education consistent with the Core Competencies for Public Health Professionals. This will occur annually as a condition of license renewal.

Baseline:

1. Percentage of the NJ licensed local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals.

Data Source:

1. NJ Learning Management Network

State Health Problem:

Health Burden:

New Jersey has 93 local health departments (LHD) that provide services to over eight million people. It is statutorily mandated that Health Officers and Registered Environmental Health Specialists be licensed by the State Department of Health. These licensed individuals are at the forefront of addressing those conditions which constitute a threat and burden to public health, safety, and sanitation.

Target Population:

Number: 93

Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 93

Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

No Evidence Based Guideline/Best Practice Available

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$186,288

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$70,000

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Assure a competent workforce through professional licensure

Between 10/2014 and 09/2015, the Office of Local Public Health will evaluate 100 percent of Health Officers and Registered Environmental Health Specialists to ensure that they meet NJ standards for professional licensure.

Annual Activities:

1. Public Health Professional Licensure

Between 10/2014 and 09/2015,

1. Draft new rules at *N.J.A.C. 8:7, Licensure of Persons for Public Health Positions*, which will serve as the administrative core to the Department's public health workforce agenda.
2. Review and revise licensing examination which is used for Registered Environmental Health Specialists (REHS).
3. Review and revise the licensing examination which is used for Health Officers (HO).

State Program Title: ShapingNJ Healthy Community Grants

State Program Strategy:

Program Goal: To support policy and environmental changes to prevent obesity in neighborhoods and communities at high risk of obesity and poor health outcomes.

Program Health Priority:

More than one out of four (26.3%) New Jersey adults are obese and 36.5% are overweight, totaling 62.8% at an unhealthy weight (2013 BRFSS). Rates increased in only six states in the past year, with New Jersey being among them (Trust for America's Health 2014). Increased weight puts an individual at a greater risk for chronic diseases such as diabetes, heart disease, stroke and some cancers.

Primary Strategic Partners:

Internal

Office of Local Public Health

External

ShapingNJ is a public-private partnership of 230 organizations that have signed partner agreements to work together to prevent and reduce obesity in NJ through evidence-based nutrition and physical activity strategies. Key partners for the *ShapingNJ* Healthy Community Grants include:

The Robert Wood Johnson Foundation

YMCA State Alliance/NJ Partnership for Healthy Kids

Atlantic Health System

Rutgers University - Cooperative Extension

Partners for Health Foundation

American Academy of Pediatrics - NJ Chapter

NJ Prevention Network

America Walks

Montclair University Center for Research and Evaluation on Education and Human Services

Program Evaluation Methodology:

The **ShapingNJ** Healthy Community Grants will be evaluated and monitored using an external, contracted Evaluator utilizing the CDC's Framework for Evaluation in Public Health. Process and outcome evaluation efforts include developing a project tracking database, developing a grantee interview protocol and administration and a grantee survey. Activities will include the following:

- Participation in and observation of the **ShapingNJ** kick-off, mid-point and project end meetings; cohort conference calls or webinars and site visits.
- Use and management of a database system to track and monitor the progress of the grantees. This system will include standardized demographic information about each grantee community (i.e., municipality), names and organizations of key partners, participation in technical assistance, project topics, project progress and other relevant information.
- Collecting information from the grantee proposals, secondary data sources (e.g., American FactFinder), the WordPress blog and other available data to populate the database, including monthly monitoring of grantee activity utilizing a standard **ShapingNJ** WordPress blog template.
- Administration and management of a web-based grantee survey to collect information about the impact of the **ShapingNJ** initiative and technical assistance on grantees. It will also collect information about community characteristics.
- Conducting a telephone interview with a sample of grantee communities to collect data about grantee projects, resources leveraged and the characteristics that contribute to project success (e.g., leadership, community and partnership characteristics). These interviews will be conducted approximately two to three months after the project concludes.

A comprehensive, final report will be submitted by the Evaluator along with a brief visual summary and a

one-page Key Findings summary.

State Program Setting:

Community based organization, Local health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Karin Mille

Position Title: Public Health Nutritionist

State-Level: 20% Local: 0% Other: 0% Total: 20%

Total Number of Positions Funded: 1

Total FTEs Funded: 0.20

National Health Objective: HO NWS-9 Obesity in Adults

State Health Objective(s):

Between 10/2010 and 09/2020, prevent an increase in the proportion of the population that is obese.

Baseline:

23.8% (2011)

Data Source:

NJ Behavioral Risk Factor Survey 2011

State Health Problem:

Health Burden:

Obesity is a growing, global public health crisis and New Jersey is not exempt. Physical activity and overweight/obesity are two of the top 3 leading health indicators and the nation's second leading preventable cause of death, following smoking. Obesity increases blood pressure and cholesterol levels placing individuals at risk for early heart disease. Other physical health problems may include asthma, sleep apnea, depression, orthopedic problems, stroke, gallbladder disease, respiratory problems, poor reproductive outcomes and risk for certain cancers. Excess body fat increases resistance to insulin causing type 2 diabetes. Diabetes is the 6th leading cause of death in NJ, and according to the 2014 Providing Access to Health Solutions Report (an analysis of NJ's opportunities to enhance prevention and management of Type 2 Diabetes), 700,000 individuals are living with diabetes. In 2010, there were 9.1 new cases per 1,000 people (age adjusted) up from 4.6 per 1,000 in 1996. By 2025, the number of people affected by diabetes in NJ is projected to double, and its cost to the state is projected to reach \$14.5 billion, including lost productivity. NJ cannot afford to let these trends continue.

The 2013 Behavior Risk Factor Surveillance System (2013 BRFSS) reported 62.8% for combined rates of obese and overweight in adults. The 2011 Pediatric Nutrition Surveillance System (2011 PedNSS) reported 14.2% of low income children under the age of 5 are obese. Among the 44 states reporting on low income

childhood obesity, NJ has the highest prevalence. The 2011-2012 National Survey of Children's Health (NSCH 2011-2012) reported nearly one out of four (24.7%) children aged 10-17 is overweight or obese. The 2013 NJ Student Health Survey (2013 NJSHS) reported 9% of high school students are obese and 14% are overweight. Current trends in childhood obesity are putting our children on course to be the first generation in this country to live shorter and less healthy lives than their parents. Early intervention is needed so that obese children do not become obese adults with negative impacts on both health care costs and quality of life. If the prevalence of obesity continues to rise, NJ's obesity-related health care spending could quadruple to \$9.3 billion by 2018 (Thorpe, K. et al, 2009 The Future Costs of Obesity).

Physical activity and nutrition are key components for obesity prevention. 2013 BRFSS reported that four out of five adults do not participate in enough aerobic and muscle strengthening exercises to meet national physical activity guidelines. Additionally, 2013 NJSHS reported 51% of high school students are not physically active for the recommended 60 minutes per day, five times per week.

Interventions at the local level have real potential to create environmental change and support individual behavior changes, impacting families and individuals in their communities.

Target Population:

Number: 1,561,265

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 384,220

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: www.census.gov (NJ 2010)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide, July 2009.

US Physical Activity Guidelines, October 7, 2008.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$257,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$209,975

Funds to Local Entities: \$209,975

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Healthy Community Development

Between 10/2014 and 09/2015, NJ DOH External Affairs & Strategic Initiatives Unit will provide funding and technical assistance to create local environmental and policy changes that increase access to healthy food and routine physical activity in order to improve health outcomes to **18** low income communities.

Annual Activities:

1. Evaluate project processes and outcomes

Between 01/2015 and 09/2015, the **ShapingNJ** Healthy Community Grants will be evaluated and monitored using an external, contracted evaluator utilizing the CDC's Framework for Evaluation in Public Health.

Process and outcome evaluation efforts include developing a project tracking database, developing a grantee interview protocol and administration and a grantee survey. Activities will include the following:

- Participation in and observation of the **ShapingNJ** kick-off, mid-point and project end meetings; cohort conference calls or webinars and site visits.
- Use and management of a database system to track and monitor the progress of the grantees. This system will include standardized demographic information about each grantee community (i.e., municipality), names and organizations of key partners, participation in technical assistance, project topics, project progress and other relevant information.
- Collecting information from the grantee proposals, secondary data sources (e.g., American FactFinder), the WordPress blog and other available data to populate the database, including monthly monitoring of grantee activity utilizing a standard **ShapingNJ** WordPress blog template.
- Administration and management of a web-based grantee survey to collect information about the impact of the **ShapingNJ** initiative and technical assistance on grantees. It will also collect information about community characteristics.
- Conducting a telephone interview with a sample of grantee communities to collect data about grantee

projects, resources leveraged and the characteristics that contribute to project success (e.g., leadership, community and partnership characteristics). These interviews will be conducted approximately two to three months after the project concludes.

A comprehensive, final report will be submitted by the Evaluator along with a brief visual summary and a one-page Key Findings summary.

2. Conduct outreach to Communities

Between 10/2014 and 12/2014, Identify, recruit and invite high risk communities to apply for a *ShapingNJ* Healthy Community grant to improve local health.

3. Collaborate with ShapingNJ Partners to Provide Local Funding Opportunities

Between 10/2014 and 12/2014, Identify key *ShapingNJ* partners to leverage funding for additional communities to participate in the training and technical assistance, communication and evaluation offered through the *ShapingNJ* Healthy Community Grants Program.

4. Review and Select Community Grantees

Between 11/2014 and 01/2015, Review applications, negotiate work plans and other terms/finalize memorandums of agreement with sub-grantees/communities.

5. Convene and Conduct Technical Assistance

Between 01/2015 and 09/2015, Offer trainings to sub-grantee community teams, aimed at increasing their ability to implement policy and environmental change strategies targeting access to healthy food and routine physical activity through bi-monthly calls, webinars, site visits and three full group in-person meetings.

State Program Title: The Public Health Accreditation (PHA)

State Program Strategy:

The Public Health Accreditation (PHA) process will strengthen public health programs/services and contribute to improved health outcomes in New Jersey. Achieving PHA will allow the DOH to demonstrate the value and importance of our work and the critical impact that DOH has on the public's health and quality of life.

Health Priorities:

Overall, improved health outcomes in New Jersey.

Strategic Partners:

State Health Department

Program Methodology:

CDC's Six Step Framework for Evaluation.

State Program Setting:

State health department

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: TBD

Position Title: Public Health Services Accreditation Coordinator

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

National Health Objective: HO PHI-17 Accredited Public Health Agencies

State Health Objective(s):

Between 10/2014 and 09/2015, The NJDOH Public Health Accreditation Initiative seeks to ensure that DOH meets and exceeds the Public Health Accreditation Board (PHAB)'s national standards for performance and to provide increased transparency and visibility for the work that we do.

Baseline:

On June 10, 2014, the Public Health Accreditation Board (PHAB) accepted the Department's application for accreditation. PHAB is a national nonprofit organization, which has provided a national framework of standards for local, state, territorial and tribal health departments.

The PHA process will strengthen public health programs/services and contribute to improved health outcomes in New Jersey. Achieving PHA will allow the DOH to demonstrate the value and importance of our work and the critical impact that DOH has on the public's health and quality of life.

DOH is currently collecting the documents for submission to PHAB. There are 12 Domains that include 105 measures that DOH is responsible for meeting in order to meet its goal of PHAB Accreditation.

Data Source:

The Public Health Accreditation Board (PHAB).

State Health Problem:

Health Burden:

There are only 8 states that have achieved public health accreditation in the country. New Jersey has successfully submitted an application to PHAB for consideration. Long-term this will help state health departments to be strategically positioned in the future for additional federal and foundation funding to support public health.

Target Population:

Number: 2,000

Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 500

Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: The Public Health Accreditation Board (PHAB)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$161,369

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Accreditation Initiative

Between 10/2014 and 09/2015, Public Health Services (PHS) Accreditation Coordinator will establish **1** state health department which meets the criteria of the PHAB accreditation.

Annual Activities:

1. Accreditation Assessment

Between 10/2014 and 09/2015, review, gather and document information to determine NJDOH's compliance status in achieving the PHAB accreditation.

2. Documentation gathering

Between 10/2014 and 09/2015, PHS Accreditation Coordinator will gather PHS documentation related to 12 PHAB Domains and 105 related measures.

3. Establishment of a performance management system

Between 10/2014 and 09/2015, PHS Accreditation Coordinator will conduct self-assessment on performance management, develop strategies for tracking performance, and develop requirements for an agency wide performance management measures.

4. Staff Training

Between 10/2014 and 09/2015, the Public Health Accreditation Program, collaborating with an outside partner, will conduct performance management training sessions for DOH staff. One 2-day training session is scheduled for June 2/3, 2015, which will train approximately 70 DOH staff.

Objective 2:

Public Health Accreditation Assessment

Between 10/2014 and 09/2015, Public Health Services Accreditation Coordinator will review **12** PHAB Domains that include Public Health Service measures to verify for completeness as they relate to PHAB standards.

Annual Activities:

1. Creation of missing PHS measures

Between 10/2014 and 09/2015, PHS Accreditation Coordinator will identify the 105 PHAB measures that are outstanding for the PHS Branch.

2. Public Health Accreditation Board (PHAB) Site Visit

Between 10/2014 and 09/2015, the Public Health Accreditation Program staff, along with the Accreditation Coordinating team, will host a site visit for PHAB to assess the department's readiness for accreditation. The Public Health Accreditation Program expects the site visit to occur during late summer or fall of 2015.

3. ePSB Support

Between 10/2014 and 09/2015, the Public Health Accreditation Program staff and PHS Accreditation Coordinator will utilize the Electronic Program Summary Book (ePSB), which provides an overview of all of the Department's programs, to assess programs' improvement in policies and practices.

State Program Title: Tobacco Cessation Program for Pregnant and Parenting Women

State Program Strategy:

The funds are awarded Mom's Quit Connection (MQC) where pregnant women and new mothers trying to quit smoking are provided with free and individualized counseling services and support. Their activities include face to face counseling, telephone counseling and professional and community education. The program seeks to enhance the cessation counseling services for pregnant smokers and their families and will provide these comprehensive services statewide. The strategies for screening, communicating with and serving pregnant women have changed over the past thirteen years. Further, the program recognizes that to impact the lives of children and youth, services must be provided to the immediate and extended family, as well as a larger community who often lack information about available services like the NJ Quitline. Finally, the program will utilize new, evidence based, system wide and cost effective opportunities in the current health care environment such as social media, electronic risk assessment and referral, and changes in health care reimbursement, to maximize and extend tobacco control efforts and their ultimate impact.

Program Goals: The Block Grant funds, \$464,000 will be used to develop a statewide smoking cessation program for pregnant and parenting women. The program will include extensive provider education on the use of 2 A's and an R brief intervention model, development of statewide counseling services, activities to prevent relapse including use of social media.

Health Priority: Health Promotion

Primary Strategic Partners: The Department of Health will work with Family Health Initiatives, Mom's Quit Connection to accomplish the goals of this program.

Evaluation Methodology: Family Health Initiatives is working with Public Health Management Corporation's Research and Evaluation Group (PHMC) to conduct an evaluation of the statewide Mom's Quit Connection .The focus will be data analysis about the efforts of marketing, effective use of services and impact of client services due to brief intervention training. This process will start by conducting data discussions with key partners and stakeholders and examining existing data collection tools. Surveys will be sent to practitioner who participated in the training session. There will also be a cost analysis that will include program cost, development cost and unit cost calculations.

We will use the CDC Six Step Frame Work to evaluate this activity.

State Program Setting:

Community based organization, Other: Mom's Quit Connection, 2500 McClellan Avenue, Pennsauken, NJ 08109

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Cathy Butler

Position Title: MQC Program Coordinator

State-Level: 0% Local: 100% Other: 0% Total: 100%

Position Name: Alyson Rakocy

Position Title: Perinatal Cessation Counselor

State-Level: 0% Local: 100% Other: 0% Total: 100%

Position Name: Yolanda Jones

Position Title: Perinatal Cessation Counselor
State-Level: 0% Local: 100% Other: 0% Total: 100%

Position Name: Natalie Milstein

Position Title: Perinatal Cessation Counselor
State-Level: 0% Local: 50% Other: 0% Total: 50%

Position Name: to be determined

Position Title: Data Specialist
State-Level: 0% Local: 25% Other: 0% Total: 25%

Position Name: Lisa Segrest

Position Title: Administrative Assistant
State-Level: 0% Local: 15% Other: 0% Total: 15%

Position Name: Merle Weitz

Position Title: Director
State-Level: 0% Local: 10% Other: 0% Total: 10%

Position Name: to be determined

Position Title: Media Marketing Specialist
State-Level: 0% Local: 50% Other: 0% Total: 50%

Total Number of Positions Funded: 8

Total FTEs Funded: 4.50

National Health Objective: HO TU-6 Smoking Cessation During Pregnancy

State Health Objective(s):

Between 10/2014 and 09/2015, Expanding availability of perinatal smoking cessation services to pregnant and parenting women through provider brief intervention training, enhanced screening, development of an online app and social networking site and a targeted media campaign.

Increasing capacity of Mom's Quit Connection with respect to direct services for pregnant and parenting mothers.

Preventing relapse by keeping new mothers engaged with Mom's Quit Connection after delivery.

Baseline:

Estimated Total population eligible: 14,500^[1]

Number/percent of NJ Women who quit smoking during pregnancy: 8990/62%^[2]

Number of NJ Women who "maintained quit" after birth: 4945/34%^[3]

According to NJ PRAMS data (2006-2010), 16% of NJ mothers are smokers three months before pregnancy. In addition, it is estimated that there are 14,500 women each year in NJ who smoked during at least part of their pregnancy.

Data Source:

^[1] Women each year in NJ who smoked during at least part of their pregnancy based on New Jersey PRAMS data

^[2] Based on New Jersey PRAMS self-reported data.

^[3] Based on a relapse rate of 45%; source: New Jersey PRAMS data

State Health Problem:

Health Burden:

As a result of the many health consequences, the health costs from smoking during pregnancy are significant. The excess costs for prenatal care and complicated births among pregnant women who smoke exceed \$4 billion a year. (1) It has been estimated that a 1% drop in rates of smoking among pregnant women could result in a savings to the U.S. of \$21 million in direct medical costs in the first year. Another \$572 million in direct costs could be saved if the rates continued to drop by 1% a year over seven years. (1)

Second hand smoke also has significant health effects on an infant. Pregnant women exposed to second hand smoke have a 20% increased risk of having an infant born with low birth weight and such exposure also increases the risk for infections in the infant, and even death from SIDS. Children living with smokers are also more likely to suffer from asthma attacks, ear infections, and serious respiratory illnesses like pneumonia and bronchitis due to secondhand smoke. The cost to care for childhood illnesses resulting from exposure to second hand smoke is estimated at \$4.6 billion a year. In addition to the effects during the perinatal period, health consequences for older children and adults (whether directly from smoking or from a second hand exposure) are well documented in the literature and include respiratory infections and disease, cancer, and death.

(1) http://www.readynation.org/uploads/200801_HopkinsBriefFINAL.pdf

Target Population:

Number: 14,500

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years

Gender: Female

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 14,500

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years

Gender: Female

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: NJ PRAMS data (2006-2010)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008. U.S. Department of Health and Human Services Public Health Service May 2008

Treating Tobacco Use and Dependence is considered the benchmark standard of care for tobacco cessation and recommends providers use the “brief intervention,” or commonly called the “2As & R” approach with all patients.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$464,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Start-up

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Counseling and Outreach

Between 10/2014 and 09/2015, Mom's Quit Connection staff will provide outreach, resources and/or cessation counseling to 900 pregnant and/or parenting women.

Annual Activities:

1. Electronic referrals

Between 10/2014 and 09/2015, Generate an automatic electronic referral for pregnant smokers identified during the Perinatal Risk Assessment (PRA) process. Include a provider feedback system to encourage health care providers to support cessation efforts. Changes have been made to the database to enable staff to collect this information. Implementation of provider feedback system will take place over the next 6 months.

2. Increase capacity

Between 10/2014 and 09/2015, Hire additional counseling staff to expand MQC's services to enable face to face counseling in the Northern and Central regions of the State and handle the increased volume of calls and requests for face to face counseling resulting from outreach activities to 900 pregnant and parenting women. Services will be expanded into the postpartum period by providing new social media (Objective 2) resources to decrease the likelihood of relapse. Once connected to services, smoking family members and partners can also be identified and referred to cessation services including the NJ Quitline.

Objective 2:

Prevent relapse after delivery

Between 10/2014 and 09/2015, Mom's Quit Connection Staff will develop 1 interactive online app and social networking site.

Annual Activities:

1. Social Media

Between 10/2014 and 09/2015, Develop a Pregnant Smoker to Stay Quit Mom interactive online app and social networking site to connect women with cessation services, provide mechanism for registering/intake survey, offer stay quit support (e.g. online chat groups for parenting moms), and provide targeted and general cessation information. The app is being designed as a template that can be personalized so the messages are individual and appropriate to each woman's situation. The Community Preventive Services Task Force recommends utilization of mobile phone based interventions (e.g. targeted text messages) as an effective intervention based on the evidence. Text messaging has been used with success in other prevention areas and young pregnant women and moms are typically comfortable with texting.

Mom's Quit Connection Facebook page launched publically 12/12/2014. Google advertising to promote the Facebook page will occur next quarter.

2. Individual Plan

Between 10/2014 and 09/2015, Develop a personalized quit plan using the newly developed online app and send personalized Text to Quit messages to pregnant women and new mothers. It is important to recognize each woman's living situation, presence of support systems and goals when sending text messages. Apps exist that are similar i.e. "Text for Baby" however these are generic and cannot be customized to each woman. The first six months have been focused of building and expanding infrastructure and this app will be developed over the next 6 months.

3. Public Awareness

Between 10/2014 and 09/2015, Develop extensive public awareness campaign re: availability of MQC for pregnant women who smoke. Use no and low cost television and radio advertisements, many of which are available from the Centers for Disease Control and Prevention.

Ceisler Advocacy and Issue Media (media consultant) assisted in the purchase and NJ personalization of the CDC Tips PSA "Amanda" that focuses on smoking and pregnancy. The PSA was utilized in the brief Great American Smoke Out endorsement on NBC 40 that aired in Atlantic, Cumberland and Salem Counties. The "Amanda" PSA, along with the CDC Media Center PSA entitled, "They smoke too" are were both shown as part of the six week statewide cable TV campaign, which can be viewed at:

<https://www.dropbox.com/sh/geokmvea7xh79f3/AACqHIM9w86CdreyeaUX0W5Wa?dl=0>

The six week cable TV campaign consisted of these two commercials shown 2000 times in 14 counties from December 22nd thru Feb 2nd on Bravo, E!, ABC Family, MTV, FX, Oxygen, and VH1. The call to action on the PSAs is to call MQC or visit the MQC Facebook page.

Staff is tacking the effect that this advertising had increased the number of women requesting services.

Objective 3:

Provider Education

Between 10/2014 and 09/2015, Mom's Quit Connection staff will provide training about using the Ask, Advise, Refer (2A's and an R) method of brief intervention to **500** health care providers.

Annual Activities:

1. Educate 500 health care providers

Between 10/2014 and 09/2015, Train health care providers to screen and refer smoking with a specific focus on pregnant/postpartum mothers and their families to MQC and other cessation resources using the Ask, Advise and Refer Brief Intervention Model. Generate an automatic electronic referral for pregnant smokers identified during the Perinatal Risk Assessment (PRA) process. Include a provider feedback system to encourage health care providers to support cessation efforts. 4,000 women will be screened because of the additional provider training. The provider toolkit was finalized in March 2015. It has been widely distributed to providers via email over the past two weeks. There have been 120 requests so far for brief intervention training.

2. Develop Webinar

Between 10/2014 and 09/2015, Utilize webinar technology with professional continuing education credits to extend brief intervention counseling training to clinical professionals statewide. Information about the webinar is included in the provider toolkits.

3. Hospital based education

Between 10/2014 and 09/2015, Train appropriate in-house hospital Obstetric staff to utilize the ASK, ADVISE and REFER model of brief intervention when working with inpatient tobacco users. The focus to

date has been outpatient providers and getting women into treatment. Hospitals that request training will receive training.